



***He Ara Oranga* wellbeing outcomes framework**

Seeking your views on the draft outcomes framework

August 2020

Background

The Initial Mental Health and Wellbeing Commission was established in November 2019. Its role is to maintain the momentum of *He Ara Oranga*, the Government Inquiry into Mental Health and Addiction in Aotearoa, while a permanent Commission is established as an independent Crown entity. [Visit the Initial Commission's website](#) for more information about the role of the Initial Commission.

The Initial Commission has been tasked to develop an outcomes framework for the permanent Commission to consider adopting, including identifying any data gaps required to monitor performance under the framework. The framework will be a wellbeing outcomes framework, with specific relevance to mental health and addiction. The framework is called the ***He Ara Oranga* wellbeing outcomes framework**, which reflects the pathway to wellness and our role in ensuring the legacy of *He Ara Oranga* continues.

The purpose of this outcomes framework is to support the mental health and wellbeing system to understand, measure and inform improved outcomes for Aotearoa, at both population (everyone in Aotearoa) and service levels (people and whānau who use mental health and addiction services).

In April and May 2020, we sought views to develop this framework – the ‘co-define phase’. The views we heard during the co-define phase helped define key components to this framework, suggested ways of developing frameworks and identified existing models and other examples to draw from.

We thank those who contributed to this earlier phase, especially during the COVID-19 Alert Level 4. A summary of what we heard is on the [Initial Commission website](#).

Seeking your views

We are now seeking feedback on a draft of the conceptual framework, which sets out what wellbeing looks like for people and whānau in Aotearoa.

The areas we are seeking your views on include:

- Six areas of wellbeing
- Vision statement

- Our principles

This conceptual phase does not include the technical detail – the measures, indicators and data sources to measure the conceptual domains. This technical detail will be considered later in the year once the conceptual framework is finalised.

How to respond

There are a few different ways to share your views on the draft outcomes framework:

1. Complete the submission form by survey on the Initial Commission website <https://mhwc.govt.nz/our-work/outcomes-framework/have-your-say> OR
2. Complete the submission form below and email it to us OR
3. Email us to set up a time to discuss via Zoom or phone.

Email us at kiaora@mhwc.govt.nz. If there is another way that would work for you or your organisation to share your views, please get in touch.

We would like to hear from you by **Friday 11 September 2020**.

Developing an Outcomes Framework

When established in February 2021, the Mental Health and Wellbeing Commission will oversee the performance of the whole mental health and wellbeing system, provide leadership and support, and challenge it to perform better.

The Initial Mental Health and Wellbeing Commission is developing an outcomes framework, for the permanent Commission to consider adopting.

The outcomes framework will provide a structure for measuring whether we are making a real difference to improving wellbeing, for everyone in Aotearoa (population-level) and for people and whānau who use mental health and addiction services (service-level).

The framework will include conceptual domains (what outcomes are important to demonstrate success), and technical detail (how success can best be measured). Alongside this framework, the Initial Commission will be making recommendations to address information gaps to monitor performance, and show how measuring outcomes fits within the broader performance of the mental health and wellbeing system.

A recent example of an existing outcomes framework is New Zealand's Child and Youth Wellbeing Strategy outcomes framework. You can see this on the [Department of Prime Minister and Cabinet website](#).

We have drafted the *He Ara Oranga* wellbeing outcomes framework from what we heard during the co-define phase, expert advice from our [Expert Advisory Group](#), existing literature and information, and overarching principles. We have built on existing wellbeing models and frameworks, including Te Whare Tapa Whā, Fonofale, the Power Threat Meaning Framework, the Child and Youth Wellbeing Strategy outcomes framework, the Whānau Ora outcomes framework, the Whānau Rangatiranga outcomes framework and the He Tāngata outcomes framework¹.

This *He Ara Oranga* wellbeing outcomes framework is intended to be a whole-of-life wellbeing framework, from childhood through to older age. This framework is complementary to, and building on, the Child and Youth Wellbeing Strategy framework by taking this whole-of-life approach with specific relevance to mental health and addiction.

¹ An unpublished 2016 Ministry of Health mental health and wellbeing outcomes framework.

How we will use your information

We will use what you and others tell us to edit the outcomes framework.

We will publish a summary report about the feedback we receive on our website to show how we are working, including what people said.

Publishing submitters names

We will publish a list of submitters in the summary report. This means when you make a submission, we will include your name in the list of submitters – unless you ask us not to.

Attributing quotes

In the summary report we may quote from responses.

We will not attribute quotes to named individuals. Any quotes used in the report from individuals will be de-identified as “Individual respondent”.

We will attribute quotes to groups or organisations unless you ask us not to. If your group or organisation consents to using your name, but there are particular areas of your submission you do not wish to be made publicly available, please identify this within the question as being IN CONFIDENCE.

Timeframe and next steps

We would like to hear your views on the draft conceptual framework by **Friday 11 September 2020**. Please refer to Appendix 1.

Following the feedback, we will refine the outcomes framework. Then we will start the ‘data phase’ to work through the indicators, measures, data sources and data gaps of the outcomes framework (September to November 2020).

The content of the outcomes framework will be ready for the permanent Commission when it is established in February 2021.

The outcomes framework intends to be an enduring framework that evolves over time so it stays up-to-date with wellbeing outcomes relevant to Aotearoa. The permanent Commission will continue to test and refine the framework, and there will be future opportunities for you to provide input.

Contact

If you have any questions about the outcomes framework, please contact us at kiaora@mhwc.govt.nz

Please email the submission form to kiaora@mhwc.govt.nz or complete the online survey on our website <https://mhwc.govt.nz/our-work/outcomes-framework/have-your-say>

Appendix 1: Submission Form

How to have your say

There are a few different ways to share your views on the draft outcomes framework:

1. Complete the submission form by survey on the Initial Commission website <https://mhwc.govt.nz/our-work/outcomes-framework/have-your-say> OR
2. Complete the submission form below and email it to us OR
3. Email us to set up a time to discuss via Zoom or phone.

Email us at kiaora@mhwc.govt.nz. If there is another way that would work for you or your organisation to share your views, please get in touch.

We would like to hear from you by **Friday 11 September 2020**.

Questions

About you

Please provide details for a contact person in case we have some follow-up questions, and so that we can contact you in the future.

Your name: Forest Taanetinorau-Morton
Your email address: forest.taanetinorau-morton@acem.org.au
Your group or organisation (if applicable): Australasian College for Emergency Medicine (ACEM)
Your role (if applicable): Policy Officer

Are you submitting this as *(tick one box only)*:

- An individual or individuals (not on behalf of an organisation or group)
- An advisory group or other group
- On behalf of an organisation(s)

Please indicate which groups of people you identify with or represent *(tick all that apply)*:

- Consumers / people with lived experience of mental distress, illness and/or addiction
- Families and whānau with lived experience of mental distress, illness and/or addiction
- Māori
- Pacific peoples
- Refugees and migrants
- Young people
- Rural communities
- Veterans
- Rainbow communities
- Disabled people
- Prisoners
- Older people
- Children in state care
- People who have experienced adverse childhood events

Other (*please specify*): Emergency Physicians and other health professionals working in emergency medicine. ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in New Zealand and Australia. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an emergency department, including people presenting in mental health crisis.

If you are submitting on behalf of an organisation, please indicate which type of organisation your submission represents (*tick all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Mental health service | <input type="checkbox"/> Addiction service |
| <input type="checkbox"/> District Health Board | <input type="checkbox"/> Government organisation |
| <input checked="" type="checkbox"/> Non-governmental organisation | <input type="checkbox"/> Commissioning agency |
| <input type="checkbox"/> Kaupapa Māori provider | <input type="checkbox"/> Pasifika provider |
| <input type="checkbox"/> Primary care | <input type="checkbox"/> Other service provider |
| <input checked="" type="checkbox"/> Advocacy organisation | <input checked="" type="checkbox"/> Professional association |
| <input checked="" type="checkbox"/> Academic/research | |
| <input checked="" type="checkbox"/> Other (<i>please specify</i>): Medical College. Further information about ACEM's role and responsibilities is available here . | |

Consent

If you are an individual submitter:

Do you consent to the Initial Commission naming you as a submitter in the published summary report?

- Yes – the Initial Commission can name me in a list of those who have provided feedback
- No – I do not want the Initial Commission to name me in a list of those who have provided feedback

Reminder: Any quotes used in the report from individuals will be de-identified as "Individual respondent" rather than your name.

If you are submitting on behalf of a group or organisation:

Do you consent to the Initial Commission naming your group or organisation as a submitter in the published summary report?

- Yes – the Initial Commission can name this group or organisation
- No – we do not want the Initial Commission to name this group or organisation

Do you consent to the Initial Commission attributing quotes to your group or organisation in the summary report?

- Yes – the Initial Commission can attribute quotes to this group or organisation
- No – we do not want the Initial Commission to attribute quotes to this group or organisation

Reminder: If your group or organisation provides consent to attributing quotes, but there are particular areas of your submission you do not wish to be made publicly available, please identify this material as being IN CONFIDENCE

Conceptual framework

You can see the draft outcomes framework on the [Initial Commission website](#). If you cannot see the images on the website, refer to Appendix 2 for a text version.

It shows the six areas of wellbeing. These are:

For Māori as tangata whenua

- whakaaetanga (acceptance) and manaakitanga (love and compassion)
- oranga (wellbeing)
- rangatiratanga (autonomy), mana motuhake (authority) and whakaute (respect)
- whanaungatanga (connection and belonging)
- wairuatanga (spirituality) and manawaroa (resilience)
- rangatiratanga (autonomy), mana motuhake (authority) and whakanuitanga (celebration and honouring)

For everyone in Aotearoa

- are safe and nurtured
- are healthy
- have their rights and dignity upheld
- are connected and contributing
- are resilient and can heal and grow
- have hope, purpose and autonomy

The framework includes a 'for everyone' layer and 'for Māori as tangata whenua' layer. The six areas of wellbeing in the 'for everyone' and 'for Māori' are not direct translations, these represent related concepts of wellbeing from different world-views. The 'for everybody' layer also applies to Māori.

For other valued priority groups, such as Pacific peoples, rainbow communities and disabled people, indicators and measures will be reported separately for these priority groups (where possible). In the future, there will be flexibility to add more layers to describe wellbeing for more groups. We have provided an example of this for Pacific peoples on the [Initial Commission's website](#), and also a text version in Appendix 2 if you cannot see the images on the website.

The following questions ask for your views on specific parts of the draft outcomes framework. We have used the term 'you' to include responses from individuals, groups or organisations.

Overall relevance

1. Overall, does the outcomes framework resonate with you?

Yes

No

Please provide details to explain your 'yes' or 'no' response.

Comment: ACEM supports the way the draft outcomes framework takes a broad and interconnected approach to understanding mental health and wellbeing, and incorporates:

- te ao Māori perspectives on mental health and wellbeing;

- the importance of upholding Te Tiriti o Waitangi (The Treaty of Waitangi) and health equity;
- wellbeing of the individual, whānau and families and environments; and
- social determinants of health.

ACEM also supports the flexible approach to add more layers to describe wellbeing for more groups, such as the draft outcomes framework for Pacific Peoples.

Six wellbeing areas

2. We have identified six interconnected areas of wellbeing:

For Māori as tangata whenua

- whakaaetanga (acceptance) and manaakitanga (love and compassion)
- oranga (wellbeing)
- rangatiratanga (autonomy), mana motuhake (authority) and whakaute (respect)
- whanaungatanga (connection and belonging)
- wairuatanga (spirituality) and manawaroa (resilience)
- rangatiratanga (autonomy), mana motuhake (authority) and whakanuitanga (celebration and honouring)

For everyone in Aotearoa

- are safe and nurtured
- are healthy
- have their rights and dignity upheld
- are connected and contributing
- are resilient and can heal and grow
- have hope, purpose and autonomy

How well do these six areas cover what wellbeing means to you?

- Not at all
- A little bit
- Somewhat
- Mostly
- Completely

3. *(Unless you answered 'completely' in 2)*
Please describe what could be changed in these six key areas. For example, are the right concepts grouped together? Are there important concepts missing?

Comment:

Descriptions of the six outcome areas

4. Each area of wellbeing includes a description about what this means for everyone and for Māori, and in the future, for other priority groups.

Refer to the descriptions in the draft outcomes framework on the [Initial Commission website](#), or a text version in Appendix 2.

How well do the statements under each of the six areas describe what wellbeing means to you?

- Not at all
 Slightly
 Moderately
 Mostly
 Completely

5. *(Unless you answered 'completely' in 4)*
Please explain what could be changed in the descriptions. For example, are the right concepts grouped together? Are there important concepts missing?

Comment:

ACEM recommends that the statements under the wellbeing areas “Oranga (Wellbeing) – are healthy” and “Rangatiratanga (autonomy), mana motuhake (authority) and whakaute (respect) – have their rights and dignity upheld” reflect that “wellbeing” means:

- **people, families and communities have access to timely and appropriate mental health care.** There has been a dramatic increase in both the number of mental health-related presentations to Emergency Departments (EDs) in New Zealand, and the time people with a mental health condition are waiting to receive finalised assessment and disposition (either discharge or admission to an inpatient bed) upon presenting to the ED.² Long waits and access block (whereby an admitted patient waits in the ED more than eight hours for a hospital bed) are associated with poorer patient outcomes, and now also presents an additional risk of exposure to COVID-19 (see ACEM’s [guidelines](#) on ‘The New Normal ED – Living with COVID-19’). In addition to ensuring people experiencing mental health crises can access alternative and more appropriate community-based services, EDs must also be properly resourced to enable them to cope with existing and future demand, and address the dangerously long waits faced by people who need emergency health care. Incorporating specific references to access to timely and appropriate mental health care would help to bring more focus to this crucial aspect of wellbeing.
- **people, families and communities have access to care that is culturally safe.** All New Zealanders have the right to access mental health care that is mana-enhancing, and free from stigma and discrimination. This must apply in all mental health care settings.

² ACEM. (2019). *Mental Health Service Use: A New Zealand Context*. Melbourne: ACEM. Available at: <https://acem.org.au/getmedia/dc683d35-116a-4a4d-8481-733e9f49aad7/ACEM-Report-2019-Mental-Health-Service-Use-A-New-Zealand-Contextv2> [accessed 27 August 2020]

- **people, families and communities have equitable access to appropriate care in all locations.** People living in rural, regional and remote areas experience inequitable access to healthcare and poorer health outcomes when compared to people living in metropolitan areas. For example, people living in rural towns can have lower life expectancy than people living in cities or surrounding rural areas and experience higher rates of suicide.³ The Aotearoa New Zealand Health and Disability System Review found that, while data is limited, there are indications that the poorer health outcomes experienced by people living in rural towns is accentuated for rural Māori.⁴

DEM also recommends that the framework explicitly references more of the priority groups (such as the groups identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction) to ensure these groups stay front of mind when developing measures and indicators. This could be through the descriptions of the six outcome areas (e.g. “communities of belonging”) or in the opening/closing text.

Vision

6. Our “vision” is one sentence that describes what we hope the future state of mental health and wellbeing will be in Aotearoa.

The proposed vision for the Initial Mental Health and Wellbeing Commission and the outcomes framework is:

“Tū tangata mauri ora, flourishing together”

Do you think this is a suitable aspirational vision?

Yes – I think it is a suitable aspirational vision

No – I think it needs some revisions

Please provide details to explain your ‘yes’ or ‘no’ response.

Comment:

Principles

7. The outcomes framework development and all the work of the Initial Commission draws on overarching principles. These are:
- Te Tiriti o Waitangi paves our way, and the Māori-Crown partnership is our foundation
 - Wellbeing for all is our goal

³ New Zealand Health and Disability System Review - Hauora Manaaki ki Aotearoa Whānui. (2020). *Health and Disability System Review: Final Report Pūrongo Whakamutunga*. Wellington: New Zealand Ministry of Health. Available at: <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf> [accessed 28 August 2020].

⁴ New Zealand Health and Disability System Review - Hauora Manaaki ki Aotearoa Whānui. (2020).

- We uphold multiple knowledges, including Mātauranga Māori, and share power
- We put people, whānau and communities at the centre of all our work
- Our priorities are guided by the voices of lived experience, Māori, Pacific peoples and other groups who experience poorer wellbeing outcomes
- We take holistic approaches that enhance wellbeing
- We carry the spirit and voices of *He Ara Oranga, Oranga Tāngata, Oranga Whānau* and the *Mental Health Inquiry Pacific Report*
- Our work makes a difference
- Our work is accessible to all

How well do you think these principles are reflected in the draft outcomes framework?

- Not at all
- A little bit
- Somewhat
- Mostly
- Completely

8. *(Unless you answered 'completely' in 7)*

Please explain how the principles can be better reflected in the outcomes framework.

Comment: The principles are reflected well in the draft outcomes framework. Their expression could be enhanced further by incorporating the suggestions under question 5.

The data phase

9. After the conceptual phase, we will be starting the data phase – how we will measure wellbeing outcomes and identify gaps in data.

We intend to include a range of indicators to measure the areas of wellbeing. This will include both quantitative and qualitative data, and ability for people to report on their own self-defined wellbeing along with objective indicators (e.g. percentage of people having safe, stable housing).

We plan to seek views from people who are interested in discussions about data. Would you be interested in being involved in the data phase (around October and November 2020)?

- Yes
- No

If yes, who is the appropriate contact for us to seek views on data? Please provide name and email address.

Comment: Please contact ACEM's Policy and Strategic Partnerships division at policy@acem.org.au

Any other comments

10. Is there anything else you want to say about the outcomes framework?

Comment: ACEM looks forward to contributing to the next stage regarding data, particularly identifying gaps in the data. As expressed in our submission on the Mental Health and Wellbeing Commission Bill, there is a paucity of national, publicly available data sets in New Zealand. This makes it difficult to set national benchmarks and hold DHBs accountable for ED presentation numbers and waiting times for people presenting with mental health needs. Better data is needed to understand mental-health related presentations to the ED, particularly for populations that experience inequitable mental health outcomes.

Ngā mihi nui. Thank you for your feedback – it is much appreciated.

Appendix 2: Text versions for people who cannot see the images on the Initial Commission website

Text version of the *He Ara Oranga* outcomes framework (version for consultation August 2020)

The six areas of wellbeing are overlapping and interconnected. The ‘for everyone’ and ‘for Māori’ sections should not be read as direct translations. They represent related concepts of wellbeing from different world-views. ‘For everyone in Aotearoa’ also includes Māori.

Our vision: “Tū tangata mauri ora, flourishing together”

This will be achieved when all tangata/people, whānau/families and hāpori/communities in Aotearoa ...

For Māori as tangata whenua	For everyone in Aotearoa
<p>whakaaetanga (acceptance) and manaakitanga (love and compassion)</p> <p>Whānau and communities are culturally strong and express and live awhi mai, awhi atu (reciprocal support); whānau thrive through the practical expression of ritenga Māori (Māori customary rituals), tikanga Māori (Māori philosophy and customary practices) and mātauranga Māori (Māori knowledge).</p>	<p>are safe and nurtured</p> <p>People, families and communities are cohesive; they enjoy close, nurturing and caring relationships that are bound by kindness, respect and aroha (love). People have a sense of security and belonging in a family and social group, and can form meaningful relationships. Where people experience disconnection, they are enabled to reconnect with themselves, their family, whānau and communities. People and families feel secure, safe and accepted – individually and together - and live in, work in and visit safe, inclusive places. People have the economic resources needed to provide for their children, grandchildren, and other dependents.</p>
<p>oranga (wellbeing)</p> <p>Whānau and communities enjoy pae ora (healthy futures) which includes wai ora (healthy environments), mauri ora (healthy individuals) and whānau ora (healthy families). Whānau and community hauora (health) needs are met, and unfair differences are eliminated. Equitable health outcomes are the norm as one enabler of pae ora.</p>	<p>are healthy</p> <p>People and families enjoy their best possible level of health and experience equity of health. People and families have what they need to be healthy and feel supported to regain or retain their wellness across their life course. This includes (amongst other things) access to healthy kai (food), healthy and safe homes, safe physical activity and economic security. Communities are healthy places to live.</p>
<p>rangatiratanga (autonomy), mana motuhake (authority) and whakaute (respect)</p> <p>Whānau legal, human, cultural and other rights framed by Te Tiriti o Waitangi are protected and privileged. Rights are also recognised and framed by te ao Māori (the Māori world), which includes recognition and application of te ao Māori interpretations of Lore - intergenerational ‘tikanga’ (practices and behaviour) passed down by tupuna (ancestors). Communities benefit from whānau rights being upheld.</p>	<p>have their rights and dignity upheld</p> <p>People and families have their rights upheld, and are treated with dignity and in ways that reflect a just and fair society. People and families can fully participate in their communities and broader society and are able to live free from all forms of racism, stigma, discrimination, such as, homophobia, biphobia, transphobia, sexism, ableism, sanism, ageism and xenophobia. Rights framed by Te Tiriti o Waitangi, other New Zealand law and international commitments are protected and privileged.</p>
<p>whanaungatanga (connection and belonging)</p> <p>Whānau thrive in environments of arohatanga (the practice of love); and enjoy the benefits of collective flourishing. This supports the best possible intergenerational kaupapa and whakapapa (genealogy) whānau, hāpori, hapū and iwi relationships. Māori attain and maintain relationships, enabling kin and communities to strengthen ties between one another. Unity through active whakawhanaungatanga is honoured.</p>	<p>are connected and contributing</p> <p>All people, families and communities are valued. People are able to contribute in meaningful ways to thriving communities, and be recognised for their contributions in their chosen roles across education, employment, volunteering, parenting and/or caregiving. Lifelong learning is a right not a privilege. People and families are celebrated for their diversity and are connected to their culture, language, beliefs, religion and/or spirituality, which supports self-determined wellbeing. This includes the freedom to express and enjoy their identity in ways that are relevant and meaningful.</p>

	<p>People and families experience connection to the natural world, and exercise kaitiakitanga (guardianship) to care for the environment for future generations.</p>
<p>wairuatanga (spirituality) and manawaroa (resilience)</p> <p>The mauri (life-force) and wairua (spirit and essence) of tangata, whānau, hapū, hāpori and iwi is ever-increasing intergenerationally. Māori have a recognised sense of identity, uniqueness and belonging.</p> <p>Taonga Māori are restored and Māori have a unique relationship and spiritual connection to the taiao (environment), their whenua (land), whakapapa (genealogy) and whānau.</p>	<p>are resilient and can heal and grow</p> <p>People, families and communities are optimistic and resilient, and enjoy emotional wellbeing and freedom from addiction. They have the skills, knowledge and support they need to cope with and bounce back from adversity. People and families are able to experience and manage a range of emotions, and experience growth and healing. People, families and communities celebrate their strengths and practice empathy and compassion – personal and collective. Other people believe in their strengths and capacity for healing. Communities, institutions and services support people and families to grow and heal.</p>
<p>rangatiratanga (autonomy), mana motuhake (authority) and whakanuitanga (celebration and honouring)</p> <p>Māori exercise their authority and autonomy to flourish. Whānau have hope and the resources they need to determine their own futures.</p> <p>Māori can apply rangatiratanga in their communities, expressed through autonomy, leadership and participation.</p>	<p>have hope, purpose and autonomy</p> <p>People, families and communities have a sense of purpose and meaning, are hopeful about the future and have the resources and autonomy to make it happen. Their voices, perspective and opinions are heard and respected and they can exercise agency to pursue their goals, dreams and aspirations. Communities of belonging, such as rainbow communities and mental health consumer communities, have agency, trust and resources to develop solutions for themselves to address challenges they face.</p>

Text version of the Pacific peoples example (version for consultation August 2020)

This is an example of how the outcomes framework can, in the future, be flexible to describe wellbeing for priority groups. This provides a Pacific peoples example.

For Pacific peoples
<p>are safe and nurtured</p> <p>Pacific peoples and families are able to thrive in the community as they maintain their identity and relationships with one another, family, land and environment.</p> <p>Values and beliefs of Pacific peoples and families continue to evolve given their growing diversity.</p> <p>Pacific communities maintain their cohesion and cultural integrity with strong relationships.</p>
<p>are healthy</p> <p>Within a Pacific world-view, Pacific peoples and families live longer in good health.</p> <p>Pacific families can afford and have access to healthy food, affordable quality housing and live in safe and connected environments.</p> <p>Pacific peoples and families feel supported to make independent and informed decisions about their health within a culturally appropriate environment and networks of support.</p>
<p>have their rights and dignity upheld</p> <p>Pacific peoples and families feel their identity, cultural norms and values are respected and are able to contribute to a thriving, flourishing community in Aotearoa.</p> <p>Pacific peoples and families live free from discrimination and racism. They are able to maintain and transform their cultural integrity and identity throughout current and future generations of Pacific people in Aotearoa.</p>
<p>are connected and contributing</p> <p>Pacific peoples and families are 'ola manuia' (live well) mentally, spiritually, culturally and socially.</p> <p>The Pacific culture is celebrated and shared throughout the generations and across the 'sea of islands'⁵ through expressions of knowledge, beliefs, customs, morals, arts and personality. The Pacific community is recognised for the diversity they bring, their knowledge and unique contribution to Aotearoa.</p> <p>Pacific peoples and families can freely express and connected to their identity, culture, religion and language.</p>
<p>are resilient and can heal and grow</p> <p>Pacific peoples and families are able to draw on their strengths and values to respond to the significant stressors and adversities that impact on their community. This may include a family and/or faith-based approach to lead resilient lives.</p> <p>The family (āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili) is fundamental to resilient Pacific peoples and communities. Their holistic worldviews, spirituality- and community- oriented approach to life remains central to their resilience and wellbeing.</p>
<p>have hope, purpose and autonomy</p> <p>Pacific peoples and families lead interdependent lives with one another and their communities in Aotearoa and across the 'sea of islands'.</p> <p>Pacific peoples and families have hope and faith to lead lives that serve their family, community and identity.</p>

⁵ Refer to Epeli Hau'ofa, 'Our Sea of Islands', *Contemporary Pacific*, Volume 6, Number 1, Spring 1994, pp. 147-161.