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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: Resistance and Challenge

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

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 Kura huna understands genuinely addressing equity for Māori requires an uniquely transformative Indigenous approach. Te Kura huna 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 Māori², alongside overtly operationalising the necessary paradigm shift to whānau ora and whānau-centred practice, Te Kura huna 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 the resistance and challenges encountered when operationalising Mahi A Atua. In doing so, this paper emphasises the importance of understanding such resistance and challenge within the broader context of institutional racism and the magnitude of change being sought by Te Kura huna.

Introduction

The Te Kūwatawata ki Tairāwhiti evaluation concluded Te Kūwatawata ki Tairāwhiti had established an appropriate pathway to meet Ministry of Health aspirations for a mental health system which was 'fit for future'.⁴ Te Kūwatawata ki Tairāwhiti achieved this by:

- demonstrating outcomes for those in distress who did not meet the access

criteria for specialist services, and who were not easily managed in primary care;

- constructing an evidence base about an effective integrated model with the potential to be scaled up; and
- providing evidence able to inform the Ministry's longer term strategic plan to reshape the mental health and addiction system.⁵

Overall, the evaluation found Te Kūwatawata ki Tairāwhiti demonstrated significant outcomes in a short time frame, making a positive contribution to addressing inequity, as well as benefiting all.

As was to be expected from a pilot programme, the detailed evaluation of Te Kūwatawata ki Tairāwhiti identified a range of recommendations for improvement. This included addressing issues relating to clinical performance, risk, and best practice; and ongoing improvements to governance policy and procedures, quality improvement processes, best practice documentation, human resources support, and clinical supervision.⁶

Overall, the evaluation found Te Kūwatawata ki Tairāwhiti demonstrated significant outcomes in a short time frame, making a positive contribution to addressing inequity, as well as benefiting all. Continued investment in the Te Ao Māori Single Point of Entry (SPoE) was recommended.⁷ However, despite its successful implementation and the demonstration of positive outcomes, the Te Kūwatawata ki Tairāwhiti pilot was not subsequently supported.

Challenging the Status Quo: By Māori for All

*Unsurprisingly, institutional racism, the very issue Te Kurahuna, Mahi a Atua, and Te Kūwatawata seeks to address in order to address inequity for Māori, itself undermined the potential of Te Kūwatawata ki Tairāwhiti.*⁸

Te Kūwatawata ki Tairāwhiti faced many challenges to the implementation of its SPoE 'by Māori for all' approach.⁹ In unpacking these challenges the evaluation identified that mainstream initiatives using a Te Ao Māori methodology often risk being attributed with blame for issues which are in reality systemic problems.¹⁰ Unsurprisingly, institutional racism, the very issue Te Kurahuna, Mahi a Atua, and Te Kūwatawata seeks to address in order to address inequity for Māori, itself undermined the potential of Te Kūwatawata ki Tairāwhiti.¹¹

The Te Kūwatawata ki Tairāwhiti evaluation concluded a fundamental element of resistance to change was driven by "opposition to a Māori-focused approach in the lead position, a Māori voice exposing inequities, and an 'unproven' Indigenous therapeutic modality entering into a fraternity of (sometimes unproven) Western practices".¹² That resistance to Kaupapa Māori initiatives challenging the status quo is underpinned by institutional racism is widely evidenced. For example, resistance to the whānau ora paradigm is an ongoing reality,¹³ as is an unwillingness within primary health to recognise the expertise of Māori clinicians and the validity of mātauranga Māori.¹⁴

*... mainstream initiatives using a Te Ao Māori methodology often risk being attributed with blame for issues which are in reality systemic problems.*¹⁵

As was concluded in the evaluation of Te Kūwatawata ki Tairāwhiti, resistance from organisations acknowledged as being institutionally racist, such as Primary Health Organisations (PHOs),¹⁶ often plays out on a daily basis in the form of complaints about issues such as risk and safety.¹⁷ For example, concern was expressed by some, particularly the PHO, regarding Te Kūwatawata ki Tairāwhiti operating as a SPoE for all, irrespective of distress levels. The lack of differentiation between distress levels formed the basis of perceptions regarding clinical risk and safety not being appropriately acknowledged or addressed.¹⁸ In discussing this issue, the evaluation referred to the paradigm shift advocated by Te Kūwatawata ki Tairāwhiti, and its alignment with the 'post-psychiatry' movement, which asserts mental health is over-medicalised, a result of which is the interests of professionals are incorrectly prioritised. The importance of addressing issues relating to clinical risk and safety was also acknowledged, with recommendations to address such concerns provided.¹⁹

A major difference in the implementation of Te Kūwatawata ki Hauraki was that unlike the Te Kūwatawata ki Tairāwhiti pilot, Te Korowai Hauora o Hauraki (TKHoH) had prioritised the embedding of Mahi a Atua throughout their organisation, and did not need to enter into any new partnerships prior to implementation. These relationships provided a solid foundation on which to grow and develop Te Kūwatawata ki Hauraki, with less attention and energy needing to be spent not only on relationship building and development, but problem resolution. Te Kūwatawata ki Hauraki nevertheless still encountered issues which arise when the status quo is challenged and processes requiring significant cultural change are undertaken. These included the ongoing prioritisation of Western dominated approaches, difficulty adjusting to the transparent and feedback informed practice required by Mahi a Atua, and an unwillingness to consider issues regarding racism, implicit bias, and inequities.²⁰

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The implementation and embedding of Mahi a Atua in other settings has also faced challenges stemming from entrenched institutional racism. For example, in implementing Positive Pregnancy Services in Te Hiringa Matua, the prioritisation of the clinically focused medical paradigm over Indigenous knowledge continued to be an area of tension.²² Likewise Camberley School also identify that despite their transformative Mahi a Atua informed approach being widely recognised as groundbreaking, innovative and successful, government agencies continued to oppose the funding of uniquely Indigenous determined and controlled solutions.²³

Power and Control

Resistance to Te Kūwatawata ki Tairāwhiti as a SPoE mainly transpired from the primary care sector. GPs were reported as the biggest single source of referrals to Te Kūwatawata ki Tairāwhiti, with many supportive of its Kaupapa Māori service provision, walk-in access and short waiting times. In addition, some GPs had trained as Mataora and identified significant personal and professional benefit from working in accordance with Mahi a Atua principles.²⁴ Despite this, the PHO did not sign a Memorandum of Agreement with Te Kurahuna; PHO staff did not attend Mahi a Atua training; and the PHO did not encourage their GP members to refer all clients to the SPoE.²⁵

Although GP referrals of Māori to Te Kūwatawata ki Tairāwhiti increased over time, referrals of non-Māori did not, with the data showing non-Māori increasingly being referred to the PHO Primary Mental Health Service. Factors identified by some GPs as limiting Te Kūwatawata ki Tairāwhiti were its Te Ao Māori approach; the encouragement of wider whānau involvement; and the use of a collective therapeutic team.²⁶ Interestingly, these same factors were identified by GPs as strengths of Te Kūwatawata.

... although the primary health sector was fully supportive of resources being moved in its direction, the PHO, as a private enterprise primarily responsible to its patient-centred independent business owning membership, had a vested interest in protecting its own referral pathways and primary mental health team.²⁷

With clinical assessments shown as underpinning referral practices for the majority of GPs, the evaluation concluded some GPs perceived of Te Kūwatawata as a 'Māori service', as opposed to the intended SPoE for all.²⁸ This misperception by some GPs, alongside perceived limitations of the therapeutic options offered by Te Kūwatawata ki Tairāwhiti, served to influence the service options chosen by GPs for their clients. Despite evaluation findings confirming whānau in Te

Kūwatawata ki Tairāwhiti were offered choices around practitioner, approach and venue,²⁹ GP gatekeeping essentially undermined the effectiveness of Te Kūwatawata ki Tairāwhiti as a SPoE service.³⁰ Better understanding the markedly different foundations on which key stakeholders were based helps to illuminate the situation which transpired for Te Kūwatawata ki Tairāwhiti.³¹ Although the primary health sector was fully supportive of resources being moved in its direction, the PHO, as a private enterprise primarily responsible to its patient-centred independent business owning membership, had a vested interest in protecting its own referral pathways and primary mental health team.³² That different approaches are seen as a threat to established primary healthcare models, particularly by those who have heavily invested in the establishment of businesses has been previously identified.³³

... an 'inherent disconnect', with GPs, who although wanted to take advantage of pathways able to benefit their clients, likewise did not wish to relinquish any of their control as part of that process.³⁴

Te Kūwatawata ki Tairāwhiti was focused on addressing inequity via a whānau-centred perspective in which whānau were supported to lead and fully participate in decisions around their own health. The evaluation identified an 'inherent disconnect', with GPs, who although wanted to take advantage of pathways able to benefit their clients, likewise did not wish to relinquish any of their control as part of that process.³⁵ As noted by the evaluation, these two agendas did not sit easily alongside each other. The explicit introduction of a client voice into the clinical process was also likely seen as challenging by the primary healthcare sector overall.³⁶ Other SPoE projects have similarly referred to the desire for easier referral processes, but without any associated loss of clinical control.³⁷ The 'inherent disconnect' referred to in the evaluation can just as easily be described as inherent bias.

Selective Appropriation

The evaluation of Te Kūwatawata ki Tairāwhiti recognised that the pathway Hauora Tairāwhiti proceeded down post the Te Kūwatawata pilot was critical.³⁸ It was accepted that a Te Kūwatawata-like service added-on to a mainstream SPoE would simplify primary and secondary care collaboration and likely overcome primary care resistance to a Māori-led SPoE.³⁹ However, the evaluation advised against this, recognising the PHO would favour advancement of the stepped care model of brief interventions delivered from within GP practices, with an inevitable consequence being less GP referrals to Te Kūwatawata ki Tairāwhiti. As a result the unique SPoE 'by Māori for all' approach would disappear, thus contradicting the overall aspirations of Te Kurahuna, Mahi a Atua and Te Kūwatawata to address the institutional racism inherent within mainstream primary and secondary mental health services.⁴⁰ Likewise, opportunities for genuine systemic transformation would also vanish.⁴¹

Despite being advised against it, the pathway taken by Hauora Tairāwhiti post-pilot saw certain elements of Te Kūwatawata ki Tairāwhiti retained, arguably those more consistent with the existing primary mental health paradigm and system, whilst other core elements were omitted. This included the removal of the specific SPoE focus. Of particular concern was that Te Whare Wānanga o Te Kurahuna was excluded when the pilot programme was extended. This exclusion continued post-pilot when Te Kūwatawata ki Tairāwhiti was transformed into 'Te Waharoa'.

In referring to the work being undertaken to create co-designed, diverse and culturally aligned services that provide a next step between primary and specialist care, the Initial Mental Health & Wellbeing Commission refer to the 'Te Waharoa' model as an 'exemplar' of the system transformation sought by the 2018 Government Inquiry into Mental Health & Addiction. Exemplars are described as providing a template for leaders to follow, with the long term vision and courage of communities to stand by their models and work differently acknowledged.⁴²

When referring to 'Te Waharoa', data is cited regarding shortened waiting times, increased referrals, wider whānau involvement, and whānau-inclusive practices.⁴³ However, the outcomes and successes described in the exemplar were not attained by the altered 'Te Waharoa' model: they were achieved by Te Kūwatawata ki Tairāwhiti, with Te Kurahuna and Mahi a Atua at the centre. It is Te Kūwatawata which is the exemplar, illustrating how 'game changing' culturally responsive and engaged approaches can support communities".⁴⁴

Understanding the holistic picture is essential. The success of Te Kūwatawata in delivering whānau-centred service delivery, and realising whānau ora outcomes and equity for Māori lies in the totality of its elements. As experience across other sectors has shown, the selective appropriation of culturally-based practices does not address equity.⁴⁵

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A Way of Being: Tēnei te Pō, Nau mai te Ao
Te Kurahuna understands transformation requires uniquely Indigenous approaches. As a deliberate multi-level response, Te Kurahuna training is grounded on the premise that systemic institutional racism can be addressed by a collective consciousness on the part of both Māori and non-Māori. This collective consciousness results in a critical mass of Mataora; a workforce of 'change agents', able to influence and embed sustainable transformative change.

Recognising that change and accountability is firstly located within oneself,⁴⁷ Te Kurahuna understands institutional racism is addressed by Mataora actively reinstating, embedding, and practicing Indigenous knowledge across every element of their personal and professional spaces.⁴⁸

As a 'way of being', Mahi a Atua is not a therapy, technique or 'competency',⁴⁹ nor is it a static model, framework, or intervention. Mahi a Atua is a 'way of being' which privileges Indigenous knowledge, ways of learning and practice as the basis for strengthening best practice, addressing institutional racism and realising equitable outcomes for Māori.⁵⁰ Recognising that change and accountability is firstly located within oneself,⁵¹ Te Kurahuna understands institutional racism is addressed by Mataora actively reinstating, embedding, and practicing Indigenous knowledge across every element of their personal and professional spaces.⁵² It is this rethinking of one's usual way of being which lays the foundation for deliberate, intentional and sustainable systemic transformation.

Fully aligned with the underpinning principles of cultural safety, Te Kurahuna also understands movement to critical consciousness as an ongoing process of examining structural variables such as power, social justice and equity, alongside active critical self-reflection and assessment of the privilege and bias of health practitioners. 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.⁵³

... integral to being an active learner is embracing a culture of feedback, with Te Kurahuna emphasising the importance of a workforce who are always striving to understand how to do better.

With whānau positioned as the experts of their own experiences, Te Kurahuna focuses on developing active learners, as Mataora learn to be active participants in a process of sharing aspirations, with both parties giving and accepting koha within the relationship.⁵⁴ Incorporating foundational elements of cultural safety, integral to being an active learner is embracing a culture of feedback, with Te Kurahuna emphasising the importance

of a workforce who are always striving to understand how to do better.

The deliberate focus on addressing institutional racism and systemic inequity means Te Kurahuna training often requires a fundamental shift in orientation and practice, particularly for those trained within mainstream institutions.

Directly informed by Hinekauorohia, the Atua of healing and reflection, Mataora are trained in the practice of constantly seeking feedback from whānau and colleagues regarding their performance.⁵⁵ Of importance is that the process of changing behaviour in response to feedback requires Mataora remain open and responsive, especially to feedback which may be negative.⁵⁶ Intertwined with embracing negative feedback is the concept of ‘failing successfully’, that is, continuously remaining an active learner.⁵⁷

The challenging nature of making fundamental and sustainable paradigmatic shifts emphasises the centrality of a deliberate and long term process which creates environments conducive to meaningful reflection and growth, alongside deep, courageous and transparent collective learning.⁵⁸

The deliberate focus on addressing institutional racism and systemic inequity means Te Kurahuna training often requires a fundamental shift in orientation and practice, particularly for those trained within mainstream institutions. There is no doubt that movement to critical consciousness as a way of being is an ongoing and often confronting process.⁵⁹ In addition, genuinely positioning whānau outcomes as the most important factor in Mahi a Atua wānanga is challenging, both individually and organisationally.⁶⁰

The challenging nature of making fundamental and sustainable paradigmatic shifts emphasises the centrality of a deliberate and long term process which creates environments

conducive to meaningful reflection and growth, alongside deep, courageous and transparent collective learning.⁶¹ Understanding this, Te Kurahuna has a core focus on growing a curiosity about racism, understanding responses to discussions about racism, and exploring the impacts of racism on Indigenous wellbeing. Relevant pūrākau are specifically utilised as an Indigenous resource both to support reflection in relation to one’s own position regarding racism, as well as create possibilities to actively address racism.

The on-going exploration of pūrākau across Te Kurahuna wānanga is deliberately focused on supporting the workforce to become culturally connected, confident and empowered to lead and utilise Māori models of practice, alongside growing an awareness of their individual and collective responsibility as Mataora, change agents.⁶²

In building a collective consciousness able to address institutional racism, Te Kurahuna understands the wide diversity in comfort and confidence levels relating to utilising mātauranga Māori based interventions and methodologies. For some, assumptions about the level of knowledge required to engage in Mahi a Atua training have operated as a barrier to engagement.⁶³ Te Kurahuna recognises the wealth of skills already possessed by those aspiring to become Mataora and consistent with the aspiration of Mahi a Atua to facilitate a ‘way of being’, it has been found that initial exposure to learning about Mahi a Atua often triggers a desire by wānanga participants to learn more.⁶⁴

A fear of ‘getting it wrong’ can also impact on engagement in Mahi a Atua training. Again emphasising the centrality of a deliberate and long term process which creates environments conducive to meaningful reflection and growth, this can be considered a positive reflection of Mahi a Atua principles and the ongoing learning which occurs for both individuals and organisations as one engages in the process of being trained as a Mataora.⁶⁵

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The on-going exploration of pūrākau across Te Kurahuna wānanga is deliberately focused on supporting the workforce to become culturally connected, confident and empowered to lead and utilise Māori models of practice, alongside growing an awareness of their individual and collective responsibility as Mataora, change agents.⁶⁶ When individuals are confidently utilising Mahi a Atua regardless of their level of knowledge, it is usually because they have realised that remaining active in learning is a positive way of engaging whānau. Reflecting this, Mataora who are Māori describe feeling a sense of liberation in being able to work in ways which feel 'normal'; and gain more confidence in the application of mātauranga Māori models.⁶⁷ Non-Māori Mataora also gain confidence through being provided with an entry point alongside processes by which they can effectively engage with Māori whānau.

Amplifying Indigenous Intelligence

Training systems grounded in the dominant biomedical paradigm not only fail to prioritise increasing the mātauranga Māori health workforce, they have also been extremely resistant to critiquing the racism inherent within their own curricula.

Implicit in the focus on wānanga as the primary training mechanism for Te Kurahuna is acknowledgement that such opportunities are rare or non-existent across existing health workforce training programmes.⁶⁸ Training systems grounded in the dominant biomedical paradigm not only fail to prioritise increasing the mātauranga Māori health workforce, they have also been extremely resistant to critiquing the racism inherent within their own curricula. Alongside this is the reality that those who wish to work from an Indigenous worldview have struggled to detach themselves from the restrictions inherent in the dominant Western biomedical service delivery paradigm. Many studies identify the extent to which Māori come under pressure to compromise cultural values and identity in

order to succeed within mainstream health-related training programs, a serious consequence of which is a loss of confidence in the validity of Indigenous processes and models.⁶⁹

Resistance to the inclusion of Indigenous knowledge bases is well-evidenced as a barrier significantly impacting on Māori health workforce demographics, with this in turn contributing to the ongoing and worsening systemic inequity across the health workforce.⁷⁰ Such resistance underscores the importance of Te Kurahuna being independent from mainstream training institutions.

Supporting that attention must be paid to the process of training and professional development, Māori voice to the 2018 Government Inquiry into Mental Health & Addiction emphasised the need for investment in education pathways that amplify Indigenous intelligence across all health systems.⁷¹ As is implemented by Te Kurahuna, pathways premised upon Indigenous intelligence explicitly focus on Indigenising spaces and practice, and creating environments where there is freedom to be proactively Māori.⁷²

Conclusion

The sheer magnitude of the task attempted by Te Kūwatawata ki Tairāwhiti cannot be underestimated: the implementation of the 'by Māori for everyone' approach which explicitly sought to address institutional racism by privileging mātauranga Māori and confronting the dominant biomedical deficit-focused model of mental health was always going to be extremely challenging.⁷³ The reality is that anywhere a Te Ao Māori approach is prioritised; the status quo challenged; and significant cultural change required, substantial resistance will be present.⁷⁴

Comprising considerably more than simply a 'change management' process, movement to critical consciousness as a way of being is challenging.⁷⁵ It is also ongoing; active reflection and growth has no end point. Whilst issues such as an unwillingness to relinquish

Because realising such change often requires the relinquishing of power and control, it is often both challenging and confrontational⁷⁶. Nonetheless it is entirely possible for Aotearoa to courageously disrupt and transform existing systems.⁷⁷

control are faced by SPoE initiatives generally,⁷⁸ Te Kūwatawata ki Tairāwhiti faced additional challenges in that addressing institutional racism, power and privilege were explicitly positioned at the forefront of change. Almost identical to what Puao-Te-Ata-Tu reported over 30 years ago,⁷⁹ Te Kūwatawata found discussions surrounding racism were often taken personally, rendering it difficult to enter into authentic dialogue. As is identified in the cultural safety literature, the inward focus on challenging one's own personal culture, bias and power is often seen and experienced as confronting for health organisations and professionals.⁸⁰

It is the unique training environment, context and content provided by Te Kurahuna which ensures Te Kūwatawata does not simply replicate existing systems.

Te Kurahuna, as the kaitiaki of Mahi a Atua, is fundamental to Te Kūwatawata and the operationalising of Mahi a Atua. It is the unique training environment, context and content provided by Te Kurahuna which ensures Te Kūwatawata does not simply replicate existing systems. As was highlighted in Te Kūwatawata ki Hauraki, ongoing attention by Te Kurahuna to the development of Mahi a Atua leadership able to champion ongoing skill development, clarity, and fidelity with Mahi a Atua principles is essential.⁸¹ Underlining the importance of Te Kurahuna's independence from mainstream training institutions, without such leadership, the risk of returning to the dominant biomedical clinically focused approach is high.⁸² This is particularly relevant in the midst of the current nationwide rollout of the bio-medically focused, general practice led, Integrated Primary Mental Health and Addictions model.

Operating from the premise that when it is right for Māori, it will be right for all, Te Kurahuna, Mahi a Atua, Te Kūwatawata encompass the core elements necessary to

effect systemic transformation. It is this aspiration for collective critical consciousness, and the recognition of the collective power of individuals to effect systemic change across systems that sees Te Kurahuna contribute to what Tina Ngata describes as 'healing of the system, healing of practitioners, and healing of those who wield power'.⁸³

Recognising the enormity of the task attempted by Te Kūwatawata ki Tairāwhiti, the evaluation concluded it would be unrealistic to expect substantial institutional change to occur in the short time frame offered by the pilot project. Te Kurahuna estimates it can take at least three years for an organisation to develop a culture of feedback.⁸⁴ These assertions are not dissimilar to the conclusion reached in the evaluation of the pilot integrated primary mental health and addiction (IPMHA) service model: systemic change requires adequate time to be fully embedded.⁸⁵

... a long term approach to transformation which allows adequate time for meaningful change to evolve, develop and be embedded is required.⁸⁶

Consistent with Māori voice to the 2018 Government Inquiry into Mental Health & Addiction, a long term approach to transformation which allows adequate time for meaningful change to evolve, develop and be embedded is required.⁸⁷ Because realising such change often requires the relinquishing of power and control, it is often both challenging and confrontational⁸⁸. Nonetheless it is entirely possible for Aotearoa to courageously disrupt and transform existing systems.⁸⁹ As an exemplar of leadership and long term vision, Te Kurahuna understands genuine transformation cannot be thought of as a short-term process. There are no short cuts when shifting one's paradigm and in the critical self-reflection necessary for movement to critical consciousness and the embedding of Mahi a Atua as a 'way of being'.

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