



TE WHĀNAU O WAIPAREIRA
KOKIRITIA I ROTO I TE KOTAHITANGA
Progressively Act in Unity

"E te hau kōrure ana, ki runga o te Huia"

Te Whānau o Waipareira

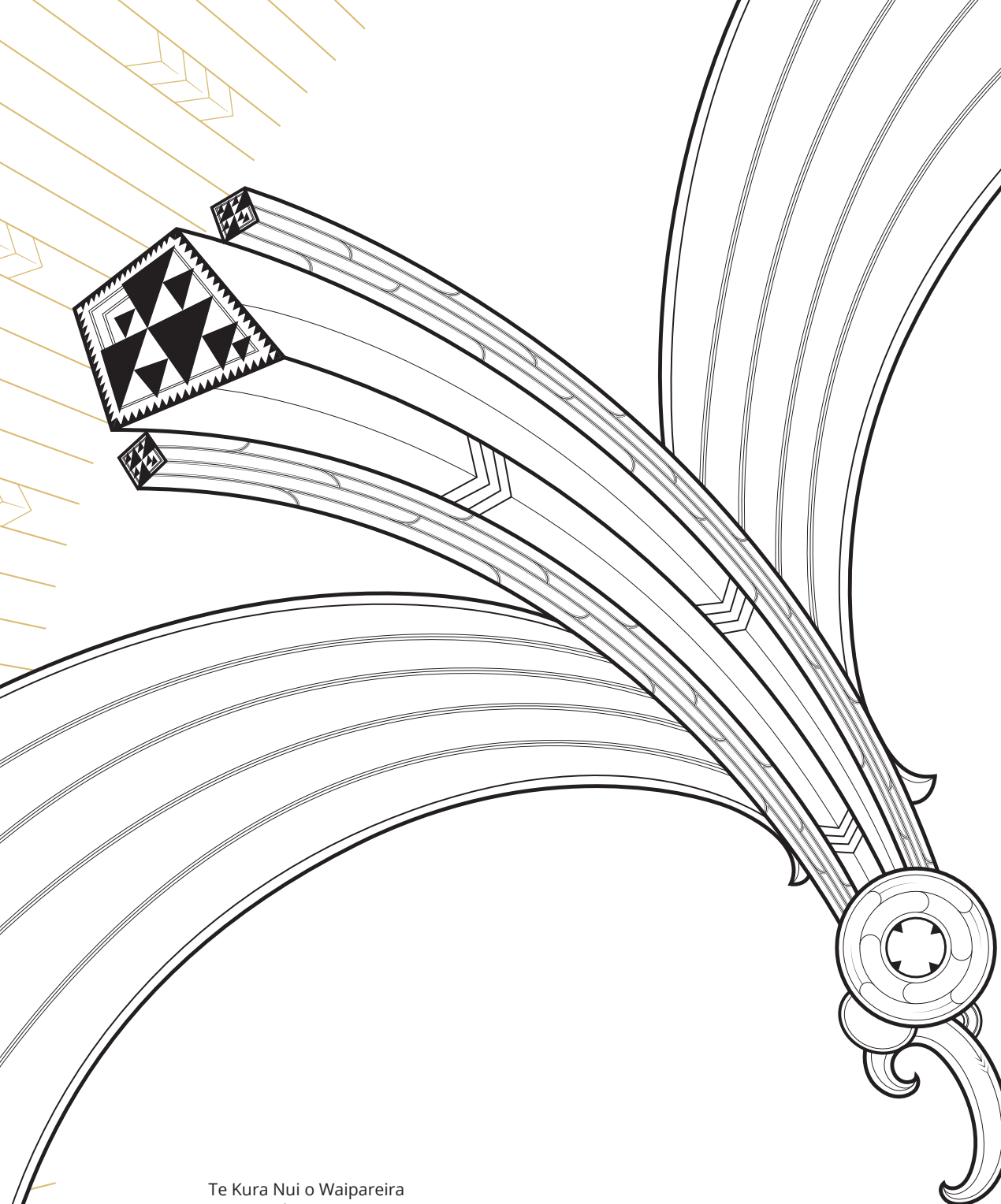
TE KURA NUI O WAIPAREIRA

Our People, Our Voices, Our Journeys

WAI RESEARCH
Issue 3, October 2019

Kotahitanga

*Mā te kotahitanga e whai kaha ai tātou
- In unity we find strength*



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MISSION STATEMENT

Te Kura Nui o Waipareira shares new insights and perspectives arising from research and practice across Te Whare o Waipareira framed by a values-based practice enhancing the mana of whānau, hapū, iwi and hāpori.

The journal will uphold and explore the principles of *whanaungatanga*, *aroha*, *wairuatanga*, *pōhiri*, *te reo Māori*, *tautoko*, *kawa*, *whakapapa*, *manaakitanga* and *kotahitanga* through the diverse voices of practitioners, researchers and whānau.

Te Kura Nui o Waipareira
Our People, Our Voices, Our Journeys

Edited By:
Professor Meihana Durie
Dr Tanya Allport
Cate Mentink

Wai Research
Te Whānau o Waipareira Trust

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FOREWORD

TE KURA NUI O WAIPAREIRA

ISSUE III: KOTAHITANGA



Kotahitanga – the spirit of united action – has driven the advancement of Te Whānau o Waipareira since the early Urban Māori activism of the 1980s.

The pan-tribal movement of Māori from across Aotearoa, settling in West Auckland among challenges of land alienation and Treaty breaches, forged a pathway for current and future generations by uniting and acting in unity: “Kōkiritia i roto i te kotahitanga.” In this way Te Whānau o Waipareira provides a living example of kotahitanga – it is enshrined in the way that we conduct ourselves across everything we do.

It is significant then, that this third issue of the Waipareira Journal has the theme of kotahitanga. Not only does this Journal issue bring together thinkers, practitioners and activists from different disciplines and backgrounds, it also brings together diverse cultures and ethnicities. The contributors for this year’s journal have united under the umbrella of kotahitanga, and present unique

and diverse interpretations of how unity is enacted in their experiences or fields of expertise.

As a Journal that has the ethos of kotahitanga at its heart, it is my pleasure to welcome you to this third issue – our biggest issue yet – to once again listen to the diversity of voices that represent what true unity looks like in our communities, our nation and beyond.

John Tamihere
Chief Executive Officer
Te Whānau o Waipareira



INTRODUCTION

TE KURA NUI O WAIPAREIRA ISSUE III: KOTAHITANGA

Tēnā tātou katoa

This issue brings together critical insights, experiences and journeys that each contribute to a heightened awareness and deeper understanding of the ways in which the notion of kotahitanga is given authentic, meaningful expression, specifically within the broader context of Te Whānau o Waipareira. Each article contained within this edition of Te Kura Nui o Waipareira (Issue III) represents a unique perspective in regards to kotahitanga and in fostering a greater awareness of the extent to which it is increasingly given expression across various whānau and community settings. Kotahitanga, at its core, is shaped around community-driven action. It is about the manifestation of unity – whānau supporting whānau, the wider community becoming unified by a critical sense of purpose, and a higher collective consciousness. Te Whānau o Waipareira continues to evolve delivery of its services, its research, and its strategic imperatives in order to provide the necessary support to ensure that every whānau is appropriately valued, acknowledged and empowered. Kotahitanga in action then, helps to nourish the physical, environmental, spiritual and divine repositories of mauri and mana. When kotahitanga is activated, mauri and mana coalesce, with each dimension duly enhanced, enriched and uplifted with a high degree of complementarity and synergy.

The 'Waipareira Way' has been and will always be about concern for our wider community, about ensuring that our whānau can and will flourish through embracing the virtues of kotahitanga as demonstrated so purposely by our tūpuna, our forebears. Te Whānau o Waipareira has continued to evolve the ways in which kotahitanga is expressed, to align with what is relevant across our communities, and to ensure that above all else, our whānau can flourish, strong in who they are, in where they are from, and in who they can become.

This edition of Te Kura Nui o Waipareira adds another level of evidence-based outcomes to support the view that our kaumātua are flourishing, our pakeke are empowered to make a difference in the lives of our whānau and community, and our tamariki and mokopuna now have opportunities before them that will enable them to fulfil their true potential. The continued advancement and progression of Wai Research means that we now are able to collect wide ranging data and deep, informative insights that reflect to us an accurate and real time picture of that which is happening within our world and our community in the here and now. We invite you to join us for this, the very first peer reviewed edition of Te Kura Nui o Waipareira, Issue III.

*Utaina mai rā ko te kura nui, ko te kura roa, ko te kura whakatiketike o
Te Whānau o Waipareira.*

Dr Tanya Allport, Professor Meihana Durie
Co-Editors, Te Kura Nui o Waipareira

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Language Revitalisation

KOTAHITANGA IN TE REO MĀORI REVITALISATION

Stacey Morrison

Te Arawa, Ngāi Tahu

Championing te reo Māori as a source of unifying strength for all New Zealanders is a passion for TV and radio broadcaster Stacey Morrison of Ngāi Tahu and Te Arawa. She is part of a multi-faceted approach to reo revitalisation through media, books and education and a community approach to engagement and language planning.

At Massey University, as a member of Te Pūtahi-a-Toi/The School of Māori Knowledge, Stacey helped launch Toro Mai, a global initiative to connect worldwide audiences with te reo Māori and Tikanga Māori, online and without cost. Stacey co-authored Māori at Home with husband Scotty and is about to release a new Māori language book for tamariki and their whānau. Stacey is an advisor, facilitator and teacher for Te Reo Matahiapo.

Abstract

Te Reo Matahiapo is a new Māori language revitalisation programme, funded by the Māori language revitalisation agency Te Mātāwai, which has a vision to restore te reo Māori as a nurturing first language. Based in Auckland, it brings together three Urban Māori organisations: Manukau Urban Māori Authority (MUMA), Manurewa Marae and Te Whānau o Waipareira Trust. Te Reo Matahiapo will be strengthened by a collaborative approach across the three organisations, however the rollout of kaupapa will be distinct to each community. Providing opportunities to address common barriers such as whakamā, or embarrassment and language trauma from past experiences, activities can be approached with fun and whanaungatanga. The development of new, whānau-based indicators will provide meaningful information and data, ensuring that whānau and community narratives are captured. In coming together as three Māori organisations, co-designing with our communities, and being led by whānau, Te Reo Matahiapo is an example of how sharing experiences and resources can strengthen approach, and boost results and healing of language trauma.

Key words: te reo Māori, language, Collective Impact, trauma, kotahitanga

Te Reo Matahiapo

At this critical point in the history of Māori language revitalisation, the notion of kotahitanga (unity) has not often been seen as a potential tool of catalyst. As a concept, kotahitanga embraces diversity, a unified approach, which aims to offer a legacy of ongoing vitality for te reo Māori. The ‘Te Reo Matahiapo’ reo vitalisation project is founded on this principle, and the idea of maximising outcomes through Collective Impact. Collective Impact (CI) gathers resources and uses research and data to help an organisation’s activity or investment through the establishment of a common agenda, shared and agreed measures as well as systematic alignment of efforts. In the case of Te Reo Matahiapo, it also ensures impact across our biggest city and the world’s largest Māori population.

Te Reo Matahiapo is the new Māori language revitalisation programme. Based in Auckland, it brings together three Urban Māori organisations: Manukau Urban Māori Authority (MUMA), Manurewa Marae and Te Whānau o Waipareira Trust. The opportunity to create such a collective has risen from the Māori language revitalisation agency Te Mātāwai, in the Te Reo Tūkutuku tranche, which includes Urban Māori. Te Mātāwai’s overarching vision is: Kia ūkaipō anō te reo Māori: Te reo Māori is restored as a nurturing first language. This vision is as bold as it needs to be, and recognises that unless te reo Māori is spoken in our homes, and there is intergenerational transmission of Māori from parents and grandparents to tamariki, we will not truly revitalise and save te reo Māori from the endangered state it currently sits in.

Te Reo Matahiapo’s goal is to make meaningful impact on reo capabilities and use for Urban Māori living in Auckland. Capability is a logical place to start setting reo goals, but the use of te reo Māori is, in my view, even more important. Many of our people can hold a conversation in te reo Māori, however, they are not using it on an everyday basis, and especially within their homes. Māori is the main language of only 2.6% of our homes according to the census in 2013¹ and although 20.5% of us said we use Māori regularly, it is difficult to determine what this means in terms of fluency, quality, and ‘intergenerational transmission’.

As much as Kōhanga Reo, Kura Kaupapa, Te Ataarangi and other academic movements have been critical to the revitalisation of te reo Māori in the last forty years, our homes are the true strongholds of revitalisation that we urgently need to strengthen. Te Reo Matahiapo communities can play a significant role in building an environment where engagement with te reo Māori, increased capacity in te reo Māori, and use of te reo Māori leads to more Māori being spoken in our homes. An element of a positive environment for reo revitalisation is an established relationship and trust. Such as Auckland whānau have with MUMA, Waipareira and Manurewa Marae, which will mean they’re more likely to engage with the reo programmes they offer. The flexibility of timing and style of delivery of these programmes enables whānau to engage, where other reo opportunities may be out of their reach. Formal Māori language study and night classes simply can’t fit in to the schedule of many whānau, and high demand for these courses can be another barrier to engagement.

¹ Statistics New Zealand (2013). Te Kupenga. Retrieved from: http://archive.stats.govt.nz/browse_for_stats/people_and_communities/maori/TeKupenga_HOTP13/Commentary.aspx#use

Collective Impact

Kotahitanga in the Collective Impact model for Te Reo Matahiapo ensures collaboration and most efficient use of resources across the three organisations. For example, in key areas such as: large connectivity events bringing whānau from the wider community together, community-focused reo resources, research and evaluation, and project management support. With good practice we can collaborate when it’s valuable, so as not to duplicate effort and make good use of resources.

Within this collaboration, maintaining and protecting the mana motuhake (distinct identity) of each hāpori is essential, allowing whānau to co-design reo experiences that will best work for them, and that resonate for them. Urban Māori in Auckland have diverse cultural needs and expectations. As this relates to te reo revitalisation, Te Reo Matahiapo organisations are unified in their approach, likewise the idea that a generic or uniform approach is unlikely to resonate with all communities. The nature of reo classes, events, and usage strategies will be strengthened by a collaborative approach across the three organisations, but ultimately the rollout of kaupapa will be distinct to each community.

There are also programmes and events each of these organisations run that, with strategy and resource, can be developed to incorporate Māori language where they haven’t before. Familiar and loved activities such as waka ama, can, when matched with a reo strategy, help bring te reo Māori into a context that is instantly relevant and enjoyable for these whānau, which are two positive associations likely to create an increase in Māori language usage. Reo hubs such as these build a capacity and confidence in people who may not have necessarily engaged with formal te reo Māori lessons, which can be intimidating.

Challenges

A challenge I’ve encountered in co-design for reo revitalisation however is a disconnection between what we believe we need to progress our fluency, and what we actually need. For instance, people may ask for one-on-one training, when in fact learning in a group, having more people to speak Māori with and experiencing the whanaungatanga that comes along with a class would be more beneficial. The appeal of one-on-one training in that person’s mind, may be to avoid the whakamā, or embarrassment, of making mistakes in front of others, or not being able to keep up with the group. Another issue students face is that the New Zealand schooling system generally doesn’t focus on linguistic terms, and so we don’t know grammatical terms like ‘past, present, and continuous’ in English, let alone what they might mean when it comes to learning Māori. Terms like ‘statives and passive verbs’ quickly bamboozle us, and put us off learning. That problem can be mitigated by a less grammatical, and more oral approach, but there’s still a maze of challenges our adult Māori language learners are battling.

The biggest impediment is certainly whakamā – embarrassment. Learning any language as an adult is humbling, and hard, but learning the language of your ancestors, that should have been yours as a birthright, that was actively taken from your whānau, brings up knots of frustration that are very hard to unpack. These are manifestations of our language trauma – the trauma and mamae (pain) that resides in us because of acts such as our kaumātua being beaten at school for speaking Māori, the status of te reo Māori being battered by media and educators as being primitive and having no value in New Zealand society, and sometimes

because our own people have made us feel inadequate about our reo skills.

The effects of language trauma can be hard to identify. Kura Whakarauora (language planning courses) in particular have given me insights on this, with particular thanks to the kōrero of our colleague Professor Rawinia Higgins. There's often tears, as whānau share stories of the deep shame they've felt about not being able to speak Māori, of the hurtful experiences they've had when trying to learn, and of feeling a reluctance to even approach learning te reo, because they're scared they're going to fail, and fail their whānau as a result.

He aha te rongoā mō taua mamae? What is the remedy for this pain? Ko te aroha. It is compassion. Compassion for ourselves, for the devastating path our language has been forced down, and aroha for each other, when we are brave enough to be vulnerable, and approach learning te reo Māori, even when language trauma rears its hurtful head.

Engaging in a supportive environment, with people you trust (such as those created by the organisations of Te Reo Matahiapo) will help, and lead to more willing engagement with te reo too. I also believe fun and whanaungatanga can be underestimated and dismissed in assessment but we need to capture how fun experiences can offer baby steps to engaging, especially with formal learning, and having positive reo learning experiences is a panacea for the language trauma that resides in so many of our people. When we are having fun, we can almost forget we're learning, and importantly, find ourselves interacting with others in Māori language as we never have before.

Research And Evaluation

The research and evaluation approach for Te Reo Matahiapo is kaupapa Māori based and, as such, can encompass aspects, and impacts of this programme with a holistic view of reo learning experiences for our people, including how issues such as language trauma can impact engagement. This unique evaluation model could also reflect the role that environment and hapori play in how well whānau engage with reo programmes.

A Shared Measurement System (SMS) is a vital component of any partnership initiative, especially in terms of partners coming to a collective agreement and practicing kotahitanga in how they will measure and report success. To build this model, Te Reo Matahiapo is engaging with whānau and experts and I am hopeful for the development of new, nuanced, community/whanau-based indicators that will provide meaningful information and data, ensuring that whānau and community narratives are captured. I expect this measurement system to provide valuable insights into measurable growth in language capacity and factors that impact engagement for whānau, including barriers, approach and environment.

Conclusion

To make sustained, genuine change in the Māori language used in our communities, we need consistency and reliability in the delivery of reo programmes through a long-term approach. Te Reo Matahiapo has an over-arching five-year vision to utilise the combined strength of our three Urban Māori organisations based in Tāmaki Makaurau to consolidate and further embed genuine reo transformation in our communities, led by, and in partnership with our hapori. In the first six months of this project, foundations are being set, and providing results, and funding for year two of Te Reo Matahiapo has been supported by Te Mātāwai. Co-design ensures buy-in from our community, as we meet their needs, and deliver reo-enhancing kaupapa with the aim of increased engagement, reo use and ultimately te tukuihotanga o te reo – intergenerational use and transmission of te reo Māori in our whānau and communities.

Kotahitanga, and taiao Māori are central to the success of Te Reo Matahiapo. Kotahitanga is key to our collective healing of language trauma, the way it manifests in whakamā, and resistance to engaging in te reo Māori learning. In coming together as three Māori organisations, co-designing with our communities, and being led by whānau, Te Reo Matahiapo is an example of how sharing experiences and resources can strengthen approach, and boost results and healing of language trauma. The agility of this model is also paramount, so that whānau can express the kaupapa that are of most interest to them, for example waka ama, and then te reo Māori can be brought into that environment. This is also another important factor, for when we are engaged, feel safe and connected, we are in a positive mindset that counters language trauma and emphasises fun and positive experiences associated with te reo Māori. Each hapori engaged with Te Reo Matahiapo has an approach as unique as they are. The diversity of approach is protected, and valued, as is the unity in focus to reach our goal: Kia ūkaipō anō te reo Māori – restoring te reo Māori as a nurturing first language for our people.



Co-Design

WHAT IS CO-DESIGN IN A MĀORI SPACE? KOTAHITANGA IN ACTION

Rita Estelle Wakefield

Krio, British

Rita Wakefield is a graduate of The University of Auckland holding a conjoint degree in Commerce and Arts, majoring in International Relations and Sociology. She sits within the Wai-Atamai team, and as a junior has had the opportunity to work across a range of different projects.

Abstract

Co-design is a process of collaboration between groups of people for the purpose of gaining new insights into problems and creating solutions (NSW Council of Social Services, 2017). Māori have often been the subject of unilateral research carried out by Pākehā practitioners, the results of which ranges from minimal material impact on community wellbeing, to being actively detrimental (Cram, 2012; Dreise & Mazurski, 2018). Co-design offers the opportunity to synergise Western and Māori knowledge in approaching community engagement, being well aligned with kaupapa Māori research and with core Māori values, and enabling whānau to take an active role in research and community advancement.

Key words: co-design, kaupapa Māori, methodologies, social innovation

Introduction

At some point it became commonplace to flippantly espouse the mantra, “there has never been a better time to be alive than the present,” when one was confronted with questions about the state of modern society. This may in many respects be the case. It is undeniable that contemporary society boasts unprecedented wealth and technological advancement, and that people are living healthier, longer and overall more peaceful lives. However, it may be somewhat of an inconvenient truth to acknowledge the reality that these benefits are not equally shared or accessible to all, and that the very mechanisms responsible for the success of a comparative few are concurrently responsible for the subjugation of many. It is evident that we live in a dichotomous society marked by increasingly complex, and wide-ranging systemic issues.

Within the context of Aotearoa, it is Māori communities who continue to be disproportionately negatively impacted by these issues and subsequently continue to be overrepresented in poor social indicators such as incarceration rates, poverty, home ownership and health (Marriott & Sim, 2014). As the solving of these problems has become increasingly pertinent within our collective consciousness, there has been an increase in the number of organisations dedicated to social innovation, meaning the development of more effective and sustainable solutions for the most pressing challenges our society faces. In recent years it has been recognised that fomenting this type of large-scale social change in the face of such complex issues requires moving away from individualistic towards a collaborative approach, in order to elucidate unique perspectives on the systems in question (Yang & Sung, 2016). Co-design has emerged within this as a modality allowing for meaningful collaboration between organisations and communities.

What Is Co-Design?

Co-design as a concept and practice has been co-opted by practitioners of social innovation from its origins within consumer product design (Blomkamp, 2018). In reality it is a reasonably simple concept, fully encompassed by the name itself. Perhaps because of this the co-design title has often been misappropriated and operationalised in respect of any collaborative efforts undertaken by an organisation (Blomkamp, 2018). It is imperative to understand that while all co-design is collaborative design, not all collaborative design is co-design. Fundamentally, co-design is a process of collaboration between groups of people for the purpose of gaining new insights into problems and creating solutions (NSW Council of Social Services, 2017).

Co-design has evolved out from this to encompass what could be regarded as a more conscientious, democratic approach to the design process which challenges participants to eschew predetermined answers and embrace ambiguity (Blomkamp, 2018). Instead, a co-design space allows for a synthesis of eclectic insights, perspectives, and experiences to create new, shared understandings (Blomkamp, 2018). Thus, the crucial element of co-design that separates it from other forms of participatory design, is that it pertains to an in-depth collaborative design process which holds the central stakeholders – those whom the program is for – central to informing the design decisions, in order to garner understanding that guarantees that the results are tailor-made to meet their needs (Te Morenga et al., 2018; Dreise & Mazurski, 2018). Put simply, co-design is not merely emphasising the views or experiences of the people who are affected by the decisions, it requires them to be actively and equally involved in making them at all stages (Dreise & Mazurski, 2018; NCOSS, 2017).

This inverts the conventional approaches to problem solving in these spaces which have tended toward a top-down approach, whereby the ideas of traditionally defined experts are privileged over all other knowledge sources, which can not only create contention but also narrow the scope of vision (Blomkamp, 2018; Dreise & Mazurski, 2018). In a co-design process, people are not problems to be solved, rather the holders of lived experience which is repositioned as a form of expertise and thus held in equal regard with the other external experts (Blomkamp, 2018). This isn't to say that anecdotal lived experience supersedes scientific knowledge or professional expertise, rather they are regarded as complimentary, resulting in a holistic assessment of the issue at hand (Blomkamp, 2018). As such, co-design represents a movement away from these traditional research methodologies and the idea of designing for people, toward an even more egalitarian practice of designing with people.

Co-Design In A Māori Space

In the context of Aotearoa, collaborative methodologies present as an important opportunity to consider when thinking about methods for positive engagement with Māori communities to gain more holistic insights into social outcomes. It is necessary to reflect on the historic relationship that exists between Māori communities and research in order to understand why it is important to actively engage with more conscientious approaches. As is the case with many indigenous communities worldwide, Māori have often been the subject of unilateral research carried out by Pākehā practitioners, the results of which unfortunately too often ranges from minimal material impact on community wellbeing, to being actively detrimental (Cram, 2012; Dreise & Mazurski, 2018).

Exploitative Eurocentric research frames have been implicated as the source of racist, essentialist narratives which have come to dominate the public psyche and to this day contribute to harmful hegemonic discourse which have material consequences for Māori (Smith, 2012). That being said, in recent years there has been an acknowledgement of these entrenched problems, and whilst there is still ongoing progress to be made in repairing the cross-cultural research relationship, it is encouraging that there has been a steady increase in the number of indigenous researchers and the development of indigenous research methodologies such as kaupapa Māori, which has gone a long way toward rebuilding trust in the research process and renegotiating entrenched power structures (Cram, 2012). Committing to a design process which fundamentally restructures the way the research process is approached by making the voices of those whom are typically excluded the foundation, co-design in practice can be seen as both complimentary and contributory to progressing this relationship.

In principle, co-design occupies a unique nexus by offering the opportunity to synergise Western and Māori knowledge in respect of how to approach community engagement. In many ways, it could be said that though co-design is not fundamentally an indigenous epistemology, it can be seen to confer a Pākehā meaning to practices that are implicit within Māoritanga. There are distinctive harmonies in the values which underpin both which translate into the practical considerations in the application of co-design (Davis, 2017). Of prime importance is the principle of whakawhanaungatanga – relationship and trust building – in conjunction with manaakitanga – affirming and upholding the mana of the people present – which work with the concept of kotahitanga. As mentioned previously, research has often been a source of contention for Māori, employing these principles in the research process gives the opportunity for a safe space to be created which validates and empowers the participants who fully engage as equals rather than as subjects. The incorporation of these

principles makes co-design conducive with what is regarded as a whānau-centric approach by fostering an environment that allows for scheduling around whānau needs, giving them the right to decide the capacity in which they participate, enabling explicit decision-making power, and building the capacity of the whānau to move into positions of leadership in the co-design process in future. By ensuring that the community voices are privileged mitigates the fatigue that many communities experience as a result of consistent over-researching and under-delivering (Clark, 2008). In a Māori context it also realises rights enshrined within the Treaty of Waitangi, in relation to research involving Māori (Martel et al., 2019) as it fosters rangatiratanga by providing communities with the ability to turn self-determination into action.

Developing solutions for social issues is immensely complicated due to the multitude of entrenched, interrelated factors which contribute to them. However, views on how to approach these kinds of systemic issues and affect large scale social change have progressed immensely over the last few years with co-design in particular arising as a pre-eminent approach. As previously mentioned, the need for the implementation of methodologies such as co-design has arisen in the face of consistent failures by the government to create solutions and meet the needs of whānau within the confines of Eurocentric approaches.

This article aims to open the conversation around understanding co-design in respect of its potential within advancing Māori social innovation. It is clear that when implemented correctly co-design provides scope for subverting some of the major pitfalls which arise from conventional approaches to research and design which have tended to hinder their effectiveness in achieving the desired positive outcomes. Co-design in principle is well aligned with kaupapa Māori research and harmonises with core Māori values which creates a foundational space for re-establishing trust whilst also giving autonomy to communities by empowering whānau to take an active role in research and community advancement. Realising the power that is held within indigenous epistemology and creating the scope for reimagining culturally valid approaches to design is the essence of kotahitanga.

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Whānau Wellbeing

TŪ KAHIKATEA

WHANAUNGATANGA AS A CATALYST FOR WHĀNAU WELLBEING

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Ngāpuhi

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Abstract

This paper is a case study analysis exploring the social, cultural, and health benefits of whānau involved in a whānau-based triathlon hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Using an inductive approach, experiences of whānau were used to develop a framework – Tū Kahikatea, which highlights the concept of whanaungatanga as a catalyst for wellbeing. The framework shows the effectiveness of whānau inspired programmes that are based on Māori cultural principles, in this case manaakitanga, kotahitanga, and whakapapa, and the successes that can be derived from programmes that are aligned to whānau values. Tū Kahitakea adds to the evidence base on whānau-centred approaches and provides a framework, which from a whānau perspective, demonstrates the key areas upon which success can be achieved.

Key words: whānau, whanaungatanga, manaakitanga, kotahitanga, whakapapa, intergenerational

Introduction

Whānau have long been recognised as the crucial change agent for positive Māori development and for realising Māori health and wellbeing (Durie, 2011; Te Puni Kōkiri, 2007; Turia, 2003). Within a changing health and social sector, whānau-centred frameworks have been supported by Government, iwi organisations, and local community groups, who are working more towards the collective needs of whānau, finding ways to work from a cross-sectorial perspective, and strengthening whānau inspired initiatives (Durie et al., 2010; Fanselow & Hughes, 2019; Ministry of Health, 2011). This change is reflected in an increase in whānau-based health initiatives such as Whānau Triathlons, IronMāori, waka ama, marae-based learning, and healthy lifestyle programmes. However, there is still a need to clarify and build upon understandings of what a whānau inspired framework looks like in practice and how it is experienced at a local level (Kara et al., 2011). Gaining an understanding of the success factors behind these types of initiatives can help to inform future health programmes in order to ensure that they are suitably aligned for the benefit of Māori and their whānau.

In te ao Māori, whānau are seen as the basic support structure and are therefore an integral part of Māori health and wellbeing (Cram, Smith, & Johnstone, 2003). While the literal meaning of the word whānau is ‘to give birth’, it is most commonly used to refer to a group of people brought together for a special purpose. This may be from sharing a common ancestor (whakapapa whānau), or a person’s involvement in a common kaupapa such as a church, sport or school group (kaupapa whānau) (Durie, 1999; Metge, 1995; Te Puni Kōkiri, 2005). The whānau is the place where initial teaching and socialisation occurs and provides an environment within which certain responsibilities and obligations are maintained. An important concept linked to whānau is the notion of whanaungatanga. Derived from the root word ‘whānau’, (meaning to lean on, be inclined towards, or to be supported), whanaungatanga is about relationships and having a sense of connectedness to people, place and the environment (Barlow, 1991; Metge, 1990; Rameka, 2018).

This paper is a case study analysis exploring the social, cultural, and health benefits of whānau involved in a whānau-based triathlon hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Using an inductive approach, experiences of whānau were used to develop a framework ‘Tū Kahikatea’, which highlights the concept of whanaungatanga as a catalyst for wellbeing.

Research Design

Whānau were engaged via an established relationship between the researcher and Sport Manawatū who provided a list of potential whānau who might be interested in participating. From this group, a total of six whānau groups incorporating 30 whānau members from the Manawatū region were engaged in interviews lasting between 60 and 90 minutes. The research was inclusive in design and, while predominantly focused on Māori experiences, it incorporated the voices of both Māori and non-Māori whānau members. To ensure confidentiality and preserve anonymity of whānau, pseudonyms were used when referencing whānau experiences. Pseudonyms were chosen to represent the whānau as a collective rather than singling out individual participants within whānau groups. Māori names were chosen to represent whānau groups that whakapapa Māori, while Pākehā names were chosen for whānau who did not have Māori connections.

While data was initially sorted into codes linked to social, cultural and health benefits for whānau, an overarching theme of whanaungatanga was identified. This led to further research around concepts of whanaungatanga and the development of the Tū Kahikatea framework as an expression of whanaungatanga based on key values and outcomes discussed by whānau. Ethics approval for the project was granted through the Massey University Human Ethics Committee.

Tū Kahikatea Framework

The Tū Kahikatea conceptual framework was developed to illustrate factors relating to the core principles and outcomes that led to whānau experiences of success when participating in a local whānau-based triathlon. Tū Kahikatea illustrates the importance of relationships for whānau and reinforces the role of whanaungatanga as a catalyst for wellbeing. Whanaungatanga is reciprocal in nature in that individuals expect support from their whakapapa or kaupapa whānau and in turn whānau expect individuals to support the collective need.

The analogy of the kahikatea tree was used to illustrate the framework. Like the concept of whanaungatanga, kahikatea grow closely together and are reliant on each other for support in order to grow and develop to their full potential (Marsden, 2003). Standing together allows the roots of the kahikatea to become interwoven providing protection for individual trees so they can withstand any forces that might come against them.

The pakiaka (roots) of the tree represent the mauri (life force) of the kaupapa and is fundamental in enabling the kaupapa to flourish. Binding the trees together is the kaupapa (purpose) that brings whānau together. Ngā rākau (the trees) represent different values underpinning the Whānau Tri as outlined by participants in the research project. These values are manaakitanga (care and reciprocity); kotahitanga (collective unity and solidarity); and whakapapa (connection to people and the environment). Extending from the trees are ngā hua (the fruits) which represent the positive outcomes as experienced by whānau. These are whakamana (empowerment); toiora (enduring wellbeing); and moemoeā (ability to dream). The final part of the framework is represented by ngā manu (birds) which disperse the seeds allowing new growth to occur. This is linked to mana motuhake (self-determination) acknowledging the ability of whānau to realise their dreams and aspirations, thereby determining their own destiny.

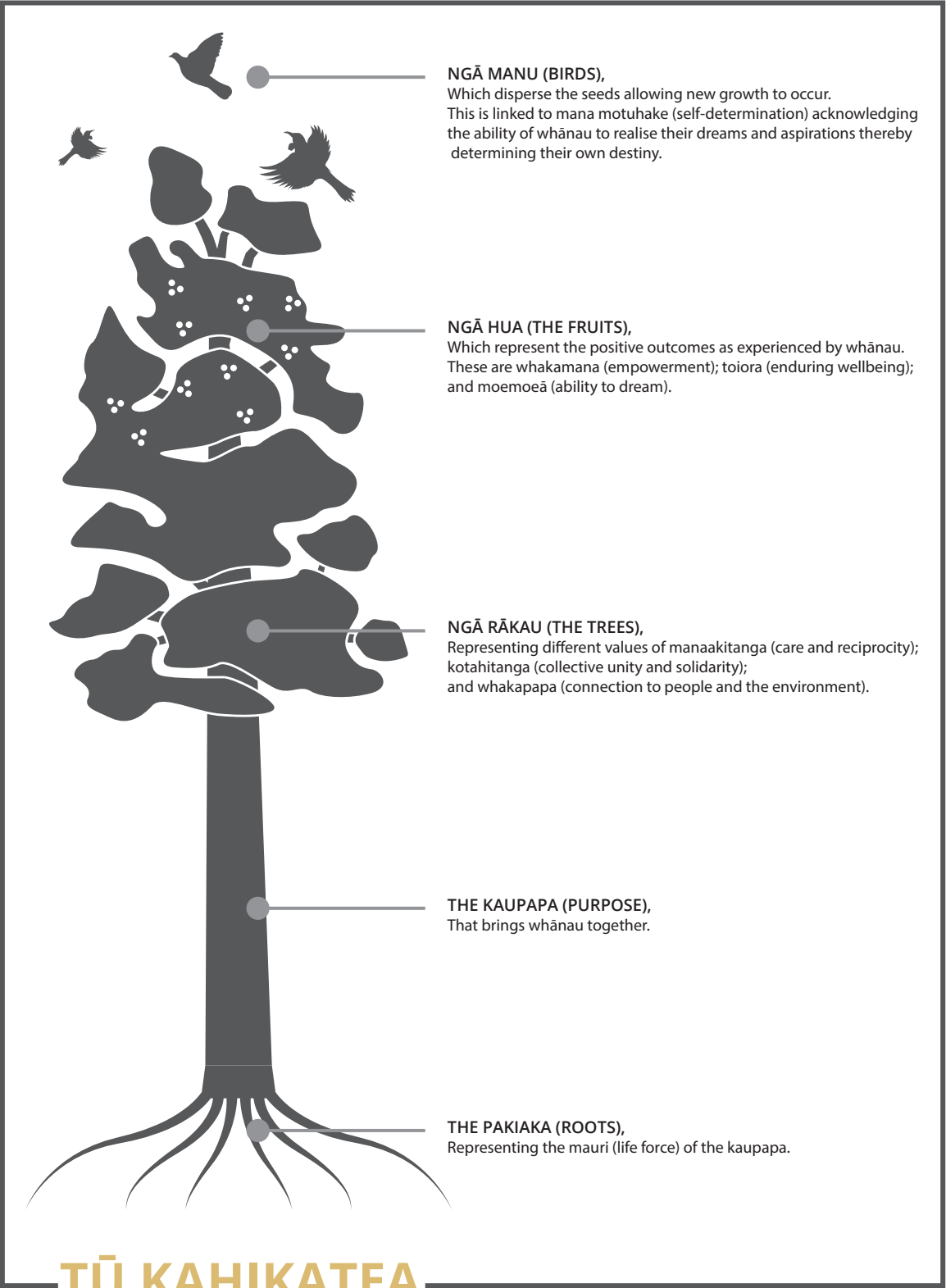


Figure 1. Tū Kahikatea framework

Application Of Tū Kahikatea Framework

This section demonstrates how Tū Kahikatea can lead discussion around the positive impact a localised Whānau Triathlon (Whānau Tri) had for participants.

Pakiaka (roots)

Grounding the kahikatea are the pakiaka (roots) which represent the mauri of the kaupapa. Mauri is referred to as being the spark of life with every living thing having a mauri (Mead, 2003). It is present in all things and binds people to the environment (taiao) and primal energy sources (atua) (Henare, 2001). Mauri is crucial to any kaupapa and the wellbeing of relationships hence the necessity of its place in the Tū Kahikatea framework. The mauri can be viewed as instilling the mana into the kaupapa, which is then embodied by the participating whānau. Mauri can be used to inform how and why activities should be undertaken and monitors how well these activities are tracking towards their intended goals (Pohatu, 2011).

Kaupapa (purpose)

This case study focuses on the annual Whānau Tri hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Attracting between 400 – 500 participants each year, the Whānau Tri has become an annual event for many whānau in the Manawatū region. The Whānau Tri kaupapa (purpose) is about participation across all generations which includes intergenerational teams of kaumātua (grandparents), mātua (parents), whaea kēkē and matua kēkē (aunts and uncles), tamariki (children) and mokopuna (grandchildren). It also provides whānau the opportunity to engage with members of the community creating a sense of kotahitanga (collective unity and solidarity) with other participants involved in the programme. Prior to the triathlon, participants have the option of taking part in a 10-week programme designed to give whānau the skills and confidence needed to complete the triathlon as well as focusing on making sustainable lifestyle changes (Sport Manawatū, 2013). The day of the event involves a festival-type atmosphere celebrating health and culture featuring health-related stalls, entertainment, spot prizes, and lots of extra activities and competitions for people to enjoy.

Ngā Rākau (values)

Ngā rākau represents the overarching values practiced by whānau through their participation in the Whānau Tri programme. These values are manaakitanga, kotahitanga, and whakapapa. While each value is distinct, it's important to note that they are all interconnected and closely linked to each other.

Manaakitanga

Manaakitanga is about caring for a person's mana through acts of caring, supporting, and uplifting one another. Mana can be described as a spiritual power gifted from atua and can be seen as the influence, authority, integrity and power attributed to a person (Barlow, 1991; Marsden, 2003). There are different manifestations of mana and our experiences of it. Mana tangata refers to the individual deeds and activities of a person and is harnessed through generosity and empathy, otherwise known as manaakitanga. Manaakitanga is grounded in working with the collective in a spirit of reciprocity and demands a high standard of behaviour towards each other. Through upholding and elevating the mana of others, we are in turn uplifting our own (Mead, 2003).

Whānau expressed a number of different ways that manaakitanga was exercised throughout their involvement in the Whānau Tri. Being shown respect as a person no matter their ability, age, experience, or lifestyle choices contributed to the positive aspect of the kaupapa and whānau experience of manaakitanga. Whānau thought this was crucial as they felt that deficit-based health messages they received were often negative and not aligned with values important to them. This had previously put many participants off from engaging with health services:

It wasn't just facts and figures, or you know, 'You're bad, you're bad, you're bad,' you know, which a lot of the health thing is that 'You're bad, you're bad, you're bad,' you know. You see in the media, 'You smoke, you're bad. You're obese, you're bad. You drink, you're bad', you know. But this was trying to put a positive spin on getting you up and off the couch and doing something, encouraging you to do it, and that it's ok to be you, so it was just that uplifting. (Willow whānau)

Reciprocity was also an important factor demonstrated by whānau who developed a strong sense of social responsibility towards the kaupapa and each other recognising the important role they had in supporting and uplifting each other:

It's encouraging each other and supporting each other and it's like you're sharing your journey with someone so you're sharing the highs and the lows. (Kauri whānau)

Everybody's the same, so one person isn't higher than the other. So if you're struggling, they're right there to encourage you, they're right there to pick you up. (Kereru whānau)

These experiences demonstrate how the Whānau Tri facilitated whānau to feel valued and in turn whānau developed a sense of responsibility back to the rōpū (group) thus engaging in manaakitanga.

Kotahitanga

Closely linked to manaakitanga is the principle of kotahitanga (collective unity and solidarity) which embodies a sense of social cohesion and unity. Recognising diversity amongst whānau and individual members; kotahitanga is not about everyone being the same, rather it is an environment which fosters a spirit of inclusion and cooperation, creating a shared sense of belonging and solidarity with each other and the environment.

For many participants, the Whānau Tri was the first time they had had a positive experience in a sporting and/or health environment. Whānau linked this back to the sense of kotahitanga in that they felt united in purpose in an environment where everyone felt included. Whānau also commented on how the Whānau Tri provided opportunities to develop wider networks of support by connecting them with people and places that they might not normally have associated with:

It becomes whānau, it's not just blood, we're all on the same kaupapa. No one cares what anyone looks like, we're here to achieve a goal. (Kauri whānau)

It's kotahitanga, whanaungatanga and it's all of that encompassing into one. (Kereru whānau)

Working towards a common goal helped whānau to connect with each other allowing for relationships to be strengthened. These relationships helped to create a sense of belonging and unity which resulted in a solid commitment to each other and the kaupapa which in turn ensured successful completion of the programme by whānau.

Whakapapa

Whakapapa operates at many different levels and is an essential component of whanaungatanga. There are several definitions and explanations of the word whakapapa. Some of these include the ability to ground oneself in something that is known; to make flat or to layer together; and to make as to lie with our earth mother Papatūānuku, referring to our relationship to the earth from which Māori life evolved (Edwards, 2009). Whakapapa informs the relationships that we have through genealogical connections: past, present and future, encompassing everything that is passed from one generation to the next (Marsden & Henare, 1992; Penetito, 2008; Rameka, 2018).

Central to the success of the programme is the way that it encourages intergenerational participation with a wide range of age groups being involved in the initiative. Whānau also highlighted their desire to press forward so that they might be an inspiration for others in their whānau to come and join the kaupapa. Whānau spoke about their tamariki and mokopuna as being prime motivators behind their desire to continue with the kaupapa. Involvement for them meant that they might increase their chances of living longer whilst also role modelling to other whānau members the positive effects of being active. This demonstrates how the Whānau Tri can be an effective support mechanism and a way to encourage intergenerational lifestyle change:

Hopefully what I'm doing will inspire some of my family to embark on the same journey. (Kereru whānau)

So for me, I continue to do it because I have more generations underneath me to still uplift and still bring. (Kauri whānau)

Whakapapa also acknowledges our ancestral links to the environment connecting whānau to the land and reminding whānau of the importance for the maintenance, enhancement, and advancement of these enduring relationships for well-being (Edwards, 2009; Jackson, Baxter, & Hakopa, 2018). Providing whānau with opportunities to engage in outdoor activities proved beneficial for whānau with many discussing the positive benefits they felt by being in te taiao (environment):

I feel a stronger connection to the environment. (Kauri whānau)

Spiritually, I love doing the gorge, and I go talk to him [Tāne mahuta – Guardian of the forest] ... so it's like a renewal for me spiritually and it's a reset for me. (Kereru whānau)

Whakapapa is reflected throughout the Whānau Tri programme both in the context of bringing generations together and also the spiritual element of connecting whānau to the environment.

Ngā Hua (fruits of success)

While ngā rākau (values) laid the foundation for whānau experiences, ngā hua (fruits of success) discusses the key successes as experienced by whānau. These are represented as whakamana, toiora, and moemoeā.

Whakamana

Whakamana is a concept about enabling and empowering potential (Durie & Hermansson, 1990; Durie, 2011). It's about enhancing the mana of whānau through the establishment of caring relationships where whānau feel supported and valued, enabling them to develop self-confidence and belief in their own abilities.

Prior to engaging in the Whānau Tri, many participants struggled with low self-esteem which impacted negatively on their hauora (holistic health). Some of this stemmed from experiences of being bullied or feeling that they didn't fit in with the 'sporting' crowd:

I think it's just cause all these mass participation things say they're for everybody, but they're not really, when you go along to them, it's pretty much the same set up with lycra clad people. (Linden whānau)

Being involved in the Whānau Tri program gave participants confidence in their abilities, increasing their self-esteem and sense of self-worth. This was apparent in one of the participant's kōrero who spoke of how her involvement in the Whānau Tri had given her the confidence to spend time with her friends at the beach over the summer break, something that she would not have contemplated prior to the event:

Last summer I went to the beach a few times. We just all met up. I just used to not sort of do things like that. So yeah, that really stems from the Whānau Tri. It's just that confidence for me has been the most amazing thing. (Willow whānau)

Others spoke of previously having a desire to get active and take advantage of community resources but lacking the courage to do so:

I lacked the confidence to go and plenty of times I would have togs in a bag and I'd get to the pool and I'd be like, 'Oh, it's quite busy,' and I'd be like, 'Oh, I'll give it a miss today,' so yeah. (Linden whānau)

By the end of the Whānau Tri programme, whānau had shifted to a place where they felt confident in their abilities to engage in resources and other hauora activities provided by the local community:

After the Whānau Tri, the momentum was there. It just gave me the confidence from the Whānau Tri, so just that snippet of doing that medium, I knew if I focus and train, I can do that 200km. (Tui whānau)

I've joined Crossfit, which is awesome. It's hard and I'm still not very good, but I love it... and that was really through getting my confidence through the Whānau Triathlon experience. I just felt that I was ok to step out, and I could, I could do something else. (Willow whānau)

These comments demonstrate the successes that come from whānau feeling valued and respected and the impact the programme had on developing their self-confidence and belief in themselves.

Toiora

Toiora suggests the idea of enduring wellbeing. Toi relates to a summit, pinnacle, and can also mean indigenous, source and knowledge. Ora is about health, life, vitality and can also mean to be cured, recovered and healed. Therefore, toiora can mean the pinnacle of health according to an indigenous understanding. As a success factor in the Tū Kahikatea framework, it's about finding opportunities to increase spiritual, mental, physical and collective health which in turn lays the foundation for personal wellbeing and achieving whānau ora.

One of the success factors of the Whānau Tri programme was the example of whānau choosing to make healthy lifestyle changes, such as an increase in physical exercise and changes to their diet, and enjoying some of the benefits that these lifestyle changes bring:

It's probably the first time in my life that I've enjoyed my exercise. (Willow whānau)

I'm the fittest and healthiest I've ever been. (Kauri whānau)

Physically, I'm probably a shirt size smaller than I was and I'm just a hell of a lot fitter. (Linden whānau)

Whānau also spoke of a shift in attitude towards healthy eating. These lifestyle changes have been incorporated and normalised into their daily routines which in turn has helped to influence change for their extended whānau:

Just making little changes in your life, lifestyle. For example, eating, making little changes, that's success, that's healthy. (Ngaio whānau)

While physical benefits were apparent, whānau also spoke of how participation in the event had helped their mental wellbeing:

I've had mental health issues, so I recognise those, so I like to do tris because it helps me without going on meds. (Kereru whānau)

I feel a bit clearer in my mind and just a bit more alive. (Willow whānau)

These experiences demonstrate how the Whānau Tri programme provides an effective medium to engage whānau in healthy lifestyle activities. This in turn encouraged whānau to make simple lifestyle changes in their daily routines leading to a greater sense of wellbeing.

Moemoeā (ability to dream)

The concept of moemoeā in the Tū Kahikatea framework links to the ability of whānau being open to explore their hopes, dreams and aspirations. Building on the success factors of whakamana and toiora; moemoeā sees whānau being able to lift their vision above the treetops – expanding their view of what is possible.

Whānau spoke of the Whānau Tri as a catalyst to pursue other healthy lifestyle ventures and, for many, the newly found confidence gave them the ability to pursue their moemoeā (dreams/visions). All participants have gone on to participate in other healthy lifestyle initiatives with each of the whānau citing their involvement in the Whānau Tri as being the vehicle for helping them to expand their vision of what was possible, giving them the

motivation and self-confidence to realise their dreams. Whānau likened their experiences to being like a seed that had been planted. Their newly found self-confidence and sense of accomplishment lighted a spark which they were excited to explore:

It gave me that, it gave me the seed to do that, and that's made me realise that just something small can grow into something beautiful like that. (Kereru whānau)

Just that sense of being able to do something so out of your comfort zone, that you can achieve it, opens up, expands, it's just so amazing. (Ngaio whānau)

Being inspired and having the ability to dream is an important factor for whānau in being able to achieve mana motuhake.

Ngā Manu

The final part of the framework is represented by ngā manu (birds) which disperse the seeds allowing new growth to occur. This is linked to mana motuhake (self-determination) acknowledging the ability of whānau to realise their dreams and aspirations, thereby determining their own destiny.

Mana motuhake

Mana motuhake is about self-determination and whānau being in a position where they can realise their moemoeā. It's about lifting whānau to a place where they have the rangatiratanga (self-determination) to be able to continue living healthy lifestyles when support has been removed (Durie, 2011), or in this case once the Whānau Tri has been completed. In the Tū Kahikatea framework, mana motuhake is represented by a manu (bird) who after tasting ngā hua (the fruits of success), flies off with the seeds to populate a new grove of kahikatea.

The ultimate success of the programme was demonstrated by whānau feeling motivated and confident in their abilities to define their own aspirations and having the ability to set goals to press forward and achieve them. These goals all centred on different whānau aspirations and included participating in Iron Māori, fundraising activities to go to the Great Wall of China, completing the New York marathon, and setting up a kapa haka group to take to an indigenous festival in Italy. Whānau all spoke about the Whānau Tri programme as being the catalyst for them to explore and seek out these opportunities.

And you see, the Whānau Tri was a catalyst for me to do other things. So I went on and did Iron Māori and I did a 10 km Striders marathon thing. (Kauri whānau)

It just triggered us to continue, you know the motivation to carry on. So Iron Māori is our next goal and then after that there's a marathon in New York, 2019. (Ngaio whānau)

This is a demonstration of whānau being able to exercise rangatiratanga by developing their own aspirations and devising strategies to achieve them. This shows the positive effects of whanau-based initiatives, such as the Whānau Tri programme, in helping whānau to recognise their own strengths and realise their potential thus being able to achieve mana motuhake.

Conclusion

Tū Kahitakea adds to the evidence base on whānau-centred approaches and provides a framework, which from a whānau perspective, demonstrates the key areas upon which success can be achieved. The framework shows the effectiveness of whānau inspired programmes that are based on Māori cultural principles, in this case manaakitanga, kotahitanga, and whakapapa, and the successes that can be derived from programmes that are aligned to whānau values. Central to the success of the Whānau Tri programme is the concept of kotahitanga which was seen by whānau as being a core factor for them to complete the programme and to realise their achievements. Using the base structure of pakiaka (roots), kaupapa (purpose), and ngā rākau (values), Tū Kahikatea has the potential to be adapted across other programmes through integrating the different kaupapa and values that are unique to each programme. While ngā hua (fruits of success) may also be different for each programme, the overall aim of mana motuhake as represented by ngā manu would remain the same.

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KOTAHITANGA IN WAIPAREIRA SERVICES

This story was adapted from an interview with a whānau who is currently engaged in Kaiārahi services at Waipareira. In this interview, she talks about her experiences with Waipareira services, and of being a caregiver and guardian to her whānau member's tamariki.

We originate from Ahipara, my ancestors, my whenua. And I'm a pre-school teacher.

It's good to have a support person like a Kaiārahi to help me navigate. Some children have come into my care, so I'm working with another service provider too. It's good having someone from Waipareira just to be a support person for me, to keep me mentally well and help me navigate, be another set of eyes and another pair of ears.

I needed that, not that I like getting help, but this is the first time I've actually allowed a service provider to kind of come inside, you know, your own personal life, and they don't get in your face. They're just there, give you enough support. I think the key thing is that you get along well with that person that you're working alongside. You know, you're forming a relationship, an understanding.

I also just came on board with the Māmā and Pēpi programme, I officially start next week. We've met a couple of times and that's good too. They kind of tell you things that you already know but they're just confirming what you need to do. Such as "have a rest, take time out for yourself when you're busy". I'm a single parent and I'm raising all these children. So, it just gives me a bit of an extra pillar, another support – because it can be quite heavy.

I'd never dealt with Oranga Tamariki [New Zealand Ministry for Children]. Having another set of ears and another set of eyes, someone that's been in a lot of those meetings, that's what that Kaiārahi was, there mainly to support me, guide me, make sure I haven't missed anything and that I'm doing what I need to do. They were helping me to be successful in where I needed to get to help with the children that I've got and making the clear, right decisions because the decisions we make now will have an impact when they get older, when we're dealing with children and whānau.



I've never been through anything like this. So, hence why I offered to take up getting some extra support to help me navigate because there's so many, 'section this and section that...' So, a child becomes a section. It's quite daunting and just the ease of having somebody there. I have my family but having somebody that understands being another communicator. When we get to meetings they always, with respect, check in, 'is it okay?' And they'll give suggestions. So, they've got suggestions that they can bring. For example, other service providers that may be able to help like for drug and alcohol rehab, stuff like that. So, it's like a collective team working with other providers. Not just with me, but it actually has a benefit for everybody.

Having to have two children under Oranga Tamariki and having to navigate and you have two different sets of hui and so, yeah. It can get quite hard. What I like is that the Kaiārahi is not in your face. They give you the space but they know when to come in and when not to. Not being your babysitter. They're just there doing what needs to be done.

For [nephew], he's never had a male except for my dad, in his life, who's passed away. So, the Kaiārahi can fill that void for now, instead of him hanging out with bad eggs. Yeah, so I'm hopeful that that's going to support him. Life's too short, if we tap into these service providers we can give him that opportunity to help him be successful. It may be just helping him to be honest and helping him how to be respectful when people come into the home, everyday life skills, things to help him get through. It's about providing him with the tools. I'll do what I need to do but there's an area I just can't do.

I think [nephew] now has got a buddy. They're at the beginning stages of doing that process because he doesn't have a father in his life and so I'm trying to just have that extra, like a male role model kind of thing. We're trying to find ways to support him. There was a need for him so the Kaiārahi kind of chased that up. And someone's been to the school to see him.

I don't have to repeat myself because that's one thing I don't like doing. I think in my case I've had a good, strong Kaiārahi, because I've seen other people have a Kaiārahi from other service providers and yeah, here the communication gets filtered down, it all depends on your Kaiārahi.

It is about relationships. I think that's like at Waipareira, because you have to have a connection... you've got to be able to connect with people, everything is about connecting. I just think it's worked because we get on, it kind of filters and so I'm reiterating and then the Kaiārahi is communicating. Communication is a big part and a key factor of how information is shared... For me, the communication has been really good from here, through the Kaiārahi and then to the whare.

What I've been doing is taking each step as it comes and dealing, it's like having a big dinner plate and I can't eat it all. So, just chomping away at what is in front of us instead of trying to get it all done, and we've been doing what needs to be done. The support has come in a lot of different fashions.

I'm happy I made the decision to get a Kaiārahi, especially preparing and going to the Family Group Conferences, because you need strong people. You need to have the right people that have experience and understand. You can't kind of walk in there all nilly willy because dealing with that other service provider just does your head in.

I like it because they let you breathe. As we're getting on, I can see where I need help and where I don't, so we'll sit down and talk about things and navigate through that and then we'll check what our main focus is and that's the children, the tamariki and me and the Oranga Tamariki. So, we wait for the next meeting and I'll try and do what I need to do and try and make a plan with the family before we go into the next meeting so we're not sitting there for hours which is really hard.

Some people might look at me like she's really strong and I don't need the help. But actually, I do, it keeps me in check. It keeps me sane and it brings peace to my mind. This is actually the first time in all my life that I've ever used a service provider like this. I like that it just feels more comfortable working with a multi-cultural provider. It's Waipareira and it's Māori, you kind of feel comfortable with your own. It's a Māori provider but it's also open to multi-cultures and diversities and I think I'm more inclined to go that way than to another provider.

I think they just have more understanding of our backgrounds because we're very much alike and take the time to understand the why. You have to understand the why, and history... everything has a history. I have a history to why I'm at the place I am today. These boys have histories. That's what I like Te Whare Tapa Whā and all that. They do all that at Waipareira.

I like that we catch up when we need to catch up and they're always saying "let me know whenever you need any help".

In my honest experience, I didn't want a Kaiārahi at the start – it was my cousin that said, you do. I said to her, I don't think I'm worthy enough. And what I mean by worthy, I was looking at my case and I'm going, there's worse people off than me. She goes, "why do you think that? You do need the help". Just because I'm not either a battered woman or you know, a drug addict or whatever. She goes, "you're looking after children. You're taking on so much responsibility," and so, I came home and went, "oh, she's so right". And she was.

You've got to want it for yourself. I kind of surrendered to the fact, "yes, okay, you can't do this on your own". When you're in it and you're amongst, it's hard to see you know, navigate. You think all these weeds are popping up, it's been a journey.



Frontline Services

THE CARDIAC REHABILITATION PILOT A CASE STUDY OF KOTAHITANGA

Salome Lawe Ravonokula

Fijian

Salome has worked at Te Whānau o Waipareira for the past seven years, starting out as a senior nurse and progressing to team leader for the Pakeke Ora Specialists Rōpū, where she now oversees the Community Cancer Navigation Team, Whānau Ora Mobile Nurses and delivers the Cardiac Rehabilitation Programme. Salome, in her 25 years' nursing experience, strongly believes upholding and incorporating Te Kauhau Ora (code of conduct) into her daily practice is a fundamental guiding principle for working with Māori whānau and making a positive impact on the lives of those in the community. She believes understanding whānau needs, giving respect and building a strong and trusting relationship will contribute to achieving positive health outcomes. Her approach epitomises the Whānau Ora health care model.

Abstract

The Cardiac Rehabilitation Programme prototype (2018) was developed with the initiative of the Māori Health Gains team, supported by Waitematā District Health Board Cardiology Department and Te Whānau o Waipareira (TWOW); specifically for Māori, Pacific and Quintile 5¹ patients within the TWOW catchment area in West Auckland. The programme aims to support whānau following acute coronary syndrome event (heart attack/unstable angina) with the emphasis of incorporating kaupapa and tikanga Māori frameworks and Whānau Ora best practice within a 12-week programme to promote better whānau health outcomes. This case study depicts kotahitanga due to the combined effort of the wrap-around services that have contributed to the patient 'hitting the road' to recovery with short-term goals achieved and working progressively towards long-term goals.

Key words: cardiovascular disease (CVD), coronary, rehabilitation, whānau, Whānau Ora

¹ Deprivation is reported in 'quintiles'. Quintile 1 represents the least deprived section of the population while quintile 5 represents the most deprived section. <https://www.health.govt.nz/new-zealand-health-system/my-dhb/auckland-dhb/population-auckland-dhb>

Introduction

Kotahitanga is one of ten of the fundamental guiding principles for kaimahi to follow as reflected in the Te Whānau o Waipareira (TWOW) Te Kauhau Ora (code of conduct). Working together in unity or with the Whānau Ora approach enables healthy lifestyles to be improved for so many in our community. For instance, in the Cardiac Rehabilitation Programme prototype, in order to achieve better health outcomes for our Māori patients, a combined effort of secondary and primary health care is encouraged. Therefore, it is of great importance that we work collectively with secondary care providers, without prejudice, to provide the best care possible for our Māori whānau.

Phase 2 Cardiac Rehabilitation Programme Prototype

Goble & Worcester (1999), defines cardiac rehabilitation as:

The coordinated sum of interventions required to ensure the best physical, psychological and social conditions so that the patient with chronic post-acute CVD may, by their own efforts, preserve or resume optimal functioning in society and through improved health behaviours, slower reverse progression disease.

For Māori and Pacific populations, the current status in terms of cardiovascular disease (CVD) shows a clear indication of inefficacy in the health system. In 2010-2012, the total CVD mortality rate amongst Māori was more than double the rate of non-Māori, and the hospitalisation rate for CVD was 1.5 times more for Māori than non-Māori in 2012-14 (Ministry of Health, 2018). In 2016/17, statistics show Māori were also 1.37 times more likely to be diagnosed ischaemic heart disease (IHD) compared to non-Māori and the mortality rate for IHD was almost twice in Māori as non-Māori in 2015 (Ministry of Health, 2016).

Through Māori Health gains funding, the Cardiac Rehabilitation pilot programme was instigated, to be delivered at Waipareira using a collaborative nursing model of care. This involved working collaboratively with the Waitematā District Health Board (WDHB) cardiac team and the TWOW community nurse. The focus was on clients within the West Auckland WDHB catchment area. The socioeconomic status of those living in Waitematā (West Auckland) varies depending on the specific suburb one lives in, but pilot inclusion criteria was for Māori, Pacific and Quintile 5 whānau.

This programme was aimed at predominantly Māori and Pacific whānau following an acute coronary syndrome event, being either a heart attack and/or unstable angina. It was a complex and intense 12 week intervention programme, which included health education on the following:

- cardiovascular risk reduction
- heathy food choices
- medications
- physical exercise
- stress management

The programme encompassed:

- community home visits
- WDHB cardiac rehabilitation classes (two hours morning or evening sessions weekly)
- AUT Millennium exercise programme
- cardiac resource pack – reading material
- lifestyle management programmes information
- outreach visit pack
- Smile Dental referral – provided they meet criteria
- referral to appropriate wrap-around services
- nurse practitioner - able to give script refills for current medications
- smoking cessation support and nicotine replacement therapy (NRT) script if required

The team was comprised of:

- WDHB cardiac rehabilitation nurse specialist (CNS) to lead clinics
- TWOW community nurse – to lead community outreach and navigation of care to wraparound services
- WDHB nurse practitioner – to manage patient scripts and clinical advice
- cardiologist support as required – to support the community based CNS clinics led at Whānau House
- clinical exercise physiologists from AUT Millennium to deliver the 12-week exercise programme at West Wave Pool and Leisure Centre

The pilot programme commenced in June 2018 with the target of 20 clients, with access to patient’s health information via Shared Care Connect.

All eligible patients who had experienced an acute coronary syndrome event within WDHB were advised by the cardiac rehabilitation nurse specialist (CNS) of the programme and invited to participate. Verbal consent was obtained and a referral was sent to the TWOW cardiac rehabilitation nurse via the Wai-referral system. Two weeks following discharge from hospital, the patient would have their first clinic appointment at Whānau House. All patients were seen by either the WDHB nurse practitioner (NP) or CNS, alongside the TWOW community nurse.

During the initial clinic appointment, the team discussed the following with the client:

- individualised care planning
- Depression, Anxiety, Stress Scale (DASS1) tool assessment – a quantitative measure of distress along the three axes of: depression, anxiety, and stress
- risk assessment
- client triage
- referral to appropriate wrap-around community services

Following completion of the initial clinic appointment, the team then gave the green light for the patient to undertake the CEP assessment at their preferred location, being either Whānau House in Henderson or AUT Millennium in Albany.

Although there were predefined topics for this programme, as mentioned above, each care plan was individualised and focused on the areas seen as a priority first, with the overall emphasis being improving health literacy. Community outreach care was also offered to all patients, however, engagement was at their discretion.

Throughout the 12 weeks, contact was made through a number of avenues, including weekly home visits, phone calls and email. All patients were to complete the community exercise physiologist programme prior to the final clinic visit. What this meant was that a CEP from AUT Millennium worked alongside each patient to help build individualised exercise programmes according to assessment which ran alongside the cardiac rehabilitation programme. This programme was free of charge to pilot clients and was based at West Wave Pool and Leisure Centre in Henderson, or AUT Millennium, Albany (initial assessment). Upon completion of the exercise programme, the patient was referred to a final clinic appointment at Whānau House prior to discharge from the programme.

Final visit patients were then discharged to a GP for continuity of care and also advised around accessing the Whānau Ora Mobile Service for a 12-month period.

MR SB: A CASE STUDY

Mr SB is a 60-year-old Māori male who was the first candidate into our cardiac rehabilitation pilot programme. This was following an acute admission and discharge from hospital with a primary diagnosis of NSTEMI (Non-Segment Elevation Myocardial Infarction) an acute type of heart attack, which requires a stent to clear heart blockage associated with mild diaphoresis, and a secondary diagnoses of hypertension, pre-diabetes.

Following discharge from the hospital Mr SB was advised of the programme, which he was reluctant to join at first. In his mind, all he was thinking of was: “Am I going to be able to go back to work? What is my chance of survival? What do I need to do? I want to spend more time with my moko.”

The initial phone communication to remind Mr SBs of his two weeks post discharge clinic appointment cleared part of his gloomy thoughts after a brief kōrero over the phone. I introduced myself and my role in the cardiac rehab programme. He said he looked forward to attending an initial clinic visit.

On the initial specialist appointment, Mr SB presented with sleep deprivation, anxiety, stress and loss of appetite. The full team was there to support him through his journey. The team consisted of: a cardiac nurse specialist, a cardiac nurse practitioner, a clinical exercise physiologist, a CNS specialising in cardiac failure and a Waipareira community cardiac nurse.

Mr SB’s current medical history:

- heavy smoker
- hypertension
- pre diabetes
- high waist circumference
- coronary artery disease

Working in collaboration with the WDHB CNS, we were able to create a plan to support him to quit smoking, reduce his stress level, anxiety, and address his poor appetite and other social issues.

During engagement with Mr SB, we spoke a lot about healthy eating, medication compliance, completing the exercise programme, quitting smoking and its benefits. We discussed in-depth healthy food choices and options, how medication works, the effects of stress, and the quit smoking programme (although Mr SB was already on quit smoking, prior to my engagement). We also discussed reducing working hours to accommodate more rest and referred him to a social worker and wraparound services to deal with anxiety and other pending issues.

After the 12 weeks with Mr SB, he appeared to benefit immensely from the programme.

During this time, I felt I built a positive relationship with Mr SB, in that he felt comfortable coming to me with his concerns, was able to be open and honest about his health concerns and reached out frequently.

Outcomes:

- Mr SB has now completed the 12-week cardiac rehab programme
- Mr SB completed his 12-week exercise programme with good results
- Mr SB said he feels he has more knowledge around his disease and how to manage it appropriately
- Mr SB was successful with the quit smoking programme and is now saving \$800 per month
- wraparound services were effective in dealing with social issues
- stress and anxiety levels have been managed well
- Mr SB signed up with a gym after the programme for continuity of physical exercise – changed previous views on the gym only being for youth
- improved quality of life
- an advocate at his workplace for quitting smoking
- making healthier food choices
- good experience of prototype
- behaviour and knowledge changes accomplished

The Cardiac Rehabilitation Programme and Whānau Ora Outcomes

Morbidity and mortality from cardiovascular disease continues to be one of the largest burdens of disease for New Zealanders. By working collectively with patients using the Whānau Ora model, good management of risk factors, and prevention of further acute coronary syndrome events or complication, morbidity and mortality from cardiovascular disease could be reduced.

Whānau Ora is about working alongside patients and their whānau to create care plans that not only address the physical needs of the whānau, but their spiritual, social and mental needs also. It is a whānau-centric model which can help to significantly improve health outcomes for the patients.

There is evidence that cardiac rehabilitation reduces:

- mortality rate
- morbidity rate
- rate of hospital re-admissions

And improves:

- quality of life, psychological well-being and exercise capacity.

There is evidence of behavioural and habitual changes by patients and their whānau, due to having a better understanding of their disease and the knowledge and drive to want to make better decisions, ultimately resulting in a healthier lifestyle. This is evidenced by continued engagement and completion of the Cardiac Rehabilitation Prototype Programme and whānau involvement.

The pilot can also be seen as a stepping-stone for more collaborations of contracts with WDHB, and other like-minded organisations who share our common goal of wanting the best outcomes for whānau. It is hoped that the pilot will progress into a funded, co-delivered programme that can be rolled out to offer a more cohesive pathway for whānau from hospital to home, providing the tools for which whānau can become more self-sufficient under the model of Whānau Ora. Under this model, whānau are at the centre and treated with cultural understanding in order to achieve the best outcomes.

It's all about whānau.



Cardiac Rehabilitation nursing team



Cardiac Rehabilitation Pilot team at the whakatau to launch the programme

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 Whānau Ora

LEADERSHIP DRIVEN BY KAUPAPA MĀORI, A RELATIONAL LENS

Elica Safari Mehr

Iranian

Elica is an Outcomes Measurement Researcher at Te Whānau o Waipareira. She uses her qualitative and quantitative skills to measure changes happening for whānau as a result of Whānau Ora services. Her background is in health-IT innovations. Elica completed her PhD around leadership of change in development of health-IT programmes. She has overseas research experience in implementation of national health-IT initiatives.

Abstract

Māori have been at the forefront of the delivery of a whānau-centred approach to health and wellbeing services. In this paper, leadership in this area is explained and examined from a relational viewpoint. Māori values and practices are further examined in order to unpack key aspects of this type of relational leadership. The resulting research contributes to an explanation of how values such as kotahitanga and whanaungatanga contribute to collective participation by Māori in the realignment of the health system toward achieving Māori goals and aspirations, ultimately, as a means of improving Māori health outcomes.

Key words: Kaupapa Māori, kotahitanga, relational leadership, Whānau Ora

Introduction

There is extensive research available to highlight the health inequities between Māori and non-Māori (Mackenbach & Kunst, 1997). The indicators of inequality, and the underlying causes, support a need for change in governance of resources/services, in addition to the design of innovative approaches to solve the resultant issues for minority populations. One of the challenges for any government would be leadership of such changes required from community to organisational, regional, and national levels. Following the position that Māori culture is a rich source of knowledge that can add to the western models and theories of change, in this article, I investigate Māori values and concepts that can elaborate on how leadership is practiced in Māori communities. This can provide an understanding of a more compatible or whānau-centred approach for Māori regarding leadership of changes. An approach which can, by extension, be used by decision makers from governmental, not-for-profit, and private organisations who are involved with governance and service provision for Māori communities.

In order to investigate leadership approaches within a Māori context, I will apply a relational approach and will therefore investigate the way communities participate in activities that bring about the change required (Uhl-Bien, 2006). This is a less common approach in understanding leadership and will likewise complement the more conventional approaches of studying leadership.

The method used, centres on a critique of literature pertaining to Māori values and practices (kaupapa Māori) and contrasts these with relational theories of leadership. The aim is to investigate if Māori approaches and values promote a collective mode of leadership, and if so – how. Therefore, in this paper, first the concept of leadership is explained from a relational perspective, using relational theories of leadership; next a critical analysis of relevant kaupapa Māori concepts as they pertain to relational leadership; then, the Whānau Ora approach is analysed as an example of kaupapa Māori that promotes relational leadership. Finally, a summary of the analysis is provided, which includes an examination of how Māori values and practices are indicative of relational leadership.

Relational View Of Leadership

Leadership can be explored from a range of different perspectives. Traditionally, most of the studies have focused on traits and behaviour of leaders (Rost & Smith, 1992). They have tended to examine how individual leaders would influence their followers or how effective they are (Rost & Smith, 1992). This idea has been defined as an individualistic view (Uhl-Bien, 2006) in which the focus was on what successful leaders were engaged with (Kouzes & Posner, 2003) or on situations that would impact on leaders’ behaviour and traits (Bass, 1990; Larsson & Vinberg, 2010; Van Vugt, 2006; Yukl, 1989).

There is a more recent trend that still focuses on individuals rather than the process of leadership, but which considers leadership as the relationship between leaders and followers. For instance, some of these theories examine what individuals bring to their mutual relationships and what they expect from each other (Uhl-Bien, 2006; Uhl-Bien & Ospina, 2012). Leader-Member Exchange theory is one of these theories (Uhl-Bien & Ospina, 2012). Charismatic/transformational leadership is another individualistic theory that discusses how charismatic power, strong relationships with people, and empowerment of followers can lead changes (Stone, Russell, & Patterson, 2003; Yukl, 1989). Although theories similar to transformational leadership pay attention to the support, care and respect for individuals,

they still view leadership as an influence that comes from leaders to followers and aims to secure commitment of the followers to achieve organisational goals (Uhl-Bien, Riggio, Lowe, & Carsten, 2014).

The newest trend is to examine leadership as a process in which change (e.g. new approaches, values, and attitudes) and new ways of working will be established as a result of some organising activities (Hosking, 1988). In this case, change is an ongoing/continuous process that happens through people communicating with each other rather than what leaders do (Weick & Quinn, 1999). Uhl-Bien (2006) framed this new approach/view in her Relational Theory of Leadership (RTL). Supporters of this view believe that we need to investigate the way we are working together and our local-cultural-historical processes rather than how an individual practices leadership (Hosking, Dachler, & Gergen, 1995; Hosking, 2006).

In other words, having a relational perspective in leadership does not mean we should follow a specific approach or style of leadership, but it emphasises the need to understand connections between people and how they are involved in the leadership process, rather than focusing on how individual leaders are practicing it (Uhl-Bien & Ospina, 2012). This view is a constructionist view that considers leadership as a social construction process or a collective act (Hosking, 2006; Uhl-Bien & Ospina, 2012; Cunliffe & Eriksen, 2011).

It should be noted that the term relational has been used differently in the existing literature, hence it can be vague or confusing. For instance, situational approaches of leadership refer to the role of context or situation in leadership style and therefore they still focus on the reciprocal process between leaders and followers (Conger, 2004). Another example of using relational perspective in a slightly different way, is when researchers refer to authenticity in leadership (standing by what you say) or modelling the way (Kouzes & Posner, 1987). This view of leadership is also closer to individualistic theories as the behaviour of leaders is the focus rather than the process in which people contribute in leadership.

The relational theory of leadership does consider the impact of social, cultural, historical, and even organisational forces that affect people’s behaviour, but it does not typically emphasise how people react to the forces. Instead, this theory highlights the collective impact of all the actors and entities to drive change. In other words, leadership is achieved by a collective (Drath, et al., 2008).

If we follow a relational perspective in understanding leadership in Māori communities, for instance, we need to understand how the meaning of leadership is socially constructed among them. Which likewise requires a considered review and examination of how, and in what pattern, leadership emerges in practice in Māori organisations or communities, and how people define leadership. Therefore, in the next two sections, the socio-cultural meaning attached to some Māori concepts and values will be explored from a leadership perspective, in addition to the analysis of an example of a Māori approach in changing the service delivery in the New Zealand health system.

Kaupapa Māori And Relational Leadership

Māori have rich historical and cultural bindings that underpin their social and individual practices in many ways. The term kaupapa Māori, which translates as Māori approaches or principles, covers a range of concepts that can be informing about Māori cultural norms or forces. Understanding these cultural forces and norms can reveal how Māori interpret leadership and how they practice it. Therefore, in this section I will describe the concepts which can reveal how Māori act collectively to see if any aspects of relational leadership can be unpacked.

Kaupapa Māori theory (Fitzgerald, 2003) promotes whanaungatanga (relationship building) and manaakitanga (hospitality). Whanaungatanga is a practice commonly used among Māori that emphasises knowing people who are working with each other over a common activity or to contribute in realisation of a common vision. It also highlights interdependence between whānau and their wider groups such as iwi (tribe) and hapū (subtribe) (Tassell, Flett, & Gavala, 2010). It can result in better support among people who are working alongside each other for a shared vision. This communication and support mechanism can be an aspect of relational leadership as it allows smoother contribution of people in bringing change or achieving common goals/visions. People who build relationships outside their immediate colleagues or network, can find potential support for their job or achieving their goals. This can improve their contribution in the change they intend to bring.

Within this paper, change is expected as a part of an ongoing life-experience, rather than an episodic/discontinuous event (Weick & Quinn, 1999). Especially in the context of improving inequalities for Māori and innovation development, change will be a natural characteristic of the work and everyone can be part of it (Weick & Quinn, 1999).

Manaakitanga (hospitality, caring for, support) is also about the faith that what you do for others will be returned (McNicholas, 2004). This value, for instance, was considered a driver that encouraged everyone to act quickly and effectively at the time of the earthquake crisis in Christchurch in 2010, where local Māori supported immediate needs of those who were affected (Kenney, Phibbs, Paton, Reid, & Johnston, 2015). This is an example of how Māori communities practice relational leadership through collectively participating in organising change and supporting a common agenda.

Kotahitanga (unity) is another kaupapa Māori concept that complements whanaungatanga. It encourages cooperation among different groups/individuals over isolation and fragmentation (Harmsworth, 2010). Kotahitanga implies that people require connections with each other and their activities, as a collective effort of all people (Māori community) is required for progress (Tassell, Flett, & Gavala, 2010). This is another instance of relational leadership in the Māori context that is reflected in many Māori frameworks (such as the Māori Health Strategy). Māori have been cooperating with non-Māori through community based health and wellbeing initiatives in New Zealand. This is another example of kotahitanga achieved at the community level aimed at improving the health and wellbeing of the community (Chant, 2011).

The emphasis on connections and relationships with others is significant to Māori cultural values such as kotahitanga (Tassell, Flett, & Gavala, 2010). This is interpreted as a type of collectivist approach that shows interdependence and equality between Māori group members in which a common goal/vision is achieved through cooperation, rather than following what authorities ask (Tassell, Flett, & Gavala, 2010; McNicholas, 2004). Research by Harrington and Liu (2002) revealed that Māori were more inclined toward collectivism

compared to Pākehā. Tohatoha refers to the fair distribution of resources (Henare, 1988). This is considered a social responsibility that everyone holds and is aligned with the value of kotahitanga as well (Tassell, Flett, & Gavala, 2010). Therefore, it appears that kotahitanga holds a significant role in relational leadership and collective activity among Māori.

Whakapapa is another common value in kaupapa Māori that refers to knowing the past or genealogy (Kenney, Phibbs, Paton, Reid, & Johnston, 2015). It is central in practicing Māori leadership (Henry & Wolfgramm, 2018), and it connects the self with realities of terrestrial, such as land and water, spiritual entities (gods, guardians), and social entities (iwi, hapū). This is, again, another example of relational ontology, which notes that leadership is relational and made between individuals and other entities (Orlikowski & Baroudi, 1991). Another concept is tangata whenua (people of the land) that refers to the relationship between people and their land (that has been occupied for generations) and their control over it (Henry & Wolfgramm, 2018). Hence, guardianship of the nature (tiakitanga) is another value related to Māori leadership that holds a relational ontology.

In the context of education and learning, the Māori concept of ako alters the leader-follower stance at schools and tries to distribute power equally so that teacher and student learn alongside each other (Hawkins, 2017). In this model, students are encouraged to set their own learning goals. Hence, they are considered as rangatira to lead and orchestrate their own learning journey. This can be seen as another instance of relational ontology in leadership of schools as the learning (reality) is constructed between subjects. Moreover, the epistemology (how we know something) of learning in this model is relational (Uhl-Bien & Ospina, 2012), as the learning happens through the interactions and communications between subjects (students and teachers) about the reality that needs to learnt. Finally, this leadership model is in line with relational theory, as it distributes the control mechanism among everyone in the group that works toward the big aspiration of learning.

Another instance of a collective act of leadership can be seen in bicultural ECE (Early Childhood Education) centres. Shared leadership is a relational model that can benefit bicultural ECEs where iwi, teachers, whānau and their tamariki are encouraged to participate in achieving learning goals of the whānau and community. This model of leadership draws on the shared responsibilities and collective contribution in moving forward or as it is said “paddling the waka in the same direction” (Hawkins, 2017, p. 23). It requires sharing the power among those who are willing to participate and enhance leadership opportunities.

Values such as kotahitanga, whanaungatanga, whakapapa, and tohatoha form a relational connectivity among Māori populations in New Zealand. This relational connectivity (Kenney, Phibbs, Paton, Reid, & Johnston, 2015) drives iwi whānui (members of tribes) to act for collective purposes such as wellbeing of people, land and environment when a change is required (Kenney, Phibbs, Paton, Reid, & Johnston, 2015). Traditionally, a chief (rangatira) made decisions for an iwi (tribe) to ensure safety and to help their communities flourish (Hawkins, 2017). Although the role of individual leaders was important, the contributions and skills of everyone in the iwi were also required to collectively achieve their goals and aspirations (Hawkins, 2017). This is where leadership of change can be seen from a relational perspective.

Whānau Ora And Practicing Relational Leadership

In this section, the Whānau Ora approach is explained and analysed as an example of kaupapa Māori practice, to see whether it reveals characteristics of relational leadership.

Whānau Ora is a contemporary framework for Māori health and wellbeing (Chant, 2011) that aims to support Māori to achieve cultural, social, environmental, and economic health and wellbeing aspirations (Ministry of Health, 2002). The concept of Whānau Ora was the driver of a government initiative by Te Puni Kōkiri (the Ministry of Māori Development) in 2010 to develop and provide whānau-centred services (Dormer, 2014). The government expected the Whānau Ora service providers to follow a holistic approach (to improve health and wellbeing) in working with whānau (as opposed to individuals) to try to empower people to be self-managing (Dormer, 2014). In fact, in 2009, the government established a taskforce on whānau-centred initiatives that collected data from the Māori population and reported on whānau outcome goals and the characteristics of whānau-centred services to provide a framework for an integrated approach to whānau wellbeing (Durie, Cooper, Grennell, Snively, & Tuaine, 2009).

The concept of Whānau Ora was not new to Māori and it was included in the Māori health strategy (He Korowai Oranga) in 2002 as the high level aim. This inclusion is considered as an example of kotahitanga or the (theoretical) co-existence of Māori health organisations and the Ministry of Health (Chant, 2011). Whānau Ora is also interpreted as a model for realisation of kotahitanga as it is co-existed and co-operating within non-Māori models of health and wellbeing. It is a framework that has been designed to include both Māori and non-Māori families who use Māori health and wellbeing services and it can be used by both Māori and non-Māori health practitioners within mainstream and Māori health and disability organisations (Chant, 2011). It allows Māori health organisations to have their own service delivery model, as Whānau Ora is a collective expression of them all and provides an overarching tikanga for their models (Chant, 2011). Therefore, being an example of kotahitanga and an inclusive model of health and wellbeing, would justify Whānau Ora as promoter of a relational approach of leadership.

As mentioned earlier, Whānau Ora is about a holistic view of whānau needs and goals. It requires all the health, cultural, social, and economic service providers who can support whānau to achieve their goals and become self-managing, to collaborate or at least be available for whānau. It encourages collaborations with all the stakeholders (including whānau) and engagement of whānau in design and delivery of services. This would result in the contribution of a group of people – including whānau – in design and deriving the change (leading the change). Similarly, the Taskforce Report highlighted how different government, private, public, and non-profit organisations should work together to provide more whānau-centred services. Hence, it is about a collective act that every provider and the whānau itself have their own contribution in changing the service delivery system as well as the whānau life. The whānau need to be able to plan for their goals and future and Māori service providers who can support them should empower whānau by increasing their knowledge, their access to services, their capability to change, and eventually self-managing their health and wellbeing.

Another instance of a relational approach in leadership of change for whānau can be seen in the funding model that is used for Whānau Ora providers. Unlike traditional forms of funding that measure success based on predefined and centralised outputs such as number of patients, time, and costs, the government follows a Commissioning for Outcomes model for funding Whānau Ora providers (Te Pou Matakana, 2015). It means the Whānau Ora providers can be flexible in defining their local problems and their whānau outcomes (changes) and then be measured based on their success in achieving those outcomes. This approach promotes a collaborative approach in defining the changes required (by putting whānau at the centre) and shifts the power from authorities to people in the community to decide what needs to be changed. This can be considered as a collective or relational way of leading change in the community as well.

Discussion

Exploring concepts such as kotahitanga, whanaungatanga, whakapapa, and manaakitanga as they relate to leadership has been the major focus of this paper. It reveals how these values can promote collective acts and relational connectivity among Māori, which can drive the collective role in leadership of change in social systems and achievement of common goals. Kotahitanga plays a pivotal role from a relational perspective of leadership, as it embodies the need for cooperation and collective responsibility in order to work together to achieve collective goals.

In the New Zealand health system, the Whānau Ora approach is an example of kaupapa Māori in the development and delivery of whānau-centred services that encourage collaboration between different stakeholders. As a model for realisation of kotahitanga, Whānau Ora brings all Māori and non-Māori providers together to collectively – with whānau – change the way health and wellbeing services are delivered. Moreover, the Commissioning for Outcomes model for funding Whānau Ora providers is another enabler in the provision of collaborative approaches in bringing about the changes required for whānau.

This abridged analysis of existing literature and practices supports the contribution of Māori kaupapa (especially kotahitanga) in the realisation of a relational form of leadership among Māori. Further research would be required though to assess the significance of this leadership among Māori service providers (for instance) by using a more comprehensive study.

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Public Health

HE NGĀKAU HOU

An innovative collaboration to reduce risk and improve the management of cardiovascular and chronic illnesses in community-dwelling whānau through evidence-based exercise.

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Abstract

Currently, New Zealand has no comprehensive exercise programmes for the management and prevention of cardiovascular and chronic disease. Cardiovascular disease (CVD) continues to be the leading cause of premature death and disability, costing New Zealand \$4.2 billion over the last seven years (Blakely, Kvizhinadze, Atkinson, Dieleman, & Clarke, 2019). Although there is increasing evidence of the benefits of exercise on health and wellbeing, it is often the least comprehensive component of care, with too much of the effort put on the responsibility of whānau themselves to make healthy lifestyle modifications (Bramley et al., 2004; Reid et al., 2018; Rolleston, Doughty, & Poppe, 2016). Māori are disproportionately at higher risk of CVD and chronic illnesses compared to non-Māori. To address this, Whānau Ora providers need to improve communication and collaboration amongst themselves so that Māori can indeed be in control of the services they need to achieve better health outcomes. This article demonstrates how a specialised exercise programme based at Te Puna Hauora o Te Raki Paewhenua has improved health outcomes in whānau by enhancing the quality of care through effective communication and collaboration between multidisciplinary service providers.

Key words: exercise, chronic disease, wellbeing, collaboration, Whānau Ora, CVD, health

Introduction

In 2017, while researching in sport and recreation participation rates and funding within the North Shore region, the Pou Hākinakina, who had recently graduated as a clinical exercise physiologist (CEP), identified gaps on the transition of whānau from non-active to active states. High dropout rates and non-engagement of Māori in government-funded health initiatives such as Green Prescription and Healthy Families prompted investigations into reasons why Māori were not engaging in these initiatives. There is evidence that for Māori, physical activity interventions are most effective when whānau have access to motivational-cognitive-behavioural approaches; help to manage their barriers; tackle issues related to health care providers; and the presence of a person with whom whānau could readily identify, kanohi ki te kanohi (Marsh, Foley, Wilks, & Maddison, 2014). Current services can address these issues, however, lack qualified exercise specialists who have the clinical knowledge, skills and abilities to assist physicians in the diagnostic and functional evaluation, education and behaviour modification of their patients (Kourkouta & Papathanasiou, 2014). An initiative called He Ngākau Hou, led by a clinical exercise physiologist was carried out at Te Puna Hauora o Te Raki Paewhenua to investigate whether a 12-week exercise intervention could reduce the risk of CVD and improve health and wellbeing in whānau. This article will highlight the approach which He Ngākau Hou took to enhance collaboration between service providers to ensure whānau received the best care possible.

Current Healthcare Methods

Despite abundant literature on what should and should not be done in healthcare, hardly any is written on how to do or not to do things, especially for the most vulnerable whānau. For example, a whānau member, who has multiple chronic illnesses with multiple medications, is referred to Green Prescription, where, after an initial assessment, if the current services they have don't suit the whānau, then it is up to them to take the initiative themselves to commence a healthy lifestyle with no supervision.

Physicians often undervalue the intellectual contributions of allied health professionals let alone Māori in their healthcare plan, therefore, the challenge lies in successfully disseminating the "how" between service providers, so whānau receive the best possible care. A solution to this would be a service which has access to both social and clinical patient management systems to share information and provide a running commentary of the needs of whānau during their journey, creating unification of messaging between multidisciplinary teams who are involved in the whānau's care. Access to clinical and social patient management systems enables the capture of pertinent clinical information such as orthopaedic risks and limitations, effects of medication and haemodynamic responses aiding in the treatment of chronic medical conditions. It also captures essential social details such as psychosocial factors, whānau or job responsibilities to help in addressing barriers to exercise compliance. This approach enables an increased level of information flow, transparency, customisation and collaboration between service providers; whānau accountability; as well as quantitative, predictive and preventive aspects (Kilo, 1999). The improvement of systems of care may be central to the optimisation of health outcomes in whānau, and a service which addresses the time and cost constraints that the social and clinical services may face, will enable whānau to have a better understanding of their health plan.

Clinical Exercise Physiology

Due to the infancy of clinical exercise physiology as an allied health profession in New Zealand, there seems to be a hit and miss approach to exercise in healthcare with the primary outcome to lose weight. Evidence-based exercise programmes designed to improve fitness in clinical populations in a safe manner is outside the scope of personal trainers, moreover, general practitioners and nurses are not formally trained in exercise prescription at medical school, and it is only recently that exercise physiology and prescription have been included in the medical curriculum (Pandya & Marino, 2018; Trilk & Phillips, 2014). Clinical Exercise Physiologists (CEP) are often mistaken as personal trainers, and similarities exist across both professions, however, distinct differences in education, scope of practice, and ongoing training rationalise the need for a CEP in the provision of structured exercise for the management of whānau who have, or are at risk of CVD and chronic illnesses. A CEP is an individual who specialises in the delivery of exercise, lifestyle and behavioural modification programmes for the prevention, management and rehabilitation of chronic conditions and diseases. Like pharmacological medication, exercise can have adverse side effects if not correctly prescribed to an individual. CEPs complete a minimum of five years at university, at both a graduate (Bachelor) and post-graduate (Masters) level, with over 500 hours of clinical placement. After that, access for accreditation as a Registered Clinical Exercise Physiologist with a regulatory body, American College of Sports Medicine (ACSM) or newly formed Clinical Exercise Physiology New Zealand (CEPNZ) is possible (Franklin, Fern, Fowler, Spring, & Dejong, 2009).

Cardiopulmonary stress testing is a hallmark characteristic of CEPs and in New Zealand is under utilised within a community setting, currently being mainly used in controlled research settings, hospitals, high-performance sport or in specialist exercise clinics. It provides gold-standard data, which is the most comprehensive and objective assessment of functional impairment and yields information about the metabolic, cardiovascular, and ventilatory responses to exercise. The system can be used for a broad range of other applications such as determining disease severity, exercise prescription and assessing the effectiveness of pharmacological agents (Balady et al., 2010). As the medical community begins to act on the evidence that exercise is medicine, CEPs will become increasingly embraced and employed as health professionals (Soan, Street, Brownie, & Hills, 2014).

Partners of the Te Pae Herenga Collective (Te Whānau o Waipareira, Te Puna Hauora and Manukau Urban Māori Authority) have brought innovation to Māori health by investing in a cardiopulmonary stress testing system for use with community-dwelling whānau. They have become pioneers in Māori health, by enabling Māori to participate in a specialised initiative which has the potential to change health policies. Te Puna Hauora is the only primary healthcare provider in New Zealand to utilise this equipment at a community level, free of charge.

He Ngākau Hou

He Ngākau Hou (HNH) is a comprehensive exercise programme specific to chronic disease management for Māori; it is a unique approach to health promotion which embodies both scientific and cultural models of care. The Whānau Ora Harakeke IMAP model provides a catalyst for change in the way service providers support whānau. IMAP embeds whānau rangatiratanga into the programme at every interaction and helps map and evidence the critical steps or milestones that whānau experience during their journey (Te Puna Hauora, 2014).

The majority of whānau, who were Māori, were referred into the service by Te Puna's clinic or social services. These whānau would generally be referred to Green Prescription with the primary outcome to lose weight independently or in group programmes as per 'doctor's orders'. Before starting the HNH programme, a survey was conducted individually to examine perceived barriers of physical activity and levels of distress in whānau before engaging in a physical activity initiative. Results revealed that these whānau (who had or were at high risk of CVD), perceived costs, lack of motivation, fear of making existing condition worse, fear of injury or re-injury and feeling uncomfortable or intimidated in a gym as significant barriers to physical activity. Whānau were aware of the opportunities to participate in physical activity in their community, however, they chose not to participate – further highlighting that what's available does not work for Māori. For 12 weeks, whānau attended the gym at Te Puna Hauora twice a week for 45–60 minutes, during which whānau received one on one supervision and monitoring by the clinical exercise physiologist. At the end of the programme, whānau were then referred to Green Prescription if they felt the need for ongoing support.

Results of the programme have led to many positive outcomes in whānau due to some unique features. Having the gym booked exclusively for whānau during exercise sessions provided whānau an environment to exercise with privacy at their own pace. A common characteristic of whānau who started to take on a leadership role within their whānau was when they started to encourage their own whānau to be more active and include them in their own sessions, this in turn at times led to other whānau also joining the programme. Social isolation was a common theme for whānau due to factors such as self-image, low or no income and hostile situations involving friends and/or family which affected whānau negatively. Post-intervention, whānau improved their quality of life, improved management of their health condition and improved cardiorespiratory fitness. This led to whānau re-entering the workforce, increased social interaction by attending local gyms or exercising with family in a community setting, and increased adherence to independent exercise, as well as adherence to clinical and social advice.

Another unique aspect of the HNH programme is that wairuatanga is inherently embedded in the delivery of the programme due to the IMAP model which is based on the principles of Pa Henare Tait's, Dynamics of Whanaungatanga. It is a practice framework to enhance and restore mana and tapu of tāngata. Consistent reflection of whānau needs and aspirations, reinforcement of positive behaviors and improved health markers have led to whānau feeling a greater sense of purpose and direction through increased confidence, as well as lower levels of anxiety and depression post-intervention. In general, whānau chose to take on more aggressive lifestyle modifications instead of medicine as a first-line intervention to prevent or better manage their health and wellbeing. Programmes similar to HNH exist but are operating in a silo without a kaupapa approach. The cost of these programmes starts from \$1000 per whānau; therefore marginalising those who are at most risk or have CVD and chronic illnesses.

Whānau Voices

"I joined this programme because I was sick and tired of being fat and of sickness, tiredness, shyness, dry scabby skin and I had a lot of other insecurities I was working through. I wanted to be healthier, fitter, and being slimmer would be a bonus. I had been going to the gym and trying to eat healthier by myself for a few years. I tried weight loss places like Jenny Craig, Weight Watchers. They worked for a lot of other people but, none of these worked for me. I began to accept that I will always be a fat person, that is who I am. I began to feel really stressed out and useless because I was doubtful I could lose enough weight. I spoke to my diabetic nurse about what I was feeling and she mentioned a programme that was happening and I was keen to give it a shot."

"That was when I first met the coordinator of He Ngakau Hou. We sat and had a small chat about the programme and what I was wanting to achieve. We organised our first session and I was so nervous but hopeful. At my first session I talked about my pending bariatric surgery and how I had set a personal goal of losing 8kgs prior to going to my first meeting with the surgical team which was in two months' time. The coordinator was positive about it and told me we would need to really work at it. I felt reassured because I knew it was a big ask and she seemed determined and that gave me hope that maybe this time I could make some real progress in shifting some weight. We got to work and I got to see how unfit I really was. I felt like my nostrils were too small, I couldn't breathe, I was hot, I kept getting itchy and sweaty, my body was sore. I started losing weight and because I could see my progress on the scales it just made me more determined to come back time and time again."

"I started talking more and laughing more I had some failures along the way due to my diet and some tears, it is a really emotional process. The coordinator was so supportive through it all helping me with my nutrition, breathing and eating, also providing access to apps that I found really helpful, her encouragement and positivity helped keep me focused. I eventually had lost enough weight and maintained it to have my bariatric surgery. Thanks to the support of this programme. I had the surgery in December 2017. My work friends and family have commented on how much I have changed and I feel it too, I cannot believe that this is me now."

"I also love that we are Māori because I feel understood, I don't have to explain everything to be understood – sometimes a grin or a side glance says it all. I feel a belonging for those few short hours I'm there and I love it. I am so grateful and being part of this programme has blessed me by making me want to be better. I feel stronger in body and in mind. I work hard at my fitness and try to remember all of what I have learnt, I feel obligated to do my best. I go to the gym every day, often twice. I feel great. I am learning to love me the way I am. Being slimmer isn't going to make me a better person, healthier yes, but I feel I have to accept myself the way I am and that I am enough. Life is good and I'm happy, thankful and so grateful to these wonderful new friends I have and proud they acknowledge me as a whānau member. With that I'd like to thank them for the blessings they bestow on me – it's life changing, and so from the bottom of my heart I thank you so much for this programme, I thank the people behind it and running it for what you do and who you are. Thank you."

Conclusion

With the absence of a comprehensive exercise programme for the management and prevention of cardiovascular and chronic disease, a new approach was much needed to improve Māori health outcomes. Kotahitanga through enhanced communication and collaboration between health providers is required to strengthen the Whānau Ora approach. The reinforcement of multidisciplinary advice can lead to improved adherence to medication, improved attendance to interdisciplinary appointments and improved health literacy. A service which has the capabilities to assist physicians and social workers to deliver a unified message to whānau can enable whānau to feel more confident rather than anxious due to mixed messages from service providers involved in their care. Due to a mixed methods approach, which includes gold-standard clinical measurements and whānau stories, HNH has the potential to address several research questions, hopefully attracting Māori researchers within the field of exercise sciences.

Future Directions

Development of health social networks for Māori: Potential for whānau to find others in similar health situations and share information about conditions, symptoms and treatments. A health condition is a particularly strong affinity and the collective learning and experience of others can be leveraged and shared to help whānau make decisions.

Utilisation of CPX system in youth: within a sporting context, the CPX could be utilised in Māori youth who would like to excel from grassroots with an elite level programme to achieve their sporting goals.

Expansion of HNH and research: increase capacity and capability of the initiative so it can be delivered to whānau at multiple Whānau Ora provider sites. Capacity and capability limitations have proved to be a barrier on the expansion of programme, furthermore, clinical exercise physiology is still yet to be embraced by the public health sector as it is commonly undervalued and seen as a threat to traditional allied healthcare and exercise. Further research on this initiative will enable us to observe and identify key aspects that enhance and restore mana and tapu in whānau within a primary healthcare setting.

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The Path to Knowledge

ALL MY RELATIONS

Chelsie Parayko

Missanabie Cree First Nation, Turtle Island¹ (Ontario, Canada)

Chelsie Parayko is a Cree and Ukrainian woman, and a member of Missanabie Cree First Nation, located in the Treaty 9 area in Ontario, Canada. In 2017, she followed her passion and started her journey at the University of Winnipeg in the Master's in Development Practice in Indigenous Development Program and will graduate in October of 2019. Her Grandmother, Alice Souliere, was a residential school survivor and Indigenous women's rights activist, and has been one of her biggest inspirations. In 2018, Chelsie's community, Missanabie Cree First Nation was, after 112 years, finally recognised and received reserve designation in their traditional territory. Her goal is to help her people "whose vision it is to regain and restore our rightful place and through the strength of our people, never again be denied our place in society," (Missanabie Cree First Nation Vision Statement, 1998).

Abstract

In this modern world, Indigenous peoples find space for our original ways of knowing and being, and their own understanding of what their role is within it all. Weaving together our original ways of knowing, the western world and our individual journey we create a path that allows us to find connection and unity among our nations.

Key words: Bridge-walker, connection, relationality, two-eyed seeing

¹"Turtle Island" is what some Indigenous peoples of Canada call North America.

When another Native person recognizes and reflects back to me my Nishnaabe essence, when we interact with each other in an Nishnaabeg way, my Indigeneity deepens. When my Indigeneity grows I fall more in love with my homeland, my family, my culture, my language, more in line with the idea that resurgence is my original instruction, more in line with the thousands of stories that demonstrate how to live a meaningful life and I have more emotional capital to fight and protect what is meaningful to me.
(Simpson, 2015)

All My Relations

Nearly ten years ago my Aunt Lori came home from a conference and told me she had heard the most profound term when referring to Indigenous peoples within our modern context, the term bridge-walker. She described it as the reality of Indigenous peoples navigating between two worlds, western and original Indigenous. She talked about how we as Indigenous peoples face the task of walking through the world needing to understand and function within both ways of knowing. We can walk through western systems, learning how to manoeuvre in those foreign systems for western ideals of prosperity, and we walk through our own original systems understanding and celebrating the relationality of everything and the role that we play within that. This is done at varying paces given the cultural genocide that has taken place globally at the hands of colonizers, however, it is our reality. There are many wise knowledge keepers that have come before me with this understanding, some referring to this walk as two-eyed-seeing (Marshall, Marshall, & Bartlett, 2015), or some referring to it, like my Aunt, as bridge walking.

When Auntie Lori told me about this concept, I heard and understood what she said at a rather surface level space. I was in the beginning stages of walking my own path of understanding what it meant to be a Cree woman, so it took me a while to really understand what she was telling me. At the time I had just left my job working at a financial institution because of fundamental values differences. The bank's bottom line was money and I watched as clients were, in my opinion, taken advantage of, and the bankers that did these tasks were promoted. I eventually went back to school and completed a Bachelor of Business Administration where I once again found myself having this feeling that, while I loved the business world, something was amiss. I continued and completed a certificate in Community Economic and Social Development where my strictly western business education set me up for a very limited view of how to help encourage prosperity. My classmates called my understanding into question multiple times, and it was then that I realised that my view was incredibly limited, there was a whole other perspective that I was missing.

The Braid

Looking back, it is clear to see that what my Aunt was teaching me was what my subconscious was screaming for and as I unfold that concept, I understand there is a third aspect to this walk, my own understanding and path. I have now begun to look at this path that I am walking as a braid with three strands. The first is my original knowledge, the second is my western knowledge and the third is my own understanding. These three strands weave together to make my braid, my path, my current self. This journey is ever changing and shifting given my understanding of each strand and the space that I hold myself within.

Strand One

The first strand is our western insights. As Indigenous peoples it is our reality that colonizers came to our lands, implemented their systems and have had an impact on our ways of life both from a historic and present perspective. Our communities would have evolved over time, however defining what that might have looked like is very subjective and truly something we will never fully understand. What we do know is that western systems have been the dominant systems that have been implemented in our country, and we are now required to function within them. Certainly, I myself can do a large amount of unlearning from this system to honour my original ways of knowing, however for my community and for my future generations I learn these systems to be powerful in those spaces.

Second Strand

This strand is our connection to our original ways of knowing and is likely the strand that was speaking to me when my western centric focus was causing great inner struggle. This is the strand that allows me to understand things and operate from a place of connectedness and keeps me grounded in who I am as a Cree woman. This strand keeps me connected to my ancestors, walking in a way that honours the path they have walked before us, fighting to keep us alive and well.

As someone whose family and community were disconnected from our land, language and culture, my path to reconnecting with my original ways of knowing is something I have only begun to walk recently. My elder and knowledge keeper Dan Thomas told me that the most beautiful thing about our culture is that we are able to collect things along the way that we connect with, that speaks to us as Indigenous peoples (D. Thomas, Personal Communication, March 2019). To me this means that our connection to culture and identity is something that is ever evolving and keeps us linked to those that come into our path and have a profound impact on us. It is also what connects us to all our relations, thus being something that comes with great responsibility.

Strand Three

The third strand is the strand that we personally bring to this path. As individuals we all have had individual experiences, individual connection to ceremonial or original ways of knowing that have created our foundational pillars or our tikanga. We also bring a new set of understanding, knowing and being, depending on the space that we are occupying. This strand brings in both our original ways of knowing and our western knowledge to form the person we are and the way that we contribute to our communities. It weaves around these two very different perspectives and brings them together to create a path that allows us to be grounded in who we are, what we know, and the western life that has been put upon us. We find prosperity when we find a way to honour both.

This strand is incredibly critical as we walk through other communities as it is part of what we bring when we are guests on their lands. This could mean our neighbours a community over, in the next province, or it could mean as we move outside Turtle Island, there are implications, responsibilities and reciprocity that must take place as we walk. As I write this article, I am sitting on the traditional territory of the Māori people, I cannot help but consider what this means for the Indigenous peoples I encounter. A wonderful knowledge keeper, a local kaumātua, helped me to complete a ceremony for cleansing my spirit. He explained to me that he would conduct a karakia and then would call my ancestors and the ancestors of

Aotearoa to weave a basket around me to ensure that my journey on this territory would be a good one, one that is guided by those spirits. As he spoke the words, I could feel the weaving across my body, I could feel the beauty of this ceremony bringing together the ancestors and I knew more than ever that my path was the good path, the third strand in my braid was made stronger.

Understanding and being careful within that third strand is something that I take very seriously. During a pōwhiri, another knowledge keeper and kaumātua said “we are many moving parts of one body”. When we walk, we walk with our ancestors, with our family, and among our new connections. This is true across oceans and notions of borders. We must hold ourselves to an understanding that we are all connected and our actions and inactions impact all our relations.

As we walk our path, and find harmony between our western realities, our original ways of knowing and being weave through those worlds, bringing it all together. As I walk through this section of my path, I am conscious that my time on Aotearoa is contributing to my braid, allowing me to gain the strength from the knowledge and relationships I build while I am here. This is, I believe, one of the most critical steps within my own path as I draw great connection between my Cree family and the whānau I have gained while here in Aotearoa. As we weave all of these strands together, our path becomes stronger and we become more powerful for our people, we are able to find power and strength in connection. There is something so profound in seeing the vast similarities, the progress and resurgence and the relationality, it has fed my soul to know that my own community is not alone in our understanding of our ways of knowing and being.

The braid view is a living path that we, as Indigenous peoples, walk every day. With each step I must ensure that I am aware of each strand and walk in a way that honours the paths that our ancestors have shared with us. We ask those ancestors to walk with us, or to weave a basket of good and love around us so that we are able to do the good works that are necessary. Our original ways of knowing, our western realities and the journey we are on as individuals must all be in the forefront of our actions, it is my responsibility that I am so incredibly grateful for.

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Frontline Services

KOTAHITANGA ON THE FRONTLINE THE WHĀNAU ORA NAVIGATION CANCER CARE SERVICE

Anita and Wendy are Community Cancer Navigators at Te Whānau o Waipareira Trust. They have both lived in the West Auckland area for the majority of their lives. Through their mahi, Wendy and Anita provide a free support service to Māori whānau who are aged 16-years and over and living in the West Auckland community.

Wendy Hayward-Morey

Ngāpuhi, Te Rarawa, Te Aupōuri, Scottish

Wendy is an Enrolled nurse with 39 years' experience in obstetrics, geriatrics (New Zealand, Australia) and IHC. At Waipareira she has held a number of roles, including as part of the Whānau Ora Cancer Care Service for 10 years, the Women's NCSP co-ordinator for nine years, and as part of the Whānau Ora Cancer Care Service Pilot for three years.

Anita Hakaraia

Tainui, English

Anita has a background in social work. At Waipareira, she has worked in a number of roles including as the Home Base & Behavioural Support team leader for five years, and as a Family Start & Parents as First Teachers (PAFT) social worker. Anita has been involved with the Whānau Ora Cancer Care Service at Waipareira for five years. Prior to her mahi at Waipareira, Anita was the manager of a Rest Home for 11 years.

Abstract

The Whānau Ora Navigation Cancer Care Pilot was a Whānau Ora co-designed Cancer Navigation Programme developed in partnership with Te Whānau o Waipareira and the Waitemātā District Health Board. The pilot involved a three-year research and development phase as part of cancer control strategy implementation project. The success of the pilot led to the Waipareira/WDHB Community Cancer Navigation service, a Whānau Ora and whānau-centred model by Māori for Māori which was evaluated in 2017. In 2019, Whānau Ora Navigation Cancer Care identified an innovative idea to make a difference to whānau engaged by the service, and were able to secure Pitch Local community funding, for 'Vidjourn'. The Vidjourn concept being, that a video of whānau who have been through the cancer journey, can be shared with newly diagnosed whānau to provide support and help them through their journey ahead.

Key words: cancer, whānau, Whānau Ora, co-design, navigation, innovation



Edith McNeil (nee Thomas)
*Waipareira/Waitematā District Health Board
Relationship Manager*

*Ngāti Paoa, Te Rarawa,
Te Aupōuri, Ngāti Whātua, Whakatōhea*

We would like to acknowledge the late Edith McNeil for having the foresight and the knowledge to put forward a business proposal and successfully secure the Whānau Ora Navigation Cancer Care pilot and contractual service for Māori and their whānau in the community, as the general manager of Wai Health & Social Services from 2006-2009. Edith also successfully held the first Māori International Cancer Conference 2009 in Rotorua. Edith moved on to become the Waipareira/Waitematā District Health Board (WDHB) relationship manager. She was responsible for facilitating the relationship between Waitematā DHB and Waipareira at governance and operational levels. This role was a key milestone in having formalised Whānau Ora relationships with funders to work on joint supportive approaches. Prior to this role, Edith was the Māori Planning and Funding Manager for WDHB. Edith had a Post Graduate Diploma in Health Science, majoring in Māori Health. She had extensive experience in the development and implementation of policies that supported the overall progression of Māori at a local, national and international level, and across community, primary, secondary and tertiary care.



Airini Tukerangi
*Waipareira Health
General Manager*

Ngāti Tamaterā, Hauraki

We would also like to acknowledge the late Airini Tukerangi (General Manager) for her leadership and management of Health Services. Airini's role was vital in supporting both a high quality of service as well as shaping the delivery of new services. Among many things, Airini was the chair of the Coromandel Independent Living Trust (NGO). She was a former, Minister appointed DHB Director of the Counties Manukau District Health Board, Director of Waitematā Primary Health Organisation, and chair and trustee of the Waipareira Trust Board. She was also a registered nurse with over 30 years' experience working in mainstream, iwi and Urban Māori development.

This article presents the whakapapa and some of the milestones of the Whānau Ora Cancer Navigation Service, and how it became an example of what can happen when we work in partnerships across organisations to tackle complex issues of health and wellbeing.

The Whānau Ora Navigation Cancer Care Pilot 2006-2009

The Whānau Ora Navigation Cancer Care Pilot was a Whānau Ora, co-designed cancer navigation programme, which was developed to address the broader health determinants, and patient level, whānau, systems and process barriers. The pilot was developed in partnership with Te Whānau o Waipareira and the Waitematā District Health Board. The pilot involved a three-year research and development phase as part of a cancer control strategy implementation project. Furthermore, it was one out of 21 cancer control strategy implementation research projects, yet the only one with Māori co-design and an intervention focus. Two full-time staff – a nurse and a social worker (Māori community funded) were hired to address multiple determinants and high whānau complexity.

The Whānau Ora Navigation Cancer Care pilot was underpinned by the Waipareira values, Te Kauhau Ora: the Code of Conduct, which is a representation of the core values and principles that underpin everything Waipareira offers, predicates all and is endorsed by Waipareira whānau, our Kaumātua Rōpū, the governance board and kaimahi:

- Whanaungatanga – we establish and maintain positive relationships
- Wairuatanga – we act in the spirit of all that is good
- Whakapapa – we honour the past, the present and the future
- Manaakitanga – we are hospitable, fair and respectful
- Aroha – we are empathetic, compassionate and have regard for all
- Tautoko – we support and encourage whānau to realise their full potential
- Kawa – we uphold the kaupapa in which Te Whānau o Waipareira trust was founded, its values, vision and standards – the Waipareira way
- Pōhiri – we embrace and welcome all
- Te reo Māori – we actively practice te reo Māori and tikanga
- Kotahitanga – we progressively act in unity

The Whānau Ora Approach To Cancer Navigation

Airini Tukerangi, the general manager for Waipareira's Health division and Sandra Sheene from Waitematā District Health Board, presented on the collaborative, Whānau Ora perspective to Cancer Navigation. Passionately speaking on a very emotional subject, Airini and her team of Navigators certainly were well received from a room full of other professionals. Whānau Ora is an inclusive approach to wellbeing, focusing on not only an individual but their immediate and wider whānau. Airini connected the model of Cancer Navigation to Professor Sir Mason Durie's Māori Model of Health and Wellbeing, Te Whare Tapa Whā¹, focusing on solidifying the foundations of all four pillars of your whare (wairuatanga, whānau, hinengaro and tinana) in order to be well.

¹ Durie, M. (1994). Whaiora: Māori health development. Auckland, N.Z: Oxford University Press.

Pilot Achievement

The pilot was an example of working together across an Urban Māori provider and a District Health Board to achieve common goals. Outcomes were multi-levelled, and identified and mitigated patient and whānau-level barriers to accessing services. The pilot also reduced DNAs (did not attend), and provided a communication liaison and health information advocacy regarding co-morbidities. The pilot also focused on early access to diagnostic and treatment services; support throughout the cancer care pathway, from screening, diagnosis, treatment, end of life care, planning, tangihanga; and consult liaison regarding system level factors with District Health Board [DHB] clinicians. The pilot was designed to be a Whānau Ora service, with a non-siloed, whānau-centred approach.

The success of the pilot led to a full roll-out of the service, co-designed and co-run by Te Whānau o Waipareira and the Waitematā District Health Board.

Waipareira/WDHB Community Cancer Navigation Evaluation

In 2017, the Cancer Navigation Service underwent an evaluation, which involved 21 Māori whānau who were past or current recipients of the service. The evaluation highlighted further key aspects of the service:

- the service is a Whānau Ora and whānau-centred model by Māori for Māori.
- the service is able to tailor provision to meet the needs of whānau and individuals with cancer, co-morbidities and complex social needs, in many cases, this included provision of services internally and externally through multiple agencies.

Furthermore, five key drivers were identified for good patient experience and positive cancer care outcomes for the Whānau Ora Navigation Cancer Care service:

- whānau ora/whānau centred approach – holistic approach to service delivery
- kawa/kotahitanga – appropriately skilled workforce
- whanaungatanga – relationships
- tautoko/aroha – psychological and emotional support
- kaupapa Māori – culturally-based model of care

The evaluation further acknowledged the skillset of the navigators, highlighting their proficiency (nurse and social worker) and ability to meet the needs of not only the whānau on the cancer pathway, but also their wider whānau too.

In regards to working across organisations, the evaluation commented that the navigators have good relationships with clinical and administrative staff at Auckland and Waitematā DHB (cancer streams and cancer pathway), along with other health and social providers including in the community, primary, secondary and tertiary care areas.

While the evaluation produced strong qualitative evidence that the service reduced barriers to cancer service access and care, it also highlighted that the service was under-resourced of kaimahi (1.0 – 2.0 FTE) and short on practical resources, such as access to a permanent car each (as opposed to daily fleet bookings).

Pitch Local2019 – Innovation Building On The Service

The innovation fund is small grant that is offered by Te Pae Herenga o Tāmaki - an Auckland Whānau Ora partner provider collective. The fund is designed specifically to grow capability in our community by identifying gaps in current service delivery. Whānau Ora Navigation Cancer Care identified an innovative idea to make a difference to whānau engaged by the service, and pitched the concept of ‘Vidjourn’ to the Pitch Local panel of judges.

The concept of Vidjourn is to provide a video journey of whānau who have been diagnosed with cancer. The aim of the video is for whānau to share their stories with the hope to help newly diagnosed whānau with cancer, and give a snippet of the rollercoaster journey ahead. By providing shared experiences of whānau who have completed their journey through the different cancer streams along the cancer pathway, others can learn and get supportive insight. Vidjourn is a resource made by whānau for whānau.

Whānau Ora Navigation Cancer Care service successfully secured funding for the project. Navigators hand delivered invitations to whānau that had attended an evaluation by Waipareira and Waitematā DHB in 2017. These whānau were past, current, and survivors of whānau that had used the service. 22 whānau were invited on the 3/5/19 to Whānau House to attend a consultation hui, during which they were invited to be part of the Vidjourn project.

Eight whānau consented to be a part of the Vidjourn. Filming commenced in mid-June 2019 and it is envisaged that once edited, whānau will be bought back to celebrate the Vidjourn. This resource will be given to the participants on a memory stick and there will also be a link for whānau to access.

From Pilot To Continued Collaboration

The journey from pilot to full implementation and to the current day is backed by a collaborative approach, using a Whānau Ora perspective to Cancer Navigation. Whānau Ora is an inclusive and holistic approach to wellbeing, and a model that embodies the value of kotahitanga. To truly help our whānau there have been multiple collaborations, not just with the Waitematā District Health Board - from the initial design, delivery and funding of the programme; but beyond into every aspect of our West Auckland community. Relationship building, engagement and innovation have all been at the heart of the story of this programme, which continues to grow and shape itself around the true needs of our West Auckland community.



Collective Impact

COLLECTIVE IMPACT AND THE ORIGINS OF TE PAE HERENGA O TĀMAKI

Witeri Williams

Tapuika, Waitaha, Tūhourangi, Ngāti Rangiwewehi

Witeri comes from Te Puke in the Bay of Plenty and is of Te Arawa waka. His iwi are primarily Tapuika, Waitaha, Tūhourangi and Ngāti Rangiwewehi; or as he terms it often, Te Ihu o Te Waka o Te Arawa. He has worked in hauora for some time with a background in frontline youth work and mental health. He progressed through contract and data management and has been part of the Waipareira back office for six years. He is a proud father of four and spends many hours attending sporting events, kapa haka and wānanga both in Auckland and at home in the bay.

Abstract

This article is pulled from an interview with Witeri Williams, the data analytics and performance manager within Te Whānau o Waipareira's 'Wai Intel' team. In his interview Witeri discusses Collective Impact¹ (CI) and explores its role within indigenous Aotearoa². He talks about the process of tangihanga and its synergies with the principles of Collective Impact but, more importantly, showcases how a Māori model of Collective Impact should have a distinct flavour.

Witeri also talks about Te Pae Herenga o Tāmaki³, detailing how and why it emerged as a regional hub, and its journey and conception as a Collective Impact across partners in Tāmaki.

Key words: Collective Impact, place-based, indigenous, whānau, Whānau Ora

¹ Collective Impact (CI) is a methodology that has been used to address complex social issues and promote innovative social change. The CI approach supports large scale change, brought about gradually through partnership of a group of organisations coming together over a common agenda to facilitate this change. The five key conditions to form a CI initiative include: mutually reinforcing activities, shared measurement, dedicated backbone services, continuous communication and a common agenda.

² The Whānau Ora Commissioning Agency (formerly Te Pou Matakana) was the first to commission Collective Impact Initiatives across North Island Whānau Ora providers

³ Te Pae Herenga o Tāmaki is a regional hub of Whānau Ora partners, from different areas across the Tāmaki (Auckland) region

Collective Impact is a methodology that encourages collaboration and communication across different organisations with the same common agenda. In the Whānau Ora space, this involves working together to better respond to whānau needs and aspirations. In Collective Impact, the principle of kotahitanga is elemental, encompassing unity, driving collective action and encouraging partnership. Te Pae Herenga o Tāmaki, is an example of Collective Impact and kotahitanga in action, bringing together 6 regional partners, collaborating, sharing resources and expertise across iwi, Urban Māori and Māori providers to deliver a regional Collective Impact programme.

What Are Your Thoughts On Collective Impact and What It Is To You?

When we first started Collective Impact (CI) it was still being introduced primarily on the premise of what was being done in Australia, i.e., SVA (Social Ventures Australia), and because of that connection there, that we should do everything they do. I was resistant to anything not indigenous to what we do. Why would you bring in anything from white Australia to Aotearoa? From my experience in the indigenous circuit heading overseas and presenting overseas, typically you have a salient white man presenting about the Aboriginal people but never Aboriginal people. And, if they are there, they play a digeridoo and talk about their country and then the researcher or the doctor presents their work on the Aboriginal. So, I suppose my experience was coloured by that. When I was part of the funding and contracting team and they started talking about CI, I started challenging it: Why do we need anything from Australia, and why wouldn't we look at Collective Impact from a cultural paradigm that was indigenous to us?

I had the discussion with a couple of colleagues, “You’re running a big hotel downtown in Auckland. I’m going to come to you on an unspecified date and say, look I want to rent out your hotel and facilities and I need services for between three to four days. I’m going to have visitors, potentially three to six hundred visitors per day. I need to have potential accommodation for them and I need to provide breakfast, lunch and tea and cups of tea for all these people.” When we have a tangi, we don’t do that. So, in terms of Collective Impact we’ve already got models where the common agenda is already ingrained in you. You know your role. You know your contribution. You know attribution. You understand the end result. You understand where you start, where you finish and what a successful tangihanga looks like – or an unveiling or birthday or wānanga. That’s sort of ingrained in us, what that looks like. And I felt that by bringing in the overseas model we’ve overlooked what’s intrinsically Māori and that Collective Impact is actually intrinsically kaupapa Māori. But because we’ve put the wrong labels in place, our measures, outcomes and things... when we talk about common agenda, they don’t bloody use it. But then in terms of a tangihanga it’s not like, if you had a tangi, the kaumātua on the paepae isn’t worrying about... he’s not micromanaging the kitchen. He’s not micromanaging how many bread do we need to order, how many fried bread, how much flour do I need, how much cooking oil? He doesn’t know any of those metrics. So, based on the volume of people, based on the popularity and whakapapa of this person, there’s going to be an unknown quantity of people that are going to come and visit over the duration of this tangi. But the kaumātua is only worried about his role; the sole thing he’s worried about is process and formal welcoming and that on the marae and then the whare and protocols there. He’s not micromanaging anybody else. And same thing with the kitchen. They’re not worried about the contents of speeches because they’re watching the kitchen and a good kitchen is looking at the bill for the family. So, they’re trying to keep that in mind. They’re trying to manage

costs. They’re trying to source – have we got a local shop that will give us an open bill, set up a tab and that we’ve got to commit to wiping that tab out. So, there’s all these things being managed and they’re being done collectively, but there’s still a mana over each one around their contribution.

So, in terms of the way I look at CI, I haven’t bothered to look at any other stuff from overseas, any of the official stuff because I rely on my knowledge. So, I rely intrinsically on the cultural paradigm. I don’t worry about what anybody else says CI is because most of the people that write about CI couldn’t CI themselves. They couldn’t CI themselves out of a bottle so I don’t worry about that opinion. But I think CI can make a contribution in terms of a Māori paradigm to resolve some of these bigger things. But we need to go back to Māori protocols to shape and ensure that this buy in is on the agenda if we skip things out too. If we skip things over and skip over the detail. If we skip over domain experts and don’t have each domain sorted in terms of kea ia reanga tona rangatira (every level has a chief/expert). I heard that saying a long time ago. Each, at each level and each body of knowledge has an expert of its own and there’s this particular skillset that goes with that expertise. So I suppose in terms of CI, I’m quite firm in terms of how I’ll approach it and how I’ll measure it.

Te Pae Herenga – Where Did It Come From?

Our CI Te Pae Herenga pitch ended up becoming twofold because we wanted to cover our bases. And being that Waipareira had the back office for TPM and the commission and were in the early stages there, we sort of went in hoping that if one didn’t make muster then the other would. So, we provided what we thought was a local solution which was what we thought initially was pretty sexy and what we were calling a local place-based initiative. And then at a macro level across Auckland, something that had never been done before in terms of promoting CI, discussing CI and bringing people along for the journey. And then, if there was the ability in the contract, then potentially we do both. If we didn’t get both, then just focus on what we did get, whether that be regional capacity or the local place-based.

The local place-based, the original kaupapa that we scripted around was if you think about kaiārahi being the main experts horizontally, and at that time the workforce at Waipareira, we had health experts, social service experts, justice, corrections, kaupapa Māori. So, you had some very strong domain experts. So what we thought of at that time was a role or service that understands that matrix of expertise and that whether it be at a system level or a person becomes what I termed at the time, ‘a kaikōkiri’. You have the kaiārahi who operates at a horizontal level but then the kaikōkiri can operate at a vertical level and weave through the domain experts in those domains. It set a new taumata in terms of navigator. So it created a framework of, from the practitioners relative to their domain, here’s what you need to know for health, social, justice, corrections, based on what our experts knew and then to get the next tick in terms of a practitioner is to be able to display and case manage across domains and be able to interweave those. And be able to produce the case studies, to evidence that I am a kaikōkiri. That a family’s come in with this, I mataora them, put a care plan in place, referrals here, here, here and here. Manage them to here. Test them, retest them, put some more things in place. Bang. They’re mean now. So, that was the initial thing. Ngā pou i roto i te Whare o Waipareira and then as well as that, Ground Zero. So, someone that’s not only at Waipareira services but in terms of Ground Zero, the pharmacy, the doctors, DHB, physio, acupuncture and dental. Do all our whānau know what they’re eligible for? So, there’s that bit too, that bundled in there. There was an idea of a whānau card for Whānau House. And that whānau card would have a whānau with a unique ID and as they travel around the whare,

we track the Waipareira services and ground services to see who they are connecting with because at the moment, connections are going on but we've got to do it at a really large population level to actually see who's accessing what. Currently as we speak, where there's no correlation, there's no way to unify that. So, that was the basis of the place-based CI, our original thoughts.

At the regional level with Te Pae Herenga, the aspiration was that all the regional partners were able to stand and become a repository of Whānau Ora practice and recognise them as a paepae within their rohe. If each one is a marae, each marae has a paepae of experts and then as experts, Te Pae Herenga was about bringing the experts together. Not just managers, the experts together, whether it be data, practice or kaupapa Māori – bring them together so they can liaise and work together and so on.

Now Where Would You Like To See It Go?

I'd love to see a concentrated effort to put up champions. And that the champions across Te Pae Herenga lead from within. So, Te Reo Matahīapo is one example I think that we're heading in the right direction. Not quite there yet but let the reo champions engage in these organisations. Engage with one another and bounce off one another, shape something. I say you make pūtea available to the domain experts. Let them come together, natural cohorts, and let those cohorts pitch for a resource to do something local or at a regional level and then share those learnings back. Let the domain experts do what they've got to do and then we try and pull the measures out of what they do naturally, rather than enforce the measures. Because we've got a very capable back office in terms of what they can pull out. So, I'd rather be less intrusive on that. Some of our CI initiatives were focused too hard on the measures. Because if you look at a marae you don't rent kaumātua from another marae. Oh, we've got so and so coming. Oh, we better go and get so and so in. Whoever's the home whānau, they've got to be able to carry it themselves. You're responsible for all those. That's why I go back to a Māori context. It's better to be humble and do it off your own back than it is to cede your paepae or your kitchen to somebody else that isn't from you. So, there's got to be mana enhancing and pride in carrying and bearing the weight of your efforts. And if it's humbling, so be it. But CI's about working over that longer haul, I think. And from within and growing the capacity of your own cohort, not the other way around.

GLOSSARY

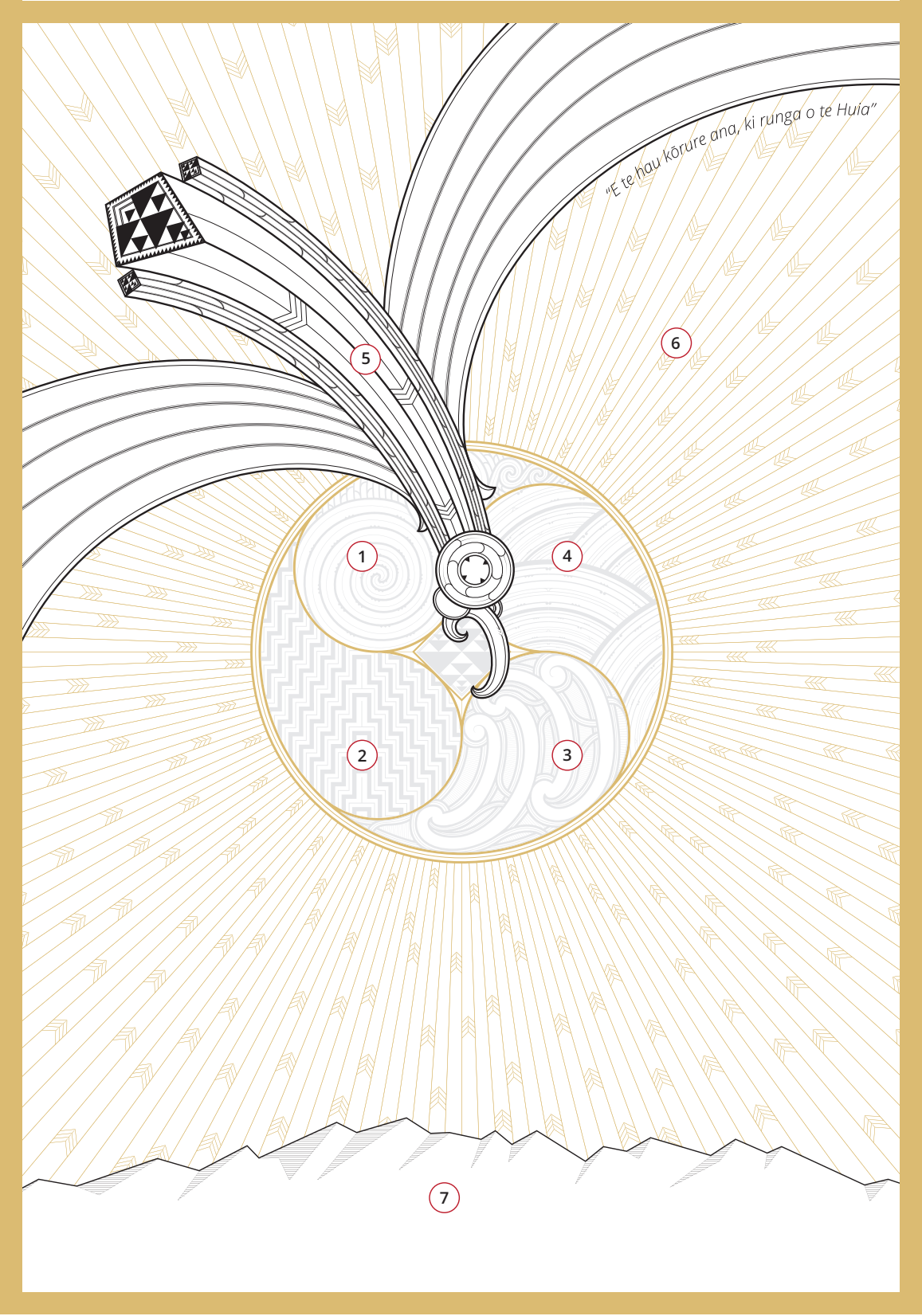
TE KURA NUI O WAIPAREIRA ISSUE III: KOTAHITANGA

ako – learn, study, teach
Aotearoa – New Zealand
aroha – generosity, compassion, sympathy, love
ātā – a Māori socio-cultural philosophy: growing respectful relationships
atua – primal energy source, god
Cree – Indigenous Canadian persons
hākari – shared feast
hāpori – section of a kinship group, family, community
hapū – kinship group, tribe, subtribe or pregnant, expectant
hauora – health, wellbeing, vigour
hinengaro - mind, thought, psychological
hongi – Māori greeting custom (nose to nose)
hua - fruit
hui – gathering
iwi – tribe
iwi whānui – members of a tribe, the greater tribe
kahikatea – white pine tree
kai – food
kaiārahi – guide, navigator
kaimahi – workers or staff
kaitiakitanga – stewardship; guardianship
kanohi ki te kanohi – in person (face to face)
kaapa haka – haka group, Māori cultural group, Māori performing group
karakia – prayer or ritual chant
kaumātua – elder/s
kaupapa – collective philosophy

kaupapa Māori – Māori values, principles or philosophies
kawa – rituals, protocols
kia piki ake i ngā raruraru o te kainga – Socio-economic mediation
kōhanga reo – Māori language preschool
kōrero – tell, say, speak, story
kōrero pūrākau – indigenous narratives from Aotearoa
kotahitanga – unity
kura – precious cargo
Kura Kaupapa Māori – Māori immersion school
mahi - work
mamae – pain, sore, hurt
mana – dignity, spiritual vitality, authority, control, influence
manaakitanga – to care for, expression of hospitality
mana motuhake – distinct identity, autonomy, self-determination, self-governance
manu - bird
Māoritanga – Māori cultural practices, beliefs, culture–, Māori way of life
marae – ceremonial, sacred gathering ground
marama – month or moon
mataora – life, life cycle
Mātauranga Māori – Māori bodies of knowledge
mātua – parents
matua kēkē - uncle
mauri – life principle, life force, vital essence, source of emotions, spark of life
mauri ora – flourishing vitality
mihi whakatau – informal welcome
mihi – acknowledgement, greeting

mihimihi – the custom or practice of making acknowledgements
moemoeā – dream, ability to dream
moko - grandchild/ren – short for mokopuna
mokopuna – grandchild/ren or great grandchild/ren
ngā hononga maha – multiple connections
ngā taonga tuku iho – the treasures handed down
ora – alive, well, healthy, fit, healed, safe
Oranga Tamariki – New Zealand Ministry for Children
paepae – orators’ bench
Pākehā – European, English, foreign
pakiaka – roots
Papatūānuku – earth mother, earth
papa whenua – the land
pēpeha – tribal heritage statement
pēpi – baby, infant
pou hākinakina – physical activity worker/support/expert
pōwhiri/pōhiri – customary Māori welcome
puawaitanga – flourishing
pukengatanga – expertise
pūtea - money
rākau - tree
rangatahi – youth
rangatira - leader
rangatiratanga - leadership, chieftainship, right to exercise authority
rohe – tribal boundary
rōpū - group
taha Māori – Māori identity
taiao – world, earth, environment
takiwā – place
Tāmaki – Auckland, short for Tāmaki Makaurau
tamariki – children
Tāne Mahuta – God of the forest and the birds
tangata/tāngata – person/people
tangata whenua – people of the land, indigenous people
tangi – funeral, short for tangihanga
tangihanga – funeral, rites for the dead
taonga tuku iho – inherited customs or treasures of high importance
tapu – sacred, prohibited, restricted

taumata – level, grade, summit
tautoko – support, back, advocate
te ao Māori – the Māori world
te ao whānui – the world
Te Ataarangi – Māori language revitalisation initiative
Te Kauhau Ora – Waipareira code of conduct
te kōhure – establishment
te mahuri – innovation and refinement
te mana o te ao Māori - Māori perspectives
te pihanga – implementation
te reo Māori – Māori language
te reo me ōna tikanga - the Māori language and customs
Te Whare Tapa Whā – Māori health model developed by Sir Mason Durie
tiakitanga – guardianship, caring of, protection
tikanga – Māori practices and protocols, lore
tinana – body, physical
tino rangatiratanga – self-determination, authority
tīpuna/tūpuna – ancestors
tohatoha – distribution, allocation, sharing
toi – pinnacle, summit and indigenous knowledge
toiora – wellbeing; protection from evil
waiata – song, chant
wairuatanga – spirituality, practices emphasising Māori spirituality
waka – canoe, vehicle
waka ama – outrigger canoe
wānanga – meeting, discussion, seminar
wawata – aspiration
whaea kēkē – aunt
whakamā – shy, embarrassed, ashamed
whakamana – empowerment, authority
whakapapa – ancestry; genealogical connections
whakawhanaungatanga – process of establishing relationships, relating to others
whānau – family, extended family
whanaungatanga – relationship building
whānau noho – marae stayover for families
Whānau Ora – Government whānau centered strategy which promotes flourishing whānau
whare - house



This issue's cover was designed by Waipareira Graphic Artist, Ben Thomason (Ngāti Raukawa ki te Tonga).

TE TOHU

WHAKAMĀRAMA UNDERSTANDING THE COVER

The elements of this cover were inspired by and created based on a line from the latest verse of the Waipareira mōteatea E Rongo - *“E te hau kōrure ana, ki runga o te Huia.”*

The centre design is a cluster with two different meanings. The thick gold lines and four segments represent *“Ngā hau e whā”* - the four corner winds. These winds are used to show the diversity within the research field.

Within the four segments there are four different patterns (shown in light grey). Each pattern has been designed to represent the four sides of *“Te Whare Tapa Whā.”*

1. **Taha Wairua** - the “rauru” pattern was used to represent the flow of ones spirit.
2. **Taha Hinengaro** - the “poutama” pattern was used to represent Te Ara Mātua, the pathway Tāne-nui-a-Rangi used to ascend to the heavens to gather the three kete of knowledge, which he gifted to mankind.
3. **Taha Whānau** - Tā moko were used to represent the composition of ones family and social life. Each manawa line and koru can be a representation of ones own whānau members or circle of influence.
4. **Taha Tinana** - A very contemporary whakairo pattern, using koru, niho taniwha and haehae. The composition of these Māori elements was used to give the appearance of muscle fibres within the human body. A direct link to to the physical side of ones body.
5. The main figure is a contemporary take on how a huia bird may be represented in Māori art. Note the distinct bill under the beak and the unique and treasured tail feathers (shown in the aro aro pattern). The huia bird is shown as flying alongside the four winds (in the centre of the cover).
6. The rays of light are a representation of pulling knowledge and understanding from the darkness, which is inspired by the written works found within this publication.
7. This maunga design at the bottom represents the Waitākere ranges. The dominant marker for the West of Auckland. It's only appropriate that we use the whenua to link us to a place within Aotearoa.



Occupation at Ihumātao
Photo by: Katene Durie-Doherty



TE WHĀNAU O WAIPAREIRA

KOKIRITIA I ROTO I TE KOTAHITANGA

Progressively Act in Unity

