

# HAUAKAAKA

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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.

## Operationalising Mahi A Atua: Te Kūwatawata

*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 a 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.<sup>1</sup>

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<sup>2</sup>, 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*<sup>3</sup>, describes the operationalising of Mahi a Atua in Te Kūwatawata ki Tairāwhiti and Te Kūwatawata ki Hauraki.

### Introduction

*Te Kūwatawata courageously positions itself as a 'by Māori for all' SPoE ...*

Te Kūwatawata is named after the Atua who stood in a transitional space between the physical and spiritual worlds, providing guidance for those seeking entrance to the Māori spirit world (Rarohenga).<sup>4</sup> Described as a revolutionary first for mental health services in Aotearoa, Te Kūwatawata was first

developed in 2017 as a primary and secondary mental health service partnership that would enable a Māori-resonant and responsive Single Point of Entry (SPoE) to mental health services in Tairāwhiti.<sup>5</sup> In 2020, Te Kūwatawata was introduced in the Hauraki region.

Moving beyond the traditional goals of a SPoE, such as reducing fragmentation, and increasing service integration,<sup>6</sup> to explicitly focus on addressing inequity, Te Kūwatawata commits to the reinstatement of an Indigenous paradigm via Mahi a Atua, and the

*Transformation at the entry point is essential to realising overall systemic change and improving equitable outcomes.*

development and growth of a Mataora workforce. Within this context, Te Kūwatawata courageously positions itself as a 'by Māori for all' SPoE, in which all service access criteria are removed to provide an immediate response, and a range of both Indigenous-led and 'service as usual' pathways which meet the self-determined needs of whānau.<sup>7</sup>

*Te Kūwatawata is thus intentionally positioned as a SPoE, promoting guardianship of both physical and spiritual wellbeing, and providing a gateway for all whānau in distress to walk through and receive support, irrespective of the level of their distress.*

Te Kūwatawata recognises that addressing systemic institutional racism requires organisations focus on factors which contribute to inequity. The 'waharoa' space, where those seeking wellness are first welcomed, is historically understood as a barrier where strict access criteria and inappropriate approaches have contributed to service inaccessibility.<sup>8</sup> Transformation at the entry point is essential to realising overall systemic change and improving equitable outcomes. Te Kūwatawata is thus intentionally positioned as a SPoE, promoting guardianship of both physical and spiritual wellbeing, and providing a gateway for all whānau in distress to walk through and receive support, irrespective of the level of their distress.<sup>9</sup>

Directly originating from the values and principles of Te Whare Wānanga o Te Kurahuna and Mahi a Atua, seven principles characterise the way in which Te Kūwatawata operates: immediate response; a whānau network perspective; flexibility and adaptability; responsibility; continuity; tolerance of uncertainty; and wānanga. Mahi a Atua matapono (principles) are explicitly activated, with Te Kūwatawata supported by 'live' service overview and operations manuals

which incorporate comprehensive guidance regarding both the conceptual orientation and practical implementation of Mahi a Atua principles.<sup>10</sup> Descriptions of key processes, roles and responsibilities are also detailed in these manuals. This includes: the Matataki process which ensures whānau receive the best start possible; the Eke process which ensures uncertainty, risk and safety are immediately and collectively explored and solved; and the use of Ue, therapeutic teams of Mataora who operationalise the principles of Te Kurahuna, Mahi a Atua, and Te Kūwatawata as they work collectively with whānau. The multi-disciplinary nature of the Ue offers a broad skill base able to be called upon when working with whānau. Providing guidance to practitioners, managers, funders, evaluators and whānau regarding service delivery, the policies and systems within the service and operations manuals are, like the Atua, in a process of constant change and improvement.<sup>11</sup>

Te Kūwatawata ki Tairāwhiti

*Te Kūwatawata ki Tairāwhiti was Hauora Tairāwhiti's bold attempt to address institutional racism within mental health services in the region.<sup>12</sup>*

Specifically designed to meet the needs of the Gisborne community, where Māori make up half the total population and two thirds of those using mental health services, Te Kūwatawata ki Tairāwhiti was Hauora Tairāwhiti's bold attempt to address institutional racism within mental health services in the region.<sup>13</sup> Te Kūwatawata ki Tairāwhiti was intended as a partnership of the Hauora Tairāwhiti (DHB) secondary service, Pinnacle Midlands Health Network Primary Health Organisation (PHO), and the community-based Te Kupenga Net Peer Support and Advocacy Trust. Funded via the Ministry of Health's 'Fit for Future - A Systems Approach' programme, Te Kūwatawata commenced on 1 September, 2017, with

funding subsequently extended until June 2019.

Te Kūwatawata ki Tairāwhiti Mataora included psychiatrists, psychiatric nurses, counsellors/therapists, support workers, social workers, general practitioners, tohunga, managers, administrators, and researchers. These staff were supported by art graduates from Toihoukura, the local School of Māori Arts who comprised a specialist Mataora workforce with diverse experiences of mātauranga Māori, local community connections, and visually creative means by which to generate kōrero and reflection with whānau.

Te Kūwatawata ki Hauraki: Hauraki as a Healthy Nation.

*TKHoH were supported by Te Kurahuna to continuously reflect on how they maintained institutional racism, thus ensuring Indigenous knowledge systems were actively prioritised, and enhanced outcomes for whānau facilitated.<sup>14</sup>*

Operating under the Hauraki Māori Trust Board, Te Korowai Hauora o Hauraki (TKHoH) was established in 1994. Like many other Iwi or Kaupapa Māori organisations, TKHoH manages multiple contracts and service specifications from the Ministry of Health, DHBs and other agencies. This resulted in varied reporting requirements focused on volumes and service utilisation, as opposed to outcomes or equity measures; and mental health and addiction silos, with clinicians working in isolation across separate services for children, young people and whānau. The majority of referrals to TKHoH mental health and addiction services came via general practitioners, with low referrals for Māori and minimal self-referrals. In addition, there were multiple entry, referral and waitlist criteria and management processes; lengthy wait times; clients were seen individually; issues, assessments and care plans were framed within a Western biomedical paradigm; and multi-disciplinary reviews occurred in the absence of whānau voices.<sup>15</sup>

*Acknowledging that these services were in fact perpetuating institutional racism, even when operating under the name 'Kaupapa Māori' ...*

Although termed 'Kaupapa Māori', in reality TKHoH mental health and addictions team struggled to provide a Kaupapa Māori mental health and addictions service, instead delivering what was essentially a mainstream service governed by a Māori organisation. Acknowledging that these services were in fact perpetuating institutional racism, even when operating under the name 'Kaupapa Māori', and encouraged by the equity outcomes demonstrated by Te Kūwatawata ki Tairāwhiti, the introduction of Mahi a Atua training was a deliberate effort by Riana Manuel, Manukura (CEO) of TKHoH, to socialise a 'new way of being': 'Hauraki as a healthy nation'.

Reflecting Te Kurahuna and Mahi a Atua principles, this new way of being privileged mātauranga Māori, whānau outcome measurement, and a culture of feedback able to support the development of practice-based evidence.<sup>16</sup> Alongside the introduction of Mahi a Atua, TKHoH were supported by Te Kurahuna to continuously reflect on how they maintained institutional racism, thus ensuring Indigenous knowledge systems were actively prioritised, and enhanced outcomes for whānau facilitated.

In February 2020, TKHoH in collaboration with Te Kurahuna, commenced a system and service re-design, with the aim of gradually transitioning the existing mental health and addictions service from a western dominated paradigm to a system built upon an Indigenous framework. Socialising concepts prior to the introduction of substantial change was the focus of a series of initial wānanga facilitated by Te Kurahuna. TKHoH leadership first attended wānanga in Tūranganui-a-Kiwa, followed by a two-day wānanga in Manaia. A further two day wānanga, open to 50 attendees from different organisations, was subsequently held, during which five Mataora were trained.

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With the arrival of COVID-19 in March 2020, what was originally intended as a six-month project, rapidly changed. Providing the catalyst for immediate action, the swiftly changing landscape necessitated a re-imagining, particularly in relation to how Mahi a Atua could be implemented in an environment where face to face contact was severely constrained. Within two weeks Te Kurahuna had supported TKHoH to install the systems necessary to operationalise Mahi a Atua. Renamed Te Kūwatawata ki Hauraki, an immediate response hotline was established and widely promoted for whānau in distress, irrespective of the level or nature of that distress, or the presence or absence of any psychiatric diagnosis.

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Changes were made to call flow systems; Ue formation and roster systems were created to facilitate timely virtual responses; a Matataki process which ensured whānau receive the best possible start was implemented at the waharoa; ZoomVision was introduced to ensure wānanga were able to be delivered virtually; and a MyOutcomes system was installed.<sup>17</sup>

Over the 18 months which followed, Te Kurahuna continued to provide leadership to TKHoH as they worked to implement and embed system changes. This included ongoing Mataora training focused on operationalising Mahi a Atua principles and pūrākau; practitioner development via supervision, leadership, coaching and governance training; and the co-creation of a detailed operations manual available via an online training platform.<sup>18</sup>

Te Kurahuna systematically introduced the principle of immediate response to whānau in distress, providing continuous oversight of the Matataki team to ensure processes were followed, with space created to wānanga real-time feedback and ensure outcomes for whānau were enhanced.<sup>19</sup> Underpinned by data systems such as MyOutcomes, Te Kurahuna also supported TKHoH to actively engage in a data informed way which prioritised whānau voice, and increased understanding of the critical importance of data collection, analysis and audit by ethnicity in order to monitor access, effectiveness, and equity for Māori.<sup>20</sup>

The design of multi-disciplinary team meetings (MDTs) changed to a Huaki Pouri orientation whereby practitioners were trained to focus on their own practice and the systemic factors contributing to poor outcomes for whānau. Reaching out more broadly, the TKHoH Whānau Ora team were supported via the development of a 'Mahi a Atua Wednesday Wānanga' as an alternative pathway for healing.<sup>21</sup> Lastly, Te Kurahuna also provided oversight of and leadership to TKHoH's 'Integrated Primary Mental Health' contract, with a focus on ensuring the sustainability of Te Kūwatawata ki Hauraki systems and processes. This was particularly in relation to ensuring Te Kurahuna and Mahi a Atua principles and practices were not overshadowed by the newly introduced Health Improvement Practitioner and Health Coach roles which had been prioritised for nationwide implementation.<sup>22</sup>

#### [Enhanced Service Access & Early Intervention](#)

The data collected by Te Kūwatawata clearly shows its effectiveness in addressing inequities which occur for Māori at the point of entry to mental health services. Across both Te Kūwatawata ki Tairāwhiti and Te Kūwatawata ki Hauraki, access to primary mental health care was enhanced via facilitating easy service access and providing a quick response.<sup>23</sup>

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With strict service criteria eliminated, and whānau having the ability to access Te Kūwatawata directly off the street, appointment blockages were reduced.<sup>25</sup> The evaluation of Te Kūwatawata ki Tairāwhiti concluded the removal of referral barriers had reduced unmet mental health need in Tairāwhiti, with an overall increase in Māori referrals to mental health services evidencing a significant step towards more equitable outcomes.<sup>26</sup>

*Of importance from an equity perspective, the data shows a greater increase in referrals over time for Māori than for non-Māori.<sup>27</sup>*

Data collected over the 13 month Te Kūwatawata ki Tairāwhiti pilot showed significant numbers of referrals being processed by Te Kūwatawata, with two thirds (66%) of the 1666 new referrals over that time being Māori.<sup>28</sup> The number of both Māori and non-Māori self-referrals also increased over time. Of importance from an equity perspective, the data shows a greater increase in referrals over time for Māori than for non-Māori.<sup>29</sup> It was concluded that as the Te Kūwatawata model became more embedded within the community, referrals by external providers such as schools and Police would also increase.<sup>30</sup>

Te Kūwatawata ki Hauraki data from March 2020 - April 2021 also showed significantly increased service access, with total referrals increasing by 50%. Total referrals for Māori increased by 53%, and 50% for non-Māori. Significantly, self-referrals for Māori were shown as increasing by 235% (from 40 to 134), with non-Māori self-referrals increasing by 26% (from 92 to 116). Referral source data showed the majority of referrals were self-referrals, followed by GPs, nurses, and Probation Services.<sup>31</sup>

*TKHoH were making a significant contribution to rangatahi wellbeing through the implementation of Mahi a Atua, and specifically the innovative way in which Mahi a Atua addressed service access for rangatahi.<sup>32</sup>*

Enhanced access and early intervention for youth were also identified. For example, a significant proportion (one third) of total referrals to Te Kūwatawata ki Tairāwhiti comprised youth (aged <18 years). Youth referrals to the PHO Primary Health Mental Health Service, Hauora Tairāwhiti Infant, Child, and Adolescent Mental Health Service, and admissions to the in-patient ward decreased during the pilot period.<sup>33</sup>

Youth data (12-24yrs) from Te Kūwatawata ki Hauraki showed an overall increase in Māori youth referral rates of 150% (increasing from 59-147). Non-Māori youth referral rates increased from 50 referrals pre-Te Kūwatawata ki Hauraki to 91 post Te Kūwatawata ki Hauraki.<sup>34</sup> A recent study concluded TKHoH were making a significant contribution to rangatahi wellbeing through the implementation of Mahi a Atua, and specifically the innovative way in which Mahi a Atua addressed service access for rangatahi.<sup>35</sup>

Data showing a relatively fast response time to referrals indicated Te Kūwatawata saw people early in their distress. For example, Te Kūwatawata ki Tairāwhiti saw a third of referrals within one day, and over half within a week. Similarly Te Kūwatawata ki Hauraki made immediate contact with those in distress.<sup>36</sup> Te Kūwatawata ki Tairāwhiti also occupied an important bridging role, ensuring those in the process of waiting for access to specialist secondary mental health services were not left unsupported.<sup>37</sup> The use of compulsory treatment orders (CTOs) for Māori clients in Tairāwhiti fell by 30% during the Te Kūwatawata pilot.<sup>38</sup>

*Data from Te Kūwatawata ki Tairāwhiti and Te Kūwatawata ki Hauraki demonstrates how this shift to culturally resonant, holistic, whānau-centred service provision delivered from within a Te Ao Maori paradigm impacts positively for whānau.*

Service adaptations, particularly in the form of new technologies implemented as a result of the 2020 COVID-19 lockdown resulted in a more efficient and flexible system able to overcome obstacles and challenges. For Te Kūwatawata ki Hauraki, zoom wānanga with whānau and Te Kūwatawata virtual portals became of high priority as whānau were engaged with and supported using a different means of communication.<sup>39</sup> Beyond meeting the immediate needs presented by COVID-19, such developments further enhanced accessibility, creating additional options for whānau for whom virtual connection was the preferred, and/or most accessible option.<sup>40</sup>

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#### Equity: More Than Just Access

As has been emphasised in the literature, equity requires more than increased access alone; what is delivered, and how it is delivered significantly impacts on the extent to which equitable outcomes for Māori are achieved.<sup>41</sup> Māori voices to the 2018 Government Inquiry into Mental Health & Addiction asserted effective services were creative, fluid and adaptable, sitting with whānau to not only feel their pain and challenges, but also providing opportunities for whānau growth, development and leadership.<sup>42</sup> Mahi a Atua wānanga explicitly reflect the central elements of whānau ora and whānau-centred practice in that they are: underpinned by mātauranga Māori; position whānau aspirations, needs, self-determination, and transformation at the centre; prioritise effective relationships; and are solution, not issues, focused.

*Innovative ways in which a multi-disciplinary Ue facilitate access to a whānau-centered wānanga process underpinned by the healing power of pūrākau is highlighted.<sup>43</sup>*

Data from Te Kūwatawata ki Tairāwhiti and Te Kūwatawata ki Hauraki demonstrates how this shift to culturally resonant, holistic, whānau-centred service provision delivered from within a Te Ao Maori paradigm impacts positively for whānau. Innovative ways in which a multi-disciplinary Ue facilitate access to a whānau-centered wānanga process underpinned by the healing power of pūrākau is highlighted.<sup>44</sup> The rapid development of therapeutic relationships; a likely increase in 'talk therapy' and a decrease in medication; increased whānau involvement; and an appreciation of the complex interconnection of relationships that comprise reality for whāiora and their whānau have all been identified as resulting from Mahi a Atua wānanga.<sup>45</sup>

#### By Māori for All

Unique to Te Kūwatawata is the aspiration to address inequity for Māori via the application of a Te Ao Māori approach *for everyone*. Operationalising a SPoE to mental health services which prioritises Kaupapa Māori methodology and whānau ora as the norm is the first time such a comprehensive attempt has been made to move beyond 'by Māori, for Māori', to 'by Māori, for all'. Having said that, the idea that holistic Indigenous paradigms can lead the way for all in Aotearoa is by no means new, and is emphasised in the conclusions reached by the 2018 Government Inquiry into Mental Health & Addiction.<sup>46</sup>

Te Kurahuna, Mahi a Atua and Te Kūwatawata sought movement away from the dominant bio-medical, illness-focused model of mental health, by explicitly prioritising a shift towards Indigenous paradigms. Evaluation data demonstrated that an Indigenous paradigm in

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mental health and addiction service delivery was considered appropriate and acceptable for non-Māori clients: holistic, whānau-centred, inclusive wānanga infused with care, choice and the invitation to provide honest feedback was valuable for all.<sup>47</sup>

The data also indicated Te Kūwatawata Mataora were culturally respectful and careful to provide options for whānau. With a service-as-usual pathway also accessible, Te Kūwatawata was not restricted in any way, nor was Mahi a Atua imposed on those not comfortable within its parameters.<sup>48</sup>

*... an Indigenous paradigm in mental health and addiction service delivery was considered appropriate and acceptable for non-Māori clients: holistic, whānau-centred, inclusive wānanga infused with care, choice and the invitation to provide honest feedback was valuable for all.<sup>49</sup>*

For Mataora who were Māori, there was a sense of liberation in being able to build on a wealth of existing skills; work in ways which felt ‘normal’; and gain more confidence in the application of mātauranga Māori models.<sup>50</sup> Non-Māori Mataora also gained confidence through being provided with an entry point alongside processes by which they were able to effectively engage with Māori whānau.

#### Scaling Up

The initial tender for the Te Kūwatawata ki Tairāwhiti pilot required it have the potential to scale up, and that it provide evidence to inform the Ministry of Health’s future plans to reshape the mental health and addiction system. The evaluation concluded Te Kūwatawata ki Tairāwhiti was scalable, identifying that although implementation challenges remained, Te Kūwatawata had evolved into a community-driven initiative with far reaching implications for the future

delivery of both health and non-health services in Aotearoa.<sup>51</sup> Demonstrating the transformative potential of Te Kūwatawata, the evaluation specifically referenced high interest from other regions wishing to implement their own mana whenua version of Te Kūwatawata. Key elements identified as resonating with these regions included that Te Kūwatawata was grounded in Māori aspirations; took a ‘distress’ as opposed to ‘illness’ approach; and prioritised the development of the Mataora workforce.<sup>52</sup>

The validity of the conclusion that Te Kūwatawata ki Tairāwhiti was scalable is supported by the establishment of Te Kūwatawata ki Hauraki. The detailed exploration and reporting of philosophy, components, and wānanga pathways in the formal evaluation of Te Kūwatawata ki Tairāwhiti was instrumental in scaling the intervention to TKHoH. Policy and process improvements subsequently made by Te Kūwatawata ki Hauraki, including in relation to formalising clinical performance, risk and best practice, occurred as a direct result of issues identified in the Te Kūwatawata ki Tairāwhiti pilot.

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#### Te Kurahuna: Cultivating a ‘Way of Being’

The pivotal role played by Te Kurahuna is reflected in Te Kūwatawata ki Tairāwhiti evaluation recommendations which emphasise:

- the central importance of preserving the content and experience of Te Kurahuna as the kaitiaki of Mahi a Atua;
- further developing Te Kūwatawata in conjunction with Te Kurahuna; and

*... Te Kūwatawata has been identified by the HDSR, and the Initial Mental Health & Wellbeing Commission as an exemplar of an Indigenous paradigm able to realise the systemic innovation and transformation long called for.<sup>53</sup>*

- further developing Te Kurahuna workforce training and development opportunities across sectors.<sup>54</sup>

Te Kurahuna holds shared oversight for the operationalising of Mahi a Atua in Te Kūwatawata via initial training, as well as ongoing professional development and supervision for Mataora, both Māori and non-Māori. This includes Wānanga Pākehā which explore technical and professional development aspects of case management from within the context of Mahi a Atua.<sup>55</sup> Reflecting underpinning principles of Kaupapa Māori and cultural safety theory, the training environment and context provided by Te Kurahuna ensures Te Kūwatawata and other ways of implementing Mahi a Atua do not simply replicate the existing system of competency acquisition.

*That Te Kurahuna is independent from mainstream health institutions and their dominant biomedical paradigm is significant, particularly when challenging organisations at a strategic level in order to ensure the focus firmly remains on addressing institutional racism.*

Described as sitting at the heart of Te Kūwatawata, Te Kurahuna holds critical responsibility for maintaining the prioritised position of Te Ao Māori. That Te Kurahuna is independent from mainstream health institutions and their dominant biomedical paradigm is significant, particularly when challenging organisations at a strategic level in order to ensure the focus firmly remains on addressing institutional racism.

## References

<sup>1</sup> Rangihuna, D, M Kopua, and D Tipene-Leach. "Te Mahi a Atua." J PRIM HEALTH CARE 10, no. 1 (2018): 16-17; Te Whare Wānanga o Te Kurahuna, *Mahi-a-Atua - Te Kūwatawata Operations Manual (V2)*.

## Conclusion

The evaluation of Te Kūwatawata ki Tairāwhiti recommended continued investment in the Kaupapa Māori led SPoE which was making positive contributions to both addressing inequity and benefiting all.<sup>56</sup> Te Kūwatawata ki Tairāwhiti had met all expectations of Hauora Tairāwhiti particularly in relation to:

- improving service responses to whānau experiencing mental health distress;
- increasing whanaungatanga within and across both services and whānau;
- building the cultural competencies of the workforce working with whānau; and
- enabling whānau to achieve holistic health and wellbeing from within a Te Ao Māori paradigm.<sup>57</sup>

Comprising significantly more than a Kaupapa Māori service added to an untouched mainstream system, Te Kūwatawata not only laid a pathway to achieve enhanced service access, it also responded to calls from multiple reports, inquiries and reviews that institutional racism be addressed in order to realise equitable outcomes.

With this explicit focus on challenging institutional racism, alongside operationalising the necessary paradigm shift to whānau ora and whānau-centred practice, Te Kūwatawata has been identified by the HDSR, and the Initial Mental Health & Wellbeing Commission as an exemplar of an Indigenous paradigm able to realise the systemic innovation and transformation long called for.<sup>58</sup> Māori voices to the 2018 Government Inquiry into Mental Health & Addiction likewise expressed a strong desire to see Mahi A Atua and Te Kūwatawata expanded and grown to its full potential across Aotearoa.<sup>59</sup>

<sup>2</sup> Department of Social Welfare. "Puao-Te-Ata-Tu." Department of Social Welfare, Wellington, New Zealand, 1988; Health & Disability System Review. "Final Report – Pūrongo Whakamutunga." (2020); Russell, L, M Levy,



and L. Cherrington. "Whakamanawa. Honouring the Voices and Stories of Māori Who Submitted to the 2018 Government Inquiry into Mental Health and Addiction in Aotearoa". (2018); Te Uepū Hāpai i te Ora "Turuki! Turuki! Move Together: Transforming Our Criminal Justice System. The Second Report of Te Uepū Hāpai i Te Ora. Safe and Effective Justice Advisory Group." (2019); Kaiwai, H, T Allport, R Herd, J Mane, K Ford, H Leahy, G Varona, and M Kipa. "Ko Te Wā Whakawhiti, It's Time for Change a Māori Inquiry into Oranga Tamariki." (Whānau Ora Commissioning Agency, 2020).

<sup>3</sup> See Kopua, D., Kopua, Levy, M. "Te Whare Wānanga o Te Kurahuna: Tēnei te Pō Nau Mai te Ao – Transformation in Action". (Te Whare Wānanga o Te Kurahuna, 2021)

<sup>4</sup> Rangihuna, D, M Kopua, and D Tipene-Leach. "Te Mahi a Atua."; Te Whare Wānanga o Te Kurahuna. "Mahi-a-Atua - Te Kūwatawata Operations Manual (V2)." (Gisborne: Te Whare Wānanga o Te Kurahuna, 2021).

<sup>5</sup> Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report". Hawkes Bay: Māori & Indigenous Research, Eastern Institute of Technology, (2019).

<sup>6</sup> Cumming, J. "Integrated Care in New Zealand ". *International Journal Integrated CARE* 11, no. 138 (2011).

<sup>7</sup> Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report"; Rangihuna, D, M Kopua, and D Tipene-Leach. "Te Mahi a Atua."

<sup>8</sup> Te Whare Wānanga o Te Kurahuna. "Mahi-a-Atua - Te Kūwatawata Operations Manual (V2).

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report".

<sup>13</sup> Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report".

<sup>14</sup> Ibid

<sup>15</sup> Ngamane-Harding, R. "Te Korowai Hauora O Hauraki: Responding to the Mental Health Needs of Rangatahi in Hauraki." (2021).

<sup>16</sup> Te Whare Wānanga o Te Kurahuna. "Mahi-a-Atua - Te Kūwatawata Operations Manual (V2).

<sup>17</sup> Te Kurahuna Ltd. "Te Korowai Hauora o Hauraki - Te Kurahuna. Implementation of Mahi A Atua Processes and Systems Post Project Review". (2021).

<sup>18</sup> Ibid

<sup>19</sup> Ibid

<sup>20</sup> Ibid

<sup>21</sup> Ibid

<sup>22</sup> Ibid

<sup>23</sup> Te Kurahuna Ltd. "Te Korowai Hauora o Hauraki - Te Kurahuna. Implementation of Mahi A Atua Processes and Systems Post Project Review"; Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report".

<sup>24</sup> Te Kurahuna Ltd. "Te Korowai Hauora o Hauraki - Te Kurahuna. Implementation of Mahi A Atua Processes and Systems Post Project Review"; Tipene-Leach, D, S Able, A Hiha, and K Matthews. "Rangahaua Te Kūwatawata Final Report".

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