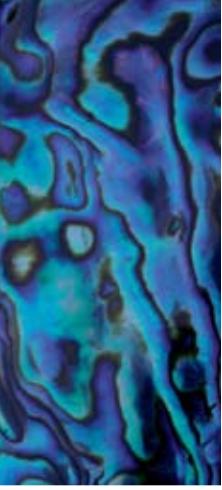


TE ARAWHATA TŌTIKA

Cultural Competency Framework

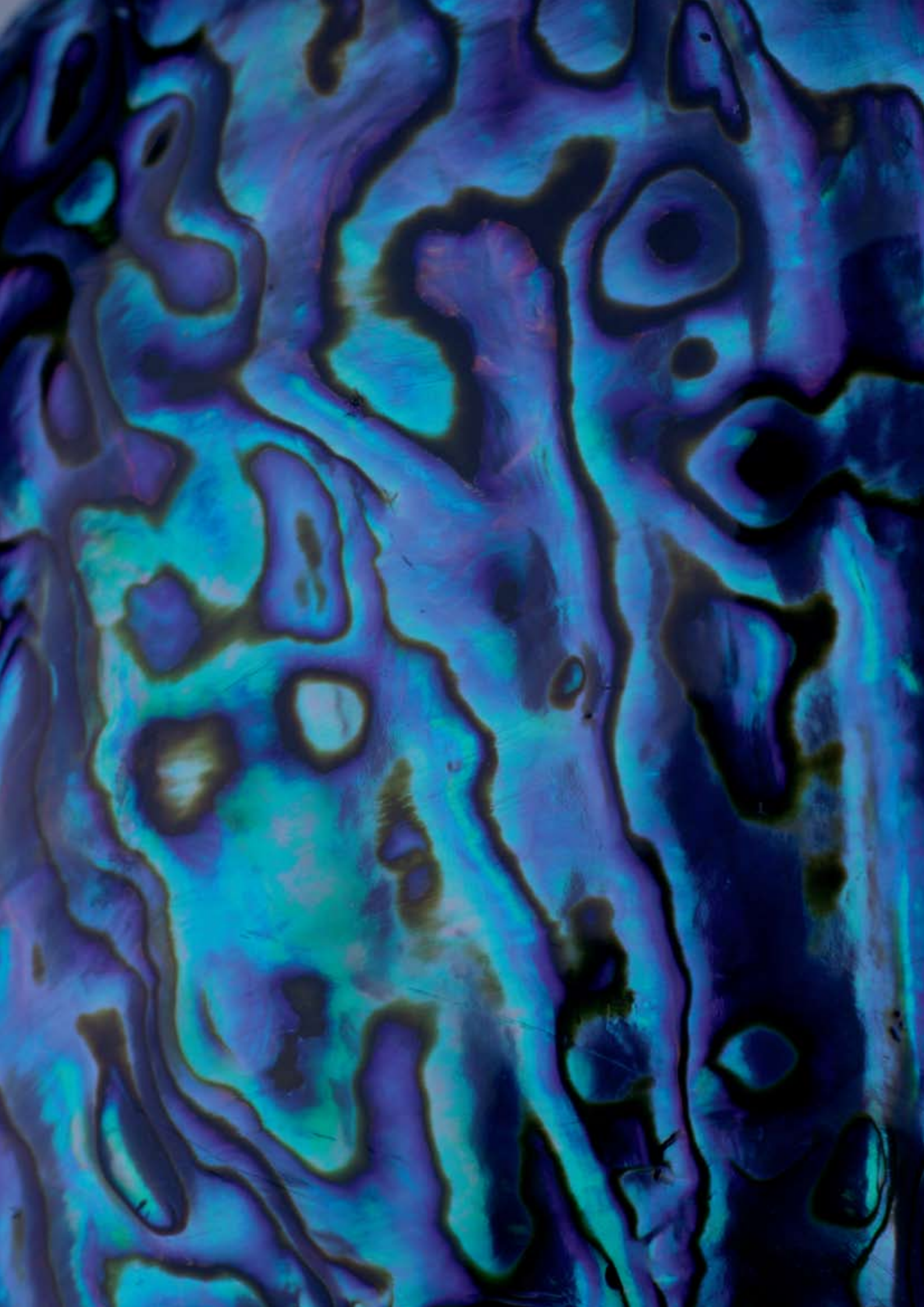


TE ARAWHATA TŌTIKA

Cultural Competency Framework

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MIHI WHAKATAU

Mai arara, Mai arara

Mai arara te rangi e tu nei

Mai arara te papa e takoto nei

*Mai arara a Tane Te Wananga,
Tane Te Waiora, Tane Nui A Rangi*

Ueha, Ueha

Uehanuku, Ueharangi

*Ueha te ira tāngata ki te whai ao,
ki te ao marama*

Haumie, Huie, Taiki e

Excerpts from an ancient Wairarapa waiata/oriori are used to describe sections of this framework. The waiata is called Te Oriori Mo Tuteremoana and is being used because of its depth of meaning and reference to health, wellbeing and life. This classical moteatea is rich in the stories of the people of Wairarapa and is known throughout Aotearoa for its references to knowledge and the childbirth process. The terms used are not translations of the English heading but are an indication of the content.



MA TE HOKINGA MAHARA KA MARAMA TE HAERE

The creation of a Wairarapa District Health Board cultural competency framework that has relevance for the provision of health services to the people based upon the beliefs of our tipuna that one has to revisit the past in order to move with meaning into the future.

Executive Summary

Te Oranga O Te Iwi Kainga is the Māori relationship board to the Wairarapa District Health Board and they have followed this whakatauki in order to create Te Arawhata Tōtika, a framework that is designed to establish the values of hauora as viewed by tāngata whenua.

An overview of the history of hauora in Aotearoa from pre 1800 to the present time is provided and describes the development of the relationship that exists between Ngāti Kahungunu ki Wairarapa, Rangitāne O Wairarapa and the Wairarapa District Health Board. The current policies that help in shaping this relationship are presented and an explanation of what a cultural framework is and why it is necessary to the success of the DHB are provided.

Commencing from the belief that hauora or health and wellbeing is a concept that has as its base a set of core cultural values, this document describes how

the values underpinning Te Arawhata Tōtika were identified and understandings of them developed. These values have been crafted into a framework that has meaning for health service providers and health service provision in the contemporary world.

Te Arawhata Tōtika is the result of considerable discussion and research carried out by the members of Te Oranga O Te Iwi Kainga who represent both Iwi of the Wairarapa and who have a belief that we must strive together to retain and reclaim Māori knowledge and skills and integrate these into daily health practice for the health and wellbeing of all of Wairarapa.

*Janice Wenn PhD., Chairperson.
Te Oranga o Te Iwi Kainga.
June 2008*

Wairarapa ora – Hauora pai mo te katoa

Well Wairarapa – Better health for all

Acknowledgements

- Te Oranga O Te Iwi Kainga – Wairarapa District Health Board's Relationship Board, are to be acknowledged for their time, knowledge and skills in developing Te Arawhata Tōtika. A special thanks goes to Dr Janice Wenn – Chair of Iwi Kainga for her leadership and vision in facilitating the development of a cultural competency framework for Wairarapa District Health Board.
- The staff of the Māori Directorate who have been available to provide an executive overview and to those management staff who have worked with us to provide a report that is unique in that it has been developed by the people, for all people within the Wairarapa.
- Te Arawhata Tōtika is a living document and will be continuously reviewed and updated to enable it to have relevance in a constantly changing health environment.



TE KUNENGA MAI – THE BEGINNING

Explains how life came to be and how life is created

Kōrero Whakataki – Introduction

Te Arawhata Tōtika has been developed to assist Wairarapa District Health Board to ensure that traditional tāngata whenua values and knowledge are recognised as key indicators of hauora, health and well-being. Te Arawhata Tōtika describes the values for supporting a state of hauora. Te Arawhata Tōtika is a tāngata whenua response to the question: what determines health and wellbeing for tāngata whenua in Wairarapa?

Te Arawhata Tōtika is a structure for determining quality standards and criteria that can be used alongside the current continuous quality improvement processes. It is a tool whereby the Wairarapa District Health Board can determine whether or not the services provided to the people are culturally appropriate and responsive to Māori.

An effective cultural competency framework is one that is developed and owned by both the providers and recipients of health care across all levels of DHB operations. The development of Te Arawhata Tōtika is underpinned by the premise that we need to consider and understand the past to determine how we move forward into the future. Hence an historical overview of hauora Māori is given as a way of describing and defining a Māori worldview of health. This historical perspective was used to inform the development of the framework.

In order to provide a contextual understanding of Te Arawhata Tōtika the following is described:

- An overview of the historical development of hauora from pre 1800 to the present day and a description of the development of Te Oranga O Te Iwi Kainga (Iwi relationship Board) and the relationship developed between local Iwi and the Wairarapa DHB.
- A tāngata whenua perspective of 'Mātauranga' (Māori knowledge) and a description of the values base that is critical to supporting health and wellbeing.

The identified values are integral to the success of the cultural competency framework. The values identified by Iwi Kainga in December 2007

are described in a manner that provides an understanding, and the words of Kaumātua from Ngāti Kahungunu Ki Wairarapa and Rangitāne O Wairarapa are encompassed within these descriptions (J. Wenn, 2007).

Within a Māori worldview it is difficult to grasp the concept of each identified value as being a separate entity and for readers familiar with current models of Māori Health such as Whare Tapa Whā, (Durie 1986) or Te Wheke (Pere 1991), the principle of holism is emphasised. These frameworks stress the interrelationship between each value and the weaving of these into an holistic approach to hauora (health and wellbeing). We have chosen to describe each value initially as a separate entity, that when combined, creates an holistic values based framework named 'Te Arawhata Tōtika', this is translated as "the ladder that leads us in the right direction".

Developing and applying a cultural competency framework for the Wairarapa is part of an ongoing strategy that supports a partnership model. The Wairarapa District Health Board is committed to ensuring Wairarapa Māori worldview is incorporated into strategic approaches to health service development and management, and to an enhanced Well Wairarapa.

A cultural competency framework is an integral part of achieving health outcomes for all. It is built upon a set of cultural values considered central to influencing health outcomes in a positive manner. Te Arawhata Tōtika is unique in that it not only identifies the cultural values of nga Iwi O Wairarapa but uses the framework to combine these with the five values of the Wairarapa DHB. The framework strives to increase Māori participation in health at all levels.

Te Pae Tawhiti – The Aim

Te Arawhata Tōtika aims to support Wairarapa DHB to maximise its ability to reduce disparities for Māori and increase service responsiveness for all.

Te Arawhata Tōtika is an outcome focused framework that validates tāngata whenua values, principles and practices and supports the encompassment of these into daily health practice.

Te Arawhata Tōtika describes health and wellbeing – hauora from a Māori worldview. It is intended to be utilised as a tool which defines and measures Māori responsiveness across health service provision.

What is a Cultural Competency Framework?

A cultural competency framework strives to:

- maximise positive health outcomes and reduce disparities for Māori
- assert tāngata whenua worldview into health service provision
- develop health practices based on tāngata whenua values
- validate and incorporate tāngata whenua principles and practices into health service delivery
- assist in the development of policies and procedures that support health organisational development
- define, measure and evaluate health provision from a Māori worldview

Why do we need a Cultural Competency Framework?

The prime functions of Te Arawhata Tōtika are:

- To ensure the strategic direction of the Wairarapa DHB is culturally appropriate for Māori
- To support the achievement of improved health outcomes through partnership rather than imposition
- To identify the essential elements of hauora, and support hauora as the goal
- To support an holistic approach. The framework identifies the inter-relatedness of all elements in te ao Māori
- To ensure the cultural values identified by Wairarapa Māori are integral to strategic planning and implemented into health practice on a daily basis
- To support the application of Wairarapa Māori worldview into the development of health services, contracts, strategic processes, policies and procedures to achieve the goal of hauora – Well Wairarapa

- To endorse te taha wairua as fundamental to the state of hauora and validate the importance of tangible & intangible elements in health service development and delivery
- To contribute to the process of continuous quality improvement and to assist Wairarapa DHB in this process

Te Arawhata Tōtika is a tool that supports evaluation and review and works on the premise that it will improve services over time. Supporting its application across strategic planning processes and health service practice is central to improving Māori health outcomes. The framework is very simple to understand and apply. Wairarapa DHB and Iwi Kainga are committed to supporting Wairarapa groups and services to utilise the framework.

TE ARA NAMUNAMU – HISTORY

Explains the path that all travel from the beginning of life

Hauora – An Historical Perspective

The idea of a Cultural Competency Framework is a relatively new concept for Māori and also within the provision of health care. Māori historically lived within an era of total independence and maintained their own sovereignty in all aspects of their existence. Unwellness was not deemed a cultural issue and nor was it necessary to develop Māori models and frameworks to enhance wellbeing. Māori wellness was a way of life that was just ordinary.

Five key periods were identified within a historical context that ultimately influenced and shaped the hauora of Māori people. A synopsis of these periods follows commencing with the period prior to 1800 and tracing its development to the present day. It provides an overview of the social and political events that influenced and shaped hauora in Aotearoa and some Wairarapa examples are provided with the view that hauora has been subjected to interpretation, suppression, modification and renaissance over the past 200 years.

Period 1: Te Wa Māori The period prior to Colonisation – prior to 1800

- Māori lifestyle was based upon collective values and beliefs and founded with respective tikanga and kawa
- Hauora existed within a balance of tapu and noa
- Māori healers and tohunga were products of traditional wananga teachings and learnings. They existed within specialist fields

There was a body of knowledge that supported these practices and contributed to a sophisticated system of public health.

In the Wairarapa at this time the above applied. Leach and Leach, 1979, describes systems in place in the Palliser Bay region and Te Whaiti has also described these in his presentations at Te Papa 2002. History indicates that Māori in the Wairarapa practised hauora, and many of these practices have been captured in waiata and mōteatea.

Populations were located around marae and each marae was managed in a way that supported the tikanga established by tipuna. During this time hauora Māori remained anchored and intact

containing the values and the tikanga of the people and contributing to a social texture that provided an holistic approach to hauora or wellbeing.

Period 2: A period of suppression and dispossession 1800–1900

- Contact with early settlers supports new technology, trading opportunities and agricultural benefits
- The increasing number of immigrants disturbed the balance of power that was in existence and there were incidences of dispossession, destruction, disruption and imposition.
- New illnesses, epidemics and a forced change in lifestyle imposed through colonisation eroded systems and accepted societal structures and leadership. This contributed to the development of dispossessed Māori communities.
- Māori concepts of holistic health were replaced by western approaches to healthcare and resulted in episodic rather than continuing care.
- The population collapse associated with colonisation was severe and was attributed to the dispossession of land and control of waterways, which not only served to make the people poor but made them more susceptible to diseases that flourish under conditions of poverty, overcrowding and malnutrition along with the introduction of alcohol and tobacco.
- Social networks were disrupted leaving Māori with limited practical and emotional support.

This situation existed in the Wairarapa and relates particularly to the loss of control of Lake Wairarapa where the eeling industry was seriously compromised by the demands of the settlers. Te Whaiti of Ngāti Hinewaka demanded a return to the old ways. (1890)

Period 3: The resurgence of Hauora Māori 1900–1959

During the 19th century hauora had experienced suppression along with much of the fabric of Māori culture and society, and by the dawn of the 20th century only vestiges remained of the values-based system that existed before colonisation.

These vestiges included the practice of traditional healing, tohunga practice, rongoa Māori, karakia and mirimiri. However, as time progressed these too suffered and were practised covertly between 1907-1967.

- 1900 Māori Councils Act passed which gave Māori a mandate to re-assert its influence on the Crown
- 1900 the first Department of Public Health was established, politicians and personnel working within the new Department saw the need to seek Māori advice on health matters pertaining to the health of Māori
- 1900 Dr Maui Pōmare was appointed to the position of Native Medical Officer; the first Māori to be appointed to a medical position within the health infrastructure. This appointment was followed by that of Dr Peter Buck (Rangihira) in 1905.

Both men were responsible for the health of their own people within Taranaki. They also provided the Department of Public Health with advice on and insight into Māori health status and the health requirements of Māori. The primary goal was to develop initiatives to allow Māori to regain former levels of hauora with a focus upon health promotion and public health initiatives. Both men had the ability to communicate with Iwi, and to translate the requirements of Māori into expressed health needs that had meaning for the crown.

In the Wairarapa particularly at Papawai and later at Te Ore Ore considerable change was brought about through the work of Henare Parata a native Sanitation Officer who introduced environmental and sanitation initiatives designed to improve health status. One such initiative related to the collection, preparation and management of kai at hui. This initiative was borrowed by other Iwi outside the Wairarapa and the incidence of disease related to the ingestion of poorly collected and prepared kai and its storage was said to have been radically reduced.

In 1912 strategies were put in place to reduce the spread of influenza and seasonal workers were restricted from travelling to other areas for employment.

Māori committees were established within the region and records indicate that these committees were active particularly in South Wairarapa.

District Nurses who provided services to Maori within the Wairarapa played an important part in caring for whānau, immunisation, school health, surveillance of tuberculosis patients and the provision of what would now be called a whānau ora service of care.

Period 4: Revitalising Hauora 1960–present day

The contemporary New Zealand Public Health System

After 1960, Māori became increasingly assertive about their health status and their right to access

culturally responsive health care. There was increasing pressure for expressed and demonstrated health needs to be translated into health initiatives that were culturally safe and were capable of improving Māori health status. This focus was communicated to the Crown in the hope that more positive action would follow. Māori expressed the view that the Western approach to healthcare provided a narrow focus, as opposed to the holistic, interconnected approach held by Māori. The World Health Organisation (1947) had signalled its support for this view, and suggested the need for a change of focus when it defined health as 'A state of complete physical, mental and social wellbeing not merely an absence of disease or infirmity'.

- 1980–1990 saw the birth of what became known as 'The Decade of Māori Development'.
- During 1984 the Hui Taumata and Hui Whakaoranga became the catalysts for change, developing in response to the policy approach of the new Labour government and the assertiveness from Māori that was being experienced across the public sector.
- The Hui Taumata (1984) was based on the objectives of integrated cultural, social and economic development; positive as opposed to negative spending; greater Māori autonomy; and Māori self-determination (Durie, 1998).
- The Hui Whakaoranga (1984) sought Māori advice in developing strategies for the promotion of a positive view of Māori health
- Māori health was recognised as a priority by Government; and this was reflected in Government policies, guidelines and strategies.

Following a review of Māori health within the Ministry, the strategic planning group Te Kete Hauora was established and a Māori caucus, which included all Māori staff within the Ministry, was formed to gauge Māori responsiveness.

Te Huihuinga Hauora, a Māori workforce development provider, was established in 2000 with Ngāti Kahungunu. Providers were able to negotiate with Māori Development Organisations as to how contracts would be interpreted and delivered.

Primary Health Organisation Development

The overt change proposed within the NZ Public Health and Disability Act 2003, was to establish Primary Health Organisations (PHOs). These organisations were to be not for profit, and funded through District Health Boards (DHBs) to provide primary health care for specified populations. The requirement for enrolment and for the organisations to be funded on a population basis caused concern for Māori, as many believed their choices for accessing health were being compromised.

An expression of this view at Hui (Wairarapa DHB, 2003; Kaumātua Kaunihera o Wairarapa, 2003),

where some felt that an inability to pay fees, however small, would constrain their right to access care. This view has persisted, and access to care is still always given as a priority when consulting with whānau.

Period 5: Kaupapa Hauora Māori and health service provision in the 21st Century

Current Crown health policy suggests that health service provision is now more likely to focus on and incorporate Māori philosophy or worldview. This suggests that:

- issues about cultural safety and quality have been or are being addressed
- a consensus has been reached on what is required to achieve cultural quality standards
- the establishment of health services clearly state the processes involved for measuring achievement
- Māori health objectives are clearly identified through Crown health policies such as He Korowai Oranga (The Māori Health Strategy 2002) and Whakatātaka Tuarua (Māori Health Action Plan 2006-2011)

The providers of these services are more likely to have established a set of health outcomes that reflect the holistic nature of hauora, and they can demonstrate that health gains are being achieved through reflection on the experiences of providers and consumers. Noted are:

- recognition of culture as a determinant to good health
- distinction between clinical leadership and health leadership reference is made to both the recognition of clinical skills as a basis for intervention and to the acquisition of skills that can relate to Māori realities.

Durie (1994) has provided a set of characteristics of Māori health services that support and reinforce these, citing the four characteristics of a Māori Health service as having:

- clinical inputs consistent with the best possible outcomes
- a cultural context that makes sense to clients and their whānau
- outcome measures that are similarly focused
- integration of the services with aspects of positive Māori development

Conclusion

The concept of kaupapa hauora can be identified throughout the history of health service

development and delivery within Aotearoa. From before 1800 to the present day it is possible to locate a values-based concept of hauora as being central to the development of both the system of hauora and the public health system that was part of our social structure.

With the start of the European migration in 1800 this concept was displaced and eroded as Western structures and methods were introduced. Although still present, kaupapa hauora lost its primacy as other systems replaced it. The influence of missionaries and the introduction of native medical officers and native school health initiatives attempted to address some of the weaknesses within the developing health systems, but the methods used were based on western frameworks and did not recognise the need to address the values base central to the successful systems of hauora.

It was not until the 1900s that there was resurgence and a reactivation of the concept of kaupapa hauora, brought about in part by the requirements of the Department of Health to seek Māori advice when planning for Māori health. To this end, the appointments of Pomare in 1900 and Buck in 1905 were made. They worked as native Medical Officers in Taranaki and provided the Government with the Māori advice they were seeking. Despite their best efforts and their ability to motivate their own people, the models of health care remained within a Western system of health care, and were not allocated sufficient funding to implement fully the proposed changes to environmental and personal health. Māori began to express concerns about the health care systems that were not meeting their needs, and the development of the Women's Health League and the Māori Women's Welfare League both developed health strategies that focused upon the health of whānau. These two organisations remain in force today, still playing a key role in the development of whānau-based health services, participating in national programmes such as immunisation, and becoming involved in research while trying to tailor services to incorporate a kaupapa hauora approach to service delivery.

From 1980 onwards Māori demanded that they be heard and that health services meet their stated needs in a manner that had meaning for Māori. The emergence of models for Māori health were developed and presented and were accepted both by Māori and the Crown as a legitimate way in which to develop services for Māori that allowed them to develop value-based kaupapa hauora services.

The health infrastructure underwent many changes from the late 1960s; kaupapa hauora can be identified in health services from te wa Māori through to the present day. It is not a new concept, rather it has always been present; at times only vestiges of the concept could be located, while at other times its presence is strong.



TE KAUAWE RUNGA TE KAUAWE RARO

Explains the combining of indigenous knowledge with knowledge drawn from other cultures

Establishing a relationship with local Iwi

The Decade of Māori Development 1980–1990

During the period known as the Decade of Māori Development (1980–1990) a number of initiatives focusing upon Hauora were developed and implemented. These were associated with the then Area Health Boards.

In particular the Wanganui Area Health Board, the Taranaki Area Health Board became the leaders in this area and developed specific relationships with local Iwi and provided health services that met the expressed need of Māori. Other Area Health Boards followed; Ngāti Whatua and Waipareira Trust, (Auckland) Ngāti Kahungunu, (Taiwhenua o Heretaunga) Hawkes Bay, to cite a few. Over this period the numbers of Māori providers increased dramatically from a mere twenty to over 200.

Ngāti Kahungunu Ki Wairarapa

Involvement in hauora was always part of the history of Ngāti Kahungunu Ki Wairarapa and is part of the history of Wairarapa Iwi. As an outcome of the Papawai Hui a Whānau in 1996 it was negotiated by the then Taiwhenua of Ngāti Kahungunu ki Wairarapa that the establishment and development of community based health services be organised under the umbrella of this organisation. Services provided included whānau health, Kaumātua health, nutrition and physical activity and health promotion. This organisation, named by Kaumātua, became known as Whāiora Whānui and in 2000 developed into an independent health service provider.

Rangitāne O Wairarapa

As one of the mandated Iwi authority of the area, Rangitāne have an obligation to ensure that the health of their people is maintained. The organisational arm known as Rangitāne O Wairarapa Iwi Incorporated provide a range of services including whakapapa, Kaumātua support, cultural services, social and health services, and environmental advice and research.

Te Hauora Runanga O Wairarapa

Te Hauora Runanga o Wairarapa was established in the early nineties. Funding came directly from the Ministry of Health and was extremely minimal. The growth of Hauora since it was first conceived has been impressive in that they have established themselves in the community as an essential provider of whānau ora services. They have become a diverse provider of Kaupapa Māori service provision and continue to provide a range of quality health services to Wairarapa community maintaining the philosophy of whānau ora as the model that underpins all its future developments. Hauora has received accreditation across three health standards: health and disability, alcohol and drug, and mental health. They have increased the number of staff and contractual services provided to the people of Wairarapa and have embedded themselves in the community as a quality Kaupapa Māori service provider.

Whāiora Whānui Inc.

In 1996 at a hui a whānau at Papawai Marae the people conveyed to the facilitators that there was a need for a community based health service to serve Māori throughout the Wairarapa district. A small group developed a proposal for a service that focused upon the health and wellbeing of whānau. Initially it was thought that this service would have a base in both the North and South Wairarapa. The decision was made to develop health services within Ngāti Kahungunu Taiwhenua o Wairarapa. This health service became known as Whāiora Whānui and was based in Masterton but served the whole of the Wairarapa. In May 1997 Whāiora Whānui went live with 1.5 health professionals and a limited amount of clerical support. Whāiora Whānui, became a reality and in January 2000 it became a separate organisational entity with a growing number of Ministry of Health contracts. Rangitāne o Wairarapa pioneered the Family Start programme that since 2005 now sits with Whāiora.

General development

With the growth of Māori Health providers and a more eclectic approach to service provision in the 1990s the then Crown Health Enterprises began to look at a more meaningful and formal relationship with Iwi. Kaumātua played important roles in developing the initial and continuing relationships between Iwi and the CHE.

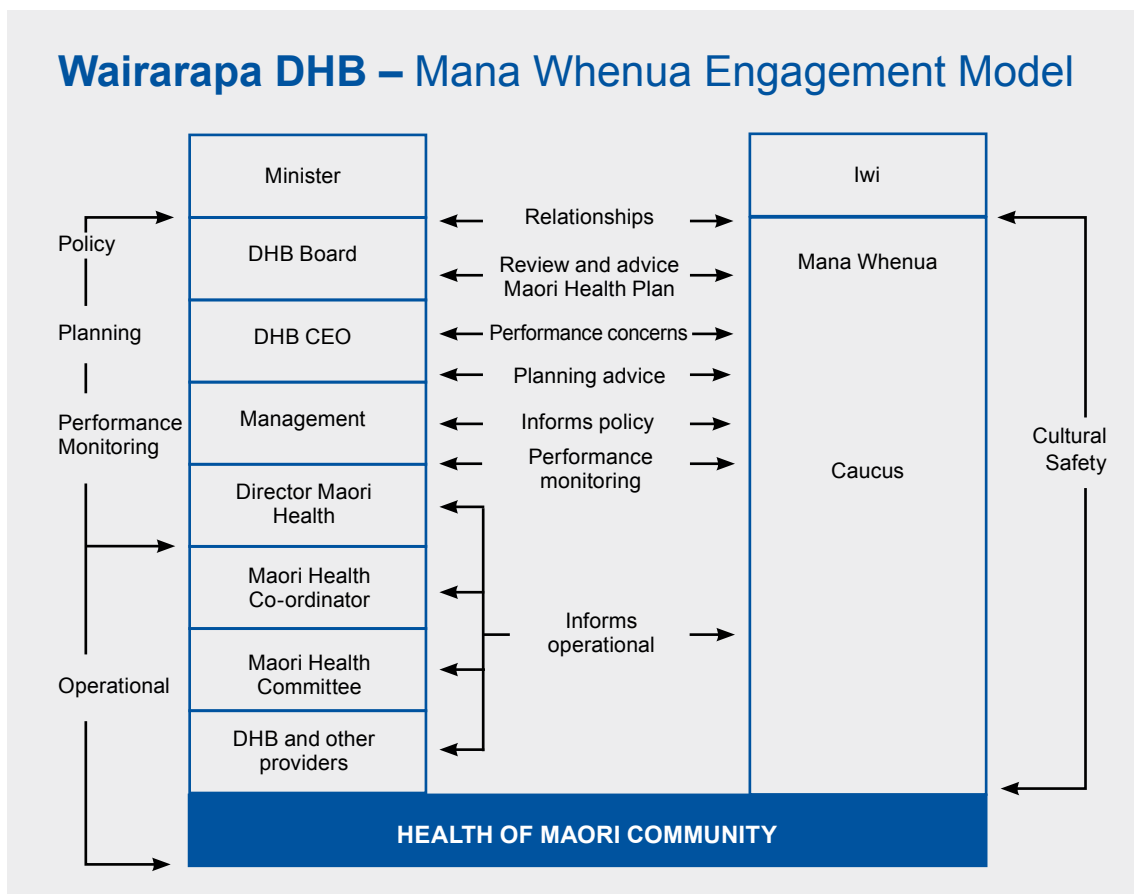
In the Wairarapa the Crown Health Enterprise began to look at such a relationship and contracted a Māori consultant to examine the possibilities of developing this. As a result, after almost 12 months discussion between Wairarapa DHB personnel and local Iwi a Māori Health Committee was formed that had representation from Ngāti Kahungunu ki Wairarapa, Rangitāne o Wairarapa, the two health providers, and the Māori Womens Welfare League.

This original committee provided operational advice to the management of the day but had no input into strategic matters. The Māori Health Committee continues its work at an operational level with a membership that reflects representation from Iwi, Māori Health Providers and Māori based

community organisations. There is an important role and they continue to work towards making services more accessible to Māori and ensuring the cultural safety of services provided.

The Partnership

With the passing of the Health and Disability Act 2003, it became necessary for the District Health Board to formally consult with Iwi and for Iwi to have a pathway that allowed them to have input into the strategic planning and other governance functions of the DHB. In retrospect it would be reasonable to state the initial Māori relationship committee known as the Mana Whenua Caucus had little political clout. It was a relationship committee in name only and the relationship between it and the Board was unclear. Its role and function were not defined, it had no terms of reference, and its functions were unclear. As reflected in the history of hauora and Māori relationships with the Crown, the Mana Whenua Caucus wanted both structure and function to manage this relationship, and to this end the Chairman of the DHB at that time and the Chairperson of the Mana Whenua Caucus



Prepared by Doug Matheson 6/06

examined the structure and an organisational chart that illustrated where Mana Whenua Caucus stood within the Wairarapa DHB was developed.

This reference structure supported the Mana Whenua Caucus to establish clear terms of reference which further strengthened the working relationship with both the Board and Management. During this time the Iwi and the board reviewed and strengthened their relationship agreement. This enabled the relationship to move forward and supported a sense of mutual respect and re-emphasised the desire and need to work together for common goals. Mana Whenua felt the structures and processes better supported them to have real input in decision making for Wairarapa health provision and that Mana Whenua would no longer be used to tick the Māori box.

Developing the business acumen of the Mana Whenua Caucus

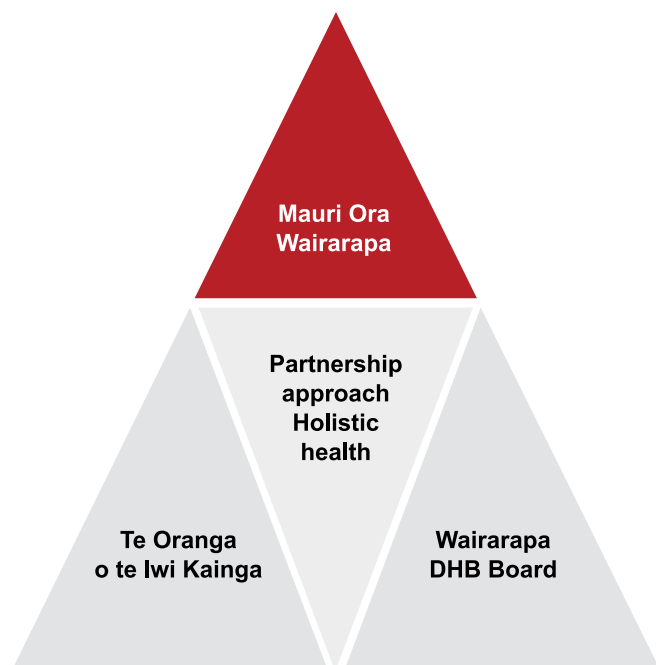
In 2005/06 there was concern expressed by the Chairs of the Wairarapa DHB Board and Mana Whenua Caucus that Mana Whenua did not exert influence on the business of the Wairarapa DHB. To alter this view it was necessary the Mana Whenua become both assertive and proactive. Mana Whenua sought the advice of their Kaumātua and began to develop processes and policies that improved their functioning. Members had to become proactive and participate in planning processes to ensure that a Māori worldview was expressed and reflected in strategic documents. Iwi organisations had to ensure that their appointees had both the time and the skills to make positive contributions to the business of Mana Whenua. Professional development of both the Māori Health Committee and Mana Whenua Caucus was offered. Processes relating to Māori input into strategic documents such as the District Annual Plan, Statement of Intent and the Annual Business Plan began to occur on an 'of right' basis. Monthly reports of committees of the DHB became part of the information base provided to the Mana Whenua Caucus. In 2007 the name of the Mana Whenua Caucus was changed to Te Oranga o Te Iwi Kainga to more adequately describe the role and function of the Wairarapa DHB Relationship Board. A workplan for Iwi Kainga was established which ensured Iwi Kainga input into the key strategic and planning documents for the DHB throughout the year and strengthened the working relationships between Iwi Kainga, the Māori Directorate, Planning & Funding and the Board.

As is common in the history of Māori development the Crown did not think that Māori required to be remunerated for their contribution to its organisation. The Crown did however expect Iwi input. Initially members of the Māori Health Committee and the

Mana Whenua Caucus were not remunerated. Later it was decided to provide Māori representatives with payment of \$100 per meeting attendance. This was difficult to accept when DHB counterparts were paid somewhat more than this. In November 2006 negotiations occurred that allowed the Wairarapa DHB to pay for meeting attendances at the same rate as that accorded Board members.

The work of Iwi Kainga continues and the process of making this relationship board a dynamic and proactive body continues. It became obvious to members at the end of 2007 that if the Wairarapa DHB were to have a Cultural Competency Framework that has relevance to the Wairarapa and its people it was best done by revisiting the ideas and direction of our tipuna and then to take these and make them relevant for the contemporary world. This is what Iwi Kainga have done and this framework utilises tipuna knowledge and a Wairarapa worldview that considers tāngata whenua and their health and wellbeing.

Te Arawhata Tōtika: Cultural Competency Framework



This diagram illustrates the vision of Te Arawhata Tōtika. Te Iwi Kainga and the Wairarapa District Health Board is committed to partnership approaches inside and outside the health sector to achieve sustainable health and wellbeing gains within the Wairarapa community.

RUA I TE HORAHORA – RUA I TE WANAWANA

Explains the important values the child must learn well to be strong and healthy

Te Arawhata Tōtika – The Values

*Tatai whetu ki te rangi,
Tatai tāngata ki te whenua.
Like the stars are connected to the sky,
The people are connected to the Earth.*

Whakapapa

Te Arawhata Tōtika is based upon values that are interrelated and as is the custom within Māoridom it is essential that those using and being assessed through the application of this framework are aware of who they are and where and from whom they have originated. Whakapapa is the value that allows for this.

Whakapapa holds the key to personal history in a multidimensional way. Through whakapapa individuals can establish who they are, where they are from, how they relate to the whenua or land and how they are placed in the history of their whānau or family.

Kaumātua stated, 'Whakapapa links individuals to the world in a holistic way. It contains one's history and ones future'. Included in Whakapapa are the Māori creation stories and whakapapa explains the effect of these on the world in which we now live.

Whakapapa represents the relationships between humankind, the land, the elements all have whakapapa that interconnect and intertwine. It informs us of relationships and identity.

The literature describes relationships between humankind and the world in which they live. Events in history include Māori cosmogony and the creation stories it contains. Whakapapa is the value that binds us and gives meaning to our world. Everyone and everything has a whakapapa.

Jackson (2002) sums whakapapa up in the following statement 'Our people gave meaning to life through the interactions of a complex whakapapa that transformed darkness into light, 'nothingness' into a dazzling reality, and a void into a life filled experience.'

In the late 17th century a Rangitāne chief named Te Raetea married a Ngāti Kahungunu Princess Rangi-iri-whare, Te Raetea's sister Hine-te arurangi married Rangi-iri-whare's brother Ua-te-awha and so began those close whakapapa ties of Rangitāne and Ngāti Kahungunu o Wairarapa. If we look at today's whakapapa almost ten generations on we still see the names of those ancestors in their descendants.

Orioi were songs created when children were born and whakapapa was a major topic of the song. The Wairarapa is famous for oriori of this nature with many of our songs being adopted by other Iwi. Te Orioi mo Tuteremoana is a classic example, created for the ancestor of the Ngāti Moe people of Papawai Marae, this song was (and still is) known throughout the land. This oriori is often quoted in scholastic writings on whakapapa...

*Haramai e tama whakaputa i a koe ki runga te
turanga matua marama te ata i ururangi
(welcome child, take up your
lineage and be enlightened)*

*Hurutea-arangi i noho i a Tonga-nui-kaea nana ko
Paraweranui, ka noho i a Tawhirimatea
(it was Hurutea-arangi who mated with Tonga-
nui-kaea and they produced Paraweranui,
who in turn married Tawhirimatea)*

In the mid 1800s one of the prominent chiefs of the Wairarapa was Te Potangaroa, who was regarded by many as a prophet as well as a chief. What was less well known about Te Potangaroa was that he was also a healer. During the 1860s all the marae along the Ruamahanga River which runs the length of the Wairarapa Valley were stricken with some form of illness. Te Potangaroa visited each and every marae along the river and through a combination of ritual, rongoa and Christian prayer was able to cleanse all the marae and cure those that were unwell.

Whakapapa provides the first step of the framework stairway as it is here that meaningful and lasting relationships are forged between people, material assets, the environment and the elements. These are bought together and the other values branch from this.

Takino (1998) stated that 'whakapapa provides an organisational framework and literally translated can mean to activate, to cause, to bring into being, to create active foundations.'

Regardless of the level within an organisation in which it is being applied whakapapa indicates the need for a sound infrastructure that has trust, honesty and openness as features. This can be translated into a transparency in all aspects of health service provision, including sound communication channels and policies and procedures that reflect this value.

Wairua

Documents pertaining to health frequently refer to wairua and make reference to it being one of the cornerstones of Māori health. The meaning given relates to a spiritual dimension, but often this value is given a restrictive meaning that equates only to a Christian philosophy. This understanding does not describe or define wairua as a value integral to hauora. Kaumātua spoke of wairua as belonging to the inner self, you are born with wairua and as you grow so does your understanding of wairua. This value is nurtured by your tipuna, kuia, koroua, whānau and hapū.

Wairua is influenced by the life and teachings one experiences. These influence your perception of wairua and the way in which you perceive and live your life. Wairua, like whakapapa, is interconnected to all the other values that impinge upon the way you feel about yourself and others. If you are able to balance wairua and the other connected values, you are able to perceive the world in a balanced manner.

Te Iwi Kainga concurred with the views of Kaumātua and believed that wairua was an expression of one's inner spiritual self, not restricted by a Christian description but rather reflected in a Māori worldview. It is not possible to think of wairua in isolation, it has to be regarded as part of a whole.

According to the literature, wairua provides 'a centrality to life and living'. (Marsden 1992). Further, this value allows individuals 'to be or become'. Like all other aspects of the Māori world it has mauri, providing the elemental energy for growth, making it central to hauora and positive health outcomes. Its presence allows an individual to balance the inner-self with the rigors experienced in the physical world by providing a spiritual dimension to life, symbolism and beauty and an explanation of how one perceives the world and understands both individual and collective hauora. Each living thing has mauri and wairua.

Tohunga were regarded as the keepers of knowledge and protectors of wairua and mauri. In all areas of tikanga Māori the tohunga was your first point of

connection. From the time you were born (in some cases before you were born if the pregnancy was a difficult one) the role of the tohunga was absolutely vital. It was he who recited your whakapapa at the ritual associated with birth to instill the mauri and wairua of your ancestors. It was he who recited the ritual incantations that gave you a name to carry on the legacy of your ancestors. It was he who called upon all the necessary elements (atua) to protect you and guide you through life. It was also he who laid the path for your journey to your ancestors when that time came.

The Wairarapa is renowned for its Whare Wananga or Places of Learning. One such place was called Matua Pa situated about 300 years ago opposite the site of the present Wairarapa Hospital. It was at this Whare Wananga that many young Māori would travel to learn the skills of the tohunga. Many of the well known tohunga such as Matorohanga, Nepia Pohuhu, Tuhoto Ariki and others whose writings can be found in various manuscripts, documents, historical records etc, were trained at Whare Wananga such as Matua Pa.

Mauri

Kaumātua in identifying mauri as a value of hauora believe that mauri is an integral part of a whole and without it other values would not be operable. Mauri is inherent in everything an individual says and does. Te Oranga O Te Iwi Kainga expressed Mauri as integral to hauora. Mauri is within and around us and binds us to the other identified values.

Mauri is a life force that is derived from a common centre and all living and inanimate things encompass mauri. Like whakapapa, everyone and everything has a Mauri that permits it to exist in the physical world yet retain the elements that set individuals apart or translates them into unique individuals.

Mauri and ora are interwoven; one cannot exist without the other. Māori oral history clearly illustrates this through the ancient exclamation 'Tihei Mauriora' (I sneeze, ah I live) said to have been the very first sound made when human life was created.

Our tipuna believed that any form of physical, spiritual or mental sickness that afflicted a person was caused by unseen forces attacking that person's Mauri. Many forms of protection were developed to ensure that a person's mauri was strong and able to withstand attacks of any kind. These protection methods included rongoa Māori, incantations and rituals.

Sometimes the mauri and ora of a person were connected to a geographical feature of that area, hence the strong affinity Māori have with pepeha as a form of introduction. The Wanganui people

have a saying “Ko au te awa, Ko te awa ko au” – “I am the river and the river is me”. In the Wairarapa it was the lake that our tipuna connected with.

Whānaungatanga

For Kaumātua this value is one that everyone has some experience of, it encompasses the notion of birth and the collectivity that is part of te ao Māori (the world of the Māori). Relationships are key to whānaungatanga and involve sharing, caring and nurturing each other. Kaumātua reported (Wenn 2007) many examples of whānaungatanga when interviewed.

I enjoyed my primary schooling because I was with many of my whānau who supported me.

We were taught the principles of whānaungātanga from small children, we would sit at the knee of our Kaumātua and listen, we would help each other in the tasks associated with the Marae. We cared and we shared.

As we grew older we learned to respect and listen to the knowledge and experiences the old people shared with us and we reciprocated by seeing that they had sufficient water, wood and kai. When they were lonely we saw that they had companionship and we continued to listen. We learned to extend our caring and sharing beyond our whānau and hapū so that it extended into our work and our sports. Such is the pervading power of whānaungatanga.

Iwi Kainga expressed similar views about whānaungatanga and its dimensions, closely aligning it with the values of whakapapa and wairua.

Metge (1995) describes whānaungatanga as kinship in its widest sense. It describes ego-centred kinship, traced outwards from each individual and includes not only close members of whānau but a wider whānau as well. This value reinforces the commitment members of a whānau have to each other but also reminds them of their responsibilities to all other relatives. The imperative to extend aroha to all whānaunga ensures that every whānau is embedded in a web of kinship.

If we look closely at the very core of the whānau unit, that being the mother and the father, the terms we have in Māori for these two are whaea and matua. Within the Māori construct of whānau, whaea refers to all females along the same genealogical line within her whakapapa. The same is applicable for males; matua refers to all males along the genealogical line within his whakapapa. This is an indication of the enormity of connectiveness with regard to whānaungātanga.

Manaakitanga

Manaakitanga is similar to whānaungātanga describing a nurturing relationship, looking after people and being very careful about how they are treated. Kaumātua are mindful of the high value placed upon Manaakitanga and the need to balance concerns and take responsibility for ensuring that the need to support and share is recognised.

All Iwi pride themselves on their ability to manaaki and here in the Wairarapa both Rangitāne and Ngāti Kahungunu have established a widely known and respected ability in this area. In 1881 a hui was called at Te Ore Ore Marae by the prophet Pōtangaroa. The newspaper headlines of the times estimated about 3000 people were in attendance. The challenge for both local Iwi was feeding and sheltering the sudden and numerous influxes of people. The manaakitanga of the Wairarapa people was equal to the occasion as can be seen in an article published in the Wairarapa Times Age which read ‘when the visitors arrived at Te Ore Ore a hākari in the form of a giant pyramid had been erected. It was a solid mass of food 150 feet long, 10 feet wide and 4 feet high. The bottom layer was made up of sacks of potatoes and kumera, the second layer was thousands of bags of flour and sugar and it was then topped off with baskets of fish, eels, shark, chickens and cart loads of shell fish.’

In 2004 a hīkoi protesting the Foreshore and Seabed Bill came through the Wairarapa, once again thousands of people converged on the Wairarapa. The manaakitanga of local Iwi, hapū and marae was again put to the test and just as they had done in 1881 the Wairarapa people rose to the occasion. In fact such was the extent of manaakitanga shown by the people of Wairarapa that the National Museum of Aotearoa, Te Papa have created a display that will travel the world and contains the cultural aspect of manaakitanga as displayed by the people of Wairarapa during the hīkoi.

Aroha

Kaumātua and Iwi Kainga view aroha as a value that conveys a love of people, particularly kin or whānau members. Such feelings are usually based upon knowledge of the person and their whānau and hapū.

Aroha is associated with the caring acts expected to be performed towards whānau and hapū, especially in times and sickness, need or other trouble. It is an active concept present in almost everything we do as whānau and hapū.

Metge (1995) expresses the view that in the contemporary world among Pākehā there is a view that aroha has a somewhat restricted meaning. Within Māoridom aroha is the appropriate word

for expressing sympathy, compassion and pity for those in sickness or trouble, approval of or pride in someone, or gratitude for gifts received. Aroha has a connection with the divine and the generosity of spirit which puts others before self.

Pere (1991) defines aroha as unconditional love that is derived from the presence and breath of the creator, a pillar of life from Io Matua (the divine parent).

Evil and negative forces cannot flourish where absolute aroha reigns. Further, aroha is only meaningful when actioned.

Te Rangi Hiroa (1958) gave an example of aroha when he wrote, 'When I was told an aged visitor whom I had never seen before was a tipuna to me, my heart warmed towards him. I placed him in the same category as my other tipuna who resided in the same village and had lavished affection upon me. He was a member of the family.' Aroha begins with whānau.

In the 1860s while wars were raging in many other parts of the country the chiefs of Wairarapa made the decision that their whenua would remain peaceful and no fighting would occur between Māori and the new settlers. This was despite the fact that the cause of many wars in other parts of the country and the Wairarapa were due to the land grabbing tactics of the government. The act of Aroha by the Wairarapa chiefs was soon put to the test by a group of invading hauhau warriors who were camped 15 kms north of Masterton and ready to do battle with any government troops that passed their way. The Wairarapa chiefs on hearing of their arrival acted quickly and a small group volunteered to meet with the hauhau warriors and speak with their leaders. Tāwhirimātea Tāwhao Ngatuere was chosen as the speaker for the Wairarapa. When they arrived at the hauhau campsite such was the surprised look on Ngatuere's face at the large number of warriors that were gathered there, the area became known as Te Mikimikitanga o Te Mata o Ngatuere, now known as Mikimiki. Ngatuere was successful in negotiating peace and convinced the hauhau warriors to return home, but such was his aroha for these people that he followed them and was successful again in arranging peace talks on the West Coast between Māori and Europeans in that area.





HOKAI RAURU NUI

Is used in this waiata to mean a problem free birth, every thing is as it should be

Having an understanding of these values is one thing, knowing how to apply them in a hauora setting is another. For Te Arawhata Tōtika to be successful we need to ensure the essential elements of practice that give the identified values substance are utilised to support the integration of these values into daily health practice. These are Tikanga/Kawa and Te Reo Māori

Tikanga/Kawa

Tika literally means to be right, and focuses on the correct way of doing something. It provides a system that deals with the norms of society. As such, tikanga is an essential part of Māori knowledge and provides the processes by which hauora can be achieved. It reflects the knowledge and the wisdom of our tipuna, fosters wellbeing and has the capacity to strengthen and calm situations whether spiritual or physical in origin.

Tikanga is not a static concept; It can change its focus over time in response to the changes that occur in one's circumstances, in changing lifestyles and the requirements these place upon us.

The concept of tikanga remains central to our understanding and reflects the teachings we have received from tipuna, koroua, kuia and other significant people.

Tikanga exists within hauora and is part of the interconnectedness of the values that shape it.

There is tikanga that is associated with childbirth, the gathering of kai, there is in fact tikanga that guides us in everything that we do.

In today's world tikanga has a changing meaning. We were taught about tikanga by our koro and kuia and these teachings came from our tipuna. Understanding tikanga and incorporating it into your life shapes your wellness.

Marsden (Royal 2002) states that tikanga is the value that provides the appropriate actions and responses to what is morally and socially correct.

For the Wairarapa DHB there is tikanga that surrounds all of its policies and procedures. The use of powhiri, for all staff promotes the concept of whānaungatanga and has been adapted to a

DHB environment while retaining Wairarapa kawa. The introduction of Tiriti o Waitangi training for all employees is another example. At an operational level the implementation of the Tikanga Best Practice Guidelines (Naida Pou, Auckland DHB) are integrated into Wairarapa DHB daily health practice.

Te Reo Māori

Te Reo Māori is the language given to us by our tipuna; it is ours and should not be compromised.

When something is expressed in the Māori language it carries with it a deeper meaning which has special significance to the speaker. The speaker hopes to communicate the meaning and the way in which they are using the language to the person(s) being spoken to.

Te Reo Māori is recognised as having its source within the teachings of our tipuna. It expresses our thoughts, customs, hopes, frustrations, history, mythology, dreams and knowledge. Without Te Reo Māori we cannot have a unique identity, nor can we accumulate the power that is expressed within our Tino Rangātiratanga. Te Reo Māori encompasses the mana, mauri, tapu concepts.

Marsden expresses that Māori view is comprised of a three-world view; the world of sense perception (physical), the world that exists behind that of the world of sense-perception (spiritual) and the world of symbol, which is encapsulated in te reo (the language). By analysing the root meaning of words, the relationships between words in stylised sentences, the symbolic and evocative value attributed to each, and by a study of grammatical constructions peculiar to Māori, the inner thought and psychological thinking responsible for such constructions and methods of expression become explicit and highlight cultural values (Marsden, 1975).

The connectedness between the spiritual, the environment and ones physical self is captured in te reo Maori (the language). Te Reo Rangātira is a taonga (treasure) and emphasises and maintains the values held within the culture.

Durie provides examples of how language is a conveyer of values, principles and worldviews.

“Whenua, for example, can mean both placenta and the land, rae is forehead or a land promontory, lwi refers equally to a bone (ko-iwi) or to a nation of people, while hapū can denote pregnancy and a section of a large tribe. The word for birth is whānau, the same term used to describe a family, and wairua, spirituality can also be used to refer to an insect, just as kapo can mean blind or a species of eel. Whakapo is to darken (as in approaching night) and, as well, to grieve, waimate is a hereditary disease but also polluted water, kauae can be the jaw bone or a major supporting beam in a building, and tāhuhu refers both to the vertebral column and the ridge pole of a meeting-house (Durie, 1994, p. 53).

Rangihau (1975) suggests that without Te Reo Māori one cannot plumb the depths of Māoridom. There are many things that are incapable of translation and many things that can only be understood in our language. Te Reo Māori is the basis and the lifeblood of Māori culture. There is a need for Māori to retain and reclaim our language as a source of spiritual power, strength and identity. The Wairarapa DHB has committed to integrating Te Reo Māori within the organisation as is evidenced by the signage, the translation of information, and through the adoption of cultural processes such as powhiri, tikanga best practice guidelines and the use of karakia.

Tapu/Noa

Other areas of knowledge that give us a greater understanding and enable a better application of the identified values are tapu and noa.

Tapu was not specifically a notion only concerned with people; it is in itself a concept about the interconnection and influence of the spiritual in juxtaposition with the physical. It is this intrinsic belief in the flow or continual stream of connection between the spiritual and physical realms that compels adherence to ritual processes and the lore of tapu.

The system of tapu was a series of prohibitions, and its influence was very far-reaching—so much so that it entered into all activities of native life. The laws of tapu affected all crises of life—birth, marriage, sickness, death, burial, exhumation; all industries; and no person in the community was exempt from its stringent rules (Best, 1934).

Working productively alongside tāngata whenua incorporates a variety of different concepts, ‘te tapu o te tāngata’ being a major facet. Tapu consists of both reason and faith. Firstly tapu is ‘being with potential for power’ and secondly faith defines tapu as the ‘mana of the spiritual power’. Tapu is intrinsically linked with the spiritual well being of the mauri atua, mauri tāngata and mauri whenua

and whakapapa is the link that bridges the divide between the realms of ira atua and ira tāngata. There is no one single universal definition for this concept, however, it is maybe easier to understand that tapu does not exist in isolation, it is intrinsic and exists in all that is inanimate and animate in nature. This is so because everything ‘is afforded a spiritual existence which compliments the physical state’ (Durie, 1998:63). It is important to note that ‘tapu is inseparable from mana, from our identity as Māori and from our cultural practices’ (Mead, 2003:30).

Māori approach hauora in a holistic way, therefore it is important to also know the tikanga involved when applying the values identified in all areas of a persons wellbeing.

The concepts of noa allows us the ability to do the things that tapu restricts. Tikanga provides us with the processes by which hauora can be achieved. Te reo Māori gives us the ability to express the cultural dimensions of those processes. Tapu and noa are the concepts that allow for those processes to be applied.

Tinana and Hinengaro

- Tinana – refers to the physical dimensions of hauora
- Tinana refers to bodily health and is inclusive of a set of rituals associated with the physical functioning of the body (Durie, 1998)
- Palmer (2002) maintains that we keep physical attributes of our tipuna alive
- Hinengaro focuses upon one’s innermost thoughts and feelings. Hinengaro according to Durie (1998) is located within the innerself and is vital to hauora, supporting the notion of holism. It involves ‘intangible qualities of knowledge, wisdom, memory and intelligence’ (Palmer 2002).

When working with tāngata whenua it is paramount to keep the tapu, the mana of the person intact at all times. It is therefore vital to have an understanding that Māori do not exist in isolation of their whakapapa, cultural heritage, cultural alienation and cultural worldview. Durie (2003:52) states that it is not necessary for a therapist/professional to be an expert in all aspects of Māori culture, ‘but therapists need to know how to enter the Māori world.’ The diversity of Māori whānau is such that a ‘one shoe fits all’ approach holds no value or veracity in today’s world. When working with tāngata whenua and dependent on the setting, the work proposed often involves working within a whānau framework.

Wairarapa DHB Values

The Wairarapa DHB Values are incorporated within Te Arawhata Tōtika. This is reflected in the model below which illustrates the organisational values of the Wairarapa DHB as the struts or legs of the ladder that support and enable the integration of Te Arawhata Tōtika into daily practice.

Whakamana tāngata – Respect

According respect, courtesy and support to all

Mana tu – Integrity

Being inclusive, open, honest and ethical

Rangātiratanga – Self Determination

Determining and taking responsibility for one's actions

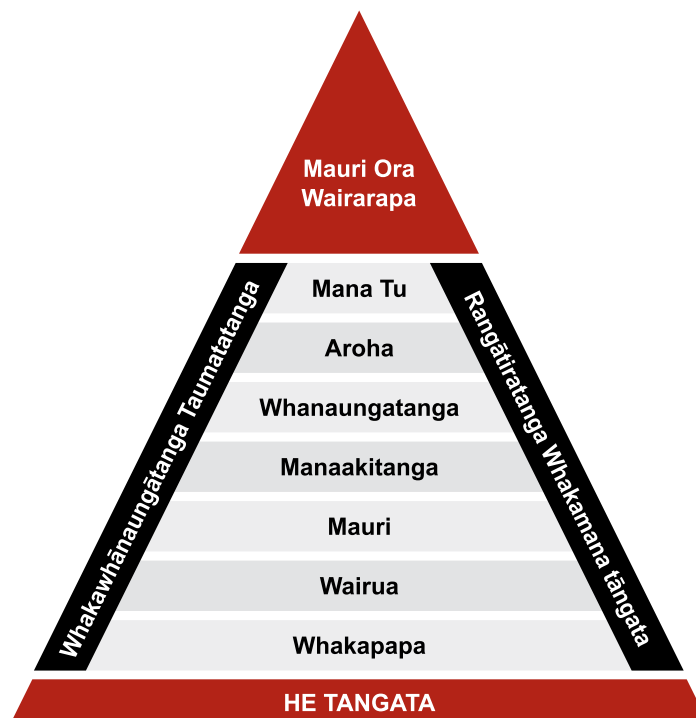
Whakawhānaungātanga – Co-operation

Working collaboratively with other individuals and organisations

Taumatatanga – Excellence

Striving for the highest standards in all that we do

Application of Te Arawhata Tōtika





WHAKAWHENUA NGA HIRINGA – POLICIES

Explains the way in which processes have been developed to ensure wellness

Crown Health Policy – Striving to improve Māori health

The current Crown Health Policy strives to address the health inequalities and poor health status that exists for Māori in Aotearoa. These policies are important as they drive the development and implementation of tools like Te Arawhata Tōtika.

He Korowai Oranga – Māori Health Strategy 2002

Te Ara Tuatahi
Partnership with Māori

Te Ara Tuarua
Māori participation

Te Ara Tuatoru
Effective Health and Disability Services

Te Ara Tuawha
Working across sectors

He Korowai Oranga is focused on improving Māori health and reducing inequalities that affect Māori. Furthermore, it sets the direction for Māori health service provision. The purpose of He Korowai Oranga is twofold, firstly, it affirms Māori approaches of holistic models and Māori-led initiatives to improve the health of whānau, hapū and Iwi. Secondly, it aims to improve Māori outcomes by supporting DHBs and the health and disability sector to have a responsibility to deliver improved health services for Māori.

Whakatātaka Tuarua – Māori Health Action Plan 2006–2011

Whakatātaka Tuarua is 'designed to ensure that available resources are used efficiently and effectively and that a co-ordinated effort is applied to addressing Māori health' (Ministry of Health, 2006). He Korowai Oranga is the framework to achieve positive outcomes for Māori while Whakatātaka Tuarua is a single plan for both the Ministry of Health and DHBs that can be monitored over time. The key priority for this document is to enhance the effectiveness of mainstream services in delivering

and positively contributing towards improving Māori health. The Ministry intends to do this through:

- Building quality data and monitoring Māori health
- Developing whānau-ora-based models
- Ensuring Māori participation: workforce development and governance
- Improving primary health care

Whakatātaka Tuarua emphasises that DHBs have a responsibility to address existing barriers to accessible and appropriate services that exist for many Māori. 'The DHBs' role with respect to Whakatātaka has been to incorporate their existing responsibilities within the context of He Korowai Oranga, as well as fully realising the potential for their relationship with Iwi and Māori' (Ministry of Health, 2006).

Bicultural partnership

The WDHB Bicultural Partnership Policy (No: OPO-MAO-00118) emphasises the need for all WDHB staff to provide effective and appropriate health care delivery, in regards to cultural safety and cultural sensitivity. It emphasises the importance of acknowledging and recognising:

- Cultural difference and diversity
- The need to provide services that protect culture and beliefs
- Involvement of whānau in a service users journey alongside WDHB
- To work in such a way that empowers and uplifts a service user within the comforts of and according to their culture

Treaty of Waitangi/Te Tiriti o Waitangi

The WDHB Te Tiriti o Waitangi Policy (No. OPO-G-00575) places emphasis on raising awareness, understanding and commitment to improving the health status of Māori.

It descends from a policy background of:

- Te Tiriti o Waitangi/Treaty of Waitangi, 1840
- Public Health and Disability Act, 2000
- New Zealand Health Strategy, 2000
- He Korowai Oranga, 2002

This policy denotes the importance of the WDHBs obligation to a partnership relationship alongside Māori to ensure 'that each partner is proactive and jointly responsible for improving Māori health' (Wairarapa DHB, 2004:1).

Article 1: Kawanatanga

The Principle of Participation – WDHB commitment to ensure Māori participation is achieved and maintained at all levels of the organisation

Article 2: Tino Rangātiratanga

The Principle of Partnership – WDHB commitment to ensuring partnership with Māori in service development and delivery. Increasing opportunities for Māori to develop and implement strategies to improve the services and outcomes of Māori.

Article 3: Oritetanga

The Principle of Protection – WDHB commitment to ensuring Māori share in the same health benefits as all peoples of the Wairarapa. Māori will have equitable access to health services, that are safe, responsive, respectful and acknowledges Māori cultural needs, beliefs and values.

This policy applies to all services provided and/or funded by the WDHB. It is timely to review and reassert Iwi understanding into WDHB Treaty policy. This will be undertaken during 2009.

Te Kaupapa Hauora Māori O Wairarapa Māori Health Plan 2005–2008

The Kaupapa Hauora Māori o Wairarapa Māori Health Plan 2005–2008 is intent on the provision of quality health care to the Wairarapa population, and in particular to:

- Improving Māori health in Wairarapa
- Reducing disparities and inequalities
- and offering a population based approach to health

In enabling the Māori Health Plan to achieve their goals four pathways of moving forward have been identified:

Te Ara Tuatahi – Development of Whānau, Hapū, Iwi and Māori Communities

- Adhering to Tiriti o Waitangi principles
- Building Māori workforce capacity

- Working collaboratively with Māori NGO sector and Māori Community
- Adhering to WDHB Tikanga Best Practice standards
- Building guidelines and policies to ensure accountability to Wairarapa WDHB obligations and commitment to a bicultural partnership

Te Ara Tuarua – Māori participation in the health and disability sector

- Enhance relationships between WDHB and Iwi Kainga
- Maximise Māori representation and collaboration in all levels of service planning and delivery
- Utilisation of Māori health NGO expertise and formulation of sustainable working relationships

Te Ara Tuatoru – Effective health and disability services

- Service delivery is developed in such a way that optimisation of Māori health gains becomes a given – e.g. provision of Māori models of healing
- Enhance collaborative working relationships across Wairarapa health sector
- Work to improve accessibility and reduce barriers for Māori accessing health services (development of effective outreach clinics)
- Regular reviews in pathways of health care become acculturated into all aspects of WDHB service delivery
- Accurate data collection is mandatory

Te Ara Tuawha – Working across sectors

- Utilise all opportunities and forums to build and maintain strong relationships with Māori Health Director, Coordinator and Māori Health Unit
- Working to strengthen relationships within the Wairarapa health sector
- Appropriate utilisation of Māori expertise

A Maori Health Plan 2009-2014 is in development and will build on the Maori health gains achieved from 2005-2008.

Tikanga Best Practice Guidelines

The Tikanga Best Practice Guidelines have been adopted by the WDHB in acknowledgement of the articles of the Treaty of Waitangi. The implementation of these guidelines is founded upon the improvement of service delivery that is 'responsive to Māori cultural rites, rights, needs and customs' (Wairarapa DHB nd:2). This is a generic tikanga based document, however, it has been adapted to suit Wairarapa Iwi. The guidelines apply to all WDHB staff as well as those contracted staff to WDHB services.

The objective of Tikanga Best Practice is that tikanga becomes embedded in clinical practice. Staff training in the application of Tikanga Best Practice is a necessity. 'In exercising the principles of the policy it is anticipated that the awareness and confidence of the health workforce may be raised and in doing so staff may demonstrate consideration of wider cultural needs and expectations' (ibid, nd:3). Furthermore, this policy is a framework to bring about a positive and robust workforce that demonstrates and incorporates the intrinsic worth of dignity, respect, awareness, confidence, consideration and quality when working alongside Māori service users, their whānau and all other peoples using WDHB services as they move through their healing and recovery journeys.

Wairarapa District Health Board Strategic Plan 2005

The Wairarapa District Health Board Strategic Plan sets out the priorities and strategic directions that will guide the WDHB over the next five to ten years. The strategic plan focuses on reducing disparities and inequalities for four groups in our population: Māori, people in lower socio-economic groups, older people and children and youth (Wairarapa DHB, 2005:1). Furthermore, the plan recognises mental illness and addictions as one key priority area which needs a specific focus to reduce incidence and impact.

The strategic plan in its striving to reduce the disparities between Māori and non-Māori intends to create an environment which is conducive to the needs of Māori. The WDHB intends to:

- work more collaboratively alongside the wider Wairarapa Māori community and NGO sector
- ensure Māori participation at all levels of the health and disability sector
- make mainstream service provision culturally effective, accessible and appropriate for Māori tāngata Whāiora and their whānau

Wairarapa District Health Board District Annual Plan 2008/09

The WDHB District Annual Plan has identified seven Wairarapa health gain priorities for 2008/09. Two key areas that have been identified are:

- Improving the health of Māori
- Reducing the incidence of mental illness and addictions

Furthermore the DAP has identified five overarching strategic directions or themes to address these key priorities, they are summarised as:

- Working collaboratively across Wairarapa health sector

- Using holistic approaches to health service delivery
- Continually striving for excellence

It is an identified reality that Māori continue to have poorer health than all other ethnic groups regionally and nationally. Although there have been health gains in some areas, Māori health continues to remain a national priority. Māori are less likely to access appropriate health services, even though their need is greater. 'DHBs have statutory responsibilities to advance Māori health and to reduce disparities between Māori and non-Māori' (Wairarapa DHB, 2007). An identified pathway forward for addressing these issues of concern is the development in the support of whānau ora and the use of Māori models of health.

The DAP has identified a number of priorities to achieve throughout the 2008 – 2009 period. Within the parameters of their identified priorities such things have been highlighted as:

- Services to be more effective for Māori
- WDHB Treaty of Waitangi policy is a key component in the delivery of all health services in Wairarapa
- Māori participation across the DHB recruitment processes, mainstream staff development and the redevelopment of provider arm services
- Improving mainstream effectiveness

Wairarapa Health Needs Assessment 2008

The New Zealand Health and Disability Act 2000 requires District Health Boards (DHBs) to review and update their Health Needs Assessment (HNA) for their district populations at least every three years to inform their strategic plan updates

The Ministry of Health (2000) defines a Health Needs Assessment as:

"The assessment of the population's capacity to benefit from health care services, prioritised according to effectiveness, including cost-effectiveness, and funded within available resources."

The Health Needs Assessment looks at the health status and needs of the Wairarapa population and it contains information that guides planners who set priorities and strategies for the future. It supports the development and review of the District Strategic Plan which is currently reviewed every three years.

This is the first time a separate document has been produced specifically for Wairarapa Māori.



TE AKA MĀTUA – THE WAY FORWARD

Explains the correct path the child should take to wellness

The history is told, the process explained, the values identified and a Cultural Competency Framework has been developed. DHB members may well ask 'what happens next'. The process is just beginning.

Phase 1

- Te Oranga O Te Iwi has presented this document back to our people for their approval and comment. Changes and corrections to this document were agreed to by Iwi.
- The document was presented to the Wairarapa DHB for their comment and approval and the same process applied.

Iwi Kainga and the Wairarapa DHB have a Cultural Competency Framework and this has been named Te Arawhata Tōtika.

Phase 2

Te Arawhata Tōtika is officially launched. Te Oranga O Te Iwi Kainga and the Wairarapa DHB celebrate the birth of a dynamic and creative document that will demonstrate a partnership in health service development, management and evaluation.

Phase 3

Wairarapa DHB employs a person to implement Te Arawhata Tōtika throughout the organisation at

governance, management and operational levels. The values base and a methodology for measuring the stated organisational goals and standards at both governance and operational levels are articulated within Te Arawhata Tōtika. Application of these will provide the Wairarapa DHB with an indication of whether they are providing culturally competent services. A Coordinator is appointed to implement the cultural competency framework – Te Arawhata Tōtika within WDHB.

The Cultural Competency Coordinator has the task of developing standards and criteria for each section of the Wairarapa DHB and supporting the implementation of these into organisational policies, practices and procedures. It is suggested that the values will anchor the framework. Given the diversity, focus and orientation of each service area within the organisation it is recognised that the standards and criteria will differ across each service area but the underlying values will remain constant.

Implementation of Te Arawhata Tōtika across Wairarapa DHB services will maximise positive health outcomes and reduce disparities for Māori, define, measure and evaluate health provision from a Māori worldview and demonstrate the cultural competence of the organisation ensuring a 'Well Wairarapa'.

Wairarapa ora – Hauora pai mo te katoa

Well Wairarapa – Better health for all

Te Arawhata Tōtika – an example of application

Value	<p>Whakapapa</p> <p>Whakapapa is a framework for understanding the universe</p> <p>Whakapapa is the key Māori tool whereby the universe is ordered, explained and understood. All things possess a genealogy in the Māori worldview” (Royal, 2003, p. 21).</p>
Translation	<p>Genealogy</p> <p>Layer</p> <p>Interrelationships and connection to environment</p> <p>The relationship with the first being, Io-matua -kore, the creative parents Rangi and Papa and their atua children</p> <p>Whakapapa is to ‘funnel the relations between past, present, and future and tie them together.’ Metge (1975)</p>
Context	<p>Descent from ancestor put in order</p> <p>The old people refer to whakapapa as telling the story and the relationship of humankind to the environment, the elements and the flora and fauna.</p> <p>A key element that is inherent and underpins all conceptual practices within Māori worldview</p>
Active Expression	<p>Tatai/hiko</p> <p>Recital</p>
Examples	<p>Na Ko</p> <p>Ka moe a....</p> <p>Ka puta ...</p> <p>Maui-tikitiki-a Taranga</p>
Governance Organisational Goal/Standard	<p>The organisation ensures the required goal or standard has a strategic context</p> <p>Both spiritual and physical elements are recognised</p> <p>Practices fit and are understood within the system as a whole</p> <p>The organisation will conduct all activity in a way that is understood by all stakeholders</p>
Operational Organisational Goal/Standard	<p>Actions are progressed and clearly linked to the strategic vision.</p> <p>All people in the organisation contribute to strategic planning wānanga annually</p> <p>The organisation will utilise an appropriate kaupapa Māori/tikanga</p> <p>Māori framework to develop quality measurement mechanisms</p>
Policies Practices Procedures	<p>Service specific cultural competency questions are developed using Te Arawhata Tōtika</p> <p>e.g. What whakapapa does the client bring with him/her into the service? Information from the referrer/patient record, and what process is in place regarding patient information and the patient record process?</p> <p>Are Te Arawhata Totika values encompassed? How?</p>

GLOSSARY OF MĀORI TERMINOLOGY

Aroha	love, sympathise, show empathy	Mōteatea	lament, chant
Atua	godly type personification	Noa	state of ordinary
Hākari	an abundant feast	Ora	alive, well
Hapū	sub-tribe	Oriori	a particular type of song that is sung in regards to the birth of a child
Hauhau	to strike repeatedly	Ōritetanga	likeness, the act of being seen as equal
Hauora	health, wellbeing	Pākehā	non-Māori, European, Caucasian
Hīkoi	walk, travel, march	Pōwhiri	process of welcome
Hinengaro	mind, also refers to the mental dimensions of health	Rae	forehead
Hui	gathering, meeting	Rongoā	medicine, healing
Io Mātua	supreme being	Tāngata Whāiora	person/people in pursuit of wellbeing
Ira atua	residing within the realms of spirituality	Tāngata whenua	people of the land
Ira tāngata	residing within the realms of humanity	Taonga	treasure, something dearly valued
Iwi	tribe	Tapu	state of sacredness
Kai	food	Te Ao Māori	a Māori worldview, the Māori world
Kāpō	blind	Te Reo	language
Karakia	incantation	Te taha wairua	a spiritual dimension
Kaupapa	strategy, theme, philosophy	Te tapu o te tāngata	the sacredness that is intrinsic to a person
Kaumātua	elders, holders of knowledge,	Tika	to be right, correct
Kawa	protocol distinct to an area	Tikanga	customs, protocols
Kāwanatanga	government, the act of governing	Tinana	body, also refers to physical dimensions of health
Koroua/koro	elder (man)	Tino Rangatiratanga	supreme authority
Kuia	elder (woman)	Tipuna/tupuna	ancestor
Mana	prestige	Tohunga	specialist knowledge holder, priestly status
Mana whenua	people who have prestige of the land	Waiata	song, sing
Manaaki	care, nurture, look after	Wairua	spiritual aspect
Manaakitanga	the act of caring, nurturing, looking after	Wānanga	place of learning
Marae	meeting area specific to whānau or Iwi	Whakapapa	genealogy
Mātauranga	knowledge	Whakapō	darken
Matua	males along the same genealogical lineage	Whakataukī	proverb
Mātua	parents	Whānau	family
Mauri	life essence	Whānaunga	relation
Mauri atua	spiritual domain	Whānaungatanga	extended family
Mauri tāngata	physical domain	Whare Wananga	places of learning
Mauri whenua	emotional domain	Whaea	females along the same genealogical lineage
Mirimiri	form of massage	Whenua	land, ground, placenta



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