

Title	Design and implement Māori health promotion programmes		
Level	5	Credits	6

Purpose	People credited with this unit standard are able to: explain the key concepts and dimensions of Māori health promotion models; identify the health issues and needs of Māori groups; design, implement and evaluate a Māori health promotion programme for a Māori group.
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Classification	Te Ara Hou ki te Ora > Hauora
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Available grade	Achieved
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Guidance information

1 Definitions

Hauora means the appropriate practices associated with the holistic wellbeing of an individual as a member of a whānau, hapū, and iwi. For the purpose of this unit standard, these practices are determined by service providers or entities that operate within a hauora context.

Hauora context refers to a hauora service provider capacity and environment.

Concepts and key dimensions refer to the tikanga, characteristics, and key features specific to a particular Māori model of health e.g. Te Wheke, Te Mahutonga.

Māori groups, for this unit standard, may include but are not limited to – tamariki, rangatahi, kaumātua, wahine, tāne, mātua, whānau, hapū, iwi, hapori, kura kaupapa Māori, whare kura, wānanga.

Māori health promotion programmes may include but is not limited to – aukati kaipaipa, tamariki ora, whānau ora, te ara hou, mokopuna ora, diabetes awareness, alcohol and drug awareness, tū tāne.

Societal means communal, community, collective, group.

2 Workplace practices and procedures refer to the documented procedures of the hauora service provider and must comply with current industry standards and relevant government legislation.

3 Legislation and conventions relevant to this unit standard may include but are not limited to: the Health and Safety at Work Act 2015; *Standards for Traditional Māori Healing* (Wellington: Ministry of Health, 1999); and the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

Outcomes and performance criteria

Outcome 1

Explain the key concepts and dimensions of Māori health promotion models.

Range Māori health promotion models may include but are not limited to – Te Wheke, Te Pae Māhutonga, Whānau Ora, Te Pou Mana; evidence of one Māori health promotion model is required.

Performance criteria

1.1 The impact of one Māori health promotion model is explained in terms of its impact on two different Māori groups.

1.2 The impact of one Māori health promotion model is explained in terms of its impact on two different Māori health promotion programmes.

Outcome 2

Identify the health issues and needs of Māori groups.

Range evidence for two Māori groups is required.

Performance criteria

2.1 Current health issues of Māori groups are identified.

Range may include but is not limited to – sexually transmitted infections, drug and alcohol use, suicide, peer pressure, bullying; physical, emotional and sexual abuse; abuse of aged; evidence of two issues is required.

2.2 Current health needs of Māori groups are identified.

Range may include but is not limited to – anger management, sexual health, counselling, school health programmes, restorative justice, diversion programmes; evidence of two needs is required.

2.3 The services that support the hauora needs of each group are identified.

Range may include but is not limited to – health, social services, education, sporting groups, justice, legal, housing; evidence of two services is required.

Outcome 3

Design a Māori health promotion programme.

Range one issue from those listed in performance criterion 2.1

Performance criteria

3.1 Programme features are designed and responsive to the needs of one group.

Range features include but are not limited to – aims, activities, information, resources, evaluation; evidence of two is required.

3.2 Delivery methods for the programmes are designed and responsive to the needs of one group.

Range delivery methods may include but are not limited to – presentation, case study, demonstration, role play, on-site learning, e-learning, interactive; evidence of two methods is required.

Outcome 4

Implement and evaluate a Māori health promotion programme for a Māori group.

Range evidence is required for the group identified in Outcome 3.

Performance criteria

4.1 Information in the Māori health promotion programme is implemented using methods that are effective in terms of the needs of the group.

Range delivery methods may include but are not limited to – presentation, case study, demonstration, role play, on-site learning, e-learning, interactive; evidence of two methods is required.

4.2 Māori health promotion programme is reviewed for its effectiveness.

Range promotion programme may include but is not limited to – anger management, sexual health, counselling, school health programmes, restorative justice, diversion programmes; evidence of two is required.

4.3 Programme is evaluated in terms of its effectiveness.

Range strengths and improvements may include but is not limited to – content, design, presentation, delivery, resources, facilitation, tikanga, customs; evidence of one strength and two improvements is required.

Planned review date	31 December 2022
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	23 October 1998	31 December 2012
Review	2	18 December 2002	31 December 2012
Review	3	20 August 2010	31 December 2017
Rollover	4	10 December 2015	31 December 2018
Review	5	21 July 2016	31 December 2022
Revision	6	28 September 2017	31 December 2022
Rollover and Revision	7	25 November 2021	N/A

Consent and Moderation Requirements (CMR) reference	0165
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact the NZQA Māori Qualifications Services mqs@nzqa.govt.nz if you wish to suggest changes to the content of this unit standard.