

Treaty Application Case Study: Family Planning Association

In the 1980s the Family Planning Association (FPA) began to address the issue of the Treaty of Waitangi and the limited access for Māori to sexual and reproductive health services. During 1990, Irihapeti Ramsden was invited by FPA to convene a group to examine the options for improving this situation. As a result, Te Puāwai Tapu (the sacred blossoming) was formed by Māori women representing various iwi. FPA contributed to its set-up with a grant of \$50,000.

The two organisations worked in partnership for 10 years, and although they worked closely together with a common goal, they were separate organisations with separate governance structures.

In 2001 Te Puāwai Tapu changed their governance structure allowing them to operate as an independent Kaupapa Māori provider. The change marked a new direction in the relationship between the organisations, with a memorandum of understanding in place. Today Te Puāwai Tapu is an independent Kaupapa Māori provider of Kaupapa Māori services, including sexuality education, policy and advocacy and professional development/training services.

Following a quality management initiative in 1995 to set new standards for the organisation, the National Business Plan of 2000 set further goals for the organisation in relation to its Treaty of Waitangi obligations and the reduction of disparities in Māori sexual and reproductive health.

In 2003 a scoping report on how best to respond to the needs of Māori was completed by John Whaanga, a Māori consultant. The findings and recommendations made in the report provided FPA with a good starting point in terms of 'going about things in the correct way'. While many of the recommendations alluded to equity issues regarding organisational governance, management and service provision arrangements, the only recommendation relating directly to the Treaty of Waitangi was that further appropriate and on-going training be undertaken.

To date there has been two series of workshops on the Treaty of Waitangi delivered by different external facilitators, both of them receiving mixed reactions.

In 2004 an FPA cultural competency survey was undertaken with all staff to ascertain FPA's capacity to respond to Māori needs and to identify strengths and staff training needs. Based on the results a Tikanga Māori training package was developed, aimed at raising awareness and building capability among staff to engage with Māori clients and organisations more effectively.

FPA is committed to delivering quality sexual and reproductive health services for all people, regardless of their gender, culture, sexual orientation, disability, relationship, age, religion and political views. It is also committed to making a contribution towards improved Māori sexual and reproductive health, and to the obligations relating to the government's principles of partnership, protection and participation under the Treaty of Waitangi. Getting it right for Māori means being aware of the way they view sexual and reproductive health issues.

Māori values and beliefs around sex and sexuality are of paramount importance. While sexuality was an accepted way of being, sex was an unspoken language and was never discussed among Māori. Today, it is still an often hard to talk about subject. These issues, and many more, are the things we have to be constantly mindful of when planning strategies for Māori and attending to Māori clients.

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FPA continues to be a mainstream provider of sexual and reproductive health. We acknowledge and accept the need to develop Māori models of delivery and to

continue to explore ways of collaborating with Kaupapa Māori service providers.

Doris Kaua and Jackie Edmond (FPANZ)

NOTE: The views expressed here are the participants' own, at the time of the interview, and do not necessarily represent their current views or those of their agencies.