

An Accountability model for Pakeha practitioners

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This paper outlines a model of accountability for Pakeha practitioners developed over many years as a practising community psychologist involved in research and development projects in Aotearoa in the 1980s and 1990s, during an era of contract-funded health projects, and increasing prominence of the Treaty of Waitangi². The model could be termed 'transformative' in that it reverses the usual flow of power by making the Pakeha practitioner accountable to relevant Maori authority, and maximises the potential for new outcomes and new learning for all parties. A brief case study is outlined where the model placed a local iwi governance structure and a national psychiatric survivor organisation in positions of authority alongside the funder of a mental health project. Helpful conditions, positive outcomes and barriers to transformative accountability processes are briefly discussed.

My personal journey towards accountability models for Pakeha practitioners has involved many strands. As a New Zealand-born child of Dutch immigrants I was aware throughout my childhood of the blindness of the dominant British-derived cultural group to their own culture, cultural assumptions and privilege. Later in life, as a lesbian health professional, I was involved in lesbian and feminist attempts at 'partnership' with Maori women in project and service work (Huygens, 2000). As an anti-racism and Treaty educator with Project Waitangi, I had positive experiences of being accountable to Maori 'monitors'. Project Waitangi, set up to educate Pakeha about the Treaty of Waitangi, had been founded on the basis that education of Pakeha needed to be monitored by local Maori groups to ensure that overall direction and outcomes met the needs of Maori.

Monitors were paid for their work, and contributed to workshops by giving feedback to the Pakeha facilitators, speaking as representatives of a Maori voice where necessary, and leading caucuses of Maori participants where appropriate. Most Pakeha Treaty educators came to appreciate and value the relationship with monitors³. I experienced the relationship between

Pakeha educators and Maori monitors as a unique way to transform the blindness of dominant group members. It opened our eyes to new realities, new relationships based on relevant authority, and new visions of our place in society. I also viewed it as a much more transparent and effective mode of bicultural work than the often tokenistic 'consultation' processes common in the 1990s in Aotearoa.

The model of accountability to monitors from the less powerful group is more akin to processes that have emerged in the work on men's violence, where men make themselves accountable to relevant women, such as women's refuge workers. In this context, the term "partnership accountability" has been used (Angus, n.d.; Hall, 1994; Toone, 1991).

Finally, my interest in accountability models grew out of my frustration that much 'empowerment' and 'social change' work did not result in new outcomes, and often became self-serving for the dominant group participants. I was left with an ongoing question of how to avoid reproducing power inequalities within contract-funded projects and programmes.

Conceptual basis

Two conceptual approaches supported the development of accountability models: the Maori Nursing Council's work on cultural safety (Ramsden, 1991), and the increasing focus by Treaty workers and writers on

the implications of kawanatanga within the Treaty (here and throughout this paper, I am referring to the Maori text, Te Tiriti o Waitangi).

When applied to professional contexts beyond nursing, the cultural safety approach recognises inequalities within professional interactions as representing in microcosm the inequalities that have prevailed through history and within our nation generally (Kearns, 1996). A key point is that the cultural safety approach enables safe service to be defined by those who receive the service (Nursing Council of New Zealand, 1996) through accountability structures which put non-dominant groups in the position of monitoring the outcomes of cultural safety education and practice.

Kawanatanga, or 'function of governance' by the Crown, is increasingly being recognised as a term that was consciously selected by the missionaries and agreed to by Maori leaders at the time of writing and signing the Declaration of Independence and Treaty, because it implied a role that left intact the tino rangatiratanga, or absolute authority, of the indigenous people (Walker, 1990). In today's terms, kawanatanga implies a responsibility by public services to support and uphold the rights of Maori in Aotearoa.

A model of accountability

I have developed an accountability model in my practice as a community psychologist to fulfil several overarching goals:

1. **To work as a psychologist under the Treaty.** Accountability is implied by the relationship between partners, as well as by recent interpretations of kawanatanga.
2. **To protect against cultural blindness (of the dominant group), and cultural danger (for non-dominant groups).** All practice by dominant group members has the potential to proceed from a mono-cultural position, with no checks or balances, since professional ethics are commonly monitored by other members of the dominant group, themselves using mono-cultural and racist institutional practices. Thus conscious attention needs to be paid to creating models of practice which will transform such institutional cultural blindness, and protect against the dangers of racism, cultural risk (Wood & Schwass, 1993) and cultural replacement (McArthur, 1992) for non-dominant cultures.
3. **To create the maximum potential for learning, relationship and transformation.** An accountability model reverses the societal power balance, and places the non-dominant group in the position of experts, with the dominant group in the position of learners. Learning for the dominant group members is maximised; relationships between equals such as pertain in partnerships are rendered more possible since power is equalised, albeit briefly; and the potential for transformation of existing social structures is increased.

I have attempted to work within an accountability model in all my work as a contract community psychologist, even if it is only to enquire about a project: "Have the Maori members of your Board approved this project? May I contact them directly to hear their views, and to hear how the project fits in with their aspirations for your organisation?" At other times, the relevance to Maori is made overt by the funder of the contract, but typically there is no explicit structure by which the project is accountable to Maori authority or aspirations. In these situations, as project director, I attempt to set up accountability processes which will, as much as possible, follow the Treaty relationship between kawanatanga and tino rangatiratanga. As a project director using public funds, and as a community

psychologist, I see my work in Aotearoa as a “function of governance” in an accountable relationship to Maori authority.

Accountability in practice

An example of such an accountability model in practice was a Bay of Plenty Area Health Board project to investigate the needs of clients with psychiatric disabilities and their carers (Huygens, 1992). Over 40% of the clients were Maori, so it was clear that a verbal check of the aspirations and agendas of Maori regarding the topic area would not be sufficient to constitute accountability, and that careful structuring of the project was necessary. In fact, the funder was already in an ideal context for a project director seeking accountability - iwi in the area had formed themselves into a body to express their rights and aspirations concerning health, Te Whanau Poutiri Rangiora a Papa. This body had negotiated to act as a governance partner to the Crown agency, the Area Health Board. Furthermore, within the Area Health Board there was also an executive Maori policy unit, to whom all policy and project specifications were referred for approval (the Bay of Plenty arrangements are described in more detail in Durie, (1994), chapter 6). Thus, I was able to submit the project design to the Maori policy unit for approval. Also, in appointing project staff, I sought a senior interviewer who would act as a direct link between the project team and the relevant Maori authority (in this case, Te Whanau Poutiri Rangiora a Papa) as well as linking directly to the Maori executive unit. The project was highly fortunate to gain as senior interviewer a kuia who was a member of Te Whanau. After consultation, she and I clarified with the project team that a Treaty based accountability structure would operate in the project, so that the ultimate authority on governance issues was Te Whanau, and the ultimate authority on operational and policy issues was the Maori Executive unit.

Figure 1 shows the project structure. All project plans, methods, protocols and results were approved by the Maori executive unit, and the Maori interviewers knew that, through the senior interviewer, Te Whanau Poutiri Rangiora a Papa were directly available to them on all issues of concern to Maori. They also knew that I was accountable to Te Whanau in this Treaty-based structure. To my knowledge, the effectiveness of the system was not explicitly “tested” in that I was not aware of any unresolved issues. However, the Maori members of the project team held at least one formal meeting with the senior interviewer. In my regular meetings with the senior interviewer, I may well have been subsequently guided in certain directions without being aware that the project was being kept culturally safe. It is possible that when transformative accountability practices are working well they are as invisible as any other institutional practice that flows from established accountabilities.

Accountability principles were also applied in respect of the other non-dominant groups involved, as shown in Figure 1. An independent authority was sought on the interests and aspirations of people with psychiatric disability (Aotearoa National Organisation of Psychiatric Survivors, ANOPS), to whom I made myself accountable. I also consulted independent representatives of caregivers of people with psychiatric disability. Overall, the project was very well-received, and achieved its aim of progressing the agendas of Maori, psychiatric survivors and to some extent, caregivers, in the area of psychiatric disability.

Reflections

I have found that the accountability model requires several pre-conditions to work well.

Firstly, for the practitioner from the dominant group, it requires a commitment to learning and change, and a willingness and ability to act on advice given.

Secondly, for the non-dominant group, it requires members of the group who are willing, able and available to act as monitors, experts and authorities. It is also important that the non-dominant group has available members who are independent of the service provided by the project in question.

People from non-dominant groups who are themselves clients, consumers or staff in a project will inevitably be compromised by their position in a project structure. Asking them to act as independent authorities in a transformative accountability process may place an impossible burden upon them. I was very aware in the Bay of Plenty project that while the senior interviewer was a key link to local Maori authority on relevant governance and procedures, she was a staff member of the project, and could not be expected to constitute the point of accountability herself. It was nevertheless important to assign time and resources for her key linking role.

Thirdly, transformative accountability models require time, energy and flexibility from both parties for communication and relationship building.

In my experience as a Pakeha practitioner, there are a number of positive outcomes from the adoption of transformative accountability processes. Firstly, agenda setting by Maori is supported, since the dominant group practitioners are explicitly placing their work at the service of Maori aspirations. Secondly, accountability processes tend to support resource sharing on Maori terms, since Maori agendas and needs are part of the planning process from the outset, and all further project decisions express these agendas. Thirdly, accountability processes support Maori autonomy and cultural safety through the careful attention to monitoring of methodology and outcomes by Maori. Finally, accountability processes encourage Treaty “partnerships” between Maori and tauwiwi groups, since the basis of the relationship is the right of Maori to tino rangatiratanga.

Blocks to setting up transformative accountability processes seem to stem primarily from negative views of accountability within the dominant culture. These views may be shared by Pakeha and Maori alike. To many, the term “accountability” conjures up a controlling, authoritarian process typical of hierarchies, most often encountered in financial controls, and in reporting to a line manager on personal performance. The term “partnership” is often considered less threatening, even though a partnership between equals implies mutual accountability. Traditional partnerships, such as business and professional partnerships, as well as marriages, often conceal traditional power relationships, such as senior over junior, richer over poorer, male over female. The present model of explicit accountability to Maori is a reversal of the dominant culture's view of the traditional power relationship, and in that sense is challenging and discomfiting. Further blocks to setting up accountability processes may be a perceived lack of available Maori authorities and a real overburdening of those who seem available - both of these factors may stem from our cultural inability as Pakeha to communicate meaningfully with existing Maori authority structures.

Transformative accountability seems to work better when the monitoring group are clear about the aspirations of their own group or community, and self-conscious of their strategic role in expressing these aims. It also seems to work better when practitioners from the dominant group are clear about the authority they hold within professional roles and the power they exercise within structures. Practitioners who do not see themselves as exercising power or authority seem to have difficulty visualising how their practice or service might be accountable to others.

A common response to accountability models is the charge that the model is not realistic as a general model for practice - that it is too idealistic, and that dominant group practitioners will not adopt a model which explicitly reduces their power in a situation. However, to paraphrase Saul Alinsky, although voluntary power sharing may seem inconsistent with self-interest, collective morality plays a key part in convincing people what is in their self-interest (Alinsky, 1971). Thus, as practitioners adjust their sense of what is moral, just or proper in Aotearoa, they also adjust their vision of what is in their self-interest. Transformative accountability practices may serve as one option that leads towards a Treaty-based Aotearoa.

In my doctoral study I intend to explore the relevance of such transformative models of practice to Pakeha working within organisations committed to Treaty-based practice.

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Notes

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2. The Treaty referred to throughout is the Maori text, Te Tiriti o Waitangi.
3. For a description of Treaty education processes, see I. Huygens, *The role of dominant group conscientisation - reflections on social change education in Aotearoa New Zealand*. Unpublished manuscript available from the author.