Optometry Māori Health Curriculum Framework: Implementation Guide

Approved by the Optometry Council of Australia and New Zealand December 2024

Whaowhia te kete mātauranga.
Fill the basket of knowledge.

Manaakitanaga
Respect and generosity

Kotahitanga
Unity

Acknowledgment of Country

The Optometry Council of Australia and New Zealand acknowledges the Traditional Custodians across the lands, waters and seas that we work, live and learn on. We pay our respects to Elders past and present and thank them for their continuing custodianship and ongoing contribution to society. OCANZ respects all Aboriginal and Torres Strait Islander Peoples, their customs and beliefs.

We acknowledge the Wurundjeri Woi Wurrung People of the Kulin Nation as the Traditional Owners of the lands where our office is located.

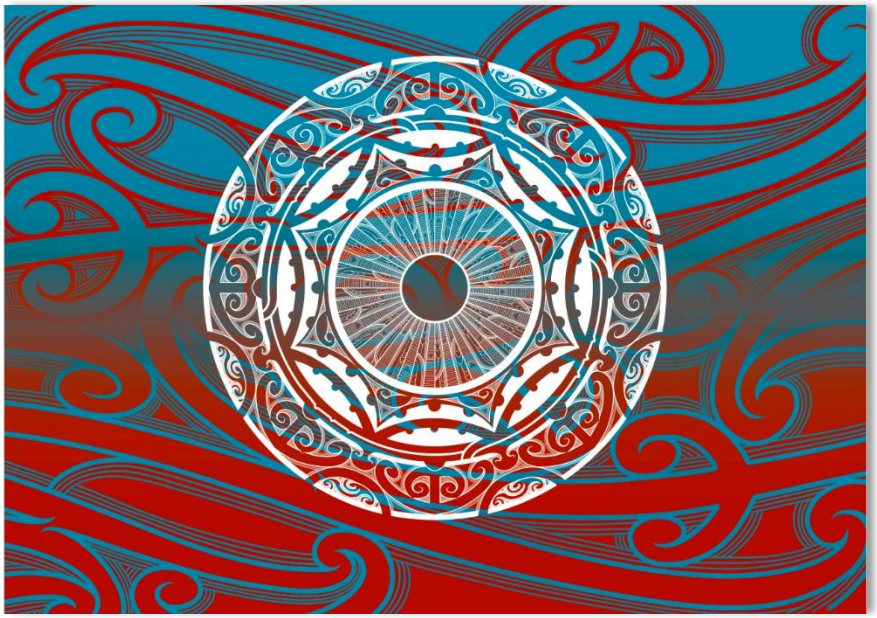
Kāhore taku toa i te toa takitahi, he toa takitini

We cannot succeed without the support of those around us

Artwork acknowledgement:

Looking at Country – Cultural Connections by Riki Salam (Mualgal, Kuku, Yalanji, Ngai Tahu), We are 27 Creative

Māori Art design by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu), Te Wheke Moko Design Studio



This artwork has been designed for the Optometry Council of Australia and New Zealand (OCANZ) by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu) using Māori design thinking and motifs that ground the work in Kaupapa Māori principles (by Māori, with Māori, for Māori). The karu o te kanohi represents the work that OCANZ and optometrists undertake by looking deep into people's eyes. The artwork is made up of five layers that have been intentionally designed and woven together to showcase Māori symbology, strength and story.

The central element of the artwork is the karu/whatu o te kanohi which is made up of three intricate layers (karu |centre, wē | middle and rāwaho | outer). Each line and curve are powerfully symbolic and representative of Māori design. See page 38 of the Optometry Māori Health Curriculum Framework to learn more about each design element of the 'karu o te kanohi'.

Behind the karu o te kanohi is the fourth layer, the kowhaiwhai design which represents Te Ao Hurihuri, the ever-changing world.

The fifth layer is the background colours and the blending red into blue. Red symbolises nobility in the Māori world. The blue has been used to symbolise the colour of OCANZ. It can also represent the water (sea) that flows between Australia and Aotearoa, where the three cultures (Aboriginal and Torres Strait Islander and Māori) meet.

Permission has been granted by artist Graham Tipene to use the layers / elements individually in OCANZ collateral and recognise the cultural significance they bring to the overall design.

Indigenous education sovereignty

Indigenous education sovereignty refers to the inherent right of Indigenous communities to define and control their own educational systems, goals, and practices. This concept emphasises the importance of self-determination in education, allowing Indigenous Peoples to incorporate their cultural values, languages, and traditions into the learning process. It aims to create an educational environment that respects and nurtures Indigenous identities, knowledge systems, and ways of knowing.[1]

Section 1: Introduction

Recommendations for successful implementation

The original 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework explains that:

> *Implementing curricula successfully is not just about content; it must address the overall educational journey where students are guided through a set of teaching, learning and assessment experiences toward the achievement of educational outcomes and graduate attributes (Hughes et al. 2012). To enable these learning outcomes to be reached, there are many elements throughout the journey that need to be considered. These include factors at the level of direct content delivery; professional development and support for educators; and elements that enable a supportive organisational context. (Section 3-7)*

OCANZ is committed to supporting optometry programs in Aotearoa New Zealand (hereafter referred to as Aotearoa) and Australia in their ongoing efforts to introduce and embed the OCANZ Optometry Māori Health Curriculum Framework into the curriculum. This document highlights areas of focus to ensure successful implementation of the Optometry Māori Health Curriculum Framework in full (Novice, Intermediate and Entry to Practice skill development) in Aotearoa and in a phased approach in Australia.

Our intent

The intent of the Optometry Māori Health Curriculum Framework is to create a safe space for learning and upskilling with the aim of ensuring a culturally safe and responsive eye care system for

[1] Jacob, W.J., Cheng, S.Y., Porter, M.K. (2015). Global Review of Indigenous Education: Issues of Identity, Culture, and Language. In: Jacob, W., Cheng, S., Porter, M. (eds) Indigenous Education. Springer, Dordrecht. https://doi.org/10.1007/978-94-017-9355-1_1

Māori patients and practitioners. This OCANZ Optometry Māori Health Curriculum Framework Implementation Guide embodies the Māori values of **Manaakitanaga** – mutual respect, hospitality and generosity in knowledge sharing, and **Kotahitanga** – unity, and is an invitation to optometry educators in Aotearoa and Australia to embrace learning about Māori culture. OCANZ will support trans-Tasman implementation of this learning in a phased approach in Australia and with ongoing support.

This Implementation Guide is a new document written with the completion, and OCANZ Board approval in December 2023, of the OCANZ Optometry Māori Health Curriculum Framework. The OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework has also been revised and the implementation guidance provided in the original framework removed and replaced by a separate Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework Implementation Guide.

The OCANZ Optometry Health Curriculum Framework resources now include:

1 OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework – 2018 and updated 2024
2 OCANZ Optometry Māori Health Curriculum Framework – December 2023
3 OCANZ Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: Implementation Guide – December 2024
4 OCANZ Optometry Māori Health Curriculum Framework: Implementation Guide – December 2024

Implementation expectations of the Optometry Māori Health Curriculum Framework

Recommendations for implementation in **Aotearoa:**

OCANZ expects, and will support, the School of Optometry and Vision Science in Aotearoa to work towards embedding all twenty-six (26) learning outcomes across **Novice** (8 learning outcomes), **Intermediate** (12 learning outcomes) and **Entry to Practice** (6 learning outcomes) skill development.

Recommendations for implementation in Australia:

OCANZ acknowledges implementation of the Optometry Māori Health Curriculum Framework will occur in Australia in a phased approach over time.

OCANZ expects, and will support, Optometry Education Providers in Australia to work towards addressing, at a minimum, the eight (8) **Novice** level learning outcomes of the Optometry Māori Health Curriculum Framework in the first phase.

OCANZ will review implementation expectations every 5 years in accordance with the Accreditation standards update.

A statement on the use of generative Artificial Intelligence (AI).

Authentic education about Indigenous culture must be led by Indigenous people themselves, ensuring respect, accuracy, and genuine cultural exchange. Relying on generative AI to teach Indigenous culture is both unacceptable and disingenuous. Such AI lacks the lived experiences, deep knowledge, and nuanced understanding necessary to authentically represent and convey the complexities of Indigenous traditions, values, and practices. Using AI for teaching and assessment risks perpetuating misunderstandings, cultural appropriation, and further marginalization of Indigenous voices.

Section 2: Recommendations for successful implementation

2.1 Leadership and strategy

Recommendations for implementation in Aotearoa:

High level leadership and strategy are critical to the successful implementation of the Optometry Māori Health Curriculum Framework at the whole of organisation, as well as the Faculty or School, level in a university context. This includes:

- championing the importance of Māori health.
- leadership of an implementation plan for the Optometry Māori Health Curriculum Framework and securing required resources to do this to a high-quality standard.
- in the university context, shared leadership across the broader institution to promote alliances and sharing of resources for mutual benefit and best outcomes.
- leadership and strategy should also promote alliances, partnerships and sharing of resources with other optometry programs of study.
- Cultural governance refers to the structures, policies, and processes that are established to manage and promote culture within a society. Schools should establish a cultural governance mechanism to advise and support the implementation of the curriculum.

It is vital that the Optometry Māori Health Curriculum Framework is articulated and highly visible in strategic planning, documentation, and monitoring activities to ensure accountability of the Framework's implementation.

Recommendations for implementation in Australia:

Demonstrated leadership at the school level for the successful implementation of the Optometry Māori Health Curriculum Framework.

This includes:

- championing the inclusion of Māori health within the curriculum
- consideration / demonstration of an implementation plan for the Optometry Māori Health Curriculum Framework. This may be achieved by mapping the Optometry Māori Health Curriculum Framework learning outcomes against the existing curriculum to identify synergies and opportunities to include Māori curriculum.

2.2 Embedding community partnerships in governance and practice

OCANZ Accreditation Standards Domain 2, "Cultural Safety", requires that:

> *Criteria 2.2: There is input into the design and management of the program from First Nations Peoples*
>
> *Criteria 2.7: The design and management of the program, particularly its clinical components, continue to have regard to relevant national policies concerning the health and health care of First Nations Peoples (OCANZ, 2023, p. 10).*

Recommendations for implementation in **Aotearoa:**

Optometry education providers may choose to address these standards in a variety of ways. For example, providers may already work with appropriate governance processes that include Māori representation. If this occurs through a committee, the committee may oversee and guide curriculum development for optometry and could be involved in the planning the implementation of the Optometry Māori Health Curriculum Framework. Other strategies include:

- developing guiding principles for engaging with Māori.
- developing relationships and partnership agreements with Māori organisations that are reciprocal (not transactive) and centre the Māori worldview (Te Ao Māori).

Optometry education providers may undertake more than one of these strategies.

It will be valuable to consider how the existing governance processes can support implementation of the Optometry Māori Health Curriculum Framework. Careful consideration must be given to the Māori representatives invited to participate. Participants can include relevant Māori health leaders within and outside of the optometry profession, and representatives from Māori health organisations.

Recommendations for implementation in Australia:

Based on the curriculum mapping (see recommendations for leadership and strategy) identify and map a strategy for engaging the appropriate Māori expertise required to introduce Novice level learning outcomes. This may include negotiating reciprocal knowledge sharing partnerships with trans-Tasman networks or engaging the services of Māori organisations who specialise in culturally safe education services (see the useful resources section).

2.3 Staff capacity

The OCANZ Accreditation Standards require teaching and clinical staff, and assessors to be suitably qualified and experienced for the units they teach, supervise, and assess. Specifically, Criteria 2.5 states that:

> *The education provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about the health of First Nations Peoples (OCANZ, 2023, p. 10).*

Recommendations for implementation in **Aotearoa:**

Staff capacity is a vital element for optometry education providers to include in their Optometry Māori Health Curriculum implementation plan. Currently, there are few Māori teaching staff. Building cultural safety in the workplace, and up-skilling all staff in knowledge and skills in cultural safety and Māori tikanga (customary practices and behaviour) are critical steps for implementing and delivering curriculum.

Critical questions for optometry education providers to address are:

- Is there a shared and clear understanding of the difference between cultural safety training compared to cultural awareness training? Please see the brief description of each form of cultural training on pages 15-17.
- Has completion of cultural safety training been set as a minimum requirement for staff who teach and assess Māori health and cultural safety program content?
- What level of support has been secured from staff at all levels of governance, management and implementation of the optometry program? Has cultural safety training been provided or offered to these staff to assist them in appreciating the relevance of the Optometry Māori Health Curriculum Framework?
- What formal support and resources are available to recognise the emotional labour and colonial load of Māori staff involved in the optometry program and provide direct support?
- Is a Māori employment strategy currently in place and/or does the program actively support any organisation-wide Māori employment strategy that is in place?
- What steps have been taken to ensure that existing Māori staff, including guest lecturers, also have access to the cultural safety professional development and support offered to non-Māori staff? It is important to not assume that because of their cultural identity, Māori staff are fully equipped to develop and deliver curriculum and support Māori students.
- What steps have been taken to establish and support active pathways for progression and professional development of existing and future Māori staff?

What steps have been taken to establish standardised processes for culturally safe moderating as part of the program's quality review process for assessment?

Recommendations for implementation in Australia:

- Completion of cultural safety training set as a minimum requirement for staff who teach and assess Māori health and cultural safety program content.
- Staff awareness and knowledge of protocols for / if / when engaging with Māori organisations and individuals.
  (see section on useful resources).

2.4 Māori student support needs

Domain 5 of the OCANZ Accreditation Standards, "The Student Experience", contains two criteria that focus on student support, and equity and diversity.

> *Criteria 5.5 Students are informed of and have appropriate access to personal support services provided by qualified personnel,* and
>
> *Criteria 5.7 Equity and diversity principles are observed and promoted in the student experience (OCANZ 2023, p. 18).*

While these two criteria are inclusive of Māori students, it is vital that optometry education providers consider the specific needs of Māori students as highlighted in Criteria 2.3.

> *Criteria 2.3 The education provider promotes and supports the recruitment, admission, participation, retention and completion of the program by First Nations Peoples*

which specifically requires support of Māori students throughout the program.

Recommendations for implementation in **Aotearoa:**

Providers need to recognise the emotional labour, colonial load and journey of Māori students in the higher education environment and provide them with formal support and resources. Providers also need to consider the existing ability of staff to provide this support, and the steps needed to improve what is provided and how it is implemented.

An important component that may not receive sufficient consideration is the need to prepare academics and Māori students for learning and teaching on cultural safety and Māori health. At times, this content can be traumatic for Māori students depending on their history and experiences, how the teaching is structured and delivered, and the modalities used to engage students. Ideally, teaching materials and approaches should acknowledge and validate these realities. Such an outcome will be more likely if academics are well prepared for creating and maintaining culturally safe learning spaces, and if Māori students are briefed on the content before it is delivered.

In addition to the daily experience of being 'racialised', Māori students frequently face racial prejudice and discrimination from non-Māori peers on several additional fronts in higher education e.g. regarding their presence in the course, how they accessed their place, and what support they are and are not receiving. These dynamics can escalate when the curriculum on Māori health is being covered. It can contribute to Māori students choosing not to declare their cultural identity within the program and/or the wider higher education context and the optometry profession.

Critical questions for optometry education providers to address are:

- Have specific strategies been developed for academic staff and Māori students to prepare adequately for learning and teaching in relation to Māori knowledge and well-being?
- Have specific strategies been developed for Māori students to seek support, if needed, based on either the content or how their non-Māori peers respond in learning and teaching spaces, including online?
- Have specific strategies been developed for educating non-Māori students on the necessity of affirmative action strategies for Māori students, and the respect that is required when discussing curriculum that describes the lived experience of their whānau and communities?
- What is the existing ability of academic staff to both identify and respond to the support needs of Māori students, and what should be done to enhance this?

Recommendations for implementation in **Australia:**

- Strategies for Māori students studying in Australia to seek support if needed.
- Strategies for Aboriginal and/or Torres Strait Islander students to seek and access support if content on Māori health leads to trauma through racism and discrimination from non-Indigenous peers.

2.5 Ensuring the allocation of sufficient resources

Domain 4 of the OCANZ Accreditation Standards is the Program of Study and includes a criterion regarding resourcing of the program.

> *Criteria 4.11 The optometry program has the resources, including access to clinical facilities, to sustain the quality of education that is required to facilitate the achievement of the OCANZ-endorsed competency standards. (OCANZ 2023, p. 14).*

Cross-referencing Domain 2, under the heading "Cross-cultural competence", Domain 4 further outlines that "education providers are expected to show how acquisition of competence in providing eye care for diverse ethnic and social groups and populations, including but not limited to First Nations Peoples… is appropriately integrated within the program" (p.17).

Additionally, the Optometrists and Dispensing Opticians Boards' *Standard of cultural competency and cultural safety for optometrist and dispensing opticians* state the cultural competency and cultural safety standards for both Optometrists and Dispensing Opticians practising in Aotearoa New Zealand. These standards of cultural competence and cultural safety provide a benchmark by which practitioners can be guided to measure and improve their patient care, communications and relationships to better understand members of other cultures and social groups (p.3). These standards require optometrists practicing in Aotearoa to have:

- The ability to demonstrate and apply the principles of Te Tiriti o Waitangi (Treaty of Waitangi).
- The ability to establish and maintain a level of self-awareness.
- The ability to incorporate cultural knowledge into practice and values, to positively impact on patients. (p3-6).

Recommendations for implementation in **Aotearoa:**

Resourcing the Optometry Māori Health Curriculum Framework implementation process is paramount in supporting optometry education providers to prepare students to meet the Optometry Māori Health Curriculum Framework's content themes and learning outcomes. Optometry education providers should anticipate the need to include an allocation of resources for enhancing staff capacity as part of the implementation plan. These resources will be directed at:

- building staff capacity in understanding and teaching cultural safety, and providing support to Māori students, i.e., through both professional development and recruitment
- preparing for and supporting the cultural safety of educators who deliver the curriculum, both Māori and non-Māori educators, including access to cultural supervision and mentoring from Māori i.e. whānau voice, kaumātua, kuia, koroua, stakeholders, educators, consultants etc.

Recommendations for implementation in Australia:

- building staff capacity in understanding and teaching cultural safety
- preparing for and supporting the cultural safety of educators who deliver the Māori curriculum.
- sharing of relevant resources across Australian schools e.g. Leaders in Indigenous Optometry Education Network (LIOEN) repository, others as developed.

2.6 Integrated and discrete curriculum content

Recommendations for implementation in **Aotearoa:**

The OCANZ Accreditation Standards are the **minimum** requirements to be met by optometry higher education providers. Consistent with OCANZ Accreditation Standards Domain 2, it is highly recommended that the Optometry Māori Health Curriculum Framework be delivered through a

combination of both discrete (standalone) content and content integrated across other units in the optometry curriculum. Undertaking an initial curriculum mapping process against the Optometry Māori Health Curriculum Framework will help identify what content is currently delivered and where in the curriculum and identify what changes or adaptations will assist the program to strengthen its alignment with the Framework.

Recommendations for implementation in Australia:

- Curriculum mapping to identify where Māori content should be included within the curriculum and identification of the resources required to deliver the content.

Continuous quality improvement

OCANZ Accreditation Domain 3 pertains to Academic Governance and Quality Assurance.

Criteria 3.1 The education provider has robust academic governance for the program of study that includes systematic periodic monitoring, review and improvement of the program (OCANZ, 2023, p. 12).

> Criteria 3.2 *Input is obtained periodically from internal and external stakeholders to the design, review and improvement of the program, including feedback from students, consumers, academics and representatives of the optometry profession to ensure the program remains fit for purpose.* (OCANZ 2023, p. 12).

Recommendations for implementation in **Aotearoa:**

The implementation of the Optometry Māori Health Curriculum Framework is a starting point for optometry education providers. Once implemented, it should be included in regular program review and improvement processes.

Recommendations for implementation in Australia:

Inclusion of the implementation plan of the Optometry Māori Health Curriculum Framework in regular program review and improvement processes.

2.7 Bridging the Frameworks: Cross-Tasman theme

Theme 7: *Building a bridge: Research, clinical environments, and suspicions* and Theme 9: *Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands* have been identified as themes with trans-Tasman application and therefore relevance to the

Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. OCANZ view these themes as 'bridging' themes for the two Frameworks in Aotearoa and Australia.

Theme 7 encourages reflection on how one's own culture is influenced by majority cultures in Aotearoa and/or Australia and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programmes.

Theme 9 recognises that Māori and Aboriginal and/or Torres Strait Islander Peoples in Aotearoa and Australia, have a shared colonial trauma that precedes the current inequities observed within communities. The theme highlights the similarities and, importantly, the differences that exist for each Peoples.

It is essential to know and acknowledge the local/traditional mana whenua (Aotearoa) and Custodians of Country (Australia) and maintain appropriate respect and recognition of regional cultural practice and processes.

Section 3: Useful Resources

This section includes a list of websites, organisations and published articles that have been used by OCANZ to inform the development of the Optometry Māori Curriculum Health Framework or to enhance the organisations cultural safety learning more broadly. *OCANZ encourages optometry educators to source and develop a resource list and meaningful networks that supports their teaching needs.*

Websites

Manatū Hauora - Māori health | Ministry of Health NZ

Pae Tū: Hauora Māori Strategy

Ki Te Taura Whiri I te Reo Māori / Māori Language Commission - Te Taura Whiri i te Reo Māori | Māori Language Commission

Te Aka Māori Dictionary

Waitangi Tribunal - The Treaty of Waitangi/Te Tiriti o Waitangi

Manatū Hauora| Ministry for Health Māori health models – Te Whare Tapa Whā

Professional Cultural Competency Training courses

Iwi United Engaged Ltd - Whaia Te Tika Cultural Competency Workshops

Mather Solution - Māori Development Consultancy

Maurea - Te Ao Māori Training programme

MauriOra Health Education Research - Cultural Competency (Māori)

MauriOra Health Education Research - Foundations Course on Healthcare and the Treaty of Waitangi

Video Resources and Apps

Manatū Hauora - Ministry of Health NZ, *Overview of Te Whare Tapa Whā*. September 29, 2022

Te Kūaha – Language app, University of Auckland

Published Articles

Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* **18**, 174 (2019). https://doi.org/10.1186/s12939-019-1082-3

Curtis, E., Jones, R., Willing, E. *et al.* Indigenous adaptation of a model for understanding the determinants of ethnic health inequities. *Discov Soc Sci Health* 3, 10 (2023). https://doi.org/10.1007/s44155-023-00040-6

Developing culturally safe education practices in optometry schools across Australia and Aotearoa New Zealand, 22023 - Clinical and Experimental Optometry 106(2):110-118. doi: 10.1080/08164622.2022.2136514.

Hauora Maaori o ngaa karu: Maaori ocular health review. *The New Zealand Medical Student Journal*, 2023 - Issue 35 p,37-40 DOI:10.57129/001c.73288

Samuels, I., Pirere, J., Muntz, A., Craig, J. P. Ngā whakāro hauora Māori o te karu: Māori thoughts and considerations surrounding eye health, *Clinical and Experimental Optometry,* 2023 - 106:2, 133-139, DOI: 10.1080/08164622.2022.2136513

Optometrists and Dispensing Opticians Boards' *Standard of cultural competency and cultural safety for optometrist and dispensing opticians, 2017* *https://odob.health.nz/document/6710/4_Standards%20for%20Cultural%20Competence%20and%20Cultural%20Safety_November%202021%20-%2020221017.pdf*

Rapata M, Cunningham W, Harwood M, Niederer R. 2023 Te hauora karu o te iwi Māori: A comprehensive review of Māori eye health in Aotearoa/New Zealand. *Clinical and Experimental Ophthalmology*, Sep-Oct;51 (7):714-727. doi: 10.1111/ceo.14279

Samuels I, Lyndon M, Watene R & Craig J, P. 2024 A novel framework for Indigenous eye health care in New Zealand: Ngā Mata o te Ariki. *Clinical and Experimental Optometry*, August DOI: 10.1080/08164622.2024.2388139

Te Tiriti o Waitangi, February 6, 1840, https://waitangitribunal.govt.nz/treaty-of-waitangi/te-reo-maori-version/ Working towards a culturally safe optometry workforce for First Nations Peoples in Australia and Aotearoa New Zealand, 2022- Clinical and Experimental Optometry, DOI: 10.1080/08164622.2022.2097859

Section 4: Definitions

4.1 Glossary of Māori words

Glossary of Māori words	
Word / phrase	**Meaning**
Kaumātua	Kaumātua are elders in Māori society and are held in high esteem.
Kaupapa Māori	A set of principles and ideas that act as a foundation for action. Kaupapa Māori knowledge is the systematic organisation of beliefs, experiences, understandings and interpretations of the interactions of Māori people upon Māori people and Māori Peoples upon their world.
Kaupapa Māori frameworks	Frameworks developed by Māori, for Māori, with Māori.
Kuia	Female elder.
Koroua	Male elder.
Kotahitanga	This concept denotes unity, unity of purpose, solidarity, togetherness and collective action.
Mana	Enhancing a person's prestige, giving them authority to lead, initiate and organise.
Mana whenua	The mana held by local people who have 'demonstrated authority' over land or territory in a particular area, authority which is derived through whakapapa links to that area.
Manaakitanga	Manaakitanga denotes the obligation to look after, be hospitable and take care of guests. It is behaviour that acknowledges the mana of others as having equal or greater importance than one's own, through the expression of aroha, generosity and mutual respect. Its purpose is to create, maintain and strengthen good relationships.
Mātauranga Māori	Māori systems of knowledge and wisdom.
Oranga Māori	The cloak of wellness. Also means survivor, food, livelihood, welfare, health, living.
Taha Hinengaro	Mental health

Glossary of Māori words	
Word / phrase	**Meaning**
	The capacity to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings, and emotions are integral components of the body and soul.
Taha Tinana	Physical health The capacity for physical growth and development. Good physical health is required for optimal development. For Māori the physical dimension is just one aspect of health and well-being and cannot be separated from the aspects of mind, spirit, and family.
Taha Wairua	Spiritual health The capacity for faith and wider communication. Health is related to unseen and unspoken energies. A traditional Māori analysis of physical manifestation of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.
Taha Whānau	Family/Social health The capacity to belong, to care and to share where individuals are part of a wider social systems. Understanding the importance of whānau (family) and how whānau can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.
Te Ao Māori	The Māori World includes (but is not limited too): Te Reo Māori – Māori language Tikanga Māori – protocols and customs
Te Tiriti o Waitangi	Treaty of Waitangi **Note:** the te Reo Māori (Te Tiriti) and English language (The Treaty) versions are not exact translations. The modern context requires the Waitangi Tribunal to "decide issues raised by the differences between them": https://www.waitangitribunal.govt.nz/treaty-of-waitangi/meaning-of-the-treaty/

Glossary of Māori words	
Word / phrase	**Meaning**
Whaiora	Health, soundness, wellbeing.
Whakapapa	A line of descent from one's ancestors. Genealogy, ancestry, or familial links.
Whānau	Family Includes physical, emotional, and spiritual dimensions and is based on whakapapa.
Whenua	Land, roots, ground, or country.

4.2 Further definitions

Cultural awareness training: Cultural awareness training focuses on:

> *…raising the awareness and knowledge of participants about the experiences of cultures different from their own - in particular, different from the dominant culture. Therefore, cultural awareness training maintains an 'other' rather than clear self-focus for participants. It…tends to have an individual/personal rather than systemic focus. Even if racism is named the focus is on individual acts of racial prejudice and racial discrimination. While historical overviews may be provided, the focus is again on the individual impact of colonisation in this country, rather than the inherent embedding of colonising practices in contemporary health and human services institutions. (NACCHO 2011, p. 9)*

Cultural capabilities: This term is used in the original Framework (Commonwealth of Australia, Department of Health 2014) and reflects the outcome of a literature review (Taylor et al. 2014) that indicates a move away from the idea of 'cultural competence' to focusing on the development of cultural capabilities, which "denotes ongoing learning, and for students/health professionals to demonstrate these capabilities in practice" (p. 3). The idea of developing capabilities:

> *…offers not only a more holistic framework for approaching the kinds of skills, attributes and knowledges that need to be developed; but an approach that moves away from reducing individuals to tick box cultural categories and instead towards abilities that can be responsive to the diversity of Aboriginal and Torres Strait Islander peoples. (p. 8)*

The original Framework emphasises that capabilities are "holistic, transferable and responsive, and can be adapted to new and changing contexts" (Section 2, p. 27). Five interconnected graduate cultural capabilities are identified: respect, communication, safety and quality, reflection and advocacy. Please refer to Section 2, pages 8-10 of the original Framework for more detail on how each capability is described.

Cultural respect: This refers to the demonstration of individual and institutional health care practice that respects the rights of Aboriginal and Torres Strait Islander Australians to maintain, protect and develop their cultural values, knowledges, practices and skills. This contributes to Aboriginal and Torres Strait Islander Australians experiencing cultural safety during their interactions with the health care system, whether as staff or clients, and achieving equitable health outcomes (Australian Health Ministers Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2016).

Further, as emphasised in NACCHO's (2011) background paper to the creation of 'Cultural Safety Training Standards':

> *…cultural respect means Aboriginal Peoples receive competent and skilled professional care from health workers who demonstrate consciousness that respect for different cultural values and meanings must be taken into consideration within their practice. They actively ensure culturally-informed health care decisions are made with and by the Aboriginal person and their family members, so that their rights to quality care are upheld. This includes recognition that Australian health care systems are based on the cultural values and beliefs of the dominant culture. Therefore, in order to demonstrate cultural respect, aspects of the system must be changed, adapted and/or challenged. (p. 12)*

Cultural safety: The following definition has been recommended by authors Curtis et al (2019): Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment".

The authors further recommend that Core principles of cultural safety include:

- Be clearly focused on achieving health equity, with measurable progress towards this endpoint;
- Be centred on clarified concepts of cultural safety and critical consciousness rather than narrow based notions of cultural competency;

- Be focused on the application of cultural safety within a healthcare systemic/organisational context in addition to the individual health provider-patient interface;
- Focus on cultural safety activities that extend beyond acquiring knowledge about 'other cultures' and developing appropriate skills and attitudes and move to interventions that acknowledge and address biases and stereotypes;
- Promote the framing of cultural safety as requiring a focus on power relationships and inequities within health care interactions that reflect historical and social dynamics.
- Not be limited to formal training curricula but be aligned across all training/practice environments, systems, structures, and policies.

Te Kauihera Tapuhi o Aoteroa | The Nursing Council of New Zealand further defines cultural safety as:

The effective nursing practice of a person or family from another culture and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual (Te Kauihera Tapuhi o Aoteroa | Nursing Council of New Zealand, 2011).

Cultural safety training: CATSINaM (2014) identifies the following essential features of cultural safety that should be reflected in cultural safety training, and evident in individual and institutional health care practice:

> *An understanding of one's own culture.*
>
> *An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).*
>
> *It is informed by the theory of power relations - any attempt to depoliticise cultural safety is to miss the point.*
>
> *An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations People's lives and wellbeing – both in the past and the present.*
>
> *Its presence or absence is determined by the experience of the recipient of care – it is not defined by the caregiver. (pp. 8-9).*

Cultural supervision and mentoring: The reference to cultural supervision and mentoring in this framework refers specifically to supervision provided by an experienced Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander person (within or external to the university) for non-

Indigenous ***staff***, and Aboriginal, Torres Strait Islander or Aboriginal and Torres Strait Islander academic ***staff***. It focuses on supporting and developing the supervisee's cultural capabilities in delivering optometry education regarding health care for Aboriginal and/or Torres Strait Islander Australians. In contrast, commentary on this topic in the original Framework was focused on cultural supervision and mentoring for students.