

Ngā Aratohu Mate Roro Ikura Māori

Guidelines to support Māori living with stroke and their
whānau



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Mihimihi | Acknowledgements

Tukua te reo
Tangihia te kōrero
Ka rongo te Pō
Ka rongo te Ao
Ka puta ki te Whai Ao, ki te Ao Mārama!

*Speak the words!
Unveil the stories!
May they be heard in the night
And in the day
As we emerge from the unknown, to
knowledge and enlightenment!*

Kei ngā mate tuatinitini
Kei ngā mate tuamanomano
Kei ngā rangatira i te Pō
Ko te aunga o te moe ki a koutou.

*We acknowledge those who have passed
on
The multitude, the many
The leaders
May they rest in love, and peace.*

Ko ngā kura wiwini o te pō ki a koutou
Ko ngā kura wawana o te ao ki a tātou
Tihei Mauriora!

*The sacred plumes of the deceased, cry
fearfully
The sacred plumes of the living, sing
fiercely.*

Kei te rāngai haumanu, kei ngā tūora
mate roro ikura me ngā whānau, mō
koutou ēnei aratohu, kia manaakihia,
kia tohutohua, kia whai oranga.

*We celebrate life, good health, and
wellbeing!*

Ka mihiā ngā tūora mate roro ikura me
ngā whānau, mō koutou i tākoha mai ā
kupu, ā kōrero, ā wheako, ā whakaaro
nui ki ēnei aratohu, kia puāwai, kia ora.

*These guidelines have been carefully
prepared for clinicians and other medical
practitioners, to ensure Māori stroke
survivors and their families receive and
experience culturally safe care and
support.*

Ka mihiā hoki te rāngai haumanu, mō
koutou ngā pūkenga me ngā
mōhiotanga, kia mārama pū te kaipānui,
me pehea te awhinā nui ki ngā tūora
mate roro ikura me ā rātou whānau.

*Thanks, and appreciation are extended for
the expertise and lived experiences of
Māori stroke survivors and their families
who informed these guidelines.*

Ānei tētehi whakataukitanga kōrero, kia
tuituia te ngākau tāngata ki te hā o ēnei
aratohu

*Thanks, and appreciation are also
extended for the clinical expertise and
insights that informed these guidelines, to
provide evidence-based advice to support
Māori stroke survivors and their families
positively and practically.*

**Ko tō hoe, ko taku hoe, ka tere te
waka ki te pae tawhiti, ki te pae
oranga**

*The following proverbial saying expresses
the aspirations for good health, wellbeing,
and empowerment within these guidelines.*

**No reira, hāpainga te hoe, kia ngākau
tapatahi ki te pae oranga.**

*With your paddle, and my paddle, we
will guide our waka through inclement
conditions towards safety, good health,
and wellbeing.*

Pūritia kia ū, pūritia kia mau!

*Let us lift our paddles together, and
move forward with trust, faith and
confidence.*

Ki te hoe!

*Be steadfast and committed to each
other.*

Paddles, at the ready!

Foreword

Stroke is one of the most life-threatening and disabling conditions that we face as members of our communities. One person in four will suffer from the effects of stroke in their lifetime. As for a number of other conditions, Māori people are more likely to experience the consequences of stroke and at a younger age. Fortunately, the care we can offer people who experience stroke has changed dramatically in the last decade with continually improving outcomes.

In the past, a number of guidelines have been published to guide stroke services in Aotearoa. Most have provided specific guidance for providing care for Māori people experiencing stroke and we acknowledge all of the mahi that has gone into these from so many people. In 2017, the National Stroke Network recommended the adoption of the Australian guidelines for stroke care as they were more interactive, continually updated, and had a more reliable funding source. Subsequently these became the Australia and New Zealand Clinical Guidelines for Stroke Management. The mahi that follows in this document was commissioned by the National Stroke Network to ensure we have the most up to date knowledge of how to meet the needs of our Māori communities. We consider this mahi to be one of our highest priorities.

We are delighted that Te Ohu Rata o Aotearoa (Te ORA – the Māori medical practitioner’s association), agreed to lead and facilitate this mahi, in conjunction with the Hauora Māori & Equity team at Deloitte. We are extraordinarily grateful for the leadership and mana of Professor Matire Harwood and are excited to offer the knowledge contained in this document not only to our clinical teams in Aotearoa, but also to those providing care to Whānau across the Tasman.

Tracy Murphy

Ngāpuhi (Ngāti Hineira, Te Uri Taniwha)

Hauora Māori Co-Lead

Stroke National Clinical Network

November 2025

Alan Davis

National Co-Lead

Stroke National Clinical Network

The Rōpū

Whānau with lived experience

Rukingi Haupapa (Te Arawa, Ngāti Whakaue)

Rohario Rangihaeata (Te Aupouri, Te Rarawa)

Phoenix Ruka (Ngāpuhi, Ngāti Hine, Ngāti Pakau, Ngāti Tuwharetoa)

Tereki Stewart (Ngāpuhi, Ngāti Whātua, Te Roroa)

Tepunawai Hotu (Ngā Puhi, Ngāti Raukawa te Au ki te Tonga, Ngāti Maniapoto)

Te Ohu Rata o Aotearoa (Te ORA)

Dr Kasey Tawhara (Ngāti Raukawa ki te Tonga, Ngāti Ruanui, Ngāti Porou, Te Arawa, Te Rarawa) - Kaihautū

Professor Matire Harwood (Ngāpuhi, Ngāti Hine, Ngāti Rangī)

Clinical rōpū

Professor Matire Harwood (Ngāpuhi, Ngāti Hine, Ngāti Rangī) - Kaupapa Māori Academic Clinician; Professor at The University of Auckland; General Practitioner – Lead Clinician

Professor Alan Barber (Ngāti Porou, Whakatōhea) - Professor of Clinical Neurology, University of Auckland; Neurologist, Te Whatu Ora Te Tokā Tumai

Professor Anna Ranta - Consultant Neurologist Wellington Hospital, Professor of Neurology, University of Otago Wellington, Medical Director of Stroke Aotearoa NZ, Co-chair (Acute) of Australian and New Zealand Stroke Guidelines

Dr Tracy Murphy (Ngāpuhi (Ngāti Hineira, Te Uri Taniwha)) DHSc – Occupational Therapist, Hawke's Bay

Dr Alan Davis – Stroke Physician and Clinical Head for Stroke, Te Whatu Ora, Te Tai Tokerau

Stroke National Clinical Network

Dr Tracy Murphy (Ngāpuhi (Ngāti Hineira, Te Uri Taniwha)) DHSc – Hauora Māori Co-chair

Dr Alan Davis – Co-chair

Stroke Aotearoa

Meena Vallabh – General Manager, Service Development

Professor Anna Ranta – Medical Director

Deloitte – Hauora Māori & Equity

Tuhakia Keepa – Director

Tio Taiaki – Associate Director

Koea Kake – Senior Consultant

Dominique Koloamatangi - Consultant

Kuputaka | Glossary/Abbreviations

Māori reference	English interpretation
Mate roro ikura (Māori)	Stroke (Māori)
Tūora mate roro ikura (Māori)	Stroke survivor (Māori)
Whānau	Family, relations, people whom the person living with stroke may consider a close friend or trusted advisor
Mana Taurite (Equity)	Emphasises equitable health outcomes for Māori. In stroke care, this involves recognising systemic inequities and providing tailored resources and support to ensure Māori receive the same level of care as others.
Mana Motuhake (Self-Determination)	Highlights the importance of Māori having control over their health. For Stroke care, it means involving Māori and their whānau in decision-making, respecting their choices, and supporting their autonomy.
Mana Rangatira (Leadership)	Refers to the leadership within the Māori community. Engaging Māori leaders in Stroke care can bridge gaps between Western medical practices and Māori cultural practices, fostering collaboration and enhancing outcomes.
Mana o te Reo (The Power of Language)	Underscores the significance of the Māori language in healthcare settings. Using te reo Māori improves communication and comfort for Māori, enhancing understanding and engagement.
Oranga Whānau	A holistic approach placing the family at the centre of healthcare delivery. In stroke care, it involves actively involving whānau in the journey, recognising their role in recovery, and ensuring they have the resources to support the person living with stroke.

Māori reference	English interpretation
Cultural Safety	Cultural safety in healthcare involves recognising and addressing the power imbalances that can hinder effective clinical care, particularly for marginalised communities like Māori. It requires health practitioners to critically reflect on their own biases, attitudes, stereotypes, and assumptions that may negatively impact patient care. Unlike cultural competency, which focuses primarily on understanding the patient's culture, cultural safety emphasises the clinician's or clinical environment's cultural context and practices. This shift aims to create an equitable healthcare experience, ensuring Māori patients feel respected and valued, free from discrimination and bias. [1]
Te Tiriti o Waitangi (The Treaty of Waitangi) Principles	<p>Equity: Ensuring Māori achieve the same outcomes for their health and wellbeing as non-Māori.</p> <p>Tino Rangatiratanga: Supporting Māori self-determination and autonomy in health decisions.</p> <p>Active Protection: Proactively protecting Māori health by addressing unique risks and needs.</p> <p>Partnership: Collaborating with Māori communities in healthcare development and delivery.</p> <p>Options: Providing healthcare choices that align with Māori cultural values, including traditional healing practices.</p>

Whakapapa | Background

Background and history of the Stroke Guidelines

- 1990 The Institute of Medicine defines clinical guidelines as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” [2]. With increasing costs of health care and evidence of unwarranted variation in service delivery, there was a broad interest in developing guidelines across much of the world. In New Zealand, a significant driver for guideline development was the national health policy around restriction and rationing of services [3].
- 1993-6 Taking an all-inclusive approach, the Stroke Foundation of New Zealand, funded by the four Regional Health Authorities, began an ambitious project to try to improve all aspects of stroke in Aotearoa. In 1996, *Life after stroke: New Zealand guidelines for best practice in rehabilitation after stroke* was published [4]. Acute interventions such as thrombolysis and Acute Stroke Units were in their infancy, so the guideline had a stronger focus on rehabilitation and recovery. It covered from birth to old age, primary prevention to long-term care. However, cultural issues were not well covered. The commitment was to update the guidelines in 1998.
- 2001-3 In 2001, the Ministry of Health contracted the Stroke Foundation to arrange a new edition of the guidelines. It was jointly sponsored by the Ministry, Stroke Foundation, and the New Zealand Guidelines Group. The guideline development work incorporated information from other international guideline work, was more heavily evidence based and had sections (albeit brief) on Stroke in Māori and Stroke in Pacific peoples. *Life after stroke: New Zealand guideline for management of stroke* was published in 2003 [5] with a proposed review date was 2006.
- 2008-10 Once again funded by the Ministry of Health and led by the Stroke Foundation of New Zealand, the work through this period featured collaboration with the Stroke Foundation of Australia and extensive consultation. International evidence was now guiding an approach to addressing inequity through clinical practice guidelines [6]. A national audit of acute stroke services performed in 2009 confirmed substantial geographic variation in care [7]. The 2010 guidelines included acute stroke

thrombolysis, pathways for management of transient ischaemic attack (TIA) and community stroke teams. These guidelines also included dedicated chapters for Māori and Pacific peoples. The establishment of the Māori Advisory Rōpu in Stroke (MARiS) and Pacific Peoples sub-groups ensured that these guidelines were culturally relevant. These chapters addressed inequities in stroke care and outcomes, incorporating cultural perspectives and evidence-based recommendations specific to these populations [8].

2017 Driven by the Stroke Foundation - Australia, with input from clinicians in Aotearoa, the 2017 Australian Clinical Guidelines for Stroke Management were developed. These were subsequently adopted across both countries and became the Australia and New Zealand Living Guidelines for Stroke Management [9]. These guidelines did not include culturally specific guidance and clinicians were advised to continue to refer to the 2010 New Zealand Stroke Guidelines [8].

2022 to present In 2022, the process to expand the guidelines to update and include guidance for services for Māori people began. The goal of this document is to further refine and expand the guidelines based on the latest evidence and to establish guidance from Māori communities. This was achieved through the development of the Clinical and Lived Experience Panel (CLP), a consumer advisory group [10].

Significance

These guidelines are crucial for addressing health inequities and improving stroke outcomes for Māori. By integrating Māori values, traditions, and practices into stroke care, the guidelines ensure that healthcare delivery is respectful, effective, and equitable. The evolution of these guidelines reflects a growing recognition of the need for culturally safe and Indigenous-led healthcare solutions and the importance of community involvement in the development process.

Kupu Arataki | Introduction

Stroke is a significant health issue within Māori communities, with inequities in rates and outcomes compared to non-Māori. Addressing this requires an approach that both recognises and incorporates clinical evidence or best practice with Māori values, traditions, and practices. This chapter aims to provide whānau Māori and clinicians with guidelines that respect and integrate these to enhance stroke care and improve health outcomes for Māori living with stroke and their whānau.

About these guidelines

These guidelines were written for Māori but also offer valuable insights for clinicians working with Indigenous Aboriginal and Torres Strait Island people in Australia. Clinicians may find the methodology used here appropriate to guide the development of guidelines specific to Indigenous Aboriginal and Torres Strait Island peoples with the overall aim being that all Indigenous communities receive equitable, respectful, and effective healthcare.

Māori principles to support people living with stroke and their whānau

The guidelines are focussed on enhancing the mana – defined here as authority or prestige – for Māori with stroke and their whānau. Principles such as Mana Taurite (equity), Mana Motuhake (self-determination), Mana Rangatira (leadership), Mana o te reo (the power of language), Mana Tāngata (respect for individuals), and Mana Whānau (family empowerment), were selected by the writing group to frame the stroke guidelines, as outlined here [10].

Mana Taurite | Equity

Mana Taurite emphasises the need for equitable health outcomes for Māori. It requires recognising the existing systemic inequities and actively working to eliminate them. In the context of stroke, this means providing resources and support to Māori living with stroke and their whānau, ensuring they receive equitable levels of care and opportunities for recovery as others.

Mana Motuhake | Self-Determination

Mana Motuhake highlights the importance of Māori having control over their health and wellbeing. For stroke care, Māori living with stroke and their whānau are encouraged to participate in decision-making processes, are respected, and receive support for their

autonomy. For example, care plans are not only clinically effective but also aligned with the values and preferences of the person living with stroke and their whānau.

Mana Rangatira | Leadership

Mana Rangatira refers to the leadership within Māori communities and the importance of recognising and involving these leaders in health care processes. In stroke, engaging with Māori leaders can complement Mātauranga Māori with Western knowledge and practices, fostering trust and collaboration that enhances stroke outcomes.

Mana o te reo | The Power of Language

Mana o te reo underscores the significance of the Māori language in healthcare settings. Effective communication is crucial in stroke, and using te reo Māori where possible can improve understanding and comfort for Māori. Clinicians should be encouraged to learn and use basic phrases, and cultural health workers if required to ensure clear and respectful communication.

Mana Tāngata | Respect for Individuals

Mana Tāngata underscores the intrinsic value of each Māori person living with stroke, emphasising personalised care that respects their unique health circumstances and cultural values. This principle is crucial in stroke, ensuring that Māori living with stroke are treated with dignity and their individual journeys are recognised and incorporated into tailored recovery plans.

Mana Whānau | Family Empowerment

Mana Whānau highlights the vital role of family in the healing process, advocating for the active involvement of whānau in care decisions and planning. By equipping families with the necessary knowledge and resources, healthcare providers can enhance intervention effectiveness and foster holistic healing aligned with Māori practices. Together, Mana Tāngata and Mana Whānau are foundational to a culturally responsive stroke care framework that honours individual identities and reinforces family support, contributing to improved health outcomes for Māori.

Tukanga Ora | Methodology

Kaupapa Māori Methodologies and Approaches

Kaupapa Māori research and evaluation, conducted by Māori, with Māori, and for Māori, plays a critical role in developing culturally relevant healthcare guidelines. It ensures that the unique cultural needs and values of Māori communities are integrated into the healthcare framework, fostering a sense of ownership and relevance [11]. This methodology emphasises Māori rights, values, traditions, and lived experiences, ensuring that the guidelines are scientifically robust and culturally relevant and effective.

Inequities in stroke care are complex. However, evidence confirms that there is unequal treatment for Māori and other Indigenous peoples in key areas of evidence-based or best stroke practice [12]. As far as we know, this is the first time clinical stroke guidelines have been led by an Indigenous peoples writing group, with support from stroke clinicians. By incorporating whānau and lived experience, the guidelines become more Indigenous peoples' values centred, addressing the clinical, emotional, and social dimensions of stroke care.

This framework guides the overall approach, embedding principles such as Mana Taurite (equity), Mana Motuhake (self-determination), Mana Rangatira (leadership), and Mana o te reo (the power of language), Mana Tāngata (Respect for Individuals), and Mana Whānau (Family Empowerment). By adhering to these principles, the guidelines promote health equity and culturally safe care, fostering trust and collaboration between healthcare providers and Māori communities [10].

Firstly, we reviewed the current Living Clinical Guidelines for Stroke Management [9] and provided further relevant equity-related information for each Chapter in partnership with Stroke Clinical leaders. This is provided below.

Secondly, we set our own six priorities Oranga Whānau, Cultural Safety, Workforce Development, Te Tiriti o Waitangi, Access to Cultural Support and Wider Determinants including Racism and Social Determinants of Health. Specific advice for these six priorities are described in Chapters Nine to 14.

Other key components of this methodology include:

Whānau and Lived Experience Expertise

The inclusion of whānau and individuals with lived experience of stroke is fundamental. Their insights and stories provide valuable context, highlight the real-world implications of stroke care practices, and ensure that the guidelines resonate with the community. This approach

empowers the community by valuing their contributions and making them active participants in the guideline development and implementation [10].

Cultural Experts

Cultural experts bring deep knowledge of Māori traditions, language (te reo Māori), and health practices, ensuring that the guidelines are culturally aligned and respectful. Their input on how best to integrate Māori health concepts into clinical practice helps bridge the gap between Western medical practices and Māori cultural practices. We were supported by a Māori health and equity team to facilitate and coordinate the Clinicians and Lived Experience Panel (CLP) consumer advisory group, the literature review and writing of these guidelines [13].

Literature Review

A literature review was undertaken to synthesise existing research to inform the development of these Māori stroke guidelines. It provides an overview of the current state of knowledge, including Māori perspectives, values and needs as it relates to stroke. The information reviewed included a wide range of qualitative and quantitative literature sources.

Chapter 1: Pre-hospital care

Evidence

- **Inadequate Research:** Research regarding Māori and pre-hospital stroke care is lacking. However, qualitative research on pre-hospital care for Māori with CVD in general identified (1) interpersonal workforce skills, (2) access and service factors, and (3) active protection of Māori as key areas to improve their experience [14].

Recommendations

1. **Further research** to build evidence around pre-hospital for Māori living with stroke.
2. **Support efforts to** address Māori pre-hospital workforce representation, eliminate resource inequities and enable cultural safety education (focussing on communication, partnership, and connection) [15].

Chapter 2: Early assessment and diagnosis

Evidence

- **Differential Access to Early Stroke Services:** The REGIONS Care study found that Māori were less likely to be cared for in an acute stroke unit compared to NZ Europeans (NZ European = 78.1% vs. Māori 70.3%. Additionally, there was a trend indicating a lower rate of receiving a swallow assessment within 6 hours among Māori (NZ European 83.7% vs. Māori 81.5%) [12].

Recommendations

1. **Further research** to build evidence around early assessment and diagnosis for Māori living with stroke.
2. **Expanding Kaupapa Māori Methodologies** to Early Stroke Assessment and Intervention Programmes [16].
3. Expanding these methodologies to early stroke assessment and intervention programmes can **enhance their cultural appropriateness and effectiveness** [17].
4. **Involving Māori communities** in co-designing these protocols ensures that the interventions are relevant and respectful of Māori values, beliefs, and protocols, leading to better engagement and quality of care outcomes [18].

Chapter 3: Acute medical and surgical management

Evidence

- **Cultural Responsiveness and Information Availability:** There are significant inequities in the cultural responsiveness of stroke services for Māori living with stroke. Only half of New Zealand stroke services report having a guideline on culturally appropriate care, and just over two-thirds of hospitals in the acute setting provide culturally responsive information and support to Māori living with stroke [19].
- **Racial Discrimination in Healthcare Settings:** Ethnic inequities in health outcomes exist in New Zealand, with Māori experiencing higher levels of racial discrimination in healthcare settings compared to New Zealand Europeans. This impacts their access to and quality of stroke care, contributing to poorer health outcomes for Māori living with stroke [12].

Recommendations

1. **Implement comprehensive cultural safety and competency training:** Ensure that all stroke-care providers undergo regular cultural safety and competency training focused on Māori health needs and perspectives. This training should include understanding the significance of te reo Māori, traditional practices, and the importance of culturally sensitive communication [20].
2. **Enforce culturally appropriate care guidelines [1]:** Enforce these guidelines across all hospitals to ensure culturally appropriate care for Māori living with stroke.
3. **Further research** to build evidence around acute medical and surgical management for Māori with Stroke.

Chapter 4: Secondary prevention

Evidence

- **Culturally specific rehabilitation programs** [21]: The importance of culturally specific rehabilitation programs that incorporate Māori cultural practices and holistic health approaches is essential to the recovery of whānau Māori. These programs have been shown to improve engagement and compliance, leading to better health outcomes in secondary stroke prevention [22].
- **Enhanced access to healthcare Services** [23]: Another critical point is the need to enhance access to healthcare services for Māori living with stroke. This includes providing services that are geographically accessible and financially feasible, as well as ensuring that healthcare providers are trained in culturally competent care.

Recommendations

1. **Further research** to build evidence around secondary prevention for Māori with Stroke.
2. The stroke rehabilitation programme 'Take Charge' is provided to Māori with Stroke [22] [24].

Chapter 5: Rehabilitation

Evidence

- **Māori experience inequities** in rehabilitation services [25].
- **Take Charge After Stroke** is an intervention for post-stroke rehabilitation, informed by Kaupapa Māori research. Its effectiveness in improving stroke outcomes was confirmed in a randomized controlled trial with Māori and Pacific people with acute stroke [22]. Importantly, it was also effective with non-Māori, non-Pacific individuals [26] and is cost-effective [27] [28].

Recommendations

1. **Expand** access to Take Charge After Stroke for Māori people with stroke [29] [24]
2. **Expand** Access to other Māori-Led Rehabilitation Programs.
3. **Further research** to build evidence around rehabilitation for Māori with Stroke.

Chapter 6: Managing Complications

Evidence

- **Barriers to Quality Stroke Care:** Surveys and focus groups with Māori who have lived experience of stroke identified barriers such as ineffective communication, missed opportunities for family support, concern around being dismissed by health professionals, resulting in delayed diagnosis, and reduced access to post-discharge support services in rural areas [12].

Recommendations

1. **Further research** to build evidence around managing complications for Māori with Stroke.
2. **Implement** culturally safe and responsive healthcare models that incorporate Māori perspectives and practices.

Chapter 7: Discharge planning and transfer of care

Evidence

- **Reduced Access to Post-Discharge Support Services:** Surveys and focus groups with Māori who have lived experience of stroke identified barriers such as reduced access to post-discharge support services in rural areas, which negatively impacts their recovery and overall outcomes [23], [30].
- **Missed Opportunities for Family Support:** There were missed opportunities for family support, pointing towards ineffective communication and concern about being dismissed by health professionals. This indicates a gap in the transfer of care that could affect the quality and continuity of care post-discharge.

Recommendations

1. **Further research** to build evidence around discharge planning and transfer of care for Māori with Stroke.
2. **Increase** whānau involvement in planning and implementing transition of care arrangements.

Chapter 8: Community participation and long-term care

Evidence

- **Effectiveness of Community Rehabilitation Services (CSR) in Improving Community Participation for Māori:** Research highlights that CSR can significantly improve physical function and social participation [31]. However, the specific impact on Māori is less directly addressed. It is inferred that similar benefits could be expected if the services are culturally tailored and adequately resourced. The study underscores the need for systematic representation and targeted research to confirm these benefits for Māori.
- **Challenges and Inequities Faced by Māori in Accessing Long-Term Care and Support Post-Stroke [32]:**
 - a. **Cultural Barriers and Health Literacy:** Māori often have different health literacy levels and cultural values, which may not align with conventional Western medical models, leading to higher rates of non-attendance and disengagement from prescribed interventions. This requires more time for building trust and rapport.
 - b. **Socioeconomic Factors:** Complex medical conditions, low income, and housing issues are significant barriers for Māori, necessitating more time and resources from therapists. This often results in insufficient support due to limited CSR resources.
 - c. **Lack of Cultural Safety:** There is an underuse of culturally supportive services and insufficient Māori staff. Māori living with stroke and whānau have expressed a need for health professionals to understand and incorporate Māori worldviews and health concepts into care practices. They also highlighted the lack of connection-building (whakawhanaungatanga) with health professionals, which is vital for trust.
 - d. **Service Inequities:** Māori received significantly fewer interventions for physical exercise and mobility compared to non-Māori. Additionally, inequities were noted in the provision of psychosocial care and access to rehabilitation resources, with Māori often receiving fewer rehabilitation sessions and facing longer waiting times for services.

Recommendations [32]

1. **Support** access to Māori community programmes [33] including Awahi Mai and He Whare Oranga Tonutanga.
2. **Further research** to build evidence around community participation and long-term care for Māori living with stroke.

Chapter 9: Wider Determinants including Systemic Racism

Quotes

“The system is focused on what the person hasn’t done rather than a critical self-reflection around how the system has failed the person’s opportunity to be well or get well”.

Overview

Addressing the impact of social determinants of health on stroke inequities is crucial for improving health outcomes among Māori populations. Structural racism entrenched within healthcare systems leads to significant inequities in access to care, quality of treatment, and overall health outcomes [34]. This systemic issue must be recognised and addressed to achieve equitable healthcare delivery.

Healthcare providers need to understand how social determinants such as poverty, education, housing, and employment can influence health. Māori communities are disproportionately affected by these factors, which contribute to higher rates of stroke and poorer outcomes [12] [18]. A comprehensive approach to addressing these determinants is essential, extending beyond the healthcare system to include collaboration with social services, community organizations, and policymakers.

Clinicians should receive training to identify and challenge racist attitudes and behaviours within their practice [1]. This includes advocating for systemic changes that promote equity through policies aimed at improving healthcare access for underserved populations and initiatives that address the broader social determinants of health [33]. Creating an inclusive environment where all Māori living with stroke feel safe and respected is crucial.

Practical steps to mitigate the effects of racism in healthcare involve implementing unbiased assessment tools like the Harvard Implicit Association Test (IAT), ensuring fair resource allocation, and promoting diversity within the healthcare workforce. By tackling both individual and systemic racism, healthcare providers can strive for more equitable health outcomes for Māori living with stroke [34].

Engagement with Māori communities to grasp their experiences and perspectives on healthcare is vital for informing effective and culturally sensitive practices. Establishing strong relationships with these communities can enhance trust and collaboration, leading to improved health interventions and outcomes [35].

Supporting Tūora mate roro ikura and their whānau

Consider the case of Tamehana, a young Māori male who experienced a stroke impacting his speech and mobility. His healthcare team adopted a holistic approach, recognising the need to address broader factors such as his living situation, access to resources, and the influence of systemic racism on his recovery. They developed a care plan that extended beyond mere medical treatment.

The clinicians assisted Tamehana in overcoming challenges related to financial stress and lack of social support by connecting him with community services focused on housing and employment. Additionally, they ensured that his cultural values were honoured, integrating Māori perspectives into his care to create a personalised recovery experience.

By acknowledging the role of racism in healthcare, Tamehana and his clinicians built trust and fostered a sense of safety and value. This approach not only facilitated his physical recovery but also supported his emotional and mental well-being, empowering him to take control of his future with renewed confidence and optimism

Recommendations

1. Addressing Systemic Racism

- **Recommendation:** Implement policies and practices to confront systemic racism within healthcare settings, ensuring equal treatment for Māori living with stroke [33].
- **Supporting Evidence:** Tackling systemic racism is crucial for reducing health inequities and enhancing outcomes for Māori [36].

2. Social Determinants of Health

- **Recommendation:** Formulate strategies to address broader social determinants, including socio-economic status, education, and housing, which affect stroke outcomes among Māori [12].

Chapter 10: Cultural Safety

Quotes

“Every whānau has their own ways, practices and methodologies for healing”.

Overview

Cultural safety is about creating an environment where Māori living with stroke feel respected and valued, free from discrimination and bias. It requires healthcare providers to recognise and address their cultural assumptions and biases and understand the cultural context of Māori living with stroke [36]. This involves more than just cultural competence; it is about fostering an environment of mutual respect and understanding [1].

Training in cultural safety is mandatory for all clinical professionals in Aotearoa NZ [1]. It encompasses Māori cultural values, beliefs, and practices, as well as the historical and social determinants that affect Māori health. Understanding these factors can help clinicians provide more empathetic and effective care, improving trust and engagement [37]. The Meihana Model [38] is an effective framework to guide clinical assessment and intervention with Māori clients. The Hui Process [39] has been shown to support clinician-patient relationships. Clinicians should have knowledge of these frameworks and should seek feedback from their patients about whether interactions are meeting their cultural needs.

Clinicians are encouraged to use te reo Māori (the Māori language) where appropriate and seek the assistance of cultural health workers when necessary [23]. Effective communication is vital in stroke care and using their preferred language can enhance comprehension and comfort [40]. Providing written materials and resources in te reo Māori can also support better Māori living with stroke and whānau understanding of the condition and treatment.

Active protection of culturally safe environments requires appropriate expertise. Partnership with Māori in developing such environments signals respect for Māori ways of living and affirms their rights to receive healthcare in environments which meet their needs [41].

Ultimately, cultural safety leads to better health outcomes by ensuring that Māori living with stroke feel understood, respected, and supported. When Māori living with stroke experience care that acknowledges their cultural identity, they are more likely to engage in their treatment and recovery, leading to improved health outcomes [1].

Supporting Tūora mate roro ikura and their whānau [12]

When 30-year-old Marama suffered a stroke, her whānau encountered significant barriers in effectively communicating with medical staff, leading to feelings of exclusion from the decision-making process. In Māori culture, whānau play a vital role in health-related decisions; however, the medical team did not fully grasp this cultural context, leaving Marama's family feeling confused and frustrated. Research indicates that Māori experience stroke at a younger age and often face systemic inequities in accessing optimal stroke care.

Recognising these challenges, the hospital initiated a comprehensive training program for staff focused on cultural safety, emphasising the principles of Te Tiriti o Waitangi. This new approach aimed to foster genuine partnerships with Māori communities and enhance understanding of their unique health needs 2. The integration of Kaupapa Māori methodologies in healthcare settings is crucial, as it empowers Māori to share their insights and actively participate in co-designing health interventions that resonate with their cultural values.

Moreover, the hospital's efforts included incorporating traditional Māori healing practices (rongoā) and adopting a holistic approach that prioritises spiritual wellbeing and whānau involvement alongside physical health. This focus is essential in addressing persistent inequities in stroke care and outcomes for Māori, ensuring treatment plans reflect their preferences and aspirations. By promoting cultural safety among healthcare providers, the hospital aims to create a more inclusive environment where Māori living with stroke and their families feel valued and empowered in their healthcare journey.

Recommendations

1. Culturally Safe Practices

- **Recommendation:** Health practitioners undergo training in cultural safety and competency [42].
- **Supporting Evidence:** Cultural safety ensures respect and engagement, leading to improved health outcomes [1].

2. Use of Te Reo Māori

- **Recommendation:** Healthcare providers should use te reo Māori where possible and provide access to interpreters to ensure clear communication and comfort for Māori living with stroke [23].
- **Supporting Evidence:** Effective communication in te reo Māori language enhances understanding and reduces anxiety [10].

Chapter 11: Oranga Whānau

Quotes from lived experience

“Whānau being evicted from rooms because clinicians don’t understand how whānau heal, we heal together”.

“Oranga Whānau looks different for different Iwi, hapū, whānau”.

Overview

Oranga Whānau is a holistic health approach that places the family at the centre of healthcare delivery, recognising the interconnectedness of individual and collective wellbeing [10]. In stroke care, this means actively involving the whānau in every stage of the stroke recovery journey, from initial diagnosis to rehabilitation and ongoing support.

This approach recognises that whānau provide critical emotional, physical, and spiritual support, which can significantly impact recovery outcomes. Clinicians should engage with whānau early in the treatment process, with consent, ensuring they are informed and, when agreed, involved in decision-making in ways that are understandable and culturally safe [43].

It’s essential to provide education and resources that empower whānau to support their loved one effectively, such as information on stroke management, rehabilitation exercises, and lifestyle changes. Healthcare providers should safely facilitate whānau participation during hospital stays and rehabilitation sessions. This might involve flexible visiting hours, providing space for whānau to stay, and including them in therapy sessions [44].

Encouraging whānau involvement helps ensure continuity of care once their whānau member living with stroke returns home, enhancing adherence to treatment plans and reducing the likelihood of complications or readmission [44].

Additionally, services should consider the wellbeing of wider whānau, given that Māori are more likely to be discharged from hospital to live with whānau [45] and the possibility of ‘caregiver strain’ [23]. This may include addressing the wider determinants for whānau wellbeing [36], incorporating traditional Māori healing practices alongside conventional medical treatments [46], involving Māori health practitioners [44], and ensuring that care settings are welcoming and respectful of Māori cultural values. By adopting an Oranga Whānau approach, healthcare providers can create a supportive environment that fosters better health outcomes for Māori.

Supporting Tūora mate roro ikura and their whānau

A whānau faced a difficult time when their grandfather (Koro) had a severe stroke. Despite their devastation, they found hope through an Oranga Whānau approach, which focused on the well-being of the entire whānau to support their loved one. This holistic method helped them stay strong throughout the challenging period.

The clinician and support workers coordinated regular home visits to provide Koro with physiotherapy and education on stroke recovery with whānau present, acknowledging the collective goal for healthy inter-dependence. They also empowered the whānau to take an active role in his rehabilitation, ensuring consistency and support in his recovery journey; and supported whānau through their own caregiving journey with stroke literacy and other resources, equipment, and planned respite.

As the months went by, Koro made remarkable progress with the support of his whānau and clinical guidance. His improved health strengthened the whānau bond, highlighting the effectiveness of the Oranga Whānau approach. This holistic support not only helped Koro's recovery but also enhanced the well-being of the entire whānau.

Recommendations

1. Holistic Approach

- **Recommendation:** Develop a Oranga Whānau approach by actively involving whānau in the care journey, recognising their role in recovery and ensuring they have the necessary resources [47].
- **Supporting Evidence:** A whānau-centred approach improves health outcomes by providing a supportive environment [47].

2. Resource Provision

- **Recommendation:** Provide access to support services and resources specifically tailored for Māori stroke survivors and their whānau [23].
- **Supporting Evidence:** Tailored support ensures that Māori living with stroke receive care that respects their cultural context and needs [8].

Chapter 12: Access to cultural support and Māori development information

Quotes

“Good whānau resources help me to understand what’s happening, my new normal believe in care I’m receiving”.

“Know me before you fix me”.

Overview

Access to cultural support and Māori development information is critical in ensuring effective Stroke management for Māori living with stroke [12]. Clinicians need to understand the importance of integrating cultural support services like Māori health workers and traditional healing practices into care plans [35]. These services bridge the gap between conventional healthcare and Māori cultural values, providing a holistic approach to treatment that respects the spiritual, emotional, and social well-being of Māori living with stroke.

Māori health workers play a pivotal role by guiding Māori whānau through the healthcare system while advocating for their cultural needs. They ensure that Māori living with stroke feel supported and understood within clinical settings, enhancing engagement and trust. Clinicians should collaborate with these health workers to tailor care plans that align with the 's cultural and personal preferences, thereby improving adherence and outcomes [35].

Recommendations include offering educational materials and resources in te reo Māori to make information more accessible. This effort not only respects the linguistic preferences of Māori but also fosters an environment where they feel valued and acknowledged. Incorporating te reo Māori in communication and providing interpreters, when necessary, enhances comprehension and comfort for Māori living with stroke and their whānau [23].

Connecting Māori living with stroke with their Māori community organisations is another vital element. These organisations provide additional layers of support and resources, reinforcing the cultural and community ties that are essential for holistic healing. By fostering these connections, clinicians can help Māori living with stroke access a network of support that extends beyond the hospital setting, contributing to better recovery and long-term health outcomes [23].

Ultimately, integrating access to cultural support and Māori development information into stroke care not only addresses immediate health concerns but also empowers Māori living with stroke and their families. This approach aligns with the principles of Oranga Whānau, promoting a collaborative and culturally responsive healthcare environment that honours and uplifts Māori identity and values [16].

Supporting Tūora mate roro ikura and their whānau

Tāne was a beloved elder who suffered a stroke. His family struggled to navigate the healthcare system, finding the language and medical terms confusing. They felt disconnected from a system that didn't recognise their cultural needs, leaving them overwhelmed and uncertain.

A nurse familiar with Māori culture stepped in to offer culturally sensitive support. She explained Tāne's condition in simple terms, involved the whānau in decision-making, and incorporated Māori practices like karakia (prayers) into his care. This approach helped the family feel respected and more in control during a challenging time.

As Tāne recovered, the value of culturally competent healthcare became clear. His whānau joined support groups with other Māori families, gaining vital information on stroke recovery that aligned with their beliefs. These groups provided emotional and cultural support, which proved just as important as medical care in his rehabilitation.

Tāne's experience showed that healthcare for Māori s requires more than just physical treatment—it must include emotional and spiritual healing. By integrating cultural support, healthcare systems can create environments where families feel heard and empowered, leading to better recovery and outcomes.

Recommendations [8]

1. Cultural Support Services

- **Recommendation:** Ensure that Māori living with stroke have access to cultural support services, such as traditional healing and Māori health workers [10].
- **Supporting Evidence:** Cultural support services enhance comfort and engagement [35].

2. Tailored Information

- **Recommendation:** Provide relevant information tailored to the needs of Māori living with stroke, including culturally appropriate educational materials and resources [48].
- **Supporting Evidence:** Tailored information improves understanding and self-management [48].

Chapter 13: Te Tiriti – Equity, Tino Rangatiratanga, Active Protection, Partnership, and Options

Quotes

“Knowing my rights helps me to trust and believe in care I’m receiving”.

Overview

Te Tiriti o Waitangi (The Treaty of Waitangi) principles provide a framework for delivering equitable and culturally safe healthcare to Māori. These principles include Equity, Tino Rangatiratanga (self-determination), Active Protection, Partnership, and Options, each of which has specific implications for stroke care [15].

Equity involves ensuring that Māori receive the same quality of healthcare as non-Māori. This requires addressing inequities in access to services, treatment quality, and health outcomes. Clinicians should advocate for policies and practices that promote equitable resource allocation and actively work to eliminate barriers to care for Māori living with stroke [36].

Tino Rangatiratanga emphasises the right of Māori to self-determination and autonomy over their health. In stroke care, this means involving Māori living with stroke and their whānau in decision-making processes, respecting their choices, and supporting their autonomy. Healthcare providers should facilitate informed consent by providing clear, culturally safe information about treatment options and outcomes [49].

Active Protection requires healthcare providers to proactively protect Māori health and wellbeing. This involves recognising the unique health risks and needs of Māori living with stroke and taking steps to address them. For stroke care, this might include targeted prevention programs, culturally adapted rehabilitation services, and ongoing monitoring and support to prevent recurrence [12].

Partnership involves working collaboratively with Māori communities and leaders to develop and deliver healthcare services. This can enhance trust and engagement, leading to more effective interventions and better health outcomes. Healthcare providers should seek input from Māori in the design and implementation of Stroke care programs and policies [35].

Options ensure that Māori have choices in their healthcare that are aligned with their cultural values and preferences. This might include integrating traditional Māori healing practices with conventional medical treatments, providing access to Māori health practitioners, and offering resources in te reo Māori. By respecting and accommodating these preferences, healthcare providers can create a more supportive and effective care environment for Māori living with stroke [35].

Incorporating these principles into Stroke care can help create a more equitable and culturally responsive healthcare system, ultimately leading to better health outcomes for Māori.

Supporting Tūora mate roro ikura and their whānau

Te Waiora, an elderly Māori woman, suffered a stroke that impacted her independence. Her healthcare team applied the five Treaty of Waitangi principles to her care, building a strong partnership with Aroha and her whānau to create a treatment plan that respected her cultural values and family role in her healing process.

The principle of Options allowed Te Waiora to choose various rehabilitation methods, including traditional Māori healing like rongoā Māori alongside physical therapy. This gave Te Waiora the confidence to take an active role in her recovery, knowing she had choices that aligned with her cultural needs.

Tino Rangatiratanga, or self-determination, allowed Te Waiora to make decisions about her care, from selecting therapies to choosing where to receive rehabilitation. This respect for her autonomy empowered her to feel in control and motivated throughout her recovery journey.

Active Protection ensured Te Waiora received timely, appropriate care, while Equity addressed health inequities, ensuring she had access to the same quality of care as others.

With these principles, Te Waiora's recovery was not just about medical treatment but about restoring her dignity and well-being, supported by her whānau and healthcare team.

Recommendations [10]

Te Tiriti - Equity, Tino Rangatiratanga, Active Protections, Partnership, and Options

Equity [36]

1. **Recommendation:** Ensure Māori receive the same quality of healthcare as non-Māori by implementing equity funding and planning policies and practices.
2. **Supporting Evidence:** Equity in healthcare leads to better health outcomes.

Tino Rangatiratanga [17]

3. **Recommendation:** Support Māori self-determination and autonomy in health decisions by involving Māori s and their whānau in the decision-making process.
4. **Supporting Evidence:** Supporting self-determination ensures culturally aligned and effective care.

Active Protection

5. **Recommendation:** Proactively protect Māori health by addressing unique risks and needs and providing tailored resources and support.
6. **Supporting Evidence:** Active protection ensures that Māori receive appropriate and effective care.

Partnership [35]

7. **Recommendation:** Collaborate with Māori communities in healthcare development and delivery to ensure services are culturally appropriate and effective.
8. **Supporting Evidence:** Partnership with communities fosters trust and improves service delivery.

Options [35]

9. **Recommendation:** Provide healthcare choices that align with Māori cultural values, including traditional healing practices.
10. **Supporting Evidence:** Offering culturally relevant options increases engagement and satisfaction.

Chapter 14: Workforce Development

Quotes

“When my care reflects the values that are important to me, this makes me feel important and helps me get better”.

Overview

Developing a stroke-health workforce that reflects the community with which it works is essential for improving Stroke care for Māori [49]. To achieve equity in stroke health workforce, strategies must be implemented for the recruitment, retention, and professional development of Māori health professionals. These strategies should aim to create an inclusive work environment that values Māori perspectives and promotes their progression into leadership roles.

Recruitment efforts must focus on encouraging Māori students to pursue careers in healthcare. This can be supported through targeted scholarships and mentorship programs. Institutions should partner with educational bodies to establish pathways for Māori students, ensuring they have access to resources and support throughout their education. Additionally, outreach programs in schools and communities can raise awareness about career opportunities in healthcare, inspiring the next generation of Māori health professionals [50].

The retention of Māori staff in our health workforce is also important. This requires creating a supportive and inclusive work environment where Māori health professionals feel valued and respected [51].

Professional development opportunities should be tailored to support the progression of Māori staff into senior roles. Leadership development programs and mentorship from experienced Māori health professionals can help nurture future leaders. Encouraging non-Māori staff to engage in cultural exchange and learning opportunities can also foster a more inclusive workplace. This might involve participating in cultural events, learning te reo Māori, and building relationships with Māori colleagues and communities [52].

A diverse workforce brings numerous benefits to Stroke care. It enhances the ability of healthcare teams to provide culturally responsive care, which is critical for improving health outcomes for Māori living with stroke. A workforce that reflects the diversity of the population it serves can better understand and address the unique needs of Māori living with stroke, fostering trust and engagement. Moreover, incorporating Māori perspectives

into decision-making processes ensures that policies and practices are culturally aligned, leading to more effective healthcare delivery [12].

Supporting Tūora mate roro ikura and their whānau

Aroha, a young Māori woman, faced the daunting aftermath of a stroke that left her both physically weakened and emotionally adrift. Isolated in a healthcare system that often felt foreign, she struggled with a lack of connection to her cultural roots during her early days of rehabilitation.

Her journey seemed overwhelming until she was introduced to a team of Māori clinicians and health workers who understood the profound importance of cultural alignment in care. From the outset, the clinicians enveloped Aroha in a familiar embrace of language, customs, and values. Each session began with karakia (prayers), grounding her in a spiritual connection that bolstered her resilience.

The clinicians incorporated te reo Māori into their interactions, transforming the sterile environment of the clinic into a space where Aroha felt seen and valued for her cultural identity. They also encouraged her participation in waiata (songs) and haka as therapeutic tools, which helped restore her physical capabilities while celebrating her cultural lineage.

This culturally aligned care highlighted the indispensable role of a strong Māori health workforce in promoting well-being within the community. The understanding and respect for cultural nuances provided by Māori clinicians were pivotal in Aroha's recovery, demonstrating that healthcare tailored to cultural contexts can significantly enhance outcomes.

Recommendations

1. Recruitment and Training

- **Recommendation:** Increase the recruitment, training, and retention of Māori health workers, and ensure they are integrated into stroke care teams [23].
- **Supporting Evidence:** Māori health workers can provide culturally aligned care and improve outcomes [35].

2. Cultural safety

- **Recommendation:** Provide a culturally safe environment for whānau and kaimahi [1] [53].

- **Supporting Evidence:** Culturally safe health environment significantly benefit whānau and Māori health workforce by enhancing access, trust and outcomes [12].

Conclusion

These recommendations aim to provide a comprehensive and culturally responsive framework for improving stroke care and outcomes for Māori, ensuring equity and respect for Māori cultural values in healthcare settings. Each recommendation is formatted consistently with the existing living stroke guidelines and incorporates cultural perspectives where relevant.

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