Whakakotahitanga | Unity

CRITICAL TIRITI ANALYSIS

The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (New Zealand) 2024

Ehara taku toa i te toa takitahi engari he toa takitini.
Success is not the work of an individual, but the work of many.

Te Whatu Ora
Health New Zealand

The combined efforts of the many were needed to create this guideline.

HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (NZ) 2024

Author: Haami Harmer

Corresponding author: Haami Harmer

Project team: Dr Andi Crawford (Pākehā, Tangata Tiriti), Sarah Goldsbury (Ngāti Porou, Te Aitanga-a-Hauiti), Tania Henderson (Ngāti Ruawaipū, Ngāti Porou), Joanne van Wyk (Pākehā, Tangata Tiriti), Dr Felicity Ware (Ngāpuhi), Haami Harmer (Ngāti Kahungunu), Kara Te Whata-Maynard (Ngāti Porou, Ngāti Hine), Maria Ngawati (Ngāpuhi, Ngāti Hine, Ngāti Porou), Dr Raewyn Mutch (Kāi Tahu), Te Atarua Davis (Waikato-Tainui, Ngaati Maniapoto), Janelle Dymus (Te Whakatōhea, Ngāi Tūhoe, Te Aitanga-ā-Māhaki), Dr Natasha Reid (Australian FASD Guidelines Project Team).

Date of publication: 12/04/2024

Suggested citation: Harmer, H. (2024). Critical Te Tiriti Analysis of the development of Aotearoa NZ Fetal Alcohol Spectrum Guideline. Hāpai te Hauora.

Funding: Funding was provided by Te Manatū Hauora Ministry of Health, Te Whatu Ora Health NZ.

Publication approval: Hāpai te Hauora

Images: Hāpai te Hauora

Artwork: Hāpai te Hauora

Whakakotahitanga | Unifying

CRITICAL TIRITI ANALYSIS

The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (New Zealand) 2024

First Critical Te Tiriti Analysis of the development of Aotearoa (NZ) Fetal Alcohol Spectrum Disorder Guideline – (December 2022)

Scope of the paper

The intent of this paper is to offer commentary on the aspiration of the project team to, "ground the development of Aotearoa New Zealand diagnostic guidelines for Fetal Alcohol Spectrum Disorder (FASD) within Te Tiriti o Waitangi."1 Critical Te Tiriti Analysis (CTA) (Came, O'Sullivan et al.. 2023) has been utilised to assess the setup of project and the development of the guidelines and in doing so increasing the likelihood of, "...enabling Māori to flourish and lead their aspirations for health." (p.1)

Typically, CTA has been applied retrospectively however the time and process required to develop these guidelines provided an opportunity to apply CTA on multiple occasions throughout the project which enabled critical reflection and improvement to the project.

This first paper discusses the setup of the project. Many discussions on the application of CTA have occurred between the project team and the creators of CTA, however, this paper is the first formal review.

Tangata whenua project lead, Sarah Goldsbury provides this metaphor, likening the project team's approach to "... building the plane while flying it at the same time." This metaphor speaks to the blue sky thinking that encapsulated the approach of the project team with CTA providing the scaffolding which grounds the guidelines.

The intended audience for this paper was the project team and Steering Rōpū who were responsible for taking action and making public the recommendations.

Some may ask, why should this guideline be grounded in Te Tiriti o Waitangi?

The Project team's response is:

"Te Tiriti obligations go beyond just remedying disadvantage and reducing inequitieas and extend to enabling Māori to flourish and lead their aspirations for health."

Ko wai Au

Haami Harmer

As the author of this paper tika and pono (Goldsbury & Crawford, 2022) are project mātāpono (principles) that I am mindful of as I offer the following within the context of Ko wai Au.

I mihi to all those who have contributed to the project and those whose notions and kōrero I have drawn on to develop this paper. Ngā mihi nui ki a koutou katoa.

I am a mokopuna of many iwi but ngā puna (the springs) which nurtured and sustained me are located within the rohe of Ngāti Kahungunu ki Heretaunga me Ahuriri. I am blessed to have four mokopuna, three of whom are neuro- diverse, they fill my cup daily. As a registered Social Worker, I am a member of the tangata whenua Steering Rōpū for the Guidelines Project.

I have a pragmatic curiosity (scepticism) about policies that state their commitment to Te Tiriti o Waitangi. This is ameliorated by a focus on articles as opposed to treaty principles and evidence that policies and frameworks result in the creation of resources that realise sustainable and tangible benefits for whānau. My aspiration is that the Aotearoa (NZ) FASD Diagnostic guidelines, being grounded in Te Tiriti o Waitangi enables mokopuna and their whānau who have been exposed to alcohol prenatally attain a state of mauri ora.

I am a mokopuna of many iwi but the puna (spring) which nurtured and sustained me are within the rohe of Ngāti Kahungunu ki

Heretaunga and Ahuriri

I have a pragmatic curiosity (scepticism) about policies that state their commitment to Te Tiriti o Waitangi.

Titiro whakamuri, kōkiri whakamua

Titiro whakamuri, kōkiri whakamua
(In order to move forward sometimes we need to look back)

This whakataukī is a metaphor that sets the scene for this segment of the paper - a whakapapa of the Aotearoa (NZ) FASD guidelines project up until when this analysis occurred.

In August 2021, the Ministry of Health commissioned this project with the aim of providing clinicians in Aotearoa, New Zealand, access to an evidence-based clinical practice guideline to assist in decision-making for the assessment and diagnosis of FASD.

The project team established guiding principles (Hāpai Te Hauora, 2022) for the development of the guideline which specifically included being led by both tangata whenua and tangata tiriti, support kaupapa Māori approaches and culturally appropriate services. National Māori Public Health Authority Hāpai Te Hauora manage the Ministry of Health contract and research lead Maria Ngawati (Ngāti Hine, Ngāpuhi, Ngāti Porou) supports the project with coordination.

Members of the Project Team include (Hāpai Te Hauora, 2021).

- Dr Andi Crawford (Pākehā, Tangata Tiriti) and Sarah Goldsbury (Ngāti Porou, Te Aitanga-a-Hauiti) as Project Leads.
- Hāpai Te Hauora – Māori public health researchers were commissioned to support the project and
- Tania Henderson (Ngāti Ruawaipū, Ngāti Porou) and Joanne van Wyk (Pākehā, Tangata Tiriti) also accepted roles as Research Associates.

The steering rōpū guides the direction of the research and guideline development and follows a Tiriti based structure2 which includes both tāngata tiriti and tāngata whenua representation from:

- Consumer / whānau
- Range of professional disciplines involved in FASD assessment; and
- Pasifika representation.

Advisory groups will be formed to facilitate consultation with key stakeholders throughout the development process to provide the following guidance (Hāpai Te Hauora, 2022).

- Cultural
- Clinical and Research
- Lived Experience
- Whānau

Other relevant project milestones identified from the project plan include (Hāpai Te Hauora , 2021).

- Collate and review relevant Aotearoa New Zealand Te Tiriti partnership / Kaupapa Māori health guidelines and literature.
- Engage/consult with Māori including Māori providers and health professionals.

"Kaupapa Māori" was offered as a research methodology3 to guide the project. It is important that frameworks provide the space in which Māori ideals, values and experiences can be discussed in terms of the position of āhuatanga Māori and the legitimacy to exist. Kaupapa Māori theory goes beyond a set of principles; it creates a space where Māori are able to work in ways that are free of cultural constraints. This project has been guided by Linda Smith's (2012) Kaupapa Māori research explanation that using Kaupapa Māori methodology assumes the existence and validity of Māori knowledge, language and culture throughout all areas. This research is grounded in Kaupapa Māori, and has intentionally been selected as the most appropriate research approach to maintain a foundation that is congruent with the following principles:

1. Tino Rangatiratanga: the relative autonomy principle
2. Taonga tuku iho: the cultural aspirations principle
3. Ako Māori: culturally preferred pedagogy
4. Kia piki ake i ngā raruraru o te kāinga: the mediation of socio- economic factors
5. Whānau: the extended family management principle
6. Kaupapa: the collective vision principle. (Smith, 1992, pp. 13- 14)."

The next segment of this paper is devoted to the application of Critical Te Tiriti Analysis to the Project.

August 2021 MOH commissions this project with an anticipated completion date of August 2023.

Guiding Principles for the Project are established

Members of the project team that provides governance for the project are confirmed which includes tāngata whenua and tāngata tiriti membership.

Steering Group are appointed by invitation of the project team and includes both tāngata Tiriti and tāngata whenua representation

Critical Te Tiriti Analysis (CTA)

In June 2022, I provided the project team with a paper (Harmer, 2022) positing my initial thoughts regarding the application of CTA to support the aspirations of the project. These thoughts included:

- CTA is founded on the articles of Te Tiriti o Waitangi and does not rely on 'Treaty principles' to provide clarity and meaning.
- CTA offers a framework as part of its analysis that is founded on five (5) phases: kāwanatanga, rangatiratanga, ōritetanga, wairuatanga, Māori voice final.
- CTA encompasses Te Reo me ōna tikanga.
- The analysis will highlight strengths, areas to develop and provide a benchmark of the project's status through the application of a Likert scale.
- The creators of CTA are academic titans who have applied CTA to a range of health policies, therefore the Ministry of Health is aware of CTA.
- At an initial glance CTA seems to be adaptable, simple to apply and understandable.
- CTA places tāngata whenua at the forefront of the analysis by ensuring ours is the last voice to comment on the policy.

With the consent of the project team and steering group, members of the team commenced building their understanding and competency of CTA by:

- Training - in August 2022 project team members attended training in CTA,
- Consultation with Tim McCreanor and Heather Came (creators of CTA – monthly since August, 2022).

The creators of CTA(Came, O'Sullivan, Kidd, & McCreanor, 2020) are :

- **Heather Came** a Pākehā (of settler descent, tangata tiriti) activist-scholar with expertise in Te Tiriti application, institutional racism, and critical policy analysis. Her professional background lies in health promotion and public health, as well as the dynamics of institutional racism. Heather Came and Timothy McCreanor were both expert witnesses on behalf of claimants to the stage one Waitangi Tribunal WAI 2575 hearings.
- **Tim McCreano**r a Pākehā public health researcher with a longstanding interest in the ways in which language shapes and reflects relations among Māori and Pākehā. Health as a key domain in such discursive relations is a current focus of his contributions to research and action for social justice.
- **Dominic O'Sullivan** belongs to the Te Rarawa and Ngāti Kahu iwi (tribes). He is a political scientist interested in Indigenous self-determination. He writes from a liberal theoretical perspective to examine the recognition Te Tiriti has under New Zealand's prevailing liberal democratic arrangements.
- **Jacquie Kidd** is Māori, belonging to the Ngāpuhi iwi. Her professional background is in nursing, and her current work involves community-based research to identify and address health inequities at the local level. Her focus is on amplifying the strengths and solutions found within whānau (family), hapū (family groupings or subtribes), and iwi through co-designing research and associated health messages.

I have taken my lead from Goza, Came & Emery- Whittington (2021) who provide a policies adherence to the articles of Te Tiriti o Waitangi utilising a Likert scale.

- **Silent** with an assigned numerical value of (0) which indicates that the policy is silent in regards to the respective Te Tiriti Article
- **Poor** with an assigned numerical value of (1) which indicates that the policy may mention the respective Te Tiriti Article but it lacks depth, clarity or is not substantive.
- **Fair** with an assigned numerical value of (2) which indicates that the policy mentions the respective Te Tiriti Article and there is substance to how it is applied or incorporated into the policy
- **Good** with an assigned numerical value of (3) which indicates that the policy aligns with the intent of the respective Te Tiriti Article
- **Excellent** with an assigned numerical value of (4) which indicates the policies alignment with the respective Te Tiriti Article and there is also resourcing allocated to achieve the policy.

Goza, Came, & Emery-Whittington (2021) also recommend that Māori have the final word when reviewing the policy. This is a key tenant of CTA. The following provides a reinterpretation on how these categories may be applied within a Te Ao Māori framework.

Te Whatu Ora - Te Toka Tumai (2022) have created a measurement tool with the following states of mauri. The following diagram illustrates a linear progression of the states of mauri, which I have applied to CTA. I propose that utilising the CTA Likert scale and incorporating the states of mauri adds value to the analysis. My desire is that when policy writers develop frameworks underpinned by a commitment to Te Tiriti o Waitangi they reflect on the potential of the policy or framework to realise a state of mauri ora for whānau. This will open the pathway for discussions and recommendations that progress the policy towards an improved state of mauri. If mauri ora is not attainable then the transparency of acknowledging this will be validating for tāngata whenua.

Mauri Tītaha » **Mauri Noho** » **Mauri Piki** » **Mauri Oho** » **MAURI ORA**

State One – Mauri Tītaha was interpreted to reflect the notion of instability in respect to the policy or framework's capacity to meet the expectations of Te Tiriti o Waitangi. I have applied the numbers from the CTA Likert scale, aggregating the score of the five parts of CTA in this state the combined score is between (0 - 3)

State Two – Mauri Noho is the notion of being inactive or undeveloped in respect to the policy framework's capacity to meet the expectations of Te Tiriti o Waitangi. In this state the combined score is between (4 - 7)

State Three – Mauri Piki is the notion of the emergence, recognition, and acknowledgment in respect to the policy framework's capacity to meet the expectations of Te Tiriti o Waitangi. In this state the combined score is between (8 - 12)

State Four – Mauri Oho is the notion of the promise or pledge in respect to the policy framework's capacity to meet the expectations of Te Tiriti o Waitangi. In this state the combined score is between (13 - 17)

State Five – Mauri Ora is the notion in respect to the policy framework's capacity to meet the expectations of Te Tiriti o Waitangi and support whānau to thrive and flourish. In this state the combined score is between (18 - 20)

The project assessment in table one represents the combination of Likert scale and states of mauri.

Table One

Critical Te Tiriti analysis of the establishment of the project to develop Aotearoa (NZ) diagnostic guideline for Fetal Alcohol Spectrum Disorder (FASD) December 2022

Article	Commentary
Article One Kāwanatanga	**Review of Project** Kāwanatanga through a Te Ao Māori lens is reflective of a leadership/governance approach where those who hold these positions are called to serve a kaupapa and the people that are most impacted by that kaupapa. From the onset of this project the intent to ensure that the governance group was representative of tāngata whenua and tāngata tiriti was evident. This transpired to the appointment of Sarah Goldsbury (tangata whenua) and Andi Crawford (tangata tiriti) as project leads. This intent has flowed onto appointments to the steering group by including both tāngata whenua and tāngata tiriti representatives across all professional and whānau groups. Assessment - GOOD – score (3) **Recommendation** - Project Team continue to ensure fair representation of tāngata whenua and tāngata tiriti.
Article Two Tino Rangatiratanga	**Review of Project** The establishment of tāngata whenua and tāngata tiriti representation in the steering rōpū provided the opportunity to have separate tāngata whenua and tāngata tiriti discussions when needed. The project leads typically reported back on key themes of the discussion in order to inform decisions. The adoption of a Kaupapa Māori research methodology also recognises the importance of Māori sovereignty in respect of this project. To date, consensus has been able to be achieved when making decisions about the Project. There are agreed upon mātapono (principles) which can be applied as guiding principles to facilitate the attainment of consensus. Due to the multiple stakeholders that are part of this project, constraints with respect to resourcing, time and the scope from the Ministry of Health it is unlikely to result in the full extent of this Article being unattainable. I am uncertain if there is a resolution process should consensus not be achieved that upholds the mana of both rōpū, their representatives, and also the authority of Māori. **My assessment** Because of the Crown restraints of time and resourcing as well as the setting of project expectations my current rating for this Project is FAIR – score (2) **My recommendation** – In order to improve on this rating, I recommend that there be a resolution process developed in the advent that consensus amongst the project team is not attained. A possible mechanism to achieve this is through the incorporation of the practice of wānanga facilitated by a kāhui taumata (guiding group). If consensus is still unable to be attained then the kāhui taumata can make a recommendation which is voted on by the project team. Due to the constraints of time, resourcing and project scope I would also encourage Hāpai te Hauora and the project team to re-engage with the Ministry to: · Report on the findings of this paper · Develop a plan with recommendations and costings that supports the full implementation of Te Tiriti o Waitangi in the project · Re-negotiate the resources, time and project scope.

Article Three Oritetanga	**Review of Project** The Project Team is currently holding wānanga across the motu which are being attended by whānau who have tamariki / mokopuna who have a diagnosis of FASD. On the steering rōpū are also whānau who have tamariki / mokopuna who have a diagnosis of FASD. Therefore, the consideration of tamariki / mokopuna and whānau is at the forefront for the project team. Although outside the scope of this project, discussions regarding the implementation and training of clinicians and the lack of recognition and resources for those with a diagnosis are also being had by project members. **My assessment** The Project Team through incorporating the voice of whānau and Māori, has done everything in its sphere of influence to ensure that their voices are infused into the Diagnostic Guidelines. However, as the Crown has set timeframes, resourcing as well as project expectations the full intent of this Article is beyond the range and scope of the Project Team. My current rating for this Project is FAIR - score (2) **My recommendation** - I would encourage Hāpai te Hauora and the Project Team to re-engage with the Ministry to: · Report on findings of this paper highlighting the need for another project to fund training and cultural supervision for clinicians applying the guidelines. · Develop a plan with recommendations and costings to develop and fund training and cultural supervision for clinicians applying the guidelines.
Wairuatanga	**Review of Project** Wairuatanga is a complex and often misconstrued notion and I am drawn to the proposition offered by Puketapu9 and Gregory and Maynard 10. They suggest that Wairuatanga increases the likelihood of "human connection and relationships – enabling people to feel seen, heard and valued." This relational focus is encapsulated in the practice of the project and steering rōpū through the use of te reo, the application of whakawhanaungatanga, and the utilisation of pŪrākau to create a Te Ao Māori perspective for the project. I subscribe to the understanding that wairua is the domain of tāngata whenua only and therefore value the thoughts of the Māori members within each rōpū as to how this can be maintained, applied and transmitted. **My assessment** Leaning towards the expression of wairuatanga providing for a relational experience I sense that this relational focus is utmost in the minds of project and steering rōpū members. This intent is likely to transfer to the guidelines. There is acknowledgment from the rōpū of the necessity to have a segment consider the notion of cultural safety. My current rating for Wairuatanga is FAIR – score (2) **My recommendation** - Members of the team continue to build their capacity to operate with cultural safety by accessing cultural supervision and bringing their experiences to the meetings. Further, I would also propose that the guidelines strongly recommend that cultural supervision or support is accessed by tangata Tiriti Clinicians.
Māori Interim / Final Word	**Review of Project** I have taken on the role of fulfilling this segment of CTA utilising the addition of the states of mauri to strengthen Māori interim / final word. However, in order to strengthen the rating I would propose that this paper be shared with members of the tāngata whenua steering rōpū allowing for a collective rating. FAIR - score (2)

Summary & Conclusion

This is the first of three further assessments for the Project. It is both the first time I have utilised CTA and also applied the states of mauri. Consequently, there is room for growth as my competency improves and others offer commentary on my interpretation and application of CTA.

The initial assessment reflects the state of mauri piki (11).

Cumulatively the five Likert scores are:

Article One – Kāwanatanga	3
Article Two – Rangatiratanga	2
Article Three – Oritetanga	2
Wairuatanga	2
Maori Final Word	2
Combined Score of	**11**

A total score of 11 currently positions the guidelines as having attained a state of mauri piki (between 8 – 12). In this paper this has been referred to as a state of awakening.

Mauri Tītaha » **Mauri Noho** » **Mauri Piki** » **Mauri Oho** » **MAURI ORA**

The project team should be motivated to continue in its aspiration of grounding the FASD guidelines in Te Tiriti o Waitangi.

The recommendations reflect that progression to a state of mauri ora is unlikely within the current contractual timeframes and resourcing constraints. However, a state of mauri oho is attainable. The next analysis will occur in February 2023.

References

Came, H., O'Sullivan, D., Kidd, J., & McCreanor, T. (2020). The Waitangi Tribunal's WAI 2575 Report: Implications for Decolonizing Health Systems. Health and Human Rights. 22(1). 209-220

Goldsbury, S. & Crawford. A, (2022) Development of Aotearoa diagnostic guidelines for FASD: Terms of Reference. Hāpai te Hauora.

Goza, M., Came, H., & Emery-Whittington, I. (2021). A Critical Tiriti Analysis of the recruitment and performance review processes of public sector chief executives in Aotearoa. Australian and New Zealand Journal of Public Health. https://doi.org/10.1111/1753-6405.13171.

Gregory R, Maynard K. Weber vs Wairua towards a more humane bureaucracy in Aotearoa New Zealand? Policy Q. 2019; 15(4): 35– 41

Hāpai Te Hauora Tapui Limited. (2022) Development of Aotearoa diagnostic guidelines for FASD, Background Documents, Version 2.2.

Hāpai Te Hauora Tapui Limited. (2021) FASD Clinical Guidelines Project Plan v3.01

Harmer. H. Draft Paper to Project Team (June 2022)

Puketapu K. Reform from within In: C Burns, editor. The Path to Reform. Wellington (NZ): New Zealand Institute of Public Administration; 1982.

Smith, L. T. (2012). Decolonizing methodologies: Research and Indigenous peoples (Second ed.). Dunedin, New Zealand: Otago University Press.

Te Whatu Ora - Te Toka Tumai. (2022). Te Tiriti o Waitangi framework. In. Auckland, New Zealand: Te Whatu Ora - Te Toka Tumai.

Second Critical Te Tiriti Analysis of the development of Aotearoa (NZ) Fetal Alcohol Spectrum Disorder Guideline – Tuarua (December 2023)

Scope of the paper

This paper is the second offering applying the methodology of Critical Te Tiriti Analysis (CTA) (Came et al., 2023) with respect to the aspirations of the project team to, "ground the development of Aotearoa (NZ) diagnostic guidelines for Fetal Alcohol Spectrum Disorder (FASD) within Te Tiriti o Waitangi." The first analysis was written in Dec 2022. The first analysis provides the reader of this CTA with an introduction to CTA, an overview of the project and an assessment of the setup of the project.

The intent of the second paper is to review the last twelve months, to reflect if actions taken by the project team have improved the CTA rating and consequently the status of mauri with the potential of, "...enabling Māori to flourish and lead their aspirations for health."

CTA review December 2023

In 2023 there were a number of significant events that resulted in the project being delayed for five months however, some work was still completed with the project team meeting regularly. The factors that contributed to the delay of the project were

- Cyclone Gabriel requiring project members to support their respective communities in their recovery;
- Covid – project team members recovery from long COVID
- Funding – No additional Ministry of Health funding to cover the delay was able to be secured however, the project team was able to reconcile with Hāpai te Hauora to fund work until the end of the year.

The project team were able to navigate these challenges and the following reflections in regards to the articles of Te Tiriti o Waitangi will speak to this and the resilience of the project team.

The following segment is devoted to reflecting the voices of those who have supported the project to improve equity for tāngata whaiora undergoing or awaiting a FASD diagnosis and are engaged with the following systems:

- Health System –little or no appreciation of how exposure prenatally to alcohol contributes to the behaviour of those with a diagnosis of FASD (Chamberlain et al., 2017; Gibbs & Sherwood, 2017; Howlett et al., 2019). There are a considerable number of comorbid conditions associated with FASD, including ADHD, ODD and PTSD making diagnosing FASD more complicated (Popova et al., 2016). Further, without appropriate supports and services those with a diagnosis of FASD are also at risk of developing secondary conditions (Gibbs & Sherwood, 2017), including mental health issues, academic and social difficulty, alcohol and drug use disorders, employment difficulties and contact with the justice system (Streissguth et al., 2004; Wozniak et al., 2019).

- Judicial System –little or no appreciation of how exposure prenatally to alcohol has contributed to the behaviour of those with a diagnosis of FASD (Chu et al., 2024). For those who endeavour to support and advocate for these whānau it is extremely challenging. This is a difficult system to navigate but for those with a diagnosis their vulnerability can result in inequitable treatment and sentences (Kotler & Winsor, 2023; Reid et al., 2020).
- Education System – where again there is little or no appreciation of how exposure prenatally to alcohol has contributed to the behaviour of those with a diagnosis of FASD (McCormack et al., 2022; Pei et al., 2015). Consequently, whaiora with this diagnosis are thought of as difficult and the typical behavioural support strategies are not helpful leading to their eventual exclusion from education (Chu et al., 2022; Streissguth et al., 1996).

It is important to acknowledge whānau who have shared their experiences and called for equitable provisions of care and support, their voice needs to be heard. These inequities are outside the scope of this project, however, creating awareness will hopefully lead to action and the establishment of pathways that create equitable care and support for whaiora who have been exposed prenatally to alcohol.

In 2023 the project went into a state of hibernation but by October 2023 was fully operational.

In order to acknowledge the voices of the those who have supported this project this segment is devoted to reflection from those working within the many systems that those who have been exposed prenatally to alcohol may engage with.

Table Two

Critical Te Tiriti analysis of the establishment of the project to develop Aotearoa (NZ) diagnostic guideline for Fetal Alcohol Spectrum Disorder (FASD) December 2023

Article	Commentary
Article One Kāwanatanga CTA rating increased to 4	**My assessment** – Kāwanatanga within this context requires those in leadership/governance to fulfil many roles, often provide more than what was initially assumed (emotionally, physical, spiritually and relationally), to make decisions consensually, when required to wānanga, to hold the mana of all members through their actions and intent and ultimately to serve whānau with an eye to the past, present and future. This approach can be taxing however, this is how this project team has governed. As a consequence there has been a significant koha in time, clinical and cultural knowledge and wairua to this kaupapa by the project team, steering group members, stakeholders, clinicians and our Australian colleagues that requires acknowledgement. There is a question about the role of the Tiriti partner – Te Manatū Hauora: Ministry of Health, and Te Whatu Ora: Health NZ. While contracting out this kaupapa to a Māori organisation has enabled Māori leadership and Māori methodologies, the scope, funding and timeframes have constrained this. Furthermore, Health NZ has not upheld its responsibilities under Article 1 such as consultation with iwi and hapū. **Recommendation:** This is a question that could be raised with Health NZ about how they might fulfil their kāwanatanga responsibilities. In Dec 2022 the CTA rated Kāwanatanga at three (3) in Dec 2023 the CTA rating is four (4 – Excellent) with the proviso that this is for the Project Team. The rating that was reflective of the actions of the Tiriti partner – Ministry, would be two (2) because for the most part it has been a silent partner in this kaupapa.
Article Two Tino Rangatiratanga CTA rating increased to 3	**My assessment** – Since Dec 2022 personnel changes within the project team has increased the presence and voice of tāngata whenua. Consequently, there has been a proliferation of whakaaro Māori much of which has aligned with the kōrero received from the stakeholders consultation process. The project team has therefore sought to incorporate mātauranga, whakataukī, kupu reo and Te Ao Māori imagery within the guidelines. It is important that the rangatiratanga of these taonga are retained by those who have developed them. The prominence of these taonga has increased the CTA rating from Dec 2022 rating was FAIR – score two (2). **Dec 2023 rating is GOOD – score three (3)**. This rating would increase if the project team can negotiate an assurance from the Ministry that the property rights with regards to the artwork and mātauranga are retained by the creators of these items and that there is a proviso in the guidelines confirming the above and limiting their use explicitly to the guidelines.

Article Three Oritetanga CTA rating remains at 2	**My assessment** – The notion of equity has been addressed in this paper and guidelines. Despite the best efforts of the project team to conscientize those who utilise these guidelines in an attempt to raise awareness of FASD by highlighting the levers that perpetuate systemic inequity and service provision that whānau experience, the project team has been unable to address these inequities within the guidelines. Therefore the CTA rating for Ōritetanga in Dec 2022 was FAIR – score two (2) and in Dec 2023 the CTA rating remains FAIR – score two (2). Although outside the scope of these guidelines this rating could be improved through interagency collaboration that includes but is not limited to: · National campaign to increase community awareness about the effect of prenatal exposure to alcohol on pēpi. · Ensuring that those with a diagnosis of FASD receive the same levels of funding as those with other developmental diagnosis. · Providing those working within the various agencies with education and training about FASD and how to support those who have been exposed prenatally to alcohol.
Wairuatanga CTA rating increases to 3	**My assessment** – Maintaining the theme from the Dec 2022 paper where the expression of wairuatanga is provided for within a relational context, the adversity experienced by the project team, the efforts of all those who have supported the development of the guidelines and influence of whānau voice, all parties have connected in a way that transcends the physical realm. This experience which cannot be expressed in words is a felt experience. It is hoped that this felt experience can be transmitted to all those who utilise the guidelines so that all parties can connect, participate and support each other. The artwork, whakataukī and the inclusion of mātauranga and their explanations will facilitate an awareness of the "felt experience" of wairuatanga which has increased the CTA rating. Dec 2022 rating was FAIR – score two (2) **Dec 2023 rating increases to GOOD** – score three (3). A rating of excellent would be attained if the guidelines were able to stipulate that in order for clinicians to utilise the guidelines they have to commit to engaging in regular cultural supervision to reflect on and grow their awareness and capacity to apply the "felt experience" of wairuatanga in their practice.
Māori Interim / Final Word CTA rating increases to 4	**My assessment** – While CTA promotes the importance of the inclusion of Māori interim/final word in respect to this project I propose that as the voice of Māori has been an integral part of the guideline development then the aspiration of the creators of CTA has been met. Evidence of this is encapsulated in but not limited to the consultation process, use of whakataukī, the inclusion of mātauranga, the tikanga that has been applied during hui and the artwork.

Therefore, the combined CTA rating has increased.

Dec 2022 rating was FAIR – score two (2)

Dec 2023 rating increases to EXCELLENT – score four (4)

Combined CTA and Mauri rating

	Dec 2022	Dec 2023
Article One – Kāwanatanga	3	4
Article Two – Rangatiratanga	2	3
Article Three – Oritetanga	2	2
Wairuatanga	2	3
Māori Final Word	2	4
Combined Score of	**11**	**16**

In December 2022 we applied the combined score of 11 to the mauri scale proposing that the guidelines attained a state of mauri piki (between 8 – 12).

In December 2023 we applied the same methodology where the combined score of 16 to the mauri scale was attained elevating the state of mauri to mauri oho (between 13 – 17).

Mauri Tītaha *Rating (O-3)* » **Mauri Noho** *Rating (O-3)* » **Mauri Piki** *Rating (O-3)* » **Mauri Oho** *Rating (O-3)* » **MAURI ORA** *Rating (O-3)*

2022 combined CTA score resulted in a rating of Mauri Piki

2023 combined CTA score resulted in a rating of Mauri Oho

Summary and Conclusion

The increase to a state of mauri oho reflects the notion that the Aotearoa (NZ) diagnostic guidelines for Fetal Alcohol Spectrum Disorder (FASD) is grounded within Te Tiriti o Waitangi. Therefore, the project team has attained the aspiration they set in 2021.

Due to the limitations of funding, scope, time and personnel the attainment of a state of mauri ora was always beyond the capacity of the project team to achieve. For a state of mauri ora to occur the Ministry of Health and Health NZ would need to:

Fully honour its responsibilities to reduce the inequitable harm from alcohol for Māori, influence other Ministries to do the same,

Advocate for restrictions in the sale and/or at the very least advertising and education about the impact of exposure prenatally to the unborn child,

Commit to providing training and cultural supervision to all practitioners who will utilise the guideline to ensure competency both clinically and culturally of all practitioners,

Commit to funding those with an FASD diagnosis at the same levels as those with other neurodevelopmental diagnosis,

Commit to engaging in a consultation process with iwi and hapū regarding FASD,

Commit to reviewing the guideline and its implementation every three years.

As a society we need to acknowledge that FASD is preventable and impacts the lives of whaiora, the whānau and the community throughout the life span of the whaiora and intergenerationally.

Mauri Ora ki a tātau

Haami Harmer
Project Team member

References

Came, H., O'Sullivan, D., Kidd, J., & McCreanor, T. (2023). Critical Tiriti Analysis: A prospective policy making tool from Aotearoa New Zealand. Ethnicities, 0(0). https://doi.org/10.1177/14687968231171651.

Chamberlain, K., Reid, N., Warner, J., Shelton, D., & Dawe, S. (2017). A qualitative evaluation of caregivers' experiences, understanding and outcomes following diagnosis of FASD. Research in Developmental Disabilities, 63, 99–106. https://doi.org/10.1016/j.ridd.2016.06.007

Chu, J. T. W., McCormack, J. C., Marsh, S., & Bullen, C. (2023). Knowledge, attitudes, and practices towards fetal alcohol spectrum disorder in New Zealand educators: An online survey. Journal of Intellectual Disabilities, 27(3), 762-776.

Chu, J. T. W., Wilson, H., McCormack, J. C., McGinn, V., Brookbanks, W., & Bullen, C. (2023). Knowledge, attitudes and practices towards fetal alcohol spectrum disorder among lawyers in New Zealand. Psychiatry, Psychology and Law, 1-13.

Gibbs. A., & Sherwood, K. (2017). Putting fetal alcohol spectrum disorder (FASD) on the map in New Zealand: A review of health, social, political, justice and cultural developments. Psychiatry, Psychology and Law, 24(6). 825-42. Retrieved from https://www-tandfonline-com.ezproxy.massey.ac.nz/doi/full/10.1080/13218719. 2017.1315784

Goldsbury, S. & Crawford, A. (2022). Development of Aotearoa diagnostic guidelines for FASD: Terms of Reference. Hāpai te Hauora.

Hāpai Te Hauora Tapui Limited. (2021). FASD Clinical Guidelines Project Plan v3.01.

Howlett, H., Mackenzie, S., Strehle, E.-M., Rankin, J., & Gray, W. K. (2019). A survey of health care professionals' knowledge and experience of foetal alcohol spectrum disorder and alcohol use in pregnancy. Clinical Medicine Insights: Reproductive Health, 13, 1179558119838872. https://doi.org/10.1177/1179558119838872

Kotler, M., & Winsor, K. D. (2023). 'Now what?': An examination of ongoing gaps post-diagnosis for justice-involved youth with FASD. Canadian Graduate Journal of Sociology and Criminology, 6(1).

McCormack, J. C., Chu, J. T. W., Wilson, H., Rahman, J., Marsh, S., & Bullen, C. (2023). Knowledge, attitudes, and practices towards fetal alcohol spectrum disorder in the New Zealand social and community sector: An online survey. Journal of Intellectual Disabilities, 17446295231172234.

Pei, J., Job, J., Poth, C., O'Brien-Langer, A., & Tang, W. (2015). Enhancing learning environments for students affected by fetal alcohol spectrum disorders: An exploratory study of Canadian pre-service teacher knowledge and conceptions. Journal of Education and Training Studies, 3(5), 134–143. https://doi.org/10.11114/jets.v3i5.955

Popova, S., Lange, S., Shield, K., Mihic, AI, Chudley, A. E.,m Mukherjee, R. A., ... & Rehm, J. (2016). Comorbidity of fetal alcohol spectrum disorder: A systematic review and meta-analysis. The Lancet, 387(10022), 978-987.

Reid, N., Kippin, N., Passmore, H., & Finlay-Jones, A. (2020). Fetal alcohol spectrum disorder: The importance of assessment, diagnosis and support in the Australian justice context. Psychiatry, Psychology and Law, 27(2), 265-274.

Streissguth, A. P., Barr, H. M., Kogan, J., & Bookstein, F. L. (1996). Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE). Final report to the Centers for Disease Control and Prevention (CDC), 96-06.

Streissguth, A. P., Bookstein, F. L., Barr, H. M., Sampson, P. D., O'Malley, K., & Young, J. K. (2004). Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects. Journal of Developmental & Behavioral Pediatrics 25(4), 228 -38. https://doi.org/10.1097/00004703-200408000-00002

Te Whatu Ora - Te Toka Tumai. (2022). Te Tiriti o Waitangi framework. In. Auckland, New Zealand: author.

Wozniak, J. R., Riley, E. P., & Charness, M. E. (2019a). Clinical presentation, diagnosis, and management of fetal alcohol spectrum disorder. The Lancet Neurology, 18(8), 760–770. https://doi.org/10.1016/S1474-4422(19)30150-4

Te Whatu Ora
Health New Zealand

HĀPAI TE HAUORA
MĀORI PUBLIC HEALTH

The combined efforts of the many were needed to create this guideline.