

Kia Kotahi Partnership in Design

A framework that puts people and whānau at the centre of hauora (health and wellbeing) service design



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The Canterbury Clinical Network (CCN) is committed to improving the hauora (health and wellbeing) of all our communities, through productive and truly equal partnerships and meaningful engagement.

We want to acknowledge that we have worked with Mana Whenua Ki Waitaha in the creation of this framework.

We recognise that, 'one size does not fit all' and the health needs of our people are different. There are groups and communities who find access difficult because of system design – in particular Māori, Pasifika, Culturally and Linguistically Diverse people, LGBTQI+ community, people with disabilities and people who live in rural areas.

Given our commitment to Te Tiriti o Waitangi and addressing inequities, a revised co-design approach called, 'Kia Kotahi Partnership in Design' is being adopted across CCN when developing or improving services.

The Kia Kotahi Partnership in Design approach is a framework that puts people and whānau at the centre of the design of ā tātou (our own) health system and services. It is a principle-based framework that has as foundations, the [Canterbury Māori Health Framework](#) and co-design methodology ([Auckland Co-Design Lab](#) / [IDEO](#)).

It is a framework that is flexible and will evolve, so that it can be adapted for use in any design situation. We welcome your feedback and encourage case studies.



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The following table gives more detail about the process and values needed to ensure services are designed for all.

Process	Prompting Questions	Values to use across the whole process
1. Timatanga, karanga mai, kōrero mai, mā wai? Identify who needs to be involved in the project and be inclusive from the beginning. Use an inclusive Whānau Ora approach to identify the intent and scope of the project. Whānau Ora puts whānau (family) at the core of decision-making about their future.	<ol style="list-style-type: none"> Who needs to be involved and how? What do we already know? What are the cultural contexts we need to consider? What is important to those who need this service? What assumptions/bias might we hold? 	<p>Whakamana – Respect to all We will respect each other and behave in mana enhancing ways at all times.</p> <p>Ōritetanga - Equality Everyone involved in the design process is given an equal opportunity to be heard and involved in the decision making from the beginning.</p> <p>Wānanga The process to wānanga deserves the time it needs in order for observation, listening and learning to be sincere. We will not rush the process.</p> <p>Mākohakoha - Open mindedness We are willing to consider new concepts and world views. We are willing to be wrong and accept others while they journey.</p> <p>Equity - Mana taurite We acknowledge that one size does not fit all, therefore we are willing to adapt to achieve equitable outcomes.</p> <p>Tino rangatiratanga Informed choice leading to self-determination.</p>
2. Whai whakaaro – considerate / be mindful We will be considerate and mindful as we learn, listen and understand the needs and cultural differences of the population through research, history and learning. We will demonstrate manaakitanga, which is the process of showing respect, generosity and care for others.	<ol style="list-style-type: none"> What inequities exist for this health issue? How did these inequities occur? How can we learn together with whānau about people’s experiences? How can we work with our stakeholders and whānau to prioritise/reframe the opportunity? What are the potential levers for change and who needs to be involved? What would it look like for whānau to navigate their own hauora journey? What resources do they need to assist and sustain them? 	
3. Wawata Dream, define, capture ideas and identify solutions and aspirations.		
4. Whakaritenga Develop ideas and new directions through alternative thinking and being creative. Ara hou - new directions Ahu whakamua - move forward	<ol style="list-style-type: none"> Where/how will we intervene to tackle this issue/service? How will we improve health outcomes and reduce health inequities experienced by some groups of our population? What might the unintended consequences be? What will we do to make sure the intervention does reduce inequities? How might we work together with stakeholders and whānau to generate and explore possible responses? What does existing evidence tell us about what has been tried and might work best? What are the practice changes that might be required to achieve these ideas? What will we prioritise? 	
5. Tuhituhinga Form and plan solutions together with whānau. Determine options and write a plan. Mahere whiringa – plan Whakakotahi – together Ahu whakamua - move forward		
6. Whakamārama Know, test, prove, evaluate and improve.	<ol style="list-style-type: none"> How can we engage stakeholders and whānau in testing and evaluating concepts and solutions? How will we know if inequities have been reduced? What and how do we want to learn? Who needs to be involved? What is and isn’t working? What needs changing? What are we learning about the capacities and capabilities needed and how might we help build these? 	