

Fetal Alcohol Spectrum Disorder (FASD): Essential strategies

A resource for frontline professionals



Matua Raki
National Addiction Workforce Development

**Te Pou o te
Whakaaro Nui**

Contents

Contents	2
Acknowledgements.....	3
Introduction.....	3
Who are frontline professionals?	4
Why do we need this resource?	4
Other neurodevelopmental impairments	4
The structure of the resource	4
<i>About the indicator levels</i>	6
Te Tiriti o Waitangi.....	6
Values	7
Attributes.....	7
Helpful phrases	7
Skills.....	8
1. Understanding FASD and its consequences for people affected.....	8
2. Supporting positive experiences and outcomes for people with FASD.....	11
3. Working alongside whānau affected by FASD	14
4. Collaborating with other professionals.....	15
5. Keeping informed and maintaining self-care.....	16
Glossary	17

Published in July 2019 by Te Pou o te Whakaaro Nui.

Te Pou o te Whakaaro Nui is a national centre of evidence based workforce development for the mental health, addiction and disability sectors in New Zealand.

PO Box 108-244, Symonds Street, Auckland, New Zealand.

ISBN 978-1-98-855121-0

www.tepou.co.nz and www.matuaraki.org.nz

Acknowledgements

Te Pou o te Whakaaro Nui and the Matua Rāki work programme would like to acknowledge the people with Fetal Alcohol Spectrum Disorders (FASD), whānau members and professionals who co-designed this resource, generously sharing their experiences and expertise.

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability, arising from prenatal alcohol exposure resulting in brain-injury, and is often invisible. FASD impacts every aspect of a person's life.

Fetal Alcohol Spectrum Disorder (FASD): Essential strategies is a resource designed to support frontline professionals to make a positive difference in the lives of people with FASD and their whānau¹. People with FASD, whānau representatives, frontline professionals and professionals with expertise in working with FASD co-designed the resource. It sets out the essential values, attributes, knowledge and skills required to provide effective and compassionate support for people affected by FASD and their whānau. It provides an agreed statement of the response we are aiming for.

The resource has been developed primarily to support cross-sector training for frontline professionals, and provides guidance for the development of training curricula reflecting the outcomes that training aims to achieve. The resource provides a description of what it is we do when we are responding effectively to people with FASD and their whānau.

The resource aims to guide and support frontline professionals and their organisations, working within their own spheres of influence, to:

- build a shared understanding of FASD and how to respond effectively and compassionately
- contribute towards positive outcomes for people with FASD and whānau
- work together across services, disciplines and sectors to share responsibility and take a consistent approach.

The resource can also be used as a quality improvement tool that complements organisational values and professional competencies.

In summary, the resource can contribute to:

- improving the quality of services and experience for people with FASD and whānau
- improving education and training for all frontline professionals
- focusing recruitment on attracting and selecting people with the required values, attitudes, knowledge and skills
- enhancing performance appraisal and professional development processes
- supporting consistency of language and approaches across New Zealand.

¹ The word whānau is used throughout and is intended as an inclusive term for family and wider family structures, including caregivers and anyone the person considers to be family.

Who are frontline professionals?

In this context the term ‘front line professional’ includes anyone who encounters people with FASD in the course of their everyday work, and who is **not a specialist** in working with FASD and other neurodevelopmental impairments. For example, Police, early childhood professionals, teachers, social workers, youth workers, counsellors, those working in kaupapa Māori services, other social services, courts, and health professionals for whom FASD and other neurodevelopmental impairment is not an area of specialisation.²

Why do we need this resource?

FASD is an under-recognised and under-supported condition that can have a devastating effect on a person’s life and on the lives of the people close to them. It is having a disproportionate effect on our most vulnerable children and families.³

We all have a role to play in preventing FASD and supporting people who are living with the effects of FASD to experience quality of life. While some aspects of this resource reflect best practice for working with people generally, the resource is specific to people with FASD whose behaviours are often misunderstood. It is essential that all professionals, agencies, services and communities work together to support people with FASD and their whānau. This resource contributes towards ongoing development of a skilled and supported workforce.

Other neurodevelopmental impairments

There is increasing awareness that along with enhancing the ability of frontline professionals to recognise and respond effectively to people with FASD, we also need to extend this to people who have other neurodevelopmental impairments, and those who are showing signs of having other neurodevelopmental impairments.

Early identification of neurodevelopmental impairment and provision of timely and effective assessment is a key priority in *Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan*. (available from: <https://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-2016-2019-action-plan>)

Accordingly, the values, attitudes and much of the knowledge and skills in this resource can be applied to support people who are showing signs of impaired neurodevelopment, whether or not a diagnosis of FASD or other specific impairment has been made.

The structure of the resource

FASD: Essential strategies is made up of the following elements:

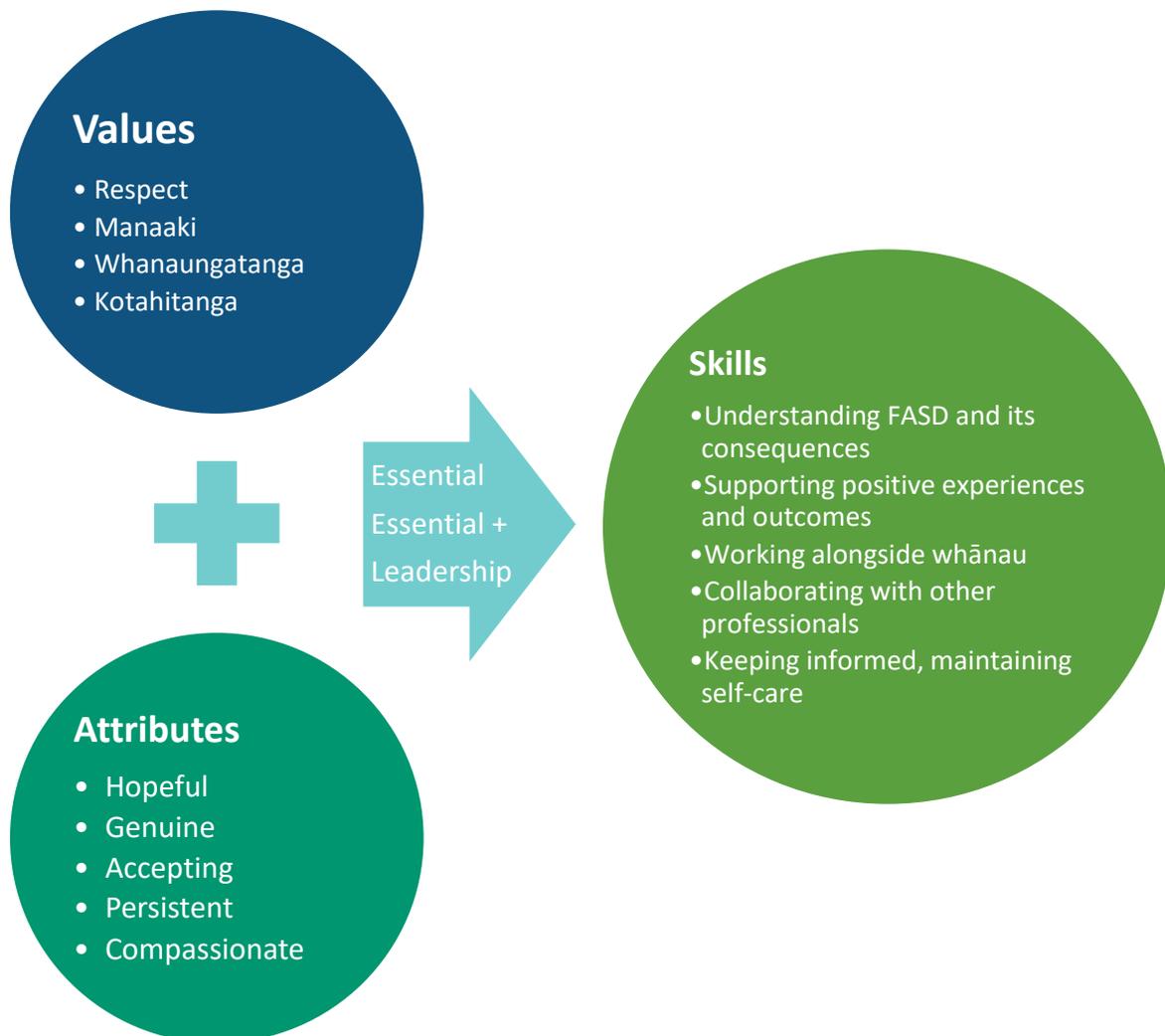
- values
- attributes
- skills.

² Please note these examples are indicative only, this list is not exhaustive.

³ FASD Working Group. (2016). *Taking Action on Fetal Alcohol Spectrum Disorder: 2016-2019: An action plan*. Wellington, : Ministry of Health.

The relationship between these elements is shown in figure 1 below.

Figure: Structure of the resource



The **values and attributes** are interrelated and overlapping. They express what people with FASD and whānau want to experience when they interact with frontline professionals and they underpin all of the skills set out in the resource. These values and attributes are not intended to replace organisation and profession-specific values statements. They are intended to express the fundamental shared values that apply when working with people with FASD regardless of context, organisation, role or profession.

The **skills** describe what we do and reflect the knowledge needed to respond effectively to people with FASD and whānau. In principle, they are intended for everyone regardless of role or context. Each skill has:

- an overall statement that summarises what the skill is about
- an expected outcome that describes what we aim to achieve by applying the skill
- three levels of indicators, essential, essential + and leadership, that breakdown the skill into actions relevant to each level.

The skills are interrelated, so they are not intended to be applied in isolation.

About the indicator levels

Essential	Applies to all frontline professionals regardless of role, context, level and frequency or intensity of interaction with people with FASD (eg intermittent or ongoing).
Essential +	Builds on and is additional to the Essential level. Applies to anyone who regularly works with people with FASD in an ongoing and more intensive capacity.
Essential leadership	Applies to anyone who is leading, guiding, supporting, educating and resourcing the work of others who intermittently encounter or work in an ongoing way with people with FASD and their whānau.

A glossary of key terms and te reo Māori words is provided on page 17.

Te Tiriti o Waitangi

Commitment to te Tiriti o Waitangi is an underpinning principle for all endeavours in Aotearoa and is a fundamental expectation of all frontline professionals.

Specifically, it is expected that all frontline professionals:

- respect the relationship between the Government and tāngata whenua and uphold the principles of te Tiriti o Waitangi
- demonstrate understanding of policy, legislation and standards of practice that recognise the significance of te reo Māori, te ao Māori and Māori models of practice.

Those in leadership roles have responsibility to provide leadership and guidance and ensure resources are sufficient to enable implementation of the principles of te Tiriti o Waitangi.

Values

Respect

We have high regard for people. We acknowledge the mauri of every person and seek to protect and enhance their mana and dignity. We celebrate that everyone is unique.

Manaakitanga

We support and help each other. We show aroha, kindness, generosity and forgiveness.

Whanaungatanga

We value getting to know each other, connecting and creating a sense of family to support each other.

Kotahitanga

We collaborate and work together toward shared goals.

Attributes

Hopeful: positive, encouraging, empowering.

Genuine: there for the right reasons, tika, pono, showing aroha, humble, willing to learn.

Accepting: inclusive, tolerant, non-judgmental, non-moralising, open-minded, non-discriminatory.

Persistent: willing to try and keep trying; adaptable, flexible, innovative, creative, resilient.

Compassionate: caring, sensitive, empathetic, understanding, patient.

Helpful phrases

The following phrases were suggested by people with FASD and whānau to guide day-to-day interactions:

“Can’t not won’t” Remember that FASD is caused by brain damage.

“ten second kids/people in a one second world” People with FASD need more time than others to process and understand.

“Gravel roads not highways” Atypical neural pathways associated with FASD are easily disrupted.

“Brain, not blame” If you find yourself making unhelpful judgements, remember this phrase.

“Adapt the environment not the person” Safe, supportive environments are key for people with FASD to thrive.

“Short, simple, specific, slow” Effective communication is essential for people with FASD.

Skills

1. Understanding FASD and its consequences for people affected

All frontline professionals have a working understanding of FASD and its consequences for those affected.

Expected Outcome: Frontline professionals work in an FASD-informed way.

Essential	Essential +	Essential Leadership
<p>Describes FASD as a group of conditions that can occur in a person whose mother drank alcohol during pregnancy</p> <p>Demonstrates understanding that often a mother drinks alcohol before she knows she is pregnant</p> <p>Demonstrates understanding that:</p> <ul style="list-style-type: none"> People with FASD have a range of strengths and abilities Appropriate support through a person’s lifetime can lead to significant improvements and quality of life <p>Describes FASD in the context of neurodiversity ie that people with FASD have impaired brain functioning; and that traditional behavioural approaches are unlikely to be effective</p> <p>Demonstrates understanding that:</p> <ul style="list-style-type: none"> FASD effects are life-long FASD effects vary across the lifespan People are affected differently FASD can be an invisible disability and can go undetected or misdiagnosed 	<p>Describes the range of physical, cognitive, behavioural and learning effects of FASD, particularly in the context of their role</p> <p>Demonstrates understanding of the impact of FASD in all dimensions of wellbeing: tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual) ⁴</p> <p>Describes the issues in establishing prevalence rates of FASD</p> <p>Demonstrates understanding that diagnosis of FASD is a complex process, not everyone has access to a diagnostic service and some people receive other neuro-developmental diagnoses</p> <p>Reads and is informed by diagnostic reports</p> <p>Refers or accesses support for referral to specialist diagnostic services where FASD is suspected</p> <p>Draws upon and makes use of online resources specific to collaborative and multi-agency practice</p> <p>Undertakes continued professional development by keeping up to date about developments in FASD initiatives, research and interventions.</p>	<p>Implements systems to support staff to develop and maintain a working knowledge of the cause and key effects of FASD</p> <p>Encourages and enables staff to develop working relationships with services that can assist people with FASD and whānau</p> <p>Enables information sharing across roles and agencies</p> <p>Reinforces collaborative approaches with other agencies supporting people with FASD and their whānau</p>

⁴ These dimensions of wellbeing are encompassed in Te Whare Tapa Whā, described in Durie M. (1994). *Whaiora: Maori Health Development*. Victoria: Oxford University Press.

Essential	Essential +	Essential Leadership
<p>Recognises common FASD-related issues, eg:</p> <ul style="list-style-type: none"> ▪ Poor memory/recall ▪ Impulsivity, distractibility, disorganisation ▪ Inconsistent performance ▪ Confabulation – no intent to deceive but appears to make up stories or gives false answers to questions. ▪ Cognitive limitations, such as thinking processes are slowed ▪ Poor reasoning and judgment, inability to understand consequences ▪ Difficulty regulating emotions ▪ Dysmaturity – skill development is inconsistent with chronological age <p>Describes how people with FASD are at greater risk of developing coexisting issues such as mental health issues, substance use issues, homelessness, disrupted and/or curtailed education, employment problems, problems with the law etc.</p>	<p>Understands the extent of brain injury associated with FASD and best-practice international guidelines for assessing neurodevelopmental impairment in the following domains:</p> <ul style="list-style-type: none"> ▪ Brain structure/ neurology ▪ Motor skills ▪ Cognition ▪ Language ▪ Academic achievement ▪ Memory ▪ Attention ▪ Executive function, impulse control and hyperactivity ▪ Affect regulation (mood and anxiety disorders) ▪ Adaptive behaviour, social skills and social communication 	
<p>Uses FASD prevention messages in day-to-day work, including:</p> <ul style="list-style-type: none"> ▪ FASD is preventable ▪ Alcohol is the leading preventable cause of birth defects and developmental disorders in New Zealand ▪ There is no known safe amount of alcohol during pregnancy ▪ There is no known safe time to drink during pregnancy ▪ Help is available if a woman who is pregnant wishes to stop drinking/reduce alcohol intake 	<p>Provides information to parents, prospective parents and whānau aimed at preventing FASD, as relevant to role</p>	<p>Ensures staff have training and support to enable them to give accurate information and advice to contribute towards prevention of FASD</p> <p>Ensures staff have access to resources designed to support prevention of FASD</p> <p>Models use of FASD prevention messages, as relevant to role and context</p>

Essential	Essential +	Essential Leadership
<ul style="list-style-type: none"> ▪ If a pregnant woman is drinking alcohol it is never too late to stop drinking ▪ Partners can support alcohol-free pregnancies ▪ FASD is a community-wide issue and we all have a role to play in preventing FASD ▪ A no-blame approach to prevention of FASD <p>Provides information/links women and whānau to support services to address alcohol-related issues and other issues which may be barriers to supporting wellbeing</p>		
<p>Acknowledges that stigma associated with FASD is a barrier to people getting the support they need</p>	<p>Contributes to eradication of stigma associated with FASD (within the scope of role and context)</p> <p>Supports people with FASD and whānau to advocate for themselves and exercise their rights</p>	<p>Develops and fosters organisational systems and an organisational culture that reflect respect for the rights of people with FASD and their whānau</p> <p>Promotes social inclusion and ensures organisational systems are non-discriminatory towards people with FASD</p> <p>Takes opportunities to advocate for the rights of people with FASD</p>

2. Supporting positive experiences and outcomes for people with FASD

Frontline professionals respond effectively and support people with FASD.

Expected Outcome: People with FASD experience support and safety in their day-to-day lives wherever and whenever they interact with frontline professionals.

Essential	Essential +	Essential Leadership
<p>Establishes a connection and rapport with the person with FASD</p> <p>Recognises and responds to the person’s developmental age vs. their chronological age</p> <p>Takes a strengths approach, emphasising and building on the person’s abilities</p> <p>Demonstrates respect and compassion for the person even if their behaviour is inappropriate</p> <p>Avoids judgements and misinterpretations, recognising that a person with FASD has brain damage (‘brain not blame’; ‘can’t not won’t’)</p> <p>Identifies inappropriate responses as a signal that something is wrong, tries to find out what is happening and adapts the approach</p> <p>Acknowledges when the person is doing well, recognising their efforts</p> <p>Uses de-escalation techniques when needed</p> <p>Accommodates the person’s impairment through adjusting expectations, rules and consequences for rule breaking</p>	<p>Takes time to know the person, to enable understanding of their unique strengths, talents and challenges</p> <p>Demonstrates skills in engaging and building a positive relationship with the person</p> <p>Takes a holistic approach to supporting a person with FASD within all dimensions of wellbeing</p> <p>Works alongside the person, the whānau and other stakeholders to set goals, develop tailored plans and review them regularly (within the scope of role and context)</p> <p>Ensures plans reflect the priorities of the person and whānau</p> <p>Supports people with FASD to grow and succeed, eg</p> <ul style="list-style-type: none"> ▪ Holds realistic expectations but does not limit opportunities ▪ Plans repetitive, successful actions when teaching new skills ▪ Seeks out opportunities where the person can be an expert or have a special responsibility ▪ Ensures a range of options/services are explored for each person <p>Plans for and supports the person to transition to new contexts and environments</p>	<p>Develops and fosters a service/programme that is:</p> <ul style="list-style-type: none"> ▪ welcoming to people with FASD and whānau ▪ responsive to their needs ▪ reflects an FASD-informed approach ▪ prevention and early intervention oriented <p>Supports and enables staff to develop and use FASD-related knowledge and skills</p> <p>Leads organisational change as needed to ensure provision of an FASD-informed approach</p> <p>Engages in advocacy activities aimed at increasing resources and services for full provision of interventions to support people with FASD and their whānau.</p>

Essential	Essential +	Essential Leadership
	<p>Changes the approach when it is not working; tries different strategies</p> <p>Provides structure, consistency and routine, eg helps the person to plan and organise each day; limits choices</p> <p>Sets and maintains boundaries</p> <p>Ensures supervision is provided at the right level to maintain safety</p>	
<p>Manages the environment to minimise stimuli and distractions and support the person to feel safe (ie focus on changing the environment to prevent problems arising, rather than focusing on changing the person and their behaviour)</p>	<p>Assesses and adapts the environment to maximise comfort and safety for the person</p>	<p>Ensures resources are sufficient to enable provision of safe environments for people with FASD</p>
<p>Communicates effectively:</p> <ul style="list-style-type: none"> ▪ Keeps things simple, going step-by-step, being as specific as possible (concrete not abstract) ▪ Speaks slowly, uses simple language, goes at a slow pace, gives instructions one at a time ▪ Uses repetition (eg the same words for the same instruction every time) ▪ States clearly what is required ▪ Uses a mix of visual, verbal and written cues and modelling ▪ Uses a calm voice and is mindful of facial expression and body language ▪ Listens carefully ▪ Checks out whether the person has understood ▪ Checks out what the person means and what they need 	<p>Uses effective interviewing techniques (as relevant to role and in addition to the communication and environment management strategies listed), for example:</p> <ul style="list-style-type: none"> ▪ Recognises when the person has limited capacities and special needs and makes necessary adjustments ▪ Recognises that the person may be unable to recall and describe events in a logical, chronological or accurate way ▪ Understands that people are prone to confabulate (produce false memories) due to brain damage and deficits in memory and executive functioning ▪ Encourages a free narrative or asks open-ended questions ▪ Gives the person plenty of time to respond 	<p>Fosters and enables staff to communicate effectively with people with FASD and whānau</p> <p>Recognises and values that whānau in most cases, are a significant source of support and care for a person with FASD</p>

Essential	Essential +	Essential Leadership
	<ul style="list-style-type: none"> ▪ Avoids leading questions or presenting possible scenarios ▪ Where possible when asking probing questions or specific questions, uses the terms the person used ▪ Takes time to go over the responses with the person <p>Recognises that people with FASD may have memory impairments and ensures that interviews are recorded as a memory aid</p> <p>Enlists the support of a person familiar with FASD to assist with interviewing, as required</p>	
Models appropriate responses	<p>Develops plans tailored to the person’s needs (as relevant to context) and reviews these regularly</p> <p>Demonstrates understanding of impulsive decision making and supports the person in their decision making</p>	
Recognises when a strategy is not working and tries an alternative approach	<p>Uses strategies to provide extra support, eg tuakana-teina system, buddy, flexible hours etc.</p> <p>Draws upon and makes use of online resources specific to the field of collaborative and multi-agency practice and undertakes continued professional development by keeping up to date about developments in FASD initiatives, research and interventions</p>	<p>Encourages and enables staff to develop strategies specific to meeting the needs of people with FASD</p> <p>Ensures that staff are aware of and trained to use a wide variety of FASD-informed interventions and strategies aimed at helping those with FASD to have flourishing lives</p>

3. Working alongside whānau affected by FASD

Frontline professionals value the expertise of whānau and ensure whānau have access to information and support.

Expected outcome: Whānau are informed and supported; their expertise is valued.

Essential	Essential +	Essential Leadership
<p>Demonstrates understanding that FASD impacts the whole whānau and that each whānau has unique strengths and challenges</p> <p>Works in collaboration with whānau, establishes whanaungatanga, respecting and valuing their expertise and creating an environment to share/kōrero</p> <p>Keeps whānau informed</p> <p>Acknowledges and recognises the efforts and achievements of whānau</p>	<p>Works alongside whānau to support and empower them</p> <p>Collaborates with whānau in planning and providing support, sharing information, experience and expertise</p> <p>Demonstrates working knowledge of key resources available to whānau</p> <p>Supports whānau to access resources, support and other services and FASD-informed interventions</p>	<p>Provides leadership to enable service and programme systems that:</p> <ul style="list-style-type: none"> ▪ include and support whānau ▪ support whānau to be informed ▪ value their expertise ▪ respond to their strengths and needs <p>Works effectively with other agencies to implement strategic initiatives that are FASD-informed and implement evidence-based practices</p>
<p>Acknowledges and believes whānau members often experience considerable stress and fatigue; and ongoing mental health distress and family violence</p> <p>Demonstrates empathy and manaaki, and actively supports interventions to address the additional burdens that whānau face in supporting a person with FASD</p>	<p>Demonstrates understanding of chronic grief often experienced by whānau</p> <p>Develops working relationships with key services available to support whānau</p> <p>Acknowledges the importance of self-care and encourages and supports whānau in this</p>	<p>Models a compassionate approach to working with whānau</p> <p>Enables staff to network with other services that are a resource for whānau, ensures staff have the time and the flexibility to develop and maintain networks</p>

4. Collaborating with other professionals

Frontline professionals work together to provide consistent and seamless support for people with FASD and whānau.

Expected outcome: People with FASD and whānau receive consistent and seamless support from services.

Essential	Essential +	Essential Leadership
<p>Acknowledges the importance of collaborating with others across agencies and sectors to provide consistent, seamless support</p> <p>Takes opportunities to kōrero and build relationships with others to support people and whānau affected by FASD</p> <p>Respects and acknowledges the contributions of all involved</p> <p>Describes the roles of other professionals involved in supporting a person and their whānau</p> <p>Understands local pathways to access clinical assessment/ diagnosis as well as specialist support and makes referrals as appropriate to role</p>	<p>Participates in and initiates collaborative approaches to supporting people and whānau affected by FASD</p> <p>Collaborates with others to develop shared objectives, clear responsibilities and accountabilities for all involved</p> <p>Regularly reviews and revises goals, strategies and approaches in collaboration with others</p> <p>Actively works to overcome barriers to collaboration</p> <p>Models FASD-informed practices, shares resources and supports others to develop their understanding and skills</p> <p>Respectfully challenges others to overcome misconceptions, discrimination or exclusionary practices as needed</p> <p>Draws upon and makes use of online resources specific to the field of collaborative and multi-agency practice</p>	<p>Leads and fosters an organisational or team environment that encourages and enables cross-sector collaboration to support people with FASD and whānau, eg ensures staff have the time and the flexibility to work collaboratively with others</p> <p>Explores international best-evidence on Communities of Practice</p>

5. Keeping informed and maintaining self-care

Frontline professionals participate in ongoing learning related to FASD and engage in self-care.

Expected outcome: Frontline professionals are reflective, resilient and informed about FASD

Essential	Essential +	Essential Leadership
<p>Reflects on own work to identify strengths and areas for development in relation to FASD</p> <p>Seeks and takes up learning opportunities to further develop FASD knowledge and skills, eg via written resources, online networks, talking with people with FASD, whānau and other professionals etc</p>	<p>Maintains a working knowledge of current FASD evidence-informed practice (relevant to role) and applies this in day-to-day work</p> <p>Participates in:</p> <ul style="list-style-type: none"> ▪ FASD training opportunities ▪ supervision and mentoring <p>Networks with others working with FASD to share knowledge and skills</p> <p>Collaborates on shared projects to support the sharing and developing of FASD knowledge and skills</p> <p>Undertakes continued professional development by keeping up to date about developments in FASD initiatives, research and interventions</p>	<p>Fosters and resources an organisational culture of learning and supports staff to take up relevant professional development opportunities in relation to FASD, eg training and supervision</p>
<p>Acknowledges own limitations and asks for support when needed, to work effectively with a person with FASD and their whānau</p>	<p>Describes compassion fatigue</p> <p>Describes the importance of self-care</p> <p>Describes own self-care practices</p>	<p>Models self-care practices and supports others to look after their own wellbeing</p> <p>Is responsive to staff seeking support to work effectively with people with FASD and whānau</p>

Glossary

The following descriptions have been taken from a variety of sources* and are not meant to be definitive.

Aroha	Love, compassion, empathy, sympathy, kindness
Compassion fatigue	Gradual lessening of compassion that can occur when people supporting other people are unable to refuel or regenerate
Confabulation	The production of false memories which occurs due to damage to the frontal lobes, underpinned by combined memory and executive deficits
Culture	The shared attitudes, beliefs, values, experiences and/or practice of groups
Evidence-informed	Integration of research evidence, with professional experience and the values, preferences and circumstances of the person and whānau
FASD-informed	Applies knowledge about FASD and its effects; applies effective strategies to maximise success for people with FASD
Kotahitanga	Unity, togetherness, solidarity, collective action
Mana	Often defined as prestige, authority, control, power, influence, status, spiritual power, charisma, status and standing, mana may be accorded a person or group through ancestral descent, possession of certain gifts or achievements and can be enhanced through the collective opinion of others
Manaaki	To support, take care of, extend hospitality, protect, show generosity, to care for
Manaakitanga	Hospitality, kindness, generosity, support – the process of showing respect, generosity and care for others
Mauri	Life force, vital essence, special nature, source of emotions – the essential quality and vitality of a being or entity
Neurodevelopmental impairments	A group of disorders affecting brain function in which impairment is seen in motor function, learning, memory, attention, communication, social understanding, executive functioning, emotional regulation, sensory processing or adaptive behaviour
Neurodiversity	The range of differences in individual brain function and behavioural traits, that are part of normal variation in humans
Outcome	Result, or consequence; application of skills, knowledge and abilities, systems and processes to achieve effective results for people and whānau
Pono	To be true, valid, honest, genuine, sincere

Professional development	Process of increasing capability in relation to work; can apply to staff, students and volunteers
Social inclusion	<p>Social inclusion refers to the fundamental right to be recognised as equal, and to participate in and contribute to all aspects of social, cultural and economic life. It implies full participation without constraints or conditions placed on a person's status</p> <p>Socially inclusive practice aims to improve the opportunity and ability of people with disabilities to participate in and contribute to key areas of economic, social and cultural life as they choose to do so and without constraint</p>
Tāngata whenua	Indigenous people, local people, people of the land
Te ao Māori	The Māori world, including te reo (Māori language), tikanga (Māori processes and practices), marae (the community focal point), wāhi tapu (sites of sacred significance) and access to whānau, hapū and iwi
Te reo Māori	Māori language
Te Tiriti o Waitangi	The Treaty of Waitangi – founding treaty document of Aotearoa New Zealand that states the rights and responsibilities agreed between the Crown and Māori
Tika	To be correct, true, upright, right, just, fair, accurate, appropriate, lawful, proper, valid
Tino Rangatiratanga	Sovereignty, self-determination, autonomy, self-government
Tuakana-teina	A relationship, integral within Māori society, wherein an older or more expert tuakana (eg brother, sister or cousin) helps and guides a younger or less expert teina (eg a younger sibling or cousin of the same gender). The tuakana–teina roles may sometimes be reversed, acknowledging reciprocity in the relationship
Wellbeing	Encompasses all dimensions of health: tinana (physical), hinengaro (mental and emotional), whānau (social), and wairua (spiritual), and is a key part of recovery
Whanaungatanga	Relationship, kinship, sense of family connection
Whānau	Family and wider family structures, including caregivers and anyone the person considers to be family
Whānau Māori	Whānau as it pertains to Māori family and identity

*The following are useful sources that support understanding of te reo Māori:

- The Māori dictionary (<http://maoridictionary.co.nz>)
- Opai, K. (2017). *Te Reo Hāpai – The Language of Enrichment*. Auckland: Te Pou o te Whakaaro Nui

