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TE WHARE WĀNANGA O TE KURAHUNA
MAHI A ATUA
TĒNEI TE PŌ NAU MAI TE AO- TRANSFORMATION IN ACTION
Mahi a Atua:
Committed to developing indigenous systems for positive community outcomes.

Our Platform for Transformation: Whānau Ora

Diana Kopua, Mark Kopua, & Michelle Levy

Be brave, be bold, be curious, and embrace the potential of Mahi a Atua and Te Kurahuna!

The pūrākau of Mataora, tells the story of an ariki (high chief) who had believed he was not accountable to anybody. However, guided by the love he had for his wife, Niwareka, Mataora became a kaitiaki for changing attitudes, beliefs and behaviour; firstly his own and then actively influencing changes in those around him. Guided by the knowledge embedded in the pūrākau of Mataora, Te Whare Wānanga o Te Kurahuna understands genuinely addressing equity for Māori requires an uniquely transformative Indigenous approach. Te Kurahuna is the kaitiaki of Mahi a Atua: a 'way of being' which privileges Indigenous knowledge and practice as the basis for addressing institutional racism, strengthening best practice, and realising equitable outcomes for Māori.[1]

Directly responding to evidence presented across multiple reports, inquiries and reviews that institutional racism must be addressed in order to realise equitable outcomes for Māori[2], alongside overtly operationalising the necessary paradigm shift to whānau ora and whānau-centred practice, Te Kurahuna and Mahi a Atua are centrally positioned to realise the systemic innovation and transformation across sectors which has long been called for. This paper, part of the *Tēnei te Po Nau Mai Te Ao - Transformation in Action Series*[3], examines whānau ora as a platform for transformation.

Introduction

The importance of the health and disability system creating opportunities for Māori to exercise rangatiratanga and mana motuhake, particularly in terms of exerting control over systems and models of care grounded in te ao Māori, has been emphasised for some time.[4] Te Tiriti o Waitangi is recognised as the foundation for addressing inequity in Aotearoa, providing a framework to support the sustained, systemic and multileveled approaches needed to advance Māori health and equity, as well as drive the realisation of self-determined priorities and aspirations.[5] Reflecting the need for movement to action, the Initial Mental Health & Wellbeing Commission highlights the importance of going beyond the simple recognition of basic Te Tiriti principles to greater partnership and power sharing with Iwi Māori.[6] Of note is Iwi

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strongly asserted to the 2018 Government Inquiry into Mental Health & Addiction their desire to exercise rangatiratanga and mana motuhake.[8]

The 2018 Government Inquiry into Mental Health & Addiction[9], the HDSR[10], and the Initial Mental Health & Wellbeing Commission[11] have all concluded universalist approaches are ineffective for Māori. It is well recognised that going beyond the provision of 'cultural add-on' options, requires the health system be configured in such a way that prioritises local innovation over international and imported models.

Whānau Ora: Platform for Transformation

Māori voices to the 2018 Government Inquiry into Mental Health & Addiction were clear a radical transformation away from existing bio-medically focused illness models to a wellbeing paradigm founded within Te Ao Māori was required.[12] The 2018 Government Inquiry into Mental Health & Addiction[13], HDSR[14], and Initial Mental Health & Wellbeing Commission[15] all emphasised mātauranga Māori as integral to addressing health inequity and mental health service transformation, recommending funding and support be directed to supporting the elevation and implementation of mātauranga Māori approaches.

Those same voices calling for radical transformation also emphasise the foundations for such transformation already exist: whānau ora.[16] Maori voices have for decades asserted that if inequities for Māori are to be addressed, whānau must be placed at the centre of solutions.[17] Whānau ora, the uniquely Indigenous strengths-based paradigm, recognises the wellbeing of individuals is inextricably linked to the wellbeing of the collective.[18] Supported by an evidence base demonstrating compartmentalised, siloed, individualised approaches do not work, Māori organisations, providers, communities and collectives have been operationalising whānau ora for decades, repeatedly calling for whānau ora to become entrenched across all sectors.[19]

Recommendations to support the transformative potential of whānau ora via the development of whānau-centred policy frameworks across state agencies; embedding whānau-centred approaches across the wider non-government sector; and the exploration of more localised commissioning options have been made for some time.[20] Recognising the significant potential yet to be realised, strengthening whānau ora and whānau-centred practice remains the foremost call across health, welfare, social service and justice sectors, supporting the proposition that never before have we as Māori had such consistent, widely agreed upon, and clearly articulated aspirations for wellbeing.[21]

Emphasising rangatiratanga resides within collectives, not only are whānau seen as holding untapped potential for change, they themselves are positioned as the central agents of that change.[22]

Whānau ora recognises whānau as the foundation of strength, support, identity and wellbeing.[23] Prioritising an Indigenous worldview that positions the wellbeing of individuals as inseparably linked to the wellbeing of the collective,[24] whānau ora explicitly encompasses the collective impact of mental distress.[25] Of central importance is that whānau ora is premised upon fully realising whānau potential for transformative change. Emphasising rangatiratanga resides within collectives, not only are whānau seen as holding untapped potential for change, they themselves are positioned as the central agents of that change.[26] Fundamental to the

Although, Kaupapa Māori does not automatically reject knowledge solely because it has Western origins, Kaupapa Māori focuses on challenging and deconstructing dominant paradigms, alongside one's own colonially influenced beliefs.[27]

widely evidenced success of whānau ora and whānau-centred practice is that whānau capacity is enhanced via building on whānau strengths; issues of most importance to whānau are concentrated on; and intergenerational and enduring outcomes are supported.[28]

It is the holistic totality of the whānau ora paradigm which makes it successful: an Indigenous worldview in which culturally anchored whānau-centred practice is prioritised; the wellbeing of individuals is inextricably linked with the wellbeing of the collective; rangatiratanga is considered as residing within whānau collectives; and whānau are viewed not only as the foundation of strength and wellbeing with potential for transformative change, they themselves are the agents of that change.[29]

Kaupapa Māori: Reclaiming Indigenous Spaces

A whānau ora paradigm exists within a much wider theoretical context which nurtures uniquely Maori approaches: Kaupapa Māori. Deliberately positioned as an overtly proactive and emancipatory form of resistance to the status quo which creates and maintains inequity for Māori, Kaupapa Māori has emerged from and is legitimated by Māori communities.[30] Kaupapa Māori is embedded within a wider context focused on what Professor Tuhiwai Smith refers to as "a particular struggle over the legitimacy of our identity".[31] Operating as a transformative theory across a range of contexts, including education, health, and research, Kaupapa Māori seeks to reclaim Indigenous spaces and knowledge, whilst at the same time de-centering Pākehā domination.[32] Theories which are truly transformative for Indigenous communities, must be 'owned' and 'make sense' to those communities.[33] Consistent with this, much of the strength of Kaupapa Māori theory has resulted from Māori communities seeing the relevance of, and recognising much of what Kaupapa Māori speaks to, reflected in their own priorities and practices.[34]

Kaupapa Māori is underpinned by several key principles. The principle of tino rangatiratanga emphasises control over one's life and cultural wellbeing, and Indigenous reclamation over spaces.[35] This includes challenging mechanisms which serve to maintain dominant ideologies, and providing ways in which deficit colonial worldviews can be critiqued.[36] Taonga Tuku Iho, the principle of cultural aspiration, asserts, normalises, validates and legitimises the centrality of te reo Māori, tikanga, and mātauranga Māori.[37] Although, Kaupapa Māori does not automatically reject knowledge solely because it has Western origins, Kaupapa Māori focuses on challenging and deconstructing dominant paradigms, alongside one's own colonially influenced beliefs.[38]

Kia piki ake i ngā raruraru o te kāinga - the principle of socio-economic mediation, recognises the importance of critically analysing Western knowledge bases, unequal power relations and structural issues which serve to conceal, sustain and maintain inequities for Māori.[39] Also relevant to a critique of power structures which perpetuate inequity is Kaupapa - the principle of collective philosophy. This principle speaks to the importance of an overall commitment to the collective vision of Māori communities, with these embedded in broader aspirations for political, social, economic and cultural wellbeing.[40]

Whānau - the principle of extended family structure, emphasises the centrality of the relationships connecting Māori to each other and the wider world. Directly linked is Āta - the principle of growing respectful relationships. Stressing the importance of building and nurturing relationships and initially developed as a transformative approach in social service

delivery, āta encompasses issues such as negotiating boundaries and holding safe spaces when engaging in relationships with people, kaupapa and environments.[41]

Decentering the Expert: A Whānau-centred Workforce

Systemic transformation requires working collaboratively to look beyond outdated professional boundaries and scopes of practice ... [42]

Many of the conclusions reached by recent reviews and inquiries highlight the centrality of the workforce as a key enabler in addressing inequities for Māori.[43] Also clearly emphasised across recent literature is that new models, and different ways of utilising workforces are needed. For example, the HDSR concluded current models characterised by highly medicalised professional silos will not effectively meet future health system needs.[44] Systemic transformation requires working collaboratively to look beyond outdated professional boundaries and scopes of practice, with the HDSR unequivocal in stressing that if inequity for Māori was to be addressed, the status quo could not continue: all parts of the system need to work differently in order to deploy alternative workforces and ways of working.[45]

Over 30 years ago, Puao-Te-Ata-Tu similarly recognised the workforce as central to transformation, specifically emphasising a community workforce was best placed to meet whānau needs. This was as opposed to a "professional" workforce predominantly utilising internationally derived models considered inappropriate for the Aotearoa context.[46] Decades later, communities positioned as 'champions of change' continue to be regarded as the biggest untapped wellbeing workforce resource,[47] with increasing recognition that solutions do not result from the technical skills of mental health clinicians, but from whānau themselves.[48]

Whānau often emphasise the crucial significance of the practical, material, interpersonal and social aspects of their experiences; elements which are primarily perceived of as minor in current psychiatric classification systems.[49] Critical psychiatry emphasises how the 'technological' paradigm dominating mental health effectively undermines conditions for real dialogue.[50] Deriving from the dominance of the biomedical model in mental health, and the associated positioning of 'technical' knowledge as the primary authority, the experiences and expertise of those seeking assistance are demoted to that of a passive recipient, secondary always to the technical proficiency of the 'professional'.[51]

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Conversely, critical psychiatry focuses on actually hearing those in distress, generating opportunities for individuals and their whānau to drive their own journey forwards.[53] Decentering the importance of professionals enables what has been referred to as 'extra therapeutic factors', such as real life histories, support, relationships, and culture, all of which play a significant role in achieving positive outcomes, to be explicitly prioritised.[54]

... services sat with whānau to not only feel their pain and challenges, but also provided opportunities for whānau growth, development and leadership; privileged Indigenous healing, knowledge and processes; drew on whānau strengths and aspirations; listened to whānau journeys; and empowered whānau to tell their own stories.[55]

Moving away from the idea that services will 'fix you', and entirely consistent with a whānau ora paradigm, Māori voices to the 2018

Government Inquiry into Mental Health & Addiction asserted effective services were creative, fluid, and adaptable. Such services sat with whānau to not only feel their pain and challenges, but also provided opportunities for whānau growth, development and leadership; privileged Indigenous healing, knowledge and processes; drew on whānau strengths and aspirations; listened to whānau journeys; and empowered whānau to tell their own stories.[56] Similarly, the HDSR emphasised a workforce able to effect whānau-centred practice was integral to building the trusting relationships necessary if whānau were to be supported to determine their own health needs.[57]

Cultural Safety: Confronting Bias

Questions can be raised regarding why, despite individuals and organisations having genuine insight and motivations to change, long lasting transformative outcomes do not result. Tina Ngata emphasises the importance of a dual approach in which processes of re-Indigenising occur alongside those of anti-colonialism, focusing on exposing barriers, illuminating injustice and clearing pathways forward.[58] Such barriers include understanding how a sense of 'self-preservation' and 'colonial compulsion' transpires when people are asked to dismantle the very systems which in reality are according them the most privilege and benefit.[59]

Dr. Irihapeti Ramsden, a pioneer in the field of cultural safety, understood the centrality of critical theory to addressing health inequity for Māori. Described as a 'movement to critical consciousness', critical theory focuses on examining structural variables such as power, social justice and equity, with a reflective self-assessment of power, privilege and bias by health practitioners essential in the journey towards cultural safety.[60] Of central importance is that the concept of cultural safety explicitly extends past just that of the individual, with researchers arguing there is evidence clearly highlighting the central role played by health care services in creating culturally safe environments.[61]

Cultural safety recognises that services must move beyond being 'culturally appropriate', understanding that if services are delivered inadequately, then the service delivery method can in itself become a negative determinant of health outcomes. In this way, pathways to cultural safety which will impact inequity most effectively are those collectively directed toward the individual health workforce, healthcare organisations, and the wider systems in which those individuals and organisations exist.[62]

> *... narrow individualised cultural competency frameworks not only perpetuate deficit discourses in terms of attributing responsibility for problems to individuals, in the process promoting over-simplified understandings based on cultural stereotypes, they also entirely ignore the systemic drivers of inequity ... .*[63]

Regulatory bodies and health training institutions in Aotearoa have tended to position cultural competency as something able to be fully achieved through a static process of knowledge and skill acquisition, in the same way other technically oriented competencies are acquired. However, it is argued that these narrow individualised cultural competency frameworks not only perpetuate deficit discourses in terms of attributing responsibility for problems to individuals, in the process promoting over-simplified understandings based on cultural stereotypes, they also entirely ignore the systemic drivers of inequity. This includes the role played by health professionals in creating and maintaining these inequities.[64]

It is recognised that the health system must move beyond simply acknowledging inequity, to actively ensuring services, organisations and staff are equipped with the knowledge, tools and endorsement to identify and address

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institutional racism.[65] Achieving this requires a shift from 'cultural competency' to the more transformative concept of cultural safety.[66]

The inward focus of cultural safety on confronting one's own personal culture, bias and power often requires a significant paradigm shift for many. Unsurprisingly, the concept and process of cultural safety is therefore often seen and experienced as being more confronting and challenging for health organisations, professionals, and students than that of a technical competency acquisition approach.[67]

Further evolving since being first introduced, effective cultural safety training should be: focused on achieving health equity; centred on clearly explained concepts of cultural safety and critical consciousness, as opposed to narrow conceptualisations of cultural competency; focused on application within systemic and organisational contexts in addition to the individual provider-whānau interface; framed as requiring a focus on power relationships and inequities within health care interactions that reflect historical and social dynamics; and aligned across all training and practice environments, systems, structures, and policies, as opposed to limited to formal training curricula.[68]

Amplifying Indigenous Intelligence

Alongside the focus on cultural safety, it has also long been argued that significantly more attention and resources need to be prioritised for growing the Indigenous health workforce.[69] Mental health training systems grounded in the dominant biomedical paradigm not only fail to prioritise increasing the mātauranga Māori health workforce, they can produce the exact opposite outcome.

... whilst all medical disciplines are challenged by a need to decolonise their training and curriculums, psychiatry and psychology face issues that challenge the very core of their identity, specifically in terms of their reliance on the biomedical technological paradigm of mental illness and disorder.[70]

Many studies identify the extent to which Māori come under pressure to compromise cultural values and identity in order to succeed within mainstream mental health-related training programs, a serious consequence of which is a loss of confidence in the validity of Kaupapa Māori processes and models.[71] Of importance is that whilst all health disciplines are challenged by a need to decolonise their training and curriculums, psychiatry and psychology face issues that challenge the very core of their identity, specifically in terms of their reliance on the biomedical technological paradigm of mental illness and disorder.[72]

Māori voice to the 2018 Government Inquiry into Mental Health & Addiction emphasised the need for investment in education and employment pathways that amplify Indigenous intelligence across all health systems.[73] Such pathways overtly focus on Indigenising spaces and practice, and creating environments in which there is freedom to be proactively Māori.[74] Culturally safe learning environments, such as wānanga, and noho, which strengthen and support one's identity as Māori by providing access to Māori world views, language and ways of knowing are recognised as essential to health workforce development.[75]

It is this uniquely Indigenous aspiration for collective consciousness, and the recognition of the collective power of individuals to effect systemic change across systems, that differentiates Te Kurahuna and Mahi a Atua from other culturally derived therapies or competency programmes.

Te Kurahuna and Mahi a Atua: Whānau Ora in Action

Te Kurahuna is the kaitiaki of Mahi a Atua: a 'way of being' which privileges Indigenous knowledge and practice as the basis for strengthening best practice, addressing institutional racism and realising equitable outcomes for Māori.[76] Fully aligned with the underpinning principles of Kaupapa Māori theory and cultural safety, Te Kurahuna seeks change at both the individual and systems level, aspiring to create a collective consciousness which results in a critical mass of Mataora; a workforce of 'change agents', able to influence and embed sustainable transformative change.[77]

As a 'way of being', this movement to critical consciousness occurs via an ongoing process of examining structural variables such as power, social justice and equity, alongside active critical self-reflection and assessment of privilege and bias. This includes one's own contribution to institutional racism, particularly for those trained within dominant biomedical paradigms which serve to support and sustain ingrained systemic racism.[78]

... whānau are assisted to develop meaningful responses to distress, with the 'diagnosis' and the psychiatric format becoming somewhat secondary to the process of privileging and reinstating the Te Ao Māori voice and finding culturally relevant meaning.[79]

Consistent with whānau ora and whānau-centred practice, Te Kurahuna positions whānau voices at the centre. Mahi a Atua operates from the position that even in times of distress, strengths will always be present within whānau, and that whānau are more likely to find, draw upon and mobilise their own resources and strengths when pre-planned therapeutic interventions are absent. Without reference to an internalised deficit model, the emphasis within the Mahi a Atua wānanga process is on finding meanings which can create a shift in awareness and perspective, both individually and collectively.[80] Integral to the wānanga process is that reflective talk can assist in tolerating uncertainty; and when uncertainty is shared it can lead to being together differently. This in turn provides a space for whānau to explore culturally and spiritually acceptable pathways of resolution, many of which can be found in everyday life practices and events.[81]

In this way whānau are assisted to develop meaningful responses to distress, with the 'diagnosis' and the psychiatric format becoming somewhat secondary to the process of privileging and reinstating the Te Ao Māori voice and finding culturally relevant meaning.[82] The many voices within whānau, including those who are silent, less vocal, hesitant, bewildered, or difficult to understand, are brought forward and offered a space of recognition and validation. In taking this approach, the Mahi a Atua wānanga process explicitly recognises the collective nature of distress.[83] With whānau positioned as the experts of their own experiences, Mataora learn to be active participants in a process of sharing aspirations, with both parties giving and accepting koha within the relationship.[84]

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