Te Rau Matatini

Whiria Te Oranga

Kaumātua Workforce Strategy for Mental Health and Addiction Services
**Whiria Te Oranga**

*Whiria Te Oranga recognises the leadership of kaumātua to support the well-being of tangata whaora, whānau, hapū, iwi, mental health and addiction workers and services. Whiria Te Oranga encompasses the weaving of health and well-being for the young and old; the skill of kaumātua to negotiate obstacles that may impede pathways to successful health outcomes for individuals and families, relationships between services, whānau, hapū, iwi and Māori communities.*

He Korowai Ariki, a traditional cloak that is a highly refined garment, richly adorned and known for its beauty, was preserved to be worn by those considered to be of senior status. He Korowai Ariki is portrayed here to represent the senior roles of kaumātua, koroua me kuia in Māori society today. Senior status is often associated with wisdom, depth of knowledge, experience, teaching ability, guidance, leadership and chieftainship (Te Rau Matatini, 2007a).

The korowai fosters, promotes, and maintains the kaupapa to generate the bringing together of a number of genre to acknowledge and promote positive relationships and mental well-being (Taiarahia Black, 2006).

**About the Cover**

Our special thanks and acknowledgement to Veranoa Hetet (nō Te Atiawa, Ngāti Tuwharetoa, Ngāti Maniapoto) for permission to use an image of her creation of korowai taonga. The korowai was a collaborative work with her mother Erenora Puketapu-Hetet (who wove the korowai featured on the cover of the National Māori Health Strategy He Korowai Oranga). Veranoa, a registered Toi Iho traditional and contemporary weaver who has exhibited extensively, is a tutor of Māori Design and Art with the Open Polytech of New Zealand.
“They help us feel real safe on marae, teach us kawa and tikanga and give us our own serenity.”

“He has a very cheeky way that lightens up the atmosphere and knows when to be serious and through his kōrero puts everyone on the same level of understanding.”

“She has the ability to smooth the waters.”

From the mental health and addiction workforce
Tēnā koutou

The role of kaumātua as community leaders has long been familiar on marae and within iwi. Importantly, health services have also realised how valuable kaumātua can be as part of the health team. In mental health and addiction services, kaumātua are even more highly valued because of the increased relevance of culture to health outcomes.

This document outlines some of the roles kaumātua can play and the contributions they can make to health gains for Māori. Most kaumātua employed in health services have advanced cultural knowledge and skills. But in addition they will be increasingly expected to have a sound understanding of clinical processes and service parameters so that their contribution can be felt across the whole treatment and care process.

Further, because of the important role they play as advocates, as contact points with Māori communities, and as senior members of the team, they have the potential to promote a spirit of integration and integrity.

Building on three strands, this strategy identifies a number of key whānau ora contributions and practice indicators that can form the basis for a kaumātua workforce strategy – at least in respect to mental health and addiction services.

The document is one of a series that examines workforce needs for Māori mental health, and has been prepared as a guide for services, and for kaumātua who will work in those services.

Kia maia

Mason Durie
The following is a tribute to the late Bob Henare and Denis Simpson and their significant influence on national mental health and contribution to whānau ora. Bob Henare was interviewed on 31 May 2007 because of his work experience and his working relationship with Denis Simpson. The Simpson whānau joined with Bob at the interview to remember his contribution as the Kaumatua for the Mental Health Commission.

**BOB HENARE**

Nō Ngā Puhi me Ngāti Hine
Motatau Te Marae
Mental Health Commissioner 1996–2006

Bob Henare was appointed as a Mental Health Commissioner by Hon. Jenny Shipley, at the inception of the Mental Health Commission, and saw the opportunity to contribute to a new way forward: “I always believed that if you get the Māori mental health system right then the mental health system in this country would be right. There has been a tendency in the past for the service to exist for itself rather than the people it is there to serve… we were modifying the system for the consumer not for the system itself”, quoted in Te Haerenga mo te Whakaoranga 1996–2006 (Mental Health Commission, 2007).

When asked during the interview for advice to those working in mental health and addiction, he replied immediately, “Move the goal posts one inch. Small changes do make a huge difference”

Herea to waka ki te whetu, kaua e herea ki te tokerama
Tie your canoe to a star and not to a glow-worm ~ Tā Hemi Henare
DENIS SIMPSON
Maataatua te waka
Ngāti Awa te iwi
Ngai Taiwhakaea te hapū

This tribute to Denis Simpson is a celebration of the importance of kaumātua in the mental health sector. It was brought together with the guidance and input of the Simpson whānau and the late Bob Henare, former Mental Health Commissioner (1996–2006).

“In terms of leadership as the Kaumātua for the Mental Health Commission, Denis set the scene for all hui, gave the Commission credibility and played an important part in having people understand what the Commission was about. He became a father figure to the whole of the Commission and had the blessing of the Commission to talk about the Commission as he was well trusted. Denis provided opportunity for those [at the Commission] who wanted to learn about ngā mea Māori [things Māori]... He [had] a deep empathy and feeling for those who were experiencing mental illness and became an advocate for consumers. He was very strong in his views and made no bones about it and encouraged others to do the same and to know what they were talking about. Denis was always clear about his role as a kaumātua. He was very respectful of those he worked with and was very knowledgeable about the communities we travelled to. He always knew someone in each community. I remember when we visited the prisons, Denis wouldn’t hesitate talking to the inmates. He didn’t ignore them or cast them aside. He’d sit and talk and he always got a smile and a laugh” (Bob Henare, 31 May, 2007).

The Simpson whānau shared that Denis took his role very seriously, was always immaculate in his dress and very thoughtful of those he worked with. “At Christmas he would buy individual gifts for those he worked with and carefully wrap each one down the back in his shed... I found out at his 80th birthday, that he was a big part of mental health. I’m a support worker in mental health. It’s at my own pace, of my own choice, that’s what he always said. He wanted his children, his grandchildren to make their own way” (Mokopuna, Natasha, 31 May, 2007).
Mai i Rangiātea i heke iho te mana i ngā apākura ki a Rangi rāua ko Papa, ki ō tātou tūpuna, tae noa mai ki a koutou e koutou e koro mā e kui mā nō te kāhui koroua me kuia hei korowai mō te tangata te whānau te hapū te iwi. Otirā ki a koutou ngā marae ngā whare hauora hinengaro ngā mana whenua e tautoko ā wairua ā hinengaro ā tinana mai ana i ō tēnei kaupapa Whiria Te Oranga arā te whakawhanaketanga te whakapuāwaitanga o te rāngai koroua me kuia e mahi ana kei roto i te whare hauora hinengaro, tēnā koutou tēnā koutou tēnā koutou katoa.

Te Rau Matatini acknowledges the manaakitanga and whanaungatanga that has been provided by marae, Māori organisations, whānau, hapū, iwi, district health boards (DHB’s), and non-government organisations (NGO) and Māori mental health and addiction services who attended and participated in and/or hosted the:

- Kaumātua, koroua, kuia, whaea, pakeke and rangatahi workforce development forums held at Te Rau Tipu Conferences in 2004 and 2006
- Kaumātua and whānau who were interviewed to provide the case study exemplars in 2007
- Kaumātua, koroua me kuia, senior managers, Māori clinicians, tangata whaiora and whānau who contributed to the development of the Whiria Te Oranga workforce strands in 2008.

Special thanks also to Te Rau Tuku Iho Reference Group members and Te Rau Matatini Trust who shaped and guided the development of this work; and to Matua Raki for Pam Armstrong’s support. All your input, participation, and contribution has been fundamental in the development of Whiria Te Oranga Kaumātua Workforce Strategy and the underpinning of kaumātua workforce strands, whānau ora contributions and key practice indicators.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kōrero Whakapuaki: Foreword</td>
<td>i</td>
</tr>
<tr>
<td>Poroporoakī: Tribute to Bob Henare and Denis Simpson</td>
<td>ii</td>
</tr>
<tr>
<td>Manakotanga: Acknowledgements</td>
<td>iv</td>
</tr>
<tr>
<td>Kōrero Whakataki: Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>Kaupapa: Philosophy</td>
<td>2</td>
</tr>
<tr>
<td>Kōrero Whakataki: Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Kaumātua Workforce Profile</td>
<td>4</td>
</tr>
<tr>
<td>Strengthening the Foundations</td>
<td>5</td>
</tr>
<tr>
<td>Kaumātua Workforce Strands</td>
<td>7</td>
</tr>
<tr>
<td>Kaumātua Assisting Tangata Whaiora in their Journey to Recovery</td>
<td>10</td>
</tr>
<tr>
<td>Kaumātua Contribution to Mental Health and Addiction Services</td>
<td>14</td>
</tr>
<tr>
<td>Kaumātua Workforce Development</td>
<td>24</td>
</tr>
<tr>
<td>Ngā Whakaaro Whakanunui: Workforce Factors to Consider</td>
<td>39</td>
</tr>
<tr>
<td>Kōrero Whakaoti: Conclusion</td>
<td>40</td>
</tr>
<tr>
<td>Ngā Matapuna: References</td>
<td>42</td>
</tr>
<tr>
<td>Appendix One: 2006 Consultation Hui and Numbers</td>
<td>45</td>
</tr>
<tr>
<td>2007 Participants in Case Study Exemplars</td>
<td>46</td>
</tr>
<tr>
<td>Appendix Two: Te Rau Tuku Iho Reference Group Members</td>
<td>51</td>
</tr>
<tr>
<td>Appendix Three: National Health Policy and Kaumātua Workforce Development</td>
<td>52</td>
</tr>
</tbody>
</table>
Whiria Te Oranga is intended for kaumātua (koroua, kuia me whaea), managers and clinicians working in mental health and addiction services and DHB funders and planners who purchase the services.

The Strategy funded by the Ministry of Health aims to provide a guide on the many important and valuable contributions kaumātua provide to mental health and addiction services and identifies the unique workforce development needs of kaumātua.

1. Whiria Te Oranga aligns to Kia Puāwai Te Ararau, the national Māori Mental Health Workforce Development Strategic Plan (Te Rau Matatini, 2006a) and recognises kaumātua contributions to the mental health and addiction sector and the essential role of kaumātua in supporting cultural responsiveness to tangata whaiora and whānau, and through doing so, enhancing best health outcomes.

2. The kaumātua workforce profile indicates that kaumātua remain significantly under-represented. Recruitment and retention of Māori staff is unbalanced, given the high demand from Māori for services.

3. Kaumātua workforce roles, when fully realised and appropriately implemented, will provide a supportive environment for mental health and addiction practice and accountability under the Health Practitioner Competency Act 2003.

4. A framework encapsulating the breadth, depth and variation of kaumātua roles in mental health and addiction is based on the following three workforce strands: kaumātua assisting tangata whaiora in their journey to recovery; kaumātua contributions to mental health and addiction service development; and kaumātua workforce qualities and skill sets. These are detailed further through areas of whānau ora contribution and key practice indicators.

5. Kaumātua case studies acknowledge local workforce solutions and initiatives that support and enhance kaumātua workforce priorities and provide best practice exemplars.
Whānau ora is the ultimate pinnacle where Māori families are “supported to achieve their maximum health and well-being” (Ministry of Health, 2002a, p. 1). A recovery approach is consistent with whānau ora. Both philosophies enable and promote support and choice and, also advocate for changing of disabling behaviours, attitudes and practices in the workforce and communities.

Equally, they embrace respect for Māori cultural values, knowledge, and social systems. It is essential therefore that the kaumātua workforce provides whānau ora and recovery-focused care that is culturally appropriate and inclusive of whānau participation in the health system.

This vision recognises that whānau well-being is central to Māori well-being and to positive and healthy outcomes for Māori. The vision also anticipates that the Māori mental health workforce located in both dedicated mental and addiction services and the wider health and social support services are valued for their cultural, social, and clinical expertise that contributes to best health outcomes for Māori.

**NGĀ MINENGA MATUA: KEY AUDIENCES**

Whiria te Oranga has been developed to:

- guide kaumātua practice through three strands that clarify roles, associated whānau ora contributions and key practice indicators
- inform tangata whaiora and whānau about how effective kaumātua practice will support personal health and cultural gains
- reinforce to the mental health and addiction sector that kaumātua are cultural specialists and are able to add value through kaumātua interventions that can improve cultural responsiveness by services and positive health outcomes for tangata whaiora and whānau.
Kaumātua carry responsibility as leaders in the community and the workplace and as ‘custodians of Māori culture’ to safeguard and transfer traditional knowledge for future generations (Te Rau Matatini, 2005). Through sharing their expertise and leadership in cultural matters (ngā mea tikanga), kaumātua have been recognised as important resources for supporting the mental health and addiction workforce in service delivery, planning and development and oranga whānau (Mental Health Commission, 1998a; Te Rau Matatini, 2004).

“To be a kaumātua, you must first wade through life, because that’s what the word means: to wade through something. And only when you wade through can you begin to understand life and the context of life. Then you start getting older and older and older, and then you get the standing of a kaumātua, when you have walked through the concept of the Māori world” (Moon, 2004, p. 118).

It is notable that for a number of decades kaumātua have been working for Māori health, language and economic development (Hui Whakaoranga, 1984; Black, Marshall & Irwin, 2003; Hui Taumata, 2005). Kaumātua have also helped to guide and develop Māori health services, have worked to create better health outcomes for Māori, and protected and preserved te ao Māori (the Māori world) (Milne, 2001). Māori communities have looked towards kaumātua to provide and support the direction communities need to take in areas of social, political, spiritual and economic development (Walker, 1989; Durie et al., 1996).

Kaumātua contributions to mental health and addiction workforce development are not exclusively for Māori workers or services. Kaumātua are actively pursued and employed to advise Māori and non-Māori mental health and addiction teams and services and at all service levels. Contributions include kaumātua consulting and advising at executive and management levels to service teams, individual workers and with tangata whaiora and whānau. It is becoming increasingly evident that kaumātua play an important part in the effectiveness and responsiveness of New Zealand’s mental health and addiction services and the development of the workforce.

The term kaumātua generally refers to older Māori people who have earned the respect of their whānau, hapū and iwi (Te Puni Kōkiri, 1999). Although a formal process does not exist to appoint elders to kaumātua roles in their communities, there are unwritten guidelines (Durie, 2001). These include looking for people who have strong leadership skills, the respect of the whānau, strong te reo Māori skills, and knowledge of tikanga and customs (Durie, 2001).

Kaumātua knowledge of te ao Māori develops over time through life experience and teachings from elders. Many kaumātua naturally take on leadership roles in their whānau, hapū, iwi, and community and it is important that their contribution is recognised appropriately (Durie, 1999; Waldon, 2004). There are others, however, who may not be as confident in a kaumātua role and this could be due to a number of reasons, including isolation from one’s own whānau, hapū, iwi and community, or diverse lifestyles that have not allowed for active participation in te ao Māori.

Ideally, it is for whānau, hapū, iwi and Māori communities to decide who is a kaumātua. It is not a role that should be decided on by an individual. When kaumātua are employed to undertake work in agencies, the nature of the role and the skills needed, are not always well defined. While research shows that kaumātua have been pivotal in Māori development, the needs of kaumātua working in mental health and addiction services are often over looked (Milne, 2001; Te Rau Matatini, 2005; Te Rau Matatini, 2006a; Te Rau Matatini, 2007b).

**KAUMĀTUA WORKFORCE PROFILE**

Workforce development is not new to kaumātua. Many have spent the greater part of their lives working in other sectors in various occupational roles. Negotiation of job responsibilities, remuneration and upskilling is often familiar territory. However, securing fair conditions of employment for kaumātua working in health services is varied. Some services have well developed processes to support kaumātua roles, while others struggle to recognise the value of the role of kaumātua and/or are unsure of how to define or approach issues such as role clarity, remuneration, and workforce development supports.
Although there is little statistical data at this time about the kaumātua workforce in mental health and addiction services, it is estimated to be 8% (or 192) of the Māori mental health workforce. There are approximately 2400 Māori mental health workers in total (Hirini & Durie, 2003; Te Rau Matatini, 2008a).

The over-representation of Māori in mental health facilities and greater psychiatric prevalence in the community highlights the need for effective services and a workforce that is well equipped to respond to the needs of tangata whaiora and whānau. Essential to this is the recognition and building of the kaumātua workforce and their roles.

Over the past 4 years Te Rau Matatini has consulted and investigated extensively with kaumātua, koroua me kuia, whaea and pakeke, managers, clinicians, tangata whaiora and whānau on the contributions that kaumātua, koroua me kuia make to tangata whaiora, and their whānau and mental health and addiction services. From this, three kaumātua workforce strands with areas of whānau ora contribution and key practice indicators were developed:

• Kaumātua assisting tangata whaiora in their journey to recovery
• Kaumātua contributions to mental health and addiction services, and
• Kaumātua workforce qualities and skill sets.

The above workforce strands recognise the importance of effective kaumātua practice in supporting and achieving whānau ora when working in mental health and addiction services. Kaumātua involvement in the strategic direction of mental health and addiction services for Māori and service delivery is important (Mental Health Commission, 1998b; Rangiaho, 2003; Ihimaera, 2004).

THE ROLE OF KAUMĀTUA

Kaumātua contribute in many ways to mental health and addiction services. They often play an important role in working directly with tangata whaiora and whānau, as well as guiding the development of assessment programmes, service delivery,
leadership, provision of cultural guidance, and support the development of dual competency for mental health and addiction staff to create a culturally safe environment for tangata whaiora, whānau, and the services (Ihimaera, 2004; Rangiaho, 2003; Mental Health Commission, 2001; Te Rau Matatini, 2004; Ihimaera & Tassell, 2004; Milne, 2001). Kaumātua contributions to services and whānau therefore support cultural outcomes as an integral part of health outcomes.

The range of tasks kaumātua undertake in mental health and addiction services takes into account the individual experiences, skills, knowledge, and qualities that kaumātua bring with them to the workplace (Durie, 2001). Although kaumātua bring personal strengths, some core skill sets are required of kaumātua, as expressed by kaumātua in the consultation hui (Te Rau Matatini, 2007a), in case study interviews, and in reports undertaken of kaumātua working in mental health (Ihimaera, 2004; Rangiaho, 2003).

The workforce strands are underpinned by the following areas of whānau ora contribution. These serve to detail further the scope of kaumātua involvement in mental health and addiction services:

- Tangata whaiora and whānau engagement
- Service approaches to tangata whaiora and their whānau
- Tikanga Māori interventions
- Social inclusion
- Balance in the recovery journey of tangata whaiora and their whānau
- A conduit to whānau, hapū, iwi and Māori communities
- Integration of teams
- Multidisciplinary team meetings
- Tikanga Māori leadership and oversight
- Cultural supervision/mentorship
- Cultural fluency
- Clinical knowledge
- Understanding and knowledge of the mental health sector
- Engagement with local iwi and/or Māori communities, and
- Māori workforce development.

“Lessons of keeping to the kaupapa of looking after the tangata, and working together to uplift and uphold the mana of the tangata is found in the richness of the kōrero from the marae, from te ao Māori as handed down to us by these koroua.” Referring to Matua Panataua, Ben Rangitaawa me Matua Bob Elliott, Kirikiriroa
<table>
<thead>
<tr>
<th>Kaumātua Role</th>
<th>Whānau Ora Contributions</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kaumātua Assisting Tangata Whaiora in Their Journey to Recovery</td>
<td>Tangata whaiora and whānau engagement</td>
<td>1. Kaumātua are accessible, able to relate to, and manaaki tangata whaiora and their whānau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Kaumātua can advocate for tangata whaiora ‘voice’, personal choice and personalised recovery plans that are culturally relevant</td>
</tr>
<tr>
<td></td>
<td>Service approaches to tangata whaiora and their whānau</td>
<td>3. Kaumātua are able to advocate for whānau participation in the health system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Kaumātua can ensure that communication between whānau, services and Māori communities is relevant, clear and meaningful</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Kaumātua ensure that services are culturally appropriate and beneficial to tangata whaiora and whānau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Kaumātua monitor the quality of cultural assessments that are offered and the information from the assessments are converted into positive health actions</td>
</tr>
<tr>
<td></td>
<td>Tikanga Māori interventions</td>
<td>7. Kaumātua are able to facilitate a culturally safe environment for tangata whaiora and whānau through effective provision of pōwhiri, karakia, manaaki whakawhanaungatanga, and whakapapa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Kaumātua can facilitate access and choice for tangata whaiora and whānau to other kaumātua, choice of cultural treatment and healing options inclusive of traditional treatment and healing practices</td>
</tr>
<tr>
<td></td>
<td>Social inclusion</td>
<td>9. Kaumātua are able to facilitate access to hapū, iwi, rohe and/or Māori society for tangata whaiora and whānau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Kaumātua can assist tangata whaiora and whānau to relevant whakapapa (genealogies)</td>
</tr>
<tr>
<td></td>
<td>Balance in the recovery journey of tangata whaiora and their whānau</td>
<td>11. Kaumātua are able to distinguish between cultural norms and symptoms of disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Kaumātua are able to recommend interventions that will alleviate culturally based distress</td>
</tr>
<tr>
<td>Kaumātua Role</td>
<td>Whānau Ora Contributions</td>
<td>Key Practice Indicators</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>2. Kaumātua contributions to mental health and addiction services</td>
<td>A conduit to whānau, hapū, iwi and Māori communities</td>
<td>13. Kaumātua are able to ‘open doors’, establish relationships, and facilitate linkages between services and whānau, hapū, iwi, and Māori communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14. Kaumātua are able to mediate effectively between services and Māori on cultural matters to advance beneficial health programmes</td>
</tr>
<tr>
<td></td>
<td>Integration of teams</td>
<td>15. Kaumātua are able to support senior management to bring a team together and facilitate culturally responsive outcomes for tangata whaiora, whānau and the service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16. Kaumātua are able to successfully advocate for a collaborative interagency approach for positive service delivery results</td>
</tr>
<tr>
<td></td>
<td>Multi-disciplinary team meetings</td>
<td>17. Kaumātua are able to offer advice about culture in relationship to mental disorders and addiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Kaumātua can identify and assess cultural factors and are able to lead discussion on the significance of culture to clinical conditions</td>
</tr>
<tr>
<td></td>
<td>Tikanga Māori leadership and oversight</td>
<td>19. Kaumātua are knowledgeable about tikanga Māori and can teach and oversee other Māori staff to facilitate pōwhiri, karakia, manaaki, whakawhanaungatanga, and cultural assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Kaumātua are able to lead pōwhiri, karakia, and whakawhanaungatanga on behalf of the team, services/organisation</td>
</tr>
<tr>
<td></td>
<td>Cultural supervisor/mentor</td>
<td>21. Kaumātua are able to assess cultural competency of other team members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Kaumātua can provide effective cultural supervision and mentoring for the team and/or individual practitioners/managers, which gives balance between the cultural and clinical dimensions of mental health and addiction practice</td>
</tr>
<tr>
<td>Kaumātua Role</td>
<td>Whānau Ora Contributions</td>
<td>Key Practice Indicators</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>3. Kaumātua workforce qualities and skill sets</td>
<td>Cultural fluency</td>
<td>23. Kaumātua are knowledgeable about te reo Māori me ōna tikanga, Māori ethics, customs, philosophies, and communities to uphold tikanga and can advise on appropriate kawa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24. Kaumātua can speak confidently in te reo Māori and will be able to use both English and Māori to build mana and strengthen cultural identity</td>
</tr>
<tr>
<td></td>
<td>Clinical knowledge</td>
<td>25. Kaumātua understand tangata whaiora and whānau-related policy and philosophies and are able to apply them appropriately to practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26. Kaumātua are well placed to inform whānau, hapū, iwi and Māori communities about mental health and addiction issues</td>
</tr>
<tr>
<td></td>
<td>Understanding and knowledge of the mental health sector</td>
<td>27. Kaumātua are knowledgeable about the broad parameters of Māori development and implications of mental health problems and addictions for Māori</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. Kaumātua are able to provide cultural input into the choice of measures used in the care and treatment of tangata whaiora</td>
</tr>
<tr>
<td></td>
<td>Engagement iwi, and/or the Māori community</td>
<td>29. Kaumātua have the support of local iwi or Māori community in their role for the services</td>
</tr>
<tr>
<td></td>
<td>Māori workforce development</td>
<td>30. Kaumātua can inform and contribute to Māori recruitment and retention strategies to assist managers to progress Māori workforce development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31. Kaumātua are able to advise on Māori phrases, whakatauākī, symbols, imagery, and captions relevant to Māori audiences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32. Kaumātua are able to build and promote a sense of whanaungatanga across Māori workforce development initiatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33. Kaumātua can endorse promotional material including profiles and career pathways</td>
</tr>
</tbody>
</table>
TANGATA WHAIORA AND WHĀNAU ENGAGEMENT

Gaining access to mental health and addiction care continues to be a challenge. Māori access can be impaired for economic, geographic, social and cultural reasons. Kaumātua ability to engage with families helps to reduce the access barriers causes by cultural alienation. It is important therefore that services are resourced so that kaumātua can support tangata whaiora and their whānau.

Whanaungatanga is an essential cultural element in establishing, engaging and maintaining relationships. Whanaungatanga also provides a sense of belonging, identification and strength. When initiated and undertaken well, it supports te taha wairua and can enable tangata whaiora and whānau to kōrero and share personal health information (Ihimaera, 2004).

Culture is an integral aspect of recovery planning and kaumātua need to know how cultural interventions can best contribute to recovery. A recovery-oriented practice must be:
• person oriented
• holistic
• able to promote individual decision making and responsibility
• able to offer choice and empowerment
• linked to self-management
• oriented towards hope
• geared towards positive mental health
• built on positive relationships between individuals and the community
• inclusive of whānau members, and
• mindful of the perspectives, aspirations and values of whānau.

SERVICE APPROACHES TO TANGATA WHAIORA AND THEIR WHĀNAU

Service appropriateness and an appreciation of culture and cultural identity are key to the delivery of services that will uphold the mana and the dignity of tangata whaiora and whānau. There are a number of ways kaumātua are able to ensure that assessment, treatment, healing, and discharge processes uphold the dignity of tangata whaiora and their whānau.
Kaumātua can advise on service protocols that include cultural workers at the first assessment or on entry to the services and for those who undertake cultural assessments.

Where such clinical and cultural interventions take place, kaumātua are able to advocate for tangata whaiora and contribute to personalised recovery plans that will produce positive health outcomes. Kaumātua can also ensure tikanga processes such as whanaungatanga, manaaki and karakia are offered to tangata whaiora and whānau and to assist with their recovery journey. Where tangata whaiora and whānau choose not to have cultural interventions, kaumātua and health practitioners will respect that.

At times and as appropriate kaumātua will also have an important role in advocating for whānau in aspects of service delivery such as the cultural assessment or the evaluation of access to service and suitable service delivery modes for their whānau member. The inclusion of whānau as part of the recovery journey will add an element of accountability that will strengthen the central purpose of a mental health service, namely, to improve outcomes for tangata whaiora (Te Rau Matatini, 2007b).

**TIKANGA MĀORI INTERVENTIONS**

As carriers of tikanga Māori (culture) the kaumātua workforce is in a unique position. There is a general understanding that much of what a kaumātua does is with te taha wairua (the spiritual elements) and this would be one of the first qualities that other Māori may look for when working with kaumātua. Māori have a holistic approach to health and wellbeing and an appreciation of spirituality from a Māori world view is essential.

Tikanga Māori interventions such as karakia, pōwhiri, manaaki, whakawhanungatanga, whakapapa, and the use of te reo Māori may contain spiritual, mental, physical, and whānau elements. When facilitated appropriately these elements can assist all facets of health care and treatment and build and strengthen identity as well.
Karakia has been known to open up the way for wairua ora influences. This in turn produces a calming effect for the tangata whaiora and whānau and healing may begin (Ihimaera, 2004). An Oranga Matrix was developed in 2003 to assess the positive effects of the influence of taha wairua in mental health services (Ihimaera, 2004).

The Matrix shows benefits arising from the use of tikanga Māori.

**Oranga: Significant benefits for tangata whaiora and whānau through the influence of taha wairua as facilitated through tikanga processes**

<table>
<thead>
<tr>
<th>Tikanga Processes</th>
<th>Healing aspect</th>
<th>Mental health interface</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pōwhiri</td>
<td>Reduces space and distance for meaningful interaction to occur</td>
<td>On admission to service</td>
<td>Quicker recovery from short-term psychotic episode</td>
</tr>
<tr>
<td>Karanga</td>
<td>Creates a sense of cohesion between physical and spiritual domains</td>
<td>On initial contact</td>
<td>Opportunity for a new beginning to a life of wellness</td>
</tr>
<tr>
<td>Karakia</td>
<td>Establishes a bond and creates a sense of unity between tangata whai ora whānau and the spiritual dimension</td>
<td>In all cultural and clinical interactions facilitated by workers, tangata whai ora or whānau</td>
<td>Allows for passage to sharing of issues; shedding of guilt and shame; to gain insight into illness</td>
</tr>
<tr>
<td>Whakawhanaungatanga</td>
<td>Establishes helpful relationships between individuals, whānau and mental health workers</td>
<td>Particularly useful in assessment and treatment and rehabilitation phases of care</td>
<td>Permits use of traditional stories, laughter, scolding, and allows for deeper bonding between parties</td>
</tr>
<tr>
<td>Whakapapa</td>
<td>Acknowledges significant relationships of kin and non-kin persons</td>
<td>In all cultural and clinical interactions</td>
<td>Sanctions whānau involvement in all aspects of care</td>
</tr>
<tr>
<td>Te Reo Māori</td>
<td>Encourages use of the Māori language to express feelings and concerns and share sensitive issues</td>
<td>Especially useful in de-escalation of challenging situations</td>
<td>Supports Māori to comfortably participate in treatment</td>
</tr>
<tr>
<td>Karakia, te reo Māori, cultural worker, kaumātua, tohunga</td>
<td>The combination of tikanga practises appropriately facilitated offers protection and safety</td>
<td>In all cultural and clinical interactions but gives added value in ‘high risk’ situations</td>
<td>Minimises the use of legislation, i.e. Mental Health Act and seclusion</td>
</tr>
</tbody>
</table>

(Ihimaera, 2004, p. 97)
“There is no question that we need to invest in our future and invest in an inclusive way where there is space and a place for everyone... I believe to become a Kaumātua there is a beginning point, a middle point but I don’t know that there is an end point. – I consider myself a Māori Disability Activist” Maaka Tibble (Ngāti Pōrou) Tairawhiti DHB

SOCIAL INCLUSION

Social inclusion is a core component of recovery. It is much more than just living in a community. It is about being able to participate in a community and having a sense of belonging to that community (Mental Health Commission, 2007). Being included in group activities such as community and whānau occasions, having employment that provides a reasonable and regular income, safe and comfortable housing, participation in recreational events and enjoying a measure of independence are all measures of societal inclusion (Te Rau Matatini, 2008b).

Being included also provides an opportunity for greater understanding and acceptance by whānau, hapū, iwi, and communities of the negative impacts of experiencing mental health and addiction issues. This acceptance can help reduce stigma and discrimination for tangata whaiora and whānau. In order for kaumātua to facilitate access to hapū, iwi, and community, kaumātua must have a good understanding of Māori networks and key contacts.

BALANCE IN THE RECOVERY JOURNEY OF TANGATA WHAIORA AND THEIR WHĀNAU

Kaumātua are cultural specialists and can contribute to the treatment team in many ways. Cultural knowledge enables kaumātua to distinguish between a normal cultural response and symptoms of a disorder. Sometimes behaviour or thinking processes will be considered abnormal if there is a lack of cultural comparison between clinician and service user. Identifying the significance of culture in a recovery journey is an important kaumātua task. Where a cultural problem exists alongside a clinical problem, the kaumātua and the clinician should discuss how each aspect might be best managed and, if necessary, which aspect should be afforded greater priority.
KAUMĀTUA CONTRIBUTION TO MENTAL HEALTH AND ADDICTION SERVICES

A CONDUIT TO WHĀNAU, HĀPU, IWI AND MĀORI COMMUNITIES

Establishing and maintaining useful relationships between mental health and addiction services and whānau, hapū, iwi, and Māori communities is vital to increase the opportunity for Māori participation in mental health and addiction service delivery and in the sector.

Access to Māori communities has a number of prerequisites – these may include kaumātua needing to advocate for Māori community participation and breaking down barriers that may exist between the services and the Māori community.

It is valuable therefore to have kaumātua with the experience and background to speak with some certainty about circumstances that affect whānau, hapū, iwi, and community issues and advise management on how best to begin relationships and how to progress those relationships. This might involve kaumātua resolving past and future conflicts, maintaining cultural protocols and providing cultural advice, reception and care of visitors and the performance of ceremonial duties for and behalf of services.

Opening doors to whānau, hapū, iwi, and the Māori community is not always a comfortable responsibility for kaumātua and recognition of the negotiation skills required as well as the community’s trust of the integrity of the kaumātua should be acknowledged. Māori communities becoming more informed and involved can encourage local ownership of health issues and agreement to participate in joint health initiatives to be proactive and improve access for their whānau to health services.
INTEGRATION OF TEAMS

“The primary care sector is a logical place for the delivery of mental health care. It offers better prospects of early intervention and the management of comorbidities, and is more likely to have closer ties with community agencies such as schools, marae, and recreational centres” (Te Rau Matatini, 2007b).

Kaumātua with strong networks to Māori communities and organisations can take a mediatory role between services and Māori on cultural matters that affect whānau early uptake of services to achieve mutually beneficial integrated health care initiatives. Kaumātua also play a strong role in promoting and raising awareness of Māori mental health issues and initiatives that will support positive health outcomes for tangata whaiora and whānau.

Primary health care is the first level of contact an individual, whānau and community have with the formal health system, and it begins the continuing health care process. Integration has two meanings, seamless continuity of care, and the acquisition of mental health knowledge and skills by primary care workers so that mental health intervention can be effectively delivered in primary care settings (Te Rau Matatini, 2006a).

On a service delivery level there are two ways kaumātua can participate and influence positive change. One way is to support senior clinicians to bring a team together to achieve positive cultural responsive outcomes for tangata whaiora and whānau. This will require kaumātua to have an understanding of what primary and secondary care is and what part each plays in achieving good health outcomes for Māori; it will also require kaumātua to have robust relationships with tangata whaiora and whānau. Kaumātua may advocate for and secure agreement with tangata whaiora and whānau on the benefits of an integrated care plan. A positive outcome would be realised by having in place an integrated care plan that would have clearly defined assessment, treatment and care responsibilities between teams and the cultural recommendations that have informed the plan.
The second way is where kaumātua are able to successfully advocate for a collaborative inter-agency approach for positive service delivery results. The primary health organisations (PHOs) are, in many instances, this first level of contact. Also many Māori non-government organisations (NGOs) operate at the primary care level, and as such strengthening the links between PHOs, NGOs and mental health and addiction services supports the focus on the interface between primary and secondary services. Kaumātua frequently wear many hats, work as a kaumātua for many organisations and are therefore not committed to one service. Indeed they may move fluidly between primary care and secondary care health services and are able to raise access issues and service appropriateness in both areas. Again it is important that kaumātua know the role of primary and secondary care in improving access and facilitating appropriate service delivery models for Māori.

**MULTIDISCIPLINARY TEAM MEETINGS**

As a senior staff person with wide experience of human behavior and interaction, kaumātua are often well placed to mediate within multi-disciplinary teams. When tensions arise because of role definition, workloads or different ways of conceptualising a health problem, kaumātua are able to act as mediators, bringing the focus back to common goals (tangata whaiora) and fostering a spirit of accommodation and compromise.

In addition, even though there might be a high level of cultural dysfunction, a kaumātua may decide that higher priority should be given to other aspects of care. In contrast to cultural support workers, kaumātua are not necessarily advocates for cultural therapy. Their wider role is to ensure that balance is maintained and that the team agrees on a plan of treatment and care that recognises priorities in time, tangata whaiora wishes, and takes into account the relative skills and workloads of team members.
TIKANGA MĀORI LEADERSHIP AND OVERSIGHT

It is reasonable to expect that kaumātua who are working in kaupapa Māori services bring advanced cultural knowledge and skills into the workplace with them. Gaining those skills ‘on the job’ is not advised, nor should that be acceptable (Te Rau Matatini, 2008b).

Kaumātua need to be culturally fluent to be able to provide tikanga Māori leadership and oversight to others, cultural interventions such as a cultural assessment, and the positive outcomes such as strengthening cultural identity that might be expected to come out of certain cultural interventions such as karakia, pōwhiri, manaaki, whakawhanaungatanga, whakapapa, or the use of te reo Māori. Kaumātua must also be positive role models and ready to lead pōwhiri, karakia, and whakawhanaungatanga on behalf of the team/services/organisation.

CULTURAL SUPERVISOR/MENTOR

Supervision is one way of ensuring health practitioners do take good care of themselves, which in turn should ensure they will take best care of tangata whaiora and their whānau. Cultural supervision is about supporting health practitioners and/or teams to identify relevant cultural issues that may impact on practice and to explore in a safe environment some solutions to those issues. Kaumātua, in providing the cultural supervision, will be listening to the issues and the recommended solutions and will advise on a way forward that will give balance between the cultural and clinical dimensions of mental health and addiction practice. Good supervision should improve cultural knowledge and ability for the supervisee to apply that knowledge into one’s practice.

Kaumātua as cultural specialists can also support in the further development of cultural scopes of practice and cultural competencies. The Health Practitioner Competency Act (2003) requires all authorities registering scopes of practice under this Act to ensure their professionals are competent to practise and to set standards for measuring that competence. The fundamental basis of this Act is to ensure the safety of all people in need of health care by health practitioners.

“What we bring is cultural expertise, clinical knowledge and background to assist the kaimahi and tangata whaiora and their whānau.”
Ngāti Kahungunu Kaumātua, Koroua, Kuia me Whaea
The national Ministry of Health Let’s Get Real Skills project for the mental health and addiction workforce is currently underway. The framework for this provides both the opportunity for shared commonalities of non-Māori and Māori responsiveness to Māori as well as points of difference. Nevertheless it is also imperative that alongside those competencies national Māori cultural core competencies are added and appropriate training established. Te Rau Matatini and Matua Raki are developing complimentary culturally relevant, competency frameworks.

Kaumātua also often provide mentoring roles. It is not unusual for younger Māori to accompany kaumātua to watch and learn. This relationship is reciprocal as the younger of the pair will teach the kaumātua new skills, and the kaumātua will teach the younger culturally appropriate actions and behaviour for given situations. This type of relationship is reflective of the tuakana-teina principle where according to the situation and work needed to be done, there is no age limit or barrier on who is tuakana or who is teina. Tuakana-teina relationships have been viewed by some kaumātua and pakeke alike as a pathway for succession planning (Te Rau Matatini, 2007a).

Provision of cultural supervision and mentoring can support kaumātua to contribute greatly in supporting services to identify what is needed for a service to be culturally responsive and competent to Māori and to align to core cultural standards against which health practitioner practice can then be assessed.
KAUMĀTUA WORKFORCE QUALITIES AND SKILL SET

CULTURAL FLUENCY

“A pre-requisite for competent practice with Māori is a sufficient level of cultural fluency to ensure that the place of culture in treatment and care, leads to positive outcomes. Cultural fluency embraces te reo Māori, tikanga and kawa, whānau and Māori networks” (Te Rau Matatini, 2008b).

The proficient practice of tikanga Māori and Māori models of health in service provision to Māori is an integral part of clinically and culturally competent practice. Te Reo Māori is an important factor to cultural fluency. It is through the transmission of the language that tikanga Māori is preserved. Kaumātua need to speak confidently in te reo Māori and to use te reo to build mana and strengthen cultural identity. Where there are situations in which understanding or speaking in te reo Māori is not strong, the kaumātua will ensure there is opportunity for gaining competence in te reo if that is important to the tangata whaiora and whānau.

Cultural fluency also provides opportunity for kaumātua to test themselves, not just in speaking te reo Māori but also in their understanding of Māori models of health and concepts of Māori risk management – tapu, noa, rāhui, within the dimensions of marae ātea, te wā, and kawa. Some kaumātua fluency in te reo is limited, yet they are committed to working with Māori and have strong cultural identities. The absence of te reo Māori does not necessarily signal a weak Māori cultural identity (Te Rau Matatini, 2008b).

CLINICAL KNOWLEDGE

Kaumātua should not be expected to know what health practitioners know in regards to clinical practice. By the same token, health practitioners cannot be expected to hold the cultural knowledge kaumātua have. However, it is equally encumbent on both kaumātua and practitioner to be culturally and clinically competent to improve their cultural responsiveness to Māori.
“We take a holistic approach based on Whānau Ora. Kaumātua can self-refer or we receive whānau and community referrals. Whether kaumātua have mental health or other health disabilities there is a place here for them. We have Kaumātua who are here to assist and work alongside koroua me kuia, and their whānau”.
Adrienne Arthur, Kaimahi

Kaumātua need to understand tangata whaiora and whānau related policy and philosophies such as the recovery philosophy and its principles; social inclusion; reducing stigma and discrimination; the importance of resilience; rights and responsibilities; whānau inclusiveness in mental health and addiction service policy and government legislation, and then are able to apply them appropriately to their practice.

Kaumātua have also commented that in their experience a consequence of not understanding medical terminology can sometimes be restricting and create unnecessary barriers in developing and maintaining effective relationships between kaumātua, tangata whaiora and clinical staff. At times this has affected the quality of care and level of participation tangata whaiora and their whānau are able to receive (Te Rau Matatini, 2007a). It is essential therefore that kaumātua have an appreciation of medical terminology as it applies to tangata whaiora and whānau and how it may affect their personal choice of treatment and care. This appreciation will support kaumātua confidence when they advocate for and on behalf of tangata whaiora and their whānau for interventions that will produce positive cultural outcomes.

UNDERSTANDING AND KNOWLEDGE OF THE MENTAL HEALTH SECTOR

Kaumātua access to Māori and their networks puts them in a strong position to keep Māori informed and abreast of mental health and addiction issues and Māori mental health initiatives in the community.

Kaumātua knowledge of the environment can be reinforced when, alongside robust orientation induction workshops, they also gain an overview of the service, its structure, values, goals and objectives in relation to whānau ora. More importantly, the opportunity to develop relationships with others in the teams they will work with will help them create the links that are necessary to ensure access to services for tangata whaiora and whānau are increased.
"My mother told me when I left the shores of the river Waimana and came to the South Island that I was to respect the tikanga and kawa of the local area. That I am Tūhoe and will always be Tūhoe, but I still needed to respect each iwi, each hapū that I went into. I have always tried to do that while I have lived and worked in Waipounamu." Matua Tahi Takao, formerly with Canterbury DHB

Another important responsibility is for kaumātua to be able to assess the cultural relevance of outcome tools. Kaumātua need to have a clear understanding and knowledge of Hua Oranga, a Māori mental health outcome measure based on the perspectives of the tangata whaiora, the whānau and the key worker with health outcomes measured according to taha wairua, taha tinana, taha hinengaro and taha whānau.

Attending and participating frequently in relevant mental health and addiction training will go some way to ensuring kaumātua are knowledgeable about the most current and important issues for prevalence of mental health and addiction issues as well as barriers to access for Māori. Kaumātua then will be in a stronger position to better inform whānau, hapū, iwi and Māori communities so they in turn can find ways and means to address these problems.

**ENGAGEMENT WITHIN THE MĀORI COMMUNITY**

It is preferable that kaumātua have the support of the local iwi or the Māori community in the work they do with tangata whaiora and the whānau. Gaining support may take time and effort. Time will need to be committed in order to learn the tikanga, kawa, and whakapapa of the area. Effort will be made to network, make the links, visit the marae, work on the marae and attend iwi and/or community hui. Part of the reciprocity of the iwi or community will be their support for the kaumātua in the work s/he does and granting access to their iwi/community resources. At least 50% of the Māori population live outside their iwi and it is not common for mātā waka to be appointed to roles of leadership based on the work that has been done over a number of years. As iwi have been organising themselves and their structures, other iwi have continued to respectfully (in most cases) fill roles and take leadership positions.

Receiving an iwi and Māori community endorsement also provides a korowai of safety for the kaumātua and the environment in which he or she works. There are tangible and intangible benefits and expectations when seeking and receiving confirmation of community endorsement.
Qualities that are acquired as a result of working towards community endorsement include:

• a greater respect for the whenua and mana whenua
• an indepth knowledge of local cultural factors, strong networks and lasting relationships.

MĀORI WORKFORCE DEVELOPMENT

Kaumātua as seniors in the workforce:

• are able to contribute appropriate strategic advice to local, regional and national forums to strengthen synergies across Māori workforce development initiatives, and
• have an opportunity to inform and contribute to Māori recruitment and retention strategies to assist managers to attract suitably skilled and experienced Māori to the Māori mental health and addiction sector.

Strategies presently underway are aimed to encourage young Māori and tāne Māori into the mental health and addiction workforce and are designed to reduce the stigma of working in mental health.

A dedicated kaumātua workforce strategy has been lacking yet attracting kaumātua into the mental health service is a unique challenge that requires a different approach. Recruitment is critical due to the “shrinking pool of kaumātua to draw on in mental health and addiction services” (Te Rau Matatini, 2006b). This has become a matter of urgency in order to plan for succession and allow time to train suitable candidates in leadership roles. Succession planning is vital as kaumātua are now looking to younger generations for support in their roles and there is a growing concern that kaumātua of the future may not possess all of the skills and knowledge to carry out kaumātua duties in the future. (Te Rau Matatini, 2005).
There is a need for appropriate recruitment strategies to attract potential Māori leaders with knowledge of te reo me ōna tikanga into mental health and addiction services. Retaining kaumātua availability to resource the services will require improved working conditions and a supportive working environment.

A coordinated approach across a range of workforce development endeavours in health and the wider sector and also more broadly across the arena of Māori development is essential to planning for the future Māori mental health workforce. It is important to build synergies with other workforce development programmes and health and education initiatives to ensure alignment with a common goal of whānau ora, to reduce the likelihood of duplication, and to increase cohesion across the wider Māori workforce.

“The challenges we face are ongoing expectations of being accountable and credible in the community. So we are currently building on the gains, yet we want to keep a balance and don’t want it to be a chore. Sometimes contractual expectations have us feeling like we are trying to put round pegs into square holes”

Rauawaawa Kaumātua Trust Manager Yvonne Wilson
Given the breadth and depth of kaumātua roles and contributions to mental health and addiction services, workforce solutions that recognise the unique workforce development needs is essential.

To strengthen systems and processes that create new and improved opportunities for tangata whaiora and whānau to participate in the design, delivery and monitoring of mental health service provision and expand career pathway opportunities for tangata whaiora in mental health.

**Kaumātua assisting tangata whaiora and whānau in their journey to recovery**

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangata Whaiora and Whānau Engagement</td>
<td>1.5 To increase access to Kaumātua guidance and support for tangata whaiora and whānau working in or supporting mental health services</td>
<td>Kaumātua are accessible, able to relate to, and manaaki tangata whaiora and their whānau</td>
</tr>
<tr>
<td></td>
<td>1.5.1 Mental health services will ensure kaumātua will be available to tangata whaiora of all ages and whānau to provide cultural expertise and support</td>
<td>Kaumātua can advocate for tangata whaiora ‘voice’, personal choice and personalised recovery plans that are culturally relevant</td>
</tr>
<tr>
<td>Service Approaches to Tangata Whaiora and Their Whānau</td>
<td>1.1.1 Mental health service audit teams will have tangata whaiora and whānau representatives</td>
<td>Kaumātua are able to advocate for whānau participation in the health system</td>
</tr>
<tr>
<td></td>
<td>1.2.1 Increased awareness of the importance of communication and inclusion of whānau in training and service provision</td>
<td>Kaumātua ensure that services are culturally appropriate and beneficial to tangata whaiora and whānau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kaumātua can ensure that communication between whānau, services and Māori communities is relevant, clear and meaningful</td>
</tr>
</tbody>
</table>
Engaging Tangata Whaiora and Whānau

Ngā Manga Pūriri

Hikoi te kōrero

Ngā Manga Pūriri based at Whangarei characterises the ‘wide spreading branches’ of the Pūriri tree and has collected in all the branches of Tai Tokerau inclusive of Whangarei, Kaikohe, Hokianga, Kaitaia and the smaller kāinga such as Whangaruru.

Ngā Manga Pūriri hosts a group of kaumātua, kuia, and pakeke who work in mental health, addictions, and problem gambling. Ngā Manga Pūriri put people first. Kaumātua (inclusive of koroua and kuia) supported by pakeke work in an inclusive way with tangata whaiora and whānau in health services, the prison, and at Northland Polytechnic. Their approach is one of aroha, being compassionate, fair, non-judgemental, and reliable with those they work with. “If we say something we do it, it builds trust, and we say pass it on.”

Kaumātua help with access and engagement with whānau as there are times when tangata whaiora do not want to see Māori clinicians and will not talk to them but will open their doors and often listen to kuia and koroua. In these instances, Ngā Manga Pūriri kaumātua may also go with them to see the psychiatrist or clinicians, despite no readily available funding for this type of support.

“It is our teachings of our kaumātua, kuia. Just walking alongside them, watching, listening and learning from them, their advice, guidance...so valuable. Whenever I know that I am going to see tūroro [tangata whaiora] and whānau that I know I am going to need kaumātua for I let my team leader know I need to take kaumātua with me. Most of the time I get some pūtea so I can take them, but it doesn’t matter to them, the kaumātua they will come anyway if I ask, but it’s not valuing them if I can’t give something towards their mahi... I don’t think its good enough that the value of our kaumātua and kuia are not taken into account for the tangata whaiora and whānau recovery pathways. But that doesn’t stop these kaumātua and the kuia, they come when they are needed.”
### Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tikanga Māori Interventions</td>
<td>2.3 To promote healing through reconnecting tangata whaiora and whānau cultural ties and supporting cultural identity</td>
<td>Kaumātua monitor the quality of cultural assessments that are offered, and the information from the assessments are converted into the positive health actions</td>
</tr>
<tr>
<td></td>
<td>2.3.1 Promote a greater understanding of the healing associated with reconnecting tangata whaiora with whānau, enhancing tangata whaiora cultural identity, and incorporating cultural activities/learning as a healing modality</td>
<td>Kaumātua are able to facilitate a culturally safe environment for tangata whaiora and whānau through effective provision of pōwhiri, karakia, manaaki whakawhanaungatanga, and whakapapa</td>
</tr>
<tr>
<td></td>
<td>2.4 To recognise the value of traditional healing practices</td>
<td>Kaumātua can facilitate access and choice for tangata whaiora and whānau to other kaumātua, choice of cultural treatment, and healing options inclusive of traditional treatment and healing practices</td>
</tr>
<tr>
<td></td>
<td>2.4.1 Mental health services will ensure tangata whaiora have access to traditional healing practices</td>
<td></td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>2.7 To reduce negative attitudes and behaviours of whānau and the wider community towards tangata whaiora</td>
<td>Kaumātua are able to facilitate access to hapū, iwi, rohe and/or Māori society for tangata whaiora and whānau</td>
</tr>
<tr>
<td></td>
<td>2.3 To promote healing through reconnecting tangata whaiora and whānau cultural ties and supporting cultural identity</td>
<td>Kaumātua can assist tangata whaiora and whānau access to relevant whakapapa (genealogies)</td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>2.1 To increase the opportunity for hapū, iwi and Māori community participation in the mental health sector and all levels of decision making</td>
<td>Kaumātua are able to ‘open doors’, establish relationships and facilitate linkages between services and whānau, hapū, iwi and Māori communities</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A Conduit to Whānau, Hapū, Iwi and Māori Communities</td>
<td>2.1.1 Promote awareness, understanding and opportunity for meaningful hapū, iwi and Māori community participation in service development, auditing, evaluation, planning, provision, and monitoring through formalised relationship pathways</td>
<td>Kaumātua are able to mediate effectively between services and Māori on cultural matters to advance beneficial health programmes</td>
</tr>
<tr>
<td>Clinical Knowledge</td>
<td>2.2.1 Hapū, iwi and Māori communities will gain knowledge of early intervention philosophies and have the ability to identify and intervene at the early stages of the mental health problems</td>
<td>Kaumātua understand tangata whaiora and whānau related policy and philosophies and are able to apply them appropriately to practice</td>
</tr>
<tr>
<td></td>
<td>2.2.2 Raise awareness amongst hapū, iwi and Māori communities about factors that affect mental wellbeing of taitamariki, early recognition of mental illness and how to access services</td>
<td>Kaumātua are well placed to inform whānau, hapū, iwi and Māori communities about mental health and addiction issues</td>
</tr>
<tr>
<td>Understanding and Knowledge of the Mental Health Sector</td>
<td>2.6 To increase knowledge and understanding of the most current and important issues for Māori development in relation to mental health</td>
<td>Kaumātua are knowledgeable about the broad parameters of Māori development and the implications of mental health issues and addictions for Māori</td>
</tr>
</tbody>
</table>

“We called it Operation Porkchop... planning for a Māori ward. Whaiora came to fruition in 1984 at Tokanui”

Matua Bob Elliot and Matua Panataua, Ben Rangitaawa, Kirikiriroa
The driving force behind the growth of the kaumātua movement in Auckland DHB region has been older staff members with clinical backgrounds who hold the teachings of their kuia and koroua. Kaumātua, kuia and whaea representation comes from across three DHBs: Counties Manukau, Auckland, and Waitemata.

There were 12 kaumātua, kuia, and whaea, and their areas of expertise cover Te Kakano, Manawanui, Whitiki Maurea, Te Ātea Marino and Moko Māori Mental Health and Addiction services, the Mason Clinic (forensics), Te Miro Cultural Centre (rongoa), and Waitematā Early Prevention and Intervention Services. Their iwi are: Waikato, Ngāti Whātua, Ngā Puhi nui tonu, Te Rarawa, Te Aupouri, Ngāti Tūwharetoa, Te Arawa, Tūhoe, and Te Atihaunui-a-pāpārangi.

Their goal is to strengthen kaumātua and kuia roles and expand the levels they work in. They describe their work as “ngā mahi wairua (te atua); ngā mahi a ngā koroua me ngā kuia; ngā mahi mo te tangata me ngā mahi whānau ora mō te katoa”.

The group acknowledged the importance of gender balance; te taha tāne and te taha wāhine and conscientiously make an effort for kuia and koroua to be available to work alongside whānau and tangata whaiora. They have aspirations that there will be more use of te reo Māori, not only in the services but in official records/files and in their daily practice, as well as a greater recognition of the type of work undertaken and flexibility needed to support them to be responsive to whānau needs.

“We often need to cross DHB boundaries to return people home, or to make connections for whānau with hapū and iwi and even tohunga. Recognition of flexible hours is needed. There are no boundaries on time. Some of the best work done with whānau is in the after hours”.
### Whiria Te Oranga Kaumātua Role:

**Kaumātua assisting tangata whaiora in whānau in their journey to recovery**

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tikanga Māori Leadership and Oversight</td>
<td>3.6 To further develop and promote national training on the application of Māori models into mental health practices</td>
<td>Kaumātua are knowledgeable about tikanga Māori and can teach and oversee other Māori staff to facilitate pōwhiri, karakia, manaaki, whakawhanaungatanga and cultural assessments</td>
</tr>
<tr>
<td>Cultural Supervisor/ Mentor</td>
<td>3.6.2 Provide opportunities for all Māori sector staff to learn te reo me ona tikanga and how to use Māori models of health and values in their own personal and professional development</td>
<td>Kaumātua are able to lead pōwhiri, karakia and whakawhanaungatanga on behalf of the team/services/organisation</td>
</tr>
<tr>
<td></td>
<td>3.6.3 Encourage mental health training programmes to incorporate dual cultural and clinical competency learning outcomes</td>
<td>Kaumātua are able to assess cultural competency of other team members</td>
</tr>
<tr>
<td></td>
<td>3.1.4 Provide increased training opportunities in clinical and cultural supervision</td>
<td>Kaumātua can provide effective cultural supervision and mentoring for the team and/or individual practitioners/managers which gives balance between the cultural and clinical dimensions of mental health and addiction practices</td>
</tr>
</tbody>
</table>
In 2007 Te Rangihaeata Oranga organised and hosted a Harry Pitman Media and Presentation Skills Training Workshop for 15 kaumātua at Te Aranga Marae, Flaxmere, Hastings. Sponsored by the Henry Rongomau Bennett Programme, the Harry Pitman training was a practical response to the challenges facing kaumātua and kuia who were being asked to formally introduce and support kaimahi presentations at national and international hui, and represent issues well to the media.

"Attending this training gave us the opportunity to work with kaumātua from other organisations, hapū, whānau, and iwi. Together we were also able to look at the different types of media that Māori are faced with from te reo irirangi, nū pepa, pouaka whakaata and having wānanga that would help us as kaumātua in our roles to support organisations, whānau, hapū, iwi, and communities to turn media negativity into that which is positive for Māori. Some of the issues we were asked to look at and provide a media response to were based on issues that face Māori and are concerns for kaumātua, such as ngā mahi a patupatu whānau that’s around whānau abuse, physical abuse, but also the abuse that happens to whānau members caused by problem gambling."

Kaumātua acknowledged the gains that had been made through kura kaupapa for the revitalisation of te reo Māori but also the challenge that exists to represent a kaupapa well to the media in te reo Māori.

“There are challenges for the media when wanting to do interviews and there are not enough Māori speakers to speak i roto te reo Māori. As kaumātua we worked to learn together in finding ways to help the service, our communities and Māori people be represented in a positive way in the media."

KAUMĀTUA PROVIDING TIKANGA INTERVENTIONS
TE RANGIHAEATA ORANGA SHARED TRAINING OPPORTUNITY HAWKES BAY
### Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance in the Recovery Journey of Tangata Whaiora and their Whānau</td>
<td>4.5.4 Ensure kaumātua are recognised and acknowledged as specialists in their field and are adequately resourced and supported to carry out their roles efficiently, effectively and safely</td>
<td>Kaumātua are able to distinguish between cultural norms and symptoms of disorder</td>
</tr>
<tr>
<td>A Conduit to Whānau, Hapū, Iwi and Māori Communities</td>
<td>4.2 To promote effective relationships between Māori mental health organisations</td>
<td>Kaumātua are able to mediate effectively between services and Māori on cultural matters to advance beneficial health programmes</td>
</tr>
<tr>
<td>Multidisciplinary Team Meetings</td>
<td>4.5.4 Ensure kaumātua are recognised and acknowledged as specialists in their field and are adequately resourced and supported to carry out their roles efficiently, effectively and safely</td>
<td>Kaumātua can identify and assess cultural factors and are able to lead discussion on the significance of culture to clinical conditions</td>
</tr>
<tr>
<td></td>
<td>4.5.1 Ensure all advanced practice in career pathways include management opportunities to foster leadership in Māori mental health</td>
<td>Kaumātua can provide effective cultural supervision and mentoring for the team and/or individual practitioners/managers, which gives balance between the cultural and clinical dimensions of mental health and addiction practice</td>
</tr>
</tbody>
</table>
Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Fluency</td>
<td>4.5.4 Ensure kaumātua are recognised and acknowledged as specialists in their field and are adequately resourced and supported to carry out their roles efficiently, effectively and safely</td>
<td>Kaumātua are knowledgeable about te reo Māori me ona tikanga, Māori ethics, customs, philosophies, are able to uphold tikanga, and can advise on appropriate kawa</td>
</tr>
<tr>
<td>Understanding and Knowledge of the Mental Health Sector</td>
<td>4.5.4 Ensure kaumātua are recognised and acknowledged as specialists in their field and are adequately resourced and supported to carry out their roles efficiently, effectively and safely</td>
<td>Kaumātua are able to provide cultural input into the choice of measures used in the care and treatment of tangata whaiora</td>
</tr>
<tr>
<td>Engagement Within Māori Communities</td>
<td>4.5 To support leadership in Māori mental health through management and kaumātua workforce development</td>
<td>Kaumātua have the support of local iwi or Māori community in their role for the services</td>
</tr>
<tr>
<td>Māori Workforce Development</td>
<td>4.4 To develop proactive recruitment and retention of Māori into mental health services where shortages of critical roles are identified, including the need to increase the Māori male mental health workforce</td>
<td>Kaumātua can inform and contribute to Māori recruitment and retention strategies to assist managers to progress Māori workforce development</td>
</tr>
</tbody>
</table>

“Te Whare Tapa Whā has all the taha to wellness. It is a Māori health plan. Everything we do, we can do in that model”
Wairau Nelson Marlborough Kaumātua Roopū
The Kaunihera is represented across the spectrum of mental health and addiction and meets bi-weekly, with each koroua, kuia and whaea providing an update from their clinical workplace on the cultural and clinical matters that may require Kaunihera input. The koroua, kuia, and pakeke that make up the Kaunihera see their diverse cultural, clinical, and community experiences as valuable in enabling the Kaunihera to meet the services, tangata whaiora, whānau, hapū, iwi and the community’s needs. Manaakitanga, whanaungatanga, wairuatanga, kotahitanga, rangatiratanga, aroha ki te tangata, tika me te pono form the foundation of the work of the Kaunihera.

The Kaunihera provides:

- tautoko and awhi to other kaumātua who work in mental health and addiction and outside of Capital and Coast boundaries
- active participation in the Kaumātua Rūnanga which covers the wider Wellington, Porirua and Awakairangi areas
- kawa whakaruruhau—a conduit of best cultural practice for koroua, kuia, kaimahi Māori and the DHB
- a forum where peer cultural supervision is facilitated
- the opportunity for active succession planning
- a pivotal role in maintaining relationships with iwi, hapū, whānau and the Māori community
- support for Māori in senior management to continue to develop and infuse Māori paradigms and te reo Māori in organisational policy and protocols, and effective leadership to the DHB from an affirmed standing in the wider community.

“What makes the Kaunihera successful is ‘kotahitanga’. Everyone comes with a willingness to help each other make progress if possible. If not possible, it becomes an item of business at every hui until a way forward is clear and progress is evident.”
Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of Teams</td>
<td>5.3 To support the implementation of continuity of care between primary and secondary care</td>
<td>Kaumātua are able to support senior management to bring a team together and facilitate culturally responsive outcomes for tangata whaiora, whānau and the service</td>
</tr>
<tr>
<td></td>
<td>5.4 To support integrated models of mental health care by increasing resources and capacity to support the contribution of primary health care services in mental health</td>
<td>Kaumātua are able to successfully advocate for a collaborative interagency approach for positive service delivery results</td>
</tr>
</tbody>
</table>

KAUMĀTUA INPUT INTO PRIMARY HEALTH CARE
RAUAWAAWA KAUMĀTUA TRUST, WAIKATO

The Rauawaawa Kaumātua Trust employs 5 Kaumātua full-time and 8 part-time. They are active in their local Primary Health Organisation Pinnacle with staff representation on the Māori Advisory Group. All kaimahi are clear about their roles and their boundaries and this is essential for kaumātua working for kaumātua.

The Trust has a firm commitment to Tikanga Māori and embrace Tainui kawa and tikanga and are flexible enough to adjust according to the needs of the Kaumātua who attend day by day. The kaimahi have undertaken tikanga Māori studies through Te Wānanga o Aotearoa which has collective and personal self-directed learning components.

“Each of us makes a personal commitment to implement what we learn into the workplace and practice. We also endeavour to instill marae principles of wairua and mauri in our work practices. All the things that are taught on the marae are taught here”.
Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora and whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of Teams</td>
<td>6.1 To increase understanding of mental health across the wider sectoral workforce including voluntary groups</td>
<td>Kaumātua are able to mediate effectively between services and Māori on cultural matters to advance beneficial health programmes</td>
</tr>
<tr>
<td></td>
<td>6.2 To promote recognition of Māori mental health initiatives in other sectors</td>
<td>Kaumātua are able to successfully advocate for collaborative interagency approach for positive service delivery results</td>
</tr>
</tbody>
</table>

**KAUMĀTUA COLLABORATION AND NETWORKING HERETAUNGA**

There is power in networking between DHB services, community services and agencies, Māori services, hapū, and iwi. Kaumātua networks help open and keep open the doors for collaboration. Kaumātua in Heretaunga saw their primary role as being able to open doors and access for whānau, hapū, and iwi. However, they were clear that their role is not about dialing a kaumātua, dialing a pōwhiri, or dialing a networker, and were concerned that others did not recognise the value of their strengths in this area. Recently, the kaumātua have been involved in bridging access for Māori whānau and populations who register with the PHO and wider community agencies to ensure they have access to services and especially kaumātua services.

“Networking and opening doors for the Māori community, whānau, hapū is an essential and valuable part of a kaumātua, kuia me whaea role.”
Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puawai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding and Knowledge of the Sector</td>
<td>7.1 To increase access to Māori mental health promotion and resources for taitamariki, whānau and the wider sector (e.g., justice, social services, housing and education)</td>
<td>Kaumātua are well placed to inform whānau, hapū, iwi, and Māori communities about mental health and addiction issues</td>
</tr>
<tr>
<td></td>
<td>7.1.3 Using a public health population based approach, develop campaigns promoting mental health messages appropriately designed for target audiences, e.g., building on the concept of ‘tama tū, tama ora’ to reach young men</td>
<td>Kaumātua are able to advise on Māori phrases, whakatauāki, symbols, and imagery relevant to Māori audiences</td>
</tr>
<tr>
<td>Māori Workforce Development</td>
<td>7.2 To reduce the stigma of working in mental health to encourage more Māori into the mental health workforce</td>
<td>Kaumātua can inform and contribute to Māori recruitment and retention strategies to assist managers to progress Māori workforce development</td>
</tr>
<tr>
<td></td>
<td>7.2.1 Promote mental health careers as challenging, interesting and rewarding</td>
<td>Kaumātua can endorse promotional material including profiles and career pathways</td>
</tr>
</tbody>
</table>
Since the inception of Te Oranga Tonu Tanga, Karaka Roberts (Ngāti Kuri, Ngā Puhi) has worked as the kaumātua in mental health and addiction services. This journey began in 1990 upon his retirement from teaching te reo Māori at Otago University when he was approached by Tahu Pōtiki (Ngāi Tahu) and Taua Dorothy Hitchcock (Ngāi Tahu). Soon after beginning in mental health and addiction services, it became very apparent to Karaka that services were not patient focused but largely systems and process focused. “I then devoted my time and effort to work with mental health management (across all the services) in understanding the value of a strong cultural identity and therefore the importance of providing access to relevant cultural values and protocols to enhance and allow healing to occur.”

In 2005 Hata Temo (Tūhoe) joined Te Oranga Tonu Tanga to assist in the kaumātua responsibilities for the team and for tangata whaiora and their whānau. Hata has regarded himself as an apprentice in learning those kaumātua responsibilities. His work has involved supporting the paepae in pōwhiri, mihi whakatau, whaikōrero, and as a tuakana in teaching tangata whaiora ngā mea tikanga. Hata has also been established as part of the cultural assessment team and has relied on te taha wairua when doing this mahi. Hata has seen it as a privilege to watch and learn from Karaka Roberts.

Over the past 20 years kaumātua leadership in Māori mental health services based in Otepoti has come from mātā waka (men and women from iwi outside of Ngāi Tahu). Karaka’s contributions have also been recognised by the awarding of the QSM (Queen’s Service Medal).

Shortly after the interview was held Hata was invited by Ngāi Tahu to take up a leadership role of awhi across general hospital services. The success in part of the kaumātua leadership has come as a result of the respect they have for Ngāi Tahu kawa and tikanga through these two kaumātua who have also held fast to their own iwitanga. This has also contributed to the firm practice of kaumātua and kaimahi Māori working to connect whānau back to their own iwi, hapū, and koroua and kuia to assist in their healing and well-being.
Whiria Te Oranga Kaumātua Role:
Kaumātua assisting tangata whaiora in whānau in their journey to recovery

<table>
<thead>
<tr>
<th>Whānau Ora Contributions</th>
<th>Kia Puāwai Te Ararau Kaumātua Workforce Priorities</th>
<th>Key Practice Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori Workforce Development</td>
<td>8.3 To strengthen synergies across Māori workforce development initiatives</td>
<td>Kaumātua are able to build and promote a sense of whanaungatanga across Māori workforce development initiatives</td>
</tr>
</tbody>
</table>

**KAUMĀTUA SUCCESSION PLANNING MURIHIKU**

Mā te tuakana ka totika te teina, mā te teina, ka tika te tuakana
Tuakana-teina roles are acknowledged by all the kaumātua and pakeke who work in Murihiku as very important for succession planning for future kaumātua. Nan Ngatai, who has worked for many years in health, is quick to acknowledge all others around her as being the influential ones in ensuring koroua me kuia provide cultural leadership.

Bunny McLean’s journey to Murihiku started over 30 years ago when he was employed at Lake Alice (Wanganui) as one of the first cultural advisors in mental health services. He willingly shares his experience and knowledge with other kaumātua and pakeke.

Te Whaea McFarlane works as a child and adolescent worker and often takes a listening, observing, and learning role at hui and events. Being a teina provides leadership opportunities in cultural protocols and in speaking roles. One learns very quickly as a teina when, where, and how kaumātua fulfil responsibilities.

Riki Cherrington has worked at the prison and Te Kuratini for 2 years. He makes the most of opportunities to attend hui to listen, to learn, and to gather information. He kakahu mōku, he korowai mōku.

Mohi Timoko has been working for Te Korowai Hauora. His marae upbringing and life experience of having a close whānau member disabled confirmed for him a depth of ngā mea tikanga instilled by his kaumātua. “When I was small I saw the work of my kaumātua, when I was 12 years he said, Mohi kia tū koe ki te kōrero. Mai te pepetanga bring the things from the marae and you don’t need to know everything to be a kaumātua. However, I know I am in training and fortunate to have others around me to learn from.”
Whiria Te Oranga has raised questions as to whether kaumātua, koroua, kuia, and whaea have a serious role in mental health and addiction services and are their contributions and efforts appropriately recognised. The evidence presented in this strategy illustrates that ‘yes’, kaumātua have a serious role, and that in most situations their efforts to support whānau ora being achieved for tangata whaiora and whānau are not being appropriately met.

Whiria Te Oranga Strategy acknowledges kaumātua as cultural specialists and senior members of teams, who are sought after by both Māori and non-Māori. They bring highly valued skills of:
• Māori culture, processes, knowledge and the language
• advocacy
• wide experience of human behaviour and interaction
• Māori communities and relationship opportunities, and
• potentiality to promote a spirit of integration and integrity amongst teams, agencies and in particular for tangata whaiora and whānau.

IMPLICATIONS FOR MENTAL HEALTH AND ADDICTION SERVICES

In order for Kaumātua workforce contributions and efforts to be effectively felt across the whole treatment and care process, there is a need for:
• appropriate recruitment strategies to attract and retain kaumātua expertise
• improved working conditions and supportive workplace environments for kaumātua
• kaumātua access to suitable training opportunities with resource factored into services professional development planning and budget allocations, and
• collaborativeness and agreement with kaumātua and the local iwi/Māori community on a process that will ‘whakamana’ kaumātua as they use the key practice indicators as a measurement of their whānau ora contributions.
IMPLICATIONS FOR THE KAUMĀTUA WORKFORCE

To continue to make consistent whānau ora contributions to tangata whaiora and their whānau and to mental health and addiction services, kaumātua, koroua, kuia, and whaea need to:

- be positive workforce role models for Māori and undertake clear and consistent practices as a kaumātua, koroua, kuia, and whaea
- assess any gaps in their learning and advocate for opportunities to up skill in the appropriate cultural and clinical areas, and
- support mental health and addiction services to develop the policy and protocols required to undertake effective local kaumātua workforce development and assessment.

Whiria Te Oranga, the Kaumātua Workforce Strategy, provides a national guide to support mental health and addiction services, kaumātua, koroua, kuia, and whaea in their workforce development goals. Whiria Te Oranga aligns to the priorities within Kia Puāwai Te Ararau and is recommended as a baseline to support kaumātua practice.

This strategy aligns well with the Māori core competencies projects (Te Takarangi, Huarahi Whakatū, Huarahi Whanake and Real Skills) that are currently in pilot phase. Kaumātua have participated in many of the core competency projects and will see synergies that reinforce the workforce priorities in Whiria Te Oranga.

As outlined earlier, the successful implementation of the plan does have implications for the Kaumātua workforce and for mental health and addiction services. However, the Whiria Te Oranga Strategy, with its three identified strands, 15 whānau ora contributions, and 33 key practice indicators can inform service funding and planning, and local evaluation of kaumātua workforce development priorities with alignment to the national Māori mental health vision and workforce goals.
The next phase of Te Rau Tuku Iho, the national kaumātua workforce development project that has over-seen the progress of Whiria te Oranga Strategy will involve the development of three handbooks for the three strands and further exploration of a national body to support and oversee the progress of kaumātua workforce development.

Kaumātua workforce needs should be actively addressed by services so that their contribution to tangata whaiora outcomes can be maximised. In addition, apart from being able to provide advice and assistance to tangata whaiora care, kaumātua are also able to improve interaction between Māori communities and services in a way that will add value to service usage by Māori.


## Host organisation

<table>
<thead>
<tr>
<th>Host organisation</th>
<th>Venue</th>
<th>No. of Participants</th>
<th>Rohe represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Te Whare Mārie Māori Mental Health Services May 22</td>
<td>Te Whare Mārie Capital &amp; Coast DHB</td>
<td>20</td>
<td>Wellington, Wainuiomata, Lower Hutt, Awakairangi, Porirua</td>
</tr>
<tr>
<td>Ngāti Toa Rangatira, Ngāti Koata, Te Atiawa, Ngāti Tama, Ngāti Rarua, Ngāti Kuia May 23</td>
<td>Whakatū Marae</td>
<td>7</td>
<td>Blenheim, Motueka, Whakatū</td>
</tr>
<tr>
<td>Waiora Trust-Te Ahi Kaa Ōtautahi May 24</td>
<td>Waiora Trust Te Ahi Kaa</td>
<td>17</td>
<td>Invercargill, Timaru, Tuatapere, Dunedin, Christchurch</td>
</tr>
<tr>
<td>Te Taiwhenua o Heretaunga Iwi Provider May 26</td>
<td>Te Taiwhenua o Heretaunga</td>
<td>18</td>
<td>Hastings, Napier, Wairoa, Te Puia Springs, Waipiro Bay</td>
</tr>
<tr>
<td>Parawhau and Ngāti Kahu ki Torongare June 6</td>
<td>Terenga Paraoa Urban Marae</td>
<td>13</td>
<td>Kawakawa, Kohukohu, Rawene, Whangārei, Dargaville, Auckland</td>
</tr>
<tr>
<td>Mahitahi Trust NGO Provider Auckland June 7</td>
<td>Mahitahi Trust</td>
<td>23</td>
<td>Auckland, Pukekohe</td>
</tr>
</tbody>
</table>
CASE STUDY PARTICIPANTS 2007

DHBs
- Otepoti - Te Oranga Tonu Tanga – Otago DHB
- Capital & Coast DHB
- Mahi Tahi – Counties Manukau, Auckland & Waitemata DHBs
- Hawkes Bay DHB
- Southland DHB
- Tairāwhiti DHB

NGOs:
- Ngā Manga Pūriri
- Frankton Dinsdale Rauawaawa Trust
- Te Rangihaeata Oranga
- Simpson Whānau
- Ngāti Porou Hauora

Capital & Coast DHB (Hui held 11/04/07)
Malcolm Robson  Te Whare Marie Capital & Coast DHB
Faamausili S Chapman  Health Pasifika Capital & Coast DHB
Wiremu Nia Nia  Te Whare Marie Capital & Coast DHB
Florence Gardiner  TWOR & TWOM Capital & Coast DHB
Teina M Samoa  Rangatahi Unit Capital & Coast DHB
Mere Hammond  Rangatahi Unit Capital & Coast DHB
Maria Enoka  Hauora Whānau Rangatahi
Horiana Wainoa  Te Whare Marie Capital & Coast DHB
Kuni Shepherd  Forensics Capital & Coast DHB

Nelson Marlborough DHB Wairau (Hui held 13/04/07)
Graeme Grennell  Te Rauora Health NMDHB
Mabel Grennell  Te Punu Oranga
Syd (Hirini) Hall  Richmond Fellowship
Tehemara Pita Pou  Te Rauora Health NMDHB
Aroha Metcalf  Tehaupua Associates
Tahi Takao  Nelson Marlborough DHB/Ōtautahi
Lucy Bush  Te Rau Matatini/Ōtautahi
CASE STUDY PARTICIPANTS

Mahi Tahi  (Hui held 16/04/07)
Ruby Martin   Counties Manukau DHB
Whitiora Cooper Counties Manukau DHB
David King    Raukura Hauora
Timoti George  Waitemata DHB
Harry Haitana Waitemata DHB
Erika Edwards Waitemata DHB
Toi Rapira    Waitemata DHB
Rehua o te Rangi Kereama  Waitemata DHB
Tahana Waipouri-Voykovic Waitemata DHB
Mihiarangi Karaka  Waitemata DHB
Pohiri Hamiora  Māori Whānau Support Unit
Takutai M Wikiwhi  Manawanui Māori Health Unit

Frankton Dinsdale Rauawaawa Trust (Hui held 18/04/07)
Mary Heremaia  Rauawaawa
Henry Heremaia  Rauawaawa
William Het    Rauawaawa
Melba Snell    Rauawaawa
Ruihi Manukau  Rauawaawa
Hiraina Witehira Rauawaawa
Millie Kingi   Rauawaawa
Agnes Harcourt Rauawaawa
Josephine Whittaker  Rauawaawa
June Parahi    Rauawaawa
May Manuirirangi Rauawaawa
Laie Paddison  Rauawaawa
Alice Brown    Rauawaawa
Noeline Smith  Rauawaawa
Mena Phillips  Rauawaawa
Hinemoea Pohio  Rauawaawa
Maadi King    Rauawaawa
Karlie Te Rongomai  Rauawaawa
## CASE STUDY PARTICIPANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Rauawaawa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maree Chesley Taiapa</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Te Atarua Waretini</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Teressa Waenga</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Helen Moses</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Stanley Cameron</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Rita Pickering</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Rita Madgwick</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Raewyn Mulqueen</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>John Meha</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Morwena Meha</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Charlotte Timu</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Mihi Mason</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Roland Osborne</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Hazel Matenga</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Hoki Purcell</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Whangamatau Heta</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Philip Bevan</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Glenise Bevan</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Rangi Melville</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Mere Barlow</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Cleve Barlow</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Tuts Watene</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Jack Aspinall (John)</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Emmery Morris</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Teo Waina Smiler</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Noel Morris</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Patricia Head</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Hokianga Hazel</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Tonga Kelly</td>
<td>Rauawaawa</td>
</tr>
<tr>
<td>Dawn Tawha</td>
<td>Rauawaawa</td>
</tr>
</tbody>
</table>
CASE STUDY PARTICIPANTS

**Te Rūnanga o Kirikiriroa (Hui held 18/04/07)**
- Bob Elliot       Te Rūnanga o Kirikiriroa
- Panataua (Ben) Rangitaawa Te Rūnanga o Kirikiriroa

**Ngā Manga Pūriri (Hui held 19/04/07)**
- Isabelle Dalton  Ngā Manga Pūriri
- Molly Walters Morunga Ngā Manga Pūriri
- Sylvester Leef   Ngā Manga Pūriri
- Mere Tuhiao Piripi Ngā Manga Pūriri
- Houpeke Morore Piripi Ngā Manga Pūriri
- Warren Moetara   Ngā Manga Pūriri
- Carmen Hetaraka  Ngā Manga Pūriri
- Chris Langley    Ngā Manga Pūriri
- Winiata Moronga  Ngā Manga Pūriri
- Layla Lyndon-Tonga Ngā Manga Pūriri
- Titari Eramiha   Ngā Manga Pūriri

**Tairawhiti DHB (Hui held 20/04/07)**
- Tauha Te Kani  Tairawhiti DHB
- Huatahi Nia Nia Tairawhiti DHB
- Maaka Tibble    Tairawhiti DHB

**Heretaunga – Māori Health Unit, Mihiroa (Hui held 24/04/07)**
- Te Ata Munro  CAMHS Hawkes Bay DHB
- Tanerita Te Au Hawkes Bay DHB
- Waereti Gray  Hawkes Bay DHB
- Margaret Hiha  CAMHS Hawkes Bay DHB
- Bill Stirling  Wahanga Māori Hauora Hawkes Bay DHB
- Turoa Haronga Hawkes Bay DHB
- Wairukuuku Maere Hawkes Bay DHB
CASE STUDY PARTICIPANTS

Te Rangihaeata Oranga (Hui held 24/04/07)
- Paki Keef: Te Rangihaeata Oranga Trust
- Hinei Reti: Te Rangihaeata Oranga Trust
- Pat Percy Hohipa: Te Rangihaeata Oranga Trust
- Marewa Reti: Te Rangihaeata Oranga Trust
- Joy Potaka-England: Te Rangihaeata Oranga Trust
- Hinewai Taungakore: Te Rangihaeata Oranga Trust
- Monica Stockdale: Te Rangihaeata Oranga Trust

Otakou – Otepoti – Murihiku (Hui held 07/05/07)
- Hata Temo: Te Oranga Tonu Tanga – Otago DHB
- Karaka Roberts: Te Oranga Tonu Tanga – Otago DHB
- Riki Cherrington: Southland DHB
- Bunny McLean: Independent – Murihiku
- Nan Ngatāi: Southland DHB
- Te Whaea McFarlane: Southland DHB
- Mohi P Timoko: Southland DHB
- Aroha Noema: Te Rau Matatini

Ngāti Porou Hauora (Hui held 23/05/07)
- Frances Young: Ngāti Porou Hauora
- Leonie Harrison: Ngāti Porou Hauora
- William Hongara: Ngāti Porou Hauora
- Te Miringa Huriwai: Ngāti Porou Hauora
- John Coleman: Ngāti Porou Hauora
- Frazer Rangihunā: Ngāti Porou Hauora
- Teina Mita: Ngāti Porou Hauora

Simpson Whānau (Hui held 31/05/07)
- Kath Simpson
- Karina Simpson
- Deb Simpson
- Tash Simpson

Bob Henare (Hui held 31/05/07)
### Reference Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mere Hammond</td>
<td>Titari Erimihia</td>
</tr>
<tr>
<td>Margaret Hiha</td>
<td>Winston Maniapoto</td>
</tr>
<tr>
<td>Hata Temo</td>
<td>Lucy Bush</td>
</tr>
<tr>
<td>Huatahi Niania</td>
<td>Panataua, Ben Rangitaawa</td>
</tr>
<tr>
<td>Bob Elliot</td>
<td>Takitaimoana Wikiriwhi</td>
</tr>
<tr>
<td>Monica Stockdale</td>
<td>Erika Edwards</td>
</tr>
<tr>
<td>Whitiora Cooper</td>
<td>Te Whe Phillips</td>
</tr>
<tr>
<td>Kevin Maniapoto</td>
<td>Aramakaraka Pirika</td>
</tr>
</tbody>
</table>
National health policies such as Blueprint For Mental Health Services in New Zealand (Mental Health Commission, 1998), Te Puāwaitanga: Māori Mental Health National Strategic Framework (Ministry of Health, 2002a), and He Korowai Oranga: The Māori Health Strategy (Ministry of Health, 2002b) recognise the importance of workforce development for kaumātua. This recognition adds greater relevance and strength to the document to effect change at all levels of decision-making.


Te Tāhuhu builds on the past successes of previous strategies and looks ahead to 2015 with a focus on improving the quality of the mental health and addictions sector. The plan sets out ‘Ten Leading Challenges’ for mental health and addiction services for the next ten years. The most relevant challenges for Kaumātua are Māori Mental Health, Responsiveness, and Workforce and Culture for Recovery. The aims of this challenges include continued support for kaupapa Māori models of practice, increased Māori participation in planning and delivery, and enabling Māori to present earlier to mental health and addiction services. Active Kaumātua participation in each of these areas is crucial.

Tuutahitia te Wero – Meeting the Challenges, Mental Health Workforce Development Plan 2000–20005 (Health Funding Authority, 2000) set the scene for accelerated Māori workforce development to address the critical shortages of Māori staff. The goal ‘to strengthen and develop the Māori mental health workforce’ aimed to increase training opportunities for Māori (including kaumātua and kuia), support the growth of kaupapa Māori mental health services, and move Māori mental health workers into a community-based work setting.
Tauawhitia te Wero – Embracing the Challenge continues to develop and consolidate the shift to a whole-system approach to workforce development outlined in the Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health, 2002a). The Government’s future direction for mental health, along with the past successes and achievements of the Māori mental health workforce, can only serve to support the current aspirations of kaumātua.
WHIRIA TE ORANGA

Kohinga mai i ngā kōrero
Whiria te Oranga
Ngā taonga tuku iho o rātou
Kia mau mō ake tonu e

Koroua-Kuia-pākeke
Kei te mihi tangi atu nei e
Ngā kōrero – ngā hītori
Whakapapa tikanga

He whakamaumahara tanga
Ki a rātou katoa
Ngā kōrero e kore ngāro
Mō tātou tipuranga e

Written by Johnny Coleman