



A Mental Health and Addiction  
Workforce Framework:  
*A Whānau Ora Approach*  
2014 - 2017

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## Kōrero whakataki

Tērā te Kauri tū nui, tū roa, tū angiangi i roto i te wao nui a Tane.  
Ko tōna he whakaruruhau i ngā taonga katoa o te ao mai i te tangata tae noa ki ngā ngarara.  
Ka maanu ona rau, ki te tamata i horahia e Tane.  
Kei raro tonu i tona maru, matomato ana to tupu o ona whakapapa.  
Ka whānau ake rā ngā taketake, uru kahikatea, kia piki ake ngā aka o te akau roa.  
Ka mau tonu ko te Mauri oho

Whānau Ora is likened to the majesty of the Kauri tree.  
Its overarching bows provide care and safety for those within her embrace to thrive.  
When the Kauri leaves fall, they form a mat from which new shoots and life will emanate.  
Like the Kauri, Whānau Ora is the self-sustaining environment for wellbeing to flourish and thrive

Whea Moe Milne/ Matua Beau Haereroa/ Matua Witariana Mita (Te Rūnanga o Kirikiriroa)

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## Introduction

A guiding principle of Rising to the Challenge Mental Health and Addiction Service Development Plan 2012-2017 (SDP) (Ministry of Health, 2012) is that a Whānau Ora approach will be undertaken when working with Māori. In addition, The SDP as part of cementing and building on gains in resilience and recovery for Māori, states priority actions are to contribute to Whānau Ora initiatives. The underpinning principles of Whānau Ora can also broadly apply to Pasifika peoples. The government has recognised this in the recent establishment of a new Pasifika Whānau Ora commissioning agency. Aspects of whānau wellbeing that health and social services can contribute to include:

- Self-managing
- Living healthy lifestyles
- Participating in society
- Confidently participating in Te Ao Māori
- Economically secure and involved in wealth creation; and
- Cohesive, resilient and nurturing (Taskforce on Whānau-centred Initiatives, 2009).

A Whānau ora workforce provides culturally appropriate whānau-centred best practice services to whānau (Ministry of Health, 2002). Whānau ora explicitly recognises:

- Whānau as a collective entity
- Endorses a group capacity for self-determination
- Intergenerational dynamics
- Māori cultural foundation
- Positive roles for whānau within society; and
- Application across a wide range of social and economic sectors (Durie, 2013).

Whānau Ora practitioners represent a skilled workforce from a wide range of disciplines, including community work, social work, nursing, health promotion, public health, and youth justice. They are practitioners able to go beyond crisis intervention to build skills and strategies that contribute to maximising outcomes for whānau as a whole (Durie, 2013). They are highly skilled in

- Ascertaining whānau aspirations
- Mediating whānau tensions; and
- Brokering opportunities for whānau to ensure whānau have access to the best possible services and resources (Durie, 2013).

This **Whānau Ora Approach** document is pertinent to MH&A services and consolidates the development of Whānau ora by articulating:

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Addiction is a generic term to denote alcohol and other drug as well as problem gambling

## **WHĀNAU ORA IS CORE BUSINESS: A collective responsibility**

Whānau Ora can simultaneously describe an overarching philosophy, a process of service delivery and/or model of care, and a desired outcome. However the intent of Whānau Ora is clear, contributing to Whānau Ora outcomes via whānau-centred practice is everyone's business, not just that of dedicated Whānau Ora workers. Improving health and wellbeing outcomes for whānau Māori is the responsibility of ALL health services inclusive of MH&A services. Furthermore ALL agencies have the potential to accelerate whānau wellbeing through a collective approach.

In order to collectively contribute to positive outcomes for whānau MH&A services are challenged to establish reciprocal relationships with kaupapa Māori MH&A services, dedicated Whānau Ora providers and with agencies where whānau present. Policy makers, planners and funders, managers and professional leaders, who influence the services provided to whānau are pivotal to this development.

## **WHĀNAU-CENTRED BEST PRACTICE: A transformative approach**

Whānau-centred practice is the vehicle by which the philosophy and processes of Whānau Ora are operationalised, and Whānau Ora outcomes realised. It is the combined application of these underpinning principles which clearly distinguishes whānau-centred practice from the whānau/family inclusive approaches. **Whānau-centred practice utilises a wide range of approaches and tools, both Māori and western in comparison to the whānau/family inclusive approach which favours western paradigms.**

Whānau-centred best practice crosses workforce groupings and sector boundaries, and can be applied and operationalised to some extent in any service, service configuration or context. In MH&A services addiction practitioners, support workers, nurses, social workers, psychologists, psychiatrists, youth workers and cultural workers are all charged with Māori responsive practice and contributing to Whānau ora. Primary health services through general practitioners, health promoters, midwives, whānau/ cultural workers, Whānau Ora practitioners/navigators are also positioned to contribute to this development. Workforce groups from other sectors who can also contribute to whānau-centred practice and have a reciprocal role with MH&A services include budget advisors, work and income officers, educators, community corrections and probation officers. These workforces are not being asked to address issues outside of their professional boundaries and expertise but to contribute to Whānau Ora by implementing whānau-centred best practice that recognises:

- Whānau as a collective entity
- Endorses a group capacity for self-determination
- Intergenerational dynamics
- Māori cultural foundation
- Positive roles for whānau within society; and
- Application across a wide range of social and economic sectors (Durie, 2013).

## A whānau-centred transformation approach<sup>2</sup>

WHĀNAU ORA OUTCOMES	SELF MANAGING	ECONOMICALLY SECURE AND INVOLVED IN WEALTH CREATION	PARTICIPATING FULLY IN SOCIETY	WHĀNAU ARE COHESIVE, RESILIENT AND NURTURING	PARTICIPATING CONFIDENTLY IN TE AO MĀORI	LEADING HEALTHY LIFESTYLES
LONGTERM	Makes decisions and takes action that supports wellbeing	Employed in a meaningful occupation (Addiction practitioner)	Active role in community, schools, church	Exercise mana tane in relation to mana wāhine and mana whānau	Active role in marae (or other Māori institutions)	Effectively manage nutrition and exercise
MEDIUM	Increases utilisation of services for identified behaviours	Access job training towards employment (Certificate in Whānau Ora)	Increase role in community, schools, church, clubs	Participation in mana tane programmes	Increase confidence in tikanga (culture)	Know how to respond to nutritional and exercise needs
SHORT	Increased understanding of behaviours	Involvement in skills development – literacy, numeracy and computer skills	Increase participation in community activities, clubs, schools, church	Increase awareness of mana tane programmes	Know iwi (tribe) and hapū (subtribe) connections and whakapapa (genealogy)	Increase knowledge of exercise and nutrition
	TAHA HINENGARO	TAHA HINENGARO	TAHA WHĀNAU	TAHA WHĀNAU	TAHA WAIRUA	TAHA TINANA

Adapted from Request For Proposal, Whānau Ora Commissioning (2013) Te Puni Kōkiri

This **Whānau Ora Approach** document communicates **Strategic priorities, Pathways to achieving and Responsibilities** relevant to MH&A services. These components will ensure that a Whānau ora approach supported by whānau-centred best practise will be under taken when working with Māori.

## 1.0 Strategic Priorities

Three strategic priorities have been identified. These will ensure Whānau ora is embedded in workforce policies, strategies, models and service delivery. These three areas are **Whānau-centred**:

- Knowledge Base
- Education, Training and Professional Development
- Systems Orientation

### 1.1 Whānau-centred Knowledge Base: Pathways

A whānau-centred knowledge base which contributes to Whānau Ora outcomes is underpinned by:

#### Māori aspirations

The interdependence and interconnectedness of whānau is central to wellbeing, both individually and collectively. Although underpinned by a philosophy of collective wellbeing, Whānau Ora and whānau-centred best practice explicitly recognises and encompasses the diverse needs across the life span, including developmentally specific needs of pepi (babies), tamariki (children) taiohi (youth), and kaumātua (elders). Individual and collective needs can be addressed and interactions can be converted into opportunities for whānau enablement via the provision of knowledge, skills, and resources to support individual whānau members and facilitate sustainable change. The exploration of Mātauranga (knowledge) Māori and the application to contemporary health situations are vital in meeting whānau aspirations to engage as Māori

#### Māori/ cultural responsiveness

There is compounding evidence of the relationship between health and whānau wellbeing and that, holistic integrated and culturally responsive models of health and wellbeing are the most effective means by which to improve outcomes for Māori. There is also an expectation that whānau and hapū (subtribe) accountabilities provide further pathways of development.

#### Relevant data collection

Data collection requirements need to support whānau-centred best practice to hold services accountable for their practice but more importantly to measure positive medium to long term outcomes of working with whānau. This in turn will refine knowledge of what works for whom and when and ensure reflective practice occurs. Whānau-centred evaluation and monitoring aligns well with the current focus on the Results Based Accountability (RBA) which moves emphasis from an input driven system (the number of interventions) to an outcomes focus on positive impact.



## Research, Evaluation and Monitoring

Continuous research, evaluation and monitoring are required to fully realise the potential of Whānau ora and whānau-centred best practice. Utilising a practice informed approach will contribute to growing the knowledge base of best practice, service provision models, and the development of indicators which demonstrate outcomes of relevance to whānau aspirations.

<b>WHĀNAU ORA IS CORE BUSINESS : A collective responsibility</b>			
<b>WHĀNAU CENTRED BEST PRACTICE : A transformative approach</b>			
<b>KNOWLEDGE BASE PATHWAYS</b>	<b>CONTENT</b>	<b>AUDIENCE</b>	<b>RESPONSIBILITY</b>
Whānau aspirations and positive outcomes	Builds on the strengths and capabilities that are already present within whānau, and focusses on realising potential  Encourages whanau and hapū accountabilities	<ul style="list-style-type: none"> <li>• Primary and Secondary Health and MH&amp;A services</li> <li>• DHBs / NGOs</li> <li>• Health Leaders /Managers</li> <li>• Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Ministries of Education, Housing, Employment, Justice, Social Development and Māori Development</li> <li>• All Workforce Centres</li> <li>• Iwi (tribe) and hapū (subtribe)</li> </ul>
Māori/ cultural responsiveness Treaty of Waitangi	Firmly positioned within already accepted best practice methodologies derived from holistic Māori models of health and wellbeing. <sup>3</sup>	<ul style="list-style-type: none"> <li>• Primary and Secondary Health</li> <li>• MH&amp;A services</li> <li>• Workforce Centres</li> <li>• DHBs / NGOs</li> <li>• Health Leaders /Managers</li> <li>• Training Providers</li> <li>• Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Ministries of Education, Housing, Employment, Justice, Social Development and Māori Development</li> <li>• All Workforce Centres</li> </ul>

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## WHĀNAU ORA IS CORE BUSINESS : A collective responsibility

### WHĀNAU CENTRED BEST PRACTICE : A transformative approach

KNOWLEDGE BASE PATHWAYS	CONTENT and DELIVERY	AUDIENCE	RESPONSIBILITY
<p>Relevant data collection with tangata whaiora, whānau and health providers</p>	<p>Hua Oranga (ADULT) Te Tomokanga (CAMHS) Te Tomo mai (CAMHS) PRIMHD Key Performance Indicators Reflective practice</p>	<ul style="list-style-type: none"> <li>• Primary and Secondary Health and MH&amp;A services</li> <li>• DHBs / NGOs</li> <li>• Health Leaders /Managers</li> <li>• Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>• All Workforce Centres</li> <li>• Ministry of Health</li> <li>• Ministries of Education, Housing, Employment, Justice, Social Development and Māori Development</li> </ul>
<p>* Research and Evaluation</p>	<p>The evidence base for whānau-centred best practice utilises practice-based evidence and indigenous knowledge bases. Strong emphasis on realising maximum utility from any research or evaluation activities via effective knowledge dissemination and application is seminal.</p>	<ul style="list-style-type: none"> <li>• Primary and Secondary Health services</li> <li>• DHBs / NGOs</li> <li>• Health Leaders /Managers</li> <li>• Clinicians</li> <li>• All Workforce Centres</li> </ul>	<ul style="list-style-type: none"> <li>• All Workforce Centres</li> <li>• Ministry of Health</li> <li>• Ministries of Education, Housing, Employment, Justice, Social Development and Māori Development</li> </ul>
<p>* Denote new initiative</p>			

## 1.2 Whānau-centred Education, Training and Professional Development: Pathways

Enhanced education, training and professional development pathways underpin the development of whānau-centred MH&A, Primary health and cross-sector workforces. The education, training and professional development workforce, including professional organisations, workforce regulatory bodies, and those responsible for shaping and authorising access to professional development programmes (e.g. service managers and leaders) are central to achieving pathways at all levels which support the application of whānau-centred best practice models. The development of training providers able to contribute to this process is seminal.

### **Whānau Ora explicit in and implemented through Workforce Frameworks and Therapies**

This pathway requires reviewing existing workforce education, training and professional development pathways for ways in which they can be enhanced to support the development of a whānau-centred workforce. The integration of whānau-centred best practice principles and tangible demonstration of contribution to Whānau Ora outcomes within existing competency frameworks is vital.

### **Whānau Ora: Leadership training, Whānau training**

Key to growing sustainable change is building leadership capacity which supports the application of whānau-centred practice across policy, management, funding, planning, and implementation. Important to this pathway is building leadership capacity to support the utilisation of whānau-centred best practice by all relevant workforces and developing mechanisms which facilitate development of a Whānau Ora capable workforce. Kaumātua, kuia, peer support workers, tangata whaiora, whānau advisors and community are pivotal to leadership development. Leadership pathways for our service users and whānau are vital contributions to the training and delivery of service provision to the MH&A workforce, service users and whānau as champions and role models of recovery and wellbeing.

Cultural supervision and cultural mentoring should also become more readily available and eventually mandatory for both Māori and Generic service provision. Peer cultural supervision and mentoring is a part of this development. The development of cultural supervision and cultural mentoring training pathways for tangata whaiora advisors, whānau advisors and Peer Support Workers are essential to support the important roles that they offer to the workforce. Training pathways for kaumātua and kuia in recognition of their value around knowledge and skills that benefit service provision, workforce, stakeholders and communities will also need to be considered.

### **Whānau Ora explicit in tertiary health qualifications**

Support professional/regulatory bodies, workforce organisations, and education and training providers to build leadership capacity which will support the integration and application of whānau-centred best practice across their workforces. Effectively identifying and addressing the needs of Māori whānau requires that all relevant workforce groups have the attitudes, knowledge and skills, to work within the context of whānau-centred best practice.

<b>WHĀNAU ORA IS CORE BUSINESS : A collective responsibility</b>			
<b>WHĀNAU CENTRED BEST PRACTICE : A transformative approach</b>			
<b>EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT PATHWAYS</b>	<b>CONTENT and DELIVERY</b>	<b>AUDIENCE</b>	<b>RESPONSIBILITY</b>
	<b>FACE/FACE E-LEARNING PLATFORM BLENDED</b>	<b>STOCKTAKE PRIORITIES</b>	
<p>Whānau Ora explicit in and implemented through Workforce Frameworks (SDP, MOH 2012)</p> <p>Whānau Ora explicit in and implemented through therapies</p> <p>Mātauranga Māori/ Iwi prioritised</p> <p>Māori models of practice:</p> <p>Cultural competency frameworks</p> <ul style="list-style-type: none"> <li>• Denotes new initiative</li> </ul>	<p>Let's get real, Real skills Real skills : Working with whānau Real skills plus Te Ariari o te Oranga, Te Whare o Tiki Talking therapies for Māori Cognitive Behavioural Therapy Māori Motivational interviewing Screening, brief interventions Early intervention Mana whenua, Mana tangata Poutama/ Pōwhiri model Dynamics of Whanaungatanga Te Whare Tapa Whā Paiheretia, Te Wheke Takarangi Competency Framework Pataka uara (support workers) Huarahi Whakatū (nursing) * Cultural Supervision (Peer, Mentoring, Kaumātua)</p>	<ul style="list-style-type: none"> <li>• Whānautangata whaiora</li> <li>• Leaders /Managers</li> <li>• DHBs</li> <li>• NGOs</li> <li>• Māori Clinicians</li> <li>• Whānau Ora navigators and practitioners</li> <li>• Māori MH &amp; A workforce</li> <li>• Kaumātua</li> <li>• Mana whenua</li> <li>• Regulated unregulated workforce</li> <li>• Māori Non Māori workforce</li> <li>• DHBs</li> <li>• NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• All Workforce Centres</li> <li>• Tertiary institutions</li> <li>• Ministry of Health</li> <li>• All Workforce Centres</li> <li>• Tertiary institutions</li> <li>• Professional bodies and associations</li> <li>• Tertiary institutions and PTIs</li> <li>• National/Regional workforce Centres</li> <li>• Professional bodies</li> <li>• Ministry of Health</li> <li>• All Workforce Centres</li> </ul>

WHĀNAU ORA IS CORE BUSINESS : A collective responsibility			
WHĀNAU CENTRED BEST PRACTICE : A transformative approach			
EDUCATION, TRAINING AND PROFESSIONAL DEVELOPMENT PATHWAYS	CONTENT and DELIVERY	AUDIENCE	RESPONSIBILITY
	FACE/FACE E-LEARNING PLATFORM BLENDED	STOCKTAKE PRIORITIES	
<p>Whānau Ora: Leadership training Whānau training</p> <p>* Whānau Ora explicit and implemented in Governance training</p> <p>* Whānau Ora explicit in tertiary health qualifications</p> <p>* Denotes new initiative</p>	<p>Henry Rongomau Bennett Foundation Whānau Ora NZQA L 4, 5,6</p> <p>Whānau Ora principles and approaches embedded into organizational culture through Governance leadership, Management leadership</p> <p>Doctors Nurses Psychologists Social workers Mental health and Peer support workers Addiction practitioners Occupational therapists Health Leadership papers Consumer/ Whānau Advisory papers</p>	<ul style="list-style-type: none"> <li>• Māori mental health and Addiction workforce</li> <li>• Rangatahi/pakeke/kaumātua</li> <li>• Whānau/Tangata whaiora</li> <li>• DHBs</li> <li>• NGOs</li> <li>• PHOs</li> <li>• Undergraduate/postgraduate workforce</li> <li>• Regulated /unregulated</li> <li>• Whānau</li> <li>• Tangata Whaiora</li> </ul>	<ul style="list-style-type: none"> <li>• Māori National Workforce Centre</li> <li>• Ministry of Health</li> <li>• Tertiary Institutions</li> <li>• Private Training Institutions</li> <li>• All Workforce Centres</li> <li>• Ministry of Health</li> <li>• Kete Hauora</li> <li>• Tertiary institutions</li> <li>• Regulatory bodies</li> <li>• Professional Bodies</li> <li>• Health Workforce New Zealand</li> <li>• Careerforce</li> </ul>

## 1.2.1 Whānau Ora Exemplars

The following Whānau Ora practice exemplars have been sourced from across the Mental Health and Addiction sector drawn from programmes using Māori health workforce models identified in this Framework document;

1. Huarahi Whakatū Māori Nursing Professional Development Recognition Programme
2. Hua Oranga Māori Outcome Measurement Tool
3. Kaupapa Māori NGO Provider
4. Pātaka Uara
5. Te Ariari o te Oranga Co-Existing Problems (CEP)
6. Kaumatua
7. Takarangī Competency Framework

The exemplars articulate competencies and practices from a range of disciplines and methods necessary to a whānau centred approach that;

- Ascertains whānau aspirations, and mediates whānau tensions
- brokers opportunities and ensures access to the best possible services
- Contributes to maximising the outcomes of the whānau as a whole in a manner that goes beyond short term interventions

Workforces are not being asked to address issues outside of their professional boundaries and expertise but to contribute to Whānau Ora by implementing whānau-centred best practice that recognises:

- Whānau as a collective entity
- Endorses a group capacity for self-determination
- Intergenerational dynamics
- Māori cultural foundation
- Positive roles for whānau within society; and
- Application across a wide range of social and economic sectors (Durie, 2013)

A glossary of Māori words used in the case exemplars and their meanings are provided at the conclusion of this section, as well as in the body of the reading. Some Māori words used in the exemplars may not be universally used in the manner shown here when using spoken Maori, and may differ between regions.

## Exemplar 1 Huarahi Whākatu

### Huarahi Whakatū - Nursing Exemplar

Huarahi Whakatū is a Professional Development Recognition Programme (PDRP) that supports Māori mental health nurses to develop their clinical and cultural approaches to support Whānau Ora. The following is an example of whanaungatanga, a clear and deliberate way of developing relations with whānau.

#### **Importance of Whānau – Whanaungatanga**

As a Māori mental health nurse working with Kaumātua (elder) and Kuia (female elder) services often there are various professionals and agencies involved in their care, which emphasises the importance of whanaungatanga (relationships) in planning and working across services and with whānau. My role as a Māori Mental health nurse is one of awahi (help), and to help where I can to motivate whānau, so they feel confident to do the best they can, in this case support for their Kuia.

Over the course of my working with this Kuia I had come to work closely with the whānau. When the Kuia became ill, I needed to inform the assigned whānau members of her situation and the plan for supporting her. However, two days after the Kuia was admitted to hospital, one of the daughters was furious, and made contact with me as she had not known about her Kuia's condition.

This was a result of the tuākana (older sibling) not informing her of the Kuia's condition. I initiated a hui (meeting) with the aim of reiterating the involvement of whānau and to encourage a revisit of my responsibilities. The hui required little facilitation by me. The result was it helped the whānau to review how they communicated with each other. This also included, how I would communicate to them and who and how the rest of the whānau would be kept in contact with each other, if and when there was something needed for their Kuia. The outcome from the hui was a whānau plan – with a focus on their Kuia.

What had helped me as the Māori mental health nurse working with the Kuia and her whānau was my previous knowledge of this whānau, their possible dynamics and characteristics. As well as the knowledge of tikanga (processes) Māori, and how whānau may interact in their roles and responsibilities especially from a Māori framework.

In other cases, I needed to make decisions in regard to the care and support needed of Kuia and Kaumātua, but in this situation the facilitation of whānau hui, with the space to kōrero (talk), ensured a process for whānau to come together to plan ahead for their Kuia in a manner safe for the whole whānau. The outcome for the Kuia was significant during these times, as whānau were more able and confident to support her especially as her health deteriorated.

The way of working with this whānau required time, commitment and courage to work in a way that the whānau did not feel challenged, but confident to kōrero with me and others, about issues important to them, including personal dynamics that could've well been explosive. I work for a



mainstream service and I had been challenged by non Māori colleagues who don't understand whanaungatanga.

I stand strong by this model of practice as the results from whānau show consistently, that if you work with whānau in a deliberate way, to enhance, and empower them, it will strengthen the integrity of the nurse and whānau relationship. The nurse is not the only expert in the health relationship; it is the person, and their whānau who have the ability to pull together their resources and supports to help each other when need arises.

## Exemplar 2 Hua Oranga

### HUA ORANGA

Hua Oranga is an outcomes tool based on the Whare Tapa Whā (Taha Tinana - physical, Taha Whānau - family, Taha Hinengaro – mental, and Taha Wairua - spiritual). The Hua Oranga aids the assessment process which involves perspectives by the tangata whaiora (MH service users), their whānau, and by the treatment team. The Hua Oranga is utilised again at the agreed review stage and will identify an outcome. This example has been provided by MOKO Māori Mental Health Services Whitiki Maurea – Mental Health and Addiction Counselling Services Waitemata DHB

### **Mental Health Referral History**

Mr BG (BG) presented to the District Health Board (DHB) Mental Health Service (MHS) in early 2014 with first time psychosis brought on by increased use of cannabis, relationship issues with his wife and increased paranoia regarding his neighbours who he alleged were after his cannabis plants. BG's wife initially did not want the mental health services involved; she thought BG had transgressed tapu (restricted protocols). He had previously been seen by a Kaumatua and undergone a whānau blessing.

BG was admitted informally into the acute unit, stayed four days and self-discharged. He was prescribed medication but declined them. He was followed up by the Community MHS on discharge from the unit. He was put under the Mental Health Act which he strongly disagreed with. MOKO Māori MHS initially saw BG accompanied by his Māori provider (NGO) case worker. A service cultural assessment tool was used with his consent to determine his knowledge of his whakapapa (genealogy). It became obvious that he was on a journey of “ko wai ahau?” (Who am I where am I from?). BG's anxiety was he did not trust the mental health system, he saw it as something to take his freedom away and deny his personal choices. He often felt his kōrero went unheard and therefore was more than willing to seek help from Māori MHS.

### **Whānau History**

BG was a tamaiti whāngai (adopted child) who did not know who his father was, however his birth mother's name was on his birth certificate. According to BG he was born in a whare (house) for mothers with “unwanted pregnancies”. BG had only just found out this information. He had been raised in different foster homes, but felt an affinity to the Kaipara area where he worked as a farmhand. BG felt inadequate and incomplete in his own words “I have no legacy Māori to give my

tamariki (children) although my wife is Māori”. BG’s wife is of Ngaati Whaatua (Tribe from Auckland & Kaipara area) and Maniapoto (a Tainui tribe) descent they have two tamariki (children) together.

### **MOKO Services**

BG was accepted to MOKO services for cultural and clinical follow up. BG also agreed to attend the Hōtaka Hauora Māori programme (based on basic te reo (language) and the whare tapa whā model). A pōhiri (formal welcome) was arranged for him and his whānau to MOKO services which is our usual entry pathway. The key element was the engagement process based on tikanga Māori (Tika, right, Pono, honesty, and Aroha, love). We had karakia (prayer) to start our hui, we kept the integrity of the kaupapa (process) based on a common belief that we were sharing a journey.

### **Hua Oranga Assessment**

BG attended his pōhiri with his wife. BG enjoyed this and he had a quiet tangi (lament) when he shared his story. His wife shared that BG was the best she had ever seen and he was very much a better person for coming to our service. We completed the Hua Oranga interview together with BG, his whānau, and with input from MOKO Services and his clinical team.

The Hua Oranga aided the assessment process which involved perspectives by the tangata whaiora (MH service users), their whānau, and by the treatment team. The plan was to support BG’s journey of discovery and also his self-determination in terms of not taking his medications, contesting the Mental Health Act, and to look at a reduction in his cannabis use. He said he had stopped using cannabis when he felt his real journey had started.

After seven weeks BG progress was reviewed using the Hua Oranga tool to assess his progress. The clinician commented that BG was free of psychosis and no longer manic so was subsequently discharged from the Mental Health Act. BG continues to participate in the MOKO Services programme with the support of his wife. He has attended his first Hōtaka Hauora reo programme and is working with the taurawhiri (cultural advisor) to support him to reconnect with his whānau.

**Tawhiti rawa tou haerenga ake te kore haere tonu. He nui rawa ou mahi te kore mahi tonu**

*You have come too far not to journey further. You have done too much not to do more!*

*(Sir James Henare)*

## Exemplar 3 Kaupapa Māori Provider

### Kaupapa Māori Provider - Nursing care in Primary Health

This example from a Māori NGO values working in a respectful manner utilising Māori processes especially reconnecting with whānau, and whakapapa (genealogy).

#### **Referral History**

Relationship between Mr M and district nursing service breaks down, the service reports many sentinel events and incidents. Mr M now refusing treatment, doctor referral to psychiatric emergency service for psychiatric assessment for possible referral for compulsory assessment and treatment order.

Māori health worker attached to psych emergency makes contact with Whānau Link Service (Kaupapa Māori Community Provider). Referral made, contact made with General Practitioner (GP). Meeting held at Mr M's house with GP, Practice Nurse and ACC case manager.

Mr M is a 47 year old Māori male of Ngaa Puhi descent (a northern tribe), T7 paraplegia 18 years ago as result of a Motor Vehicle Accident (MVA). No wound care for 14 days. Two bilateral ischeum wounds with tracking fistulas. Large full depth sacral wound 11cm x 11cm, spinal column flesh visible, vertebral bones visible. Able to put fist into wound. Wound described as palliative by GP as he is at very high risk of bone infection and life expectancy maybe 6 months.

Mr M has approximately 20 necrotic patches on feet, feet showing signs of hypothermia, possibility the feet will need to be amputated. He presents as very eccentric, evidence of obsessive compulsive condition, appears to be a hoarder, obvious signs of mental health issues/personality disorder traits. No formal cultural or mental health assessment conducted as he would not allow this. Observations showed Mr M's mental health and wairua (spiritual wellbeing) were as much a priority as his physical health.

#### **Nursing care**

Mr M was unwillingly to accept any form of medicated dressings as he was "detoxing his body from all the chemicals in the dressings". Refuses any form of antibiotics and is adamant he will refuse hospital care. I (Nurse) engaged with Mr M very slowly over the first few weeks as he had huge trust issues. I sung waiata (songs), kupu iti (small Māori words) and karakia. Four weeks into care I started asking about his whānau something he had refused to speak about earlier. I approached this again a week later to find out he was the youngest of 10. He had had no physical contact with them for 18 years. A week later he asked me to come to his home while he rung his sister. This began a journey of reconnection with his whānau. Eight weeks after engaging in his care his two sisters arrived in Christchurch and stayed with him. They now come down here on a bi monthly basis. He has now decided that he may like to go home to his own marae (enclosed space in front of meeting house) when he dies to lay there. This is something he was previously adamant would not happen.

### **Wairua Oho** (spiritual awakening)

Mr M's mother (deceased) was believed to be present in the whare for the first few weeks of engagement with him, my niece saw me and said aunt you have an mākutu (curse) on you. She described Mr M as the person she could see. I visited with him the next day to kōrero about this but before I could he said my mother is here watching you she isn't very sure of you, she thinks you're too young (I'm 49). I said do you think she has put a mākutu on me. He said it's okay it's not a mākutu she is just testing you. He spoke to his mother, took me outside where we said karakia and used wai (water). His mother has never made her presence known like this again

### **Outcomes**

- Infection in toes - agreed to hospital visit and agreed to antibiotics.
- Agreed to hospital visit for iron infusion
- Sacral wound now down to 7cm x 4.5cm
- Agreed to visit with plastics for debridement of ischeum wounds
- Previously refused to go to hospital for broken Femor. Revisited by whānau link, agreed to go to hospital
- Agreed to go to respite care.
- Feet now healed no amputation required.
- Mental, physical, wairua, whānau more in balance
- Mr M delighted the doctor now uses Māori phrases when addressing him
- Practice nurse very emotional as she said she has not heard him speak any kupu Māori (Māori words)  
in the eight years she has nursed him
- Successful education to GP and Practice Nurse in engaging with Māori

### **Ongoing contact with whānau**

1st November 2013 (one year into care) he stated that **if he had been with the other mainstream nursing service he would be dead.**

### **Doctors korero/secondary outcomes**

Mr M's mental and physical health has never been as good, huge improvements. Palliative status reviewed and while Mr M is at risk of infection he is not deemed palliative. Doctor and Practice nurse amazed at result of engagement with whānau on his wellbeing. As a result of this the GP practice have made changes to the way they work with Maori clients, becoming more inclusive of whanau centred approaches to their care.

## Exemplar 4 Pātaka Uara

### Pātaka Uara - Whānau Ora Case-Study

#### Pātaka Uara - Whānau Ora Case-Study

Pātaka Uara is a Whānau Ora practitioner model that draws from Māori principles, values, and practices. Pātaka Uara principles within this approach encompasses, Whanaungatanga (engaging with whānau), Manaakitanga (support and generosity), Ūkaipōtanga (secure identity), Kaitiakitanga (guardianship), Kotahitanga (unity), Wairuatanga (spirituality), Whakapapa (genealogy), Rangatiratanga (self determination) and Te Reo Māori (Māori language).

#### **The whānau**

In this case, the whānau comprises of Mum, Dad and two sons aged ten and nine years of age. Dad is Ngāti Porou (East coast tribe) and Mum is Te Rarawa (Northland tribe). Although not living in their tribal areas, the whānau are still strongly connected to their tūrangawaewae (place of belonging). They both attend hui, tangi and whānau and sports events, particularly back in Ngāti Porou.

There are strong links also, back to Te Rarawa. Due to them living away from their hapū, and iwi, mum chose to access services from the area that they now live in (the whānau live in Tauranga area). The two boys were referred by mum to the Whānau Ora service for issues of anger. The primary reason was to get support for the boys and for the whānau. A Whānau Ora approach meant working together with the whole whānau rather than just the boys.

#### **Whanaungatanga**

The first part of the supporter's role was to establish rapport and to connect with the whānau (whakawhanaungatanga). This process was made easier because the supporting case-manager was of the same tribal ancestry as one of the parents. It did not take long to establish trust and whanaungatanga with both parents as well as their sons.

#### **Ūkaipōtanga**

When the boys were pre-school age, their mum became ill and could not care for her sons. The boys went to live with their maternal grandmother for 1 year. During that time, although well cared for, the boys missed their mother very much. During the time of the illness, Dad looked after mum. When mum became well again, the boys returned to live with their parents. At the time of their return, they seemed to have coped with living with their grandmother. However, in the past 2 years since mum has started studying and being away from home, this has caused the boys to become angry and resentful. It has also caused them to question why she left them for a year when they were younger.

#### **Manaakitanga**

Mum referred both herself and her sons to Kaupapa Māori services for help and support. Through the practice of manaakitanga by supporting staff a supportive relationship was built with the whānau. Dad has fulltime employment and mum is in fulltime studies. The whole whānau are physically healthy.

## **Kotahitanga**

The supporting case-managers worked with the boys to help them to understand and to negotiate and mediate between the boys and their mum. The situation was explained and what had happened and the reasons of unwellness and why the boys were separated from mum for a year. With mediation and support there became a sense of healing and Kotahitanga again for the boys.

## **Wairuatanga**

Karakia and taha wairua was the essence of the beginning and ending of each hui. The boys, who are fluent in te reo, often led the karakia.

## **Rangatiratanga**

The whānau ora service supported this whānau over a period of nine months. Both boys are now doing well at school, and said that they are now happy at home. Mum said that both she and the boys did not need any more help and that the boys were now more settled at home and have got fully back into their sport.

## **Exemplar 5 Te Ariari o te Oranga Co-Existing Problems (CEP)**

### **Te Ariari o te Oranga – Co-existing Problems**

The setting for this exemplar is a NGO Alcohol and Other Drug (AOD) service and the practitioner who conducts the assessment and subsequent case management is Māori. The assessment phase occurs over two sessions. While the case worker maintains a core thread of addressing the addiction related issues various parts of the plan come into play over a six month period involving a range of other team members and services.

Working in a Māori treatment environment that promotes being a welcoming, hopeful and complexity capable service meant engaging the patient and his whānau into a safe space (including a transition from tapu to noa) that acknowledged his identity and his mana (integrity/prestige). It was important that as part of the practitioner and service manaaki (support) they employed processes and models that were mana enhancing and mana protecting.

It was essential that the practitioner's supervision was able to review not only the technical aspects of addressing physical and mental health but also the cultural aspects of utilising Māori models and frameworks of competence, working in a state of ngākau māhaki (acceptance/humility) and progressing whakaoho mauri (awaken the life force) and whakamana whānau (empowering whānau).

### **Case History**

Don is a 31 year old Māori male. His eldest son is aged 14 years lives with his mother and he has no contact with them. He has responsibility for one other child aged 10 years. Don is unemployed and is in a relationship with a woman who has two children from previous relationships.

They live together in rented accommodation. He and the three children came to the community alcohol and other drug (AOD) service as he says he's sick of his current lifestyle and he wants an assessment so he can 'do treatment' and sort things out. His partner sits in on the assessment.

## History

Don has been drinking since the age of 12 years. Currently he says he smokes about 25 cigarettes a day, consumes at least 12 cans of beer a day and has at least one joint in the morning and or one at night. In the weekends he typically drinks a 24 pack of beer a day and usually with his partner who drinks 'mixes'. In the past he has experimented with "pills" and some Injecting Drug Use. Over the past six months he has also used legal highs on a number of occasions usually with his partner. He spends about \$100 per week on the pokies.

Don does have a family history of substance misuse, physical abuse, offending and mental health problems (depression). Don's parents are deceased. His brother is currently in prison and his sister and her family live in Australia. His mother is non Māori (Scottish) and had a history of depression but was loving and supportive of Don. His father was violent when drunk – which was most of the time according to Don. He has little or no contact with his father's side of the whānau.

He identifies as Māori, knows his maunga (mountain), iwi (tribe) and hapū (sub-tribe) but has limited participation in any Māori activities – except football (Rugby league). Don and his sister are estranged from their wider whānau who live in another part of the country.

Don has served two short sentences of imprisonment for alcohol related driving charges. Don states he is committed to his son, his partner and their children. He doesn't feel like he fits in anywhere and he doesn't like himself or his life. He is ashamed of the impact of his drinking and gambling on his family and he wants change – just doesn't know how.

He admits thoughts of suicide 'off and on' over the years and has had thoughts over the last few weeks that people would be much better off without him. He thought of crashing the car or hanging himself. Couldn't because it would let his son and partner down and leave his son thinking he didn't want to be his dad any more.

He socialises with long term associates at the local hotel or at home. Most of his peer group drink heavily and engage in criminal activity which he admits funds some of his gambling and substance use. Don admits that sometimes his drinking and his 'mates' interfere with his child care responsibilities and being a better partner. He does not have a current driving licence.

## Assessment

The comprehensive assessment using DSM IV criteria indicated that Don had severe alcohol, cannabis and nicotine dependence, a pathological gambling disorder, depressive traits requiring further investigation and a past social phobia. His Axis II ASPD is in partial remission and his Axis III issue is related to his being Hepatitis C positive.

The assessment also raised issues relating to his psychosocial functioning. The assessor determined other aspects needing attention included whanaungatanga (connection and relationships), identity and a need to whakaoho mauri.

The treatment plan was developed with Don and his partner to address his substance use, problem gambling and his coexisting mental health condition. Elements of this plan included;

- Working with Don, his partner, the children and her whānau to create and maintain a 'drug' free whare
- Create a whānau (Don, his partner, their children ) plan of goals
- Financial counselling
- Basic literacy course
- Relationship and parenting courses
- Obtaining a drivers licence
- Nutrition and exercise programme

An important part of the treatment plan was to ensure warm hand offs to other teams and services to contribute to meeting some of their goals. The practitioner was engaged in whakawhanaunga (relationship building) practices to ensure connections to and with the different services.

While the plan identified a number of goals they were acted on in an integrated way ensuring safety and stabilisation. This included navigating across a number of services outside the scope of the AOD service related to the wellbeing of Don and his whānau. The whānau centred approach complemented the integrated approach of being a complexity capable service.

## Exemplar 6 Kaumatua Exemplar

### Kaumatua Exemplar - Ngā Kōrero mahi o ngā Kaumātua

Kaumātua are key members in the health team. They add cultural value to clinical programmes with their knowledge of tikanga (traditional practice) and te reo (language) as well as their first hand awareness of whānau, communities, and Māori networks, especially in areas with high Māori population and service use.

Health professionals in our Hauora (health services) need to understand the importance of Kaumātua presence for good therapeutic outcomes, which their clinical practice would benefit immensely with Kaumātua support when treating Māori.

Kaumātua carry responsibilities as leaders in the community, 24 hours a day. They are able to offer Whānau Ora concepts, and opportunities to identify whakapapa links (genealogy) and reconnect with whānau, hapū, iwi and marae connections. They know how to deal with things like whakamā (shame), and mākutū, and make it easier for whānau to know and understand.

Kaumātua are given many different titles in their roles working in health, and social services across main stream and Māori providers to help support the tittles for Kaumātua.

Example: Kaumātua, Tohunga, Healer, Cultural specialist, Cultural consultant, Cultural assessor, Arotake consultant etc.





### **Kaumātua mahi (Kaumātua practice)**

This example involves an attempted suicide by hanging, and the person is admitted to the psychiatric ward for assessment. Through the evening the person became agitated and in such a state it was recommended that the Kaumatua who is part of the psychiatric team be asked for cultural intervention. Māori process of engagement was initiated by the Kaumatua, where whakawhaungatanga, mihimihi (speech of greeting), whakapapa in moderation was implemented. During this process the person's anxiety and stressors were very much lowered, finally the Kaumatua decided that the person was ready to receive a karakia tapu. The next day the Kaumatua was informed that the person made good recovery and hospitalisation was not required.

### **Tohunga mahi**

In this example an 80 year old Māori person who had matakite qualities (seer, clairvoyant) was very ill in hospital, and wanted to talk to someone who knew about tapu noa processes that could help her with a taonga matakite, a carved tokotoko (walking stick, staff). A tohunga that was known to the whānau was asked if he could help and given all the information that he needed to know. On examining the tokotoko he found it to be highly tapu and required extreme care on his part. So in the preparation for karakia he was mindful of the tapu wai, and its inherent importance for all karakia. At the conclusion of the karakia he placed it on the freezer or pātaka kai (place of food storage) to further enhance the whakanoa (remove tapu) process.

### **Challenges for Kaumātua working in the main stream health sector:**

There is still a lack of understanding of whakawhanaungatanga in mainstream services and Kaumātua come across many situations where decisions are made with disregard to Māori wairua. In the following example a Māori support worker shared her experiences; A client was preparing for transfer to another hospital. On being escorted to the car the client became extremely agitated, the support worker was told in no uncertain terms she was not to engage with the client, because she was not a clinician. The client became more agitated and was getting very difficult to control. The support worker asked if she could intervene from a cultural perspective and permission was given. She said all she did was introduce herself, gave a little whakapapa they had a hug and all went well. This was a situation where her (support worker) cultural competencies were challenged or not acknowledged.

### **Whānau mahi**

In this final example a devastated whānau and their whānau member is admitted to hospital diagnosed with a life threatening bleed, and might not survive the night. Hospital staff informs whānau that only two people were allowed with the patient at any one time through the day or night. The entire grieving whānau stayed vigil through night to relieve and support one another; they were made comfortable and were well supported by the Māori health team. With great shock and bewilderment, through the night the whānau who were in the room were asked to leave. They disobeyed this order, fortunately nothing more was said. The whānau member survived the night, and was reviewed and given a 24 hour survival period. Whānau stayed vigil that night again, once again the whānau were asked to vacate the premises, and again the whānau did not comply, however this time the Kaumatua was present, a complaint was made and the hospital policy was reviewed. In this case, the whānau member is now at home, supported by whānau. The example highlights the need to have Māori health team present/available at all times day or night to support whānau.

## Exemplar 7 Takarangi Competency Framework

### Takarangi Competency Framework - Whānau Ora Exemplar

As a Tamariki Ora nurse working for a Māori health provider the emphasis of Kaupapa Māori in service delivery is paramount. My role is to deliver the well child program from 4 weeks to five years of age. I also facilitate kaupapa Māori ante natal classes for young Māori mama and their whānau.

Within our service **He Takarangi cultural competencies** are utilised as the quality framework for which we measure our service delivery. The Kaupapa Māori ante natal wānanga have been running for five years. It is primarily aimed at first time young Māori women and their whānau, however it is open to any wāhine who are hapū (pregnant).

As Māori we understand that the whānau plays a pivotal role in all the decisions that are made by the individual. Therefore when our Pōwhiri is put out in the panui we invite not only wahine hapū and their partners but also any members of the whānau that will be supporting them in their journey. **Whakawhanaunga** as a concept of Takarangi that states the recognition of interconnectedness and relationships between whānau, hapū and iwi is an important component of health for the individual the identity of self is through others.

The wānanga is conducted two days included in this is the provision of a healthy lunch. The concept of **Manaaki** recognises that active hosting and support of whānau enhances the mana of others. Within our wānanga we involve Kaumātua, Kuia and recognize the wisdom and knowledge that they offer. Our day begins with **Karakia** as a means of clearing spiritual pathways and allowing for safe space. It is important for whānau to feel that they are in a safe space to share and participate in the learning.

Our room is set up with massage chairs and comfortable wide chairs, we also have mattresses. The room is adorned with positive Māori images. The environment needs to be appropriate to allow whānau to feel they are in a space where they can relax and participate in discussions about being hapū. This is supported within the concept of **Ahu Whenua** which states that there is an importance in understanding the significance of the environment to whānau. The promotion of information in pregnancy has the potential to improve the health and well being of the future generations.

Day one of the program is dedicated mostly to health promotion and sharing information with wāhine hapū and the whānau. Topics such as smoking cessation, alcohol and drugs, healthy eating, korikori (movement), mirimiri (to rub, massage), breast care and breastfeeding are covered in relation to the impact on the pēpi (baby) in pregnancy. The sharing of this information such as alcohol and drug use in pregnancy is a topic that needs to be covered. This can often be a heavy topic however in the context of pregnancy can be detrimental to the development of the foetus. Sharing this information also informs the whānau of the effects on their uri (offspring) and they often become the biggest supporters of change.

Day two of the program is focused on the labour and birth. The making of ipu whenua from clay and weaving of muka (prepared flax fibre) is also a part of this day. The use of these reaffirms the connection of the birth process to te ao Māori (Māori World). The use of **Te Reo Māori** is a key component of this hui.

The Takarangi framework emphasises that Te Reo Māori is an essential component of healing. The use of Te Reo Māori within this wānanga allows the participants to connect to the values and beliefs that were held by tūpuna. Within the context of being hapū Te Reo Māori reaffirms the mana that wāhine hapū have within the whānau. They are the keepers of whakapapa they ensure its continuation by being hapū.

The main objective for this wānanga is to acknowledge traditional beliefs and practices in pregnancy and their application in a modern context. Through retelling our traditional stories the importance and mana of being hapū is reaffirmed. Whānau are also involved in the learning which impacts on the decisions that are made by the wāhine hapū.

## 1.3 Whānau-centred Systems Orientation: Pathways

Developing and sustaining a whānau-centred workforce which contributes to Whānau Ora requires Systemic change. This development necessitates an integrated system of service delivery between primary, secondary service settings and DHBs and NGOs, as well as across different sectors where whānau present. The facilitation of effective communication and collaboration between primary and secondary health services, MH&A, kaupapa Māori services and across sectors is fundamental to this development. A whānau-centred Systems orientation will emphasise the following:

### **Annual District Health Board (DHBs) plans**

Health planning documents will refer to Whānau Ora and its implementation in detail. The plans will need to deliver flexible and sustainable funding streams which align with the total range of needs of whānau. This development will articulate the understanding on how Whānau Ora is relevant to, and able to be integrated across all aspects of service delivery.

### **Leadership**

Identifying effective mechanisms for building whānau-centred best practice leadership capacity is essential. Areas to explore include the identification of the potential for existing Māori health leadership programmes to integrate content focused on whānau-centred best practice as well as the identification of the potential for existing generic health leadership programmes to integrate whānau-centred best practice as a key mechanism for addressing responsiveness to Māori. Leaders will ensure that Whānau Ora is embedded in orientation and induction processes for the workforce.

### **Evaluation and auditing, assessment and intervention processes**

A genuine Whānau Ora approach to whānau centric practice would include the opportunities for service users and whānau to participate and contribute at all levels of service provision. Monitoring and evaluation processes to ensure adherence to Whānau Ora practices and approaches – which include service user and whānau involvement in evaluation, auditing and feedback processes/procedures. Monitoring and evaluation processes to ensure adherence to Whānau Ora practices and approaches – which include service user and whānau involvement in evaluation, auditing and feedback processes/procedures. Involvement of tangata whaiora and whānau is based on the belief that the users of these services are in a unique position to determine what will best meet their needs. This leads to effective and appropriate service design and delivery. Whānau inclusive service satisfaction surveys and/or feedback processes are essential to this development whānau representation during workforce recruitment and selection processes across all service providers (DHB/PHO/NGO). Quality and risks systems must work to enhance performance and ensure standard bench marks are reached. Meeting whānau and tangata whaiora aspirations must at the center of these process.

## WHĀNAU ORA IS CORE BUSINESS : A collective responsibility

### WHĀNAU CENTRED BEST PRACTICE : A transformative approach

SYSTEMS ORIENTATION PATHWAYS	CONTENT and DELIVERY	AUDIENCE	RESPONSIBILITY
<p>Whānau Ora explicit and implemented through annual DHB plans (SDP, MOH, 2012)</p>	<p>DHB plans detailing integration of Whānau Ora across their overall service delivery is required. There is an emerging foundation on which to build. Sharing this knowledge is vital.</p>	<ul style="list-style-type: none"> <li>• Health Leaders /Managers</li> <li>• Clinicians</li> <li>• Primary and Secondary Health Services</li> <li>• DHBs</li> <li>• NGOs</li> <li>• Planning and Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• HWNZ</li> <li>• All Workforce Centres</li> <li>• Planning and Funders</li> <li>• General Managers / CEOs</li> <li>• Turu whakarae</li> <li>• Governance/Mana whenua</li> </ul>
<p>Leadership/sponsors of Whānau Ora initiatives</p>	<p>Toitū Hauora Māori 2030 (Māori Health Leadership Towards 2030 Summit)</p> <p>Henry Rongomau Bennett Foundation</p>	<ul style="list-style-type: none"> <li>• DHB</li> <li>• NGOs</li> <li>• Networks rangatahi, pakeke, kaumātua, whānau</li> <li>• Iwi (governance)</li> </ul>	<ul style="list-style-type: none"> <li>• Whānau Ora commissioning bodies</li> <li>• DHB Annual Māori Health Plans</li> <li>• Service development workforce plan</li> </ul>

WHĀNAU ORA IS CORE BUSINESS : A collective responsibility			
WHĀNAU CENTRED BEST PRACTICE : A transformative approach			
SYSTEMS ORIENTATION PATHWAYS	CONTENT and DELIVERY	AUDIENCE	RESPONSIBILITY
Tangata whaiora, whānau inclusion in evaluation and auditing, assessment and intervention processes	Hua Oranga (ADULT) Te Tomokanga (CAMHS) Te Tomo mai (CAMHS) Takarangi Competency framework DHB Whānau Ora Toolkit	<ul style="list-style-type: none"> <li>• Health Leaders /Managers</li> <li>• DHBs</li> <li>• NGOs</li> <li>• Funding and Planners</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• HWNZ</li> <li>• All Workforce Centres</li> <li>• Planning and Funders</li> <li>• General Managers / CEOs</li> <li>• Tumu whakarae</li> <li>• Governance/Mana whenua</li> </ul>

## 2.0 Te Anga Whānau Ora


**Te Anga Whānau Ora** describes development of the necessary whānau-centred **Knowledge, Attitudes and Skills** for the MH&A workforce when working with Māori. The three strategic priority areas: **Knowledge Base; Education, Training and Professional Development; and Systems Orientation** articulated in the document are vital to supporting this progress. Every person working with Māori should contribute to Whānau ora as confirmed in Let’s get real, Te Whare o Tiki and other relevant frameworks aligned here. The practical application of whānau centred practice being at the core of what all services should aspire to achieve for Māori. This should be immediately apparent and obvious to the person receiving the service.

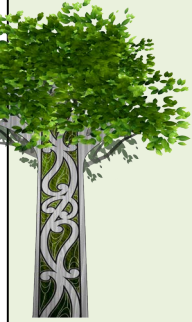
Like the growth cycle of the Kauri tree, the symbol of this document, Te Anga Whānau Ora describes an interdependence as well as a collective approach to learning and acquiring whānau-centred related Knowledge, Attitudes and Skills for MH&A service teams. Each team member is required to identify their level and reciprocal role in growing and achieving a whānau-centred workforce:

**Hua:** The Core level is committed to accessing and demonstrating an understanding of the components within Te Anga Whānau Ora that contributes to the growth of the team,

**Tupu:** The Practitioner level is committed to role model a clear understanding and application of all components within Te Anga Whānau Ora which contributes to the growth of the team; and

**Puawai:** The Consultant level is committed to lead a clear understanding and application of all components within Te Anga Whānau Ora which contributes to the growth of the team

TE ANGA WHĀNAU ORA			
	KNOWLEDGE	ATTITUDES	SKILLS
<b>HUA</b> Core 	Accesses knowledge to develop an understanding of: <ul style="list-style-type: none"> <li>Whānau as a collective entity</li> <li>Intergenerational dynamics</li> <li>Māori practices, values and beliefs</li> <li>Integrated practice</li> </ul>	Articulates an understanding of: <ul style="list-style-type: none"> <li>Whānau as a collective entity</li> <li>The processes of Intergenerational dynamics</li> <li>Enables and supports Māori cultural foundations</li> <li>Supports collaboration</li> </ul>	Demonstrates an understanding of: <ul style="list-style-type: none"> <li>Whānau as a collective entity</li> <li>Intergenerational dynamics</li> <li>Māori practice, values and beliefs</li> <li>Integrated practice</li> </ul>

<p><b>TUPU</b> Practitioner</p> 	<p>Provides a role in embedding in practice the knowledge of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Māori practices, values and beliefs</li> <li>• Integrated practice</li> </ul>	<p>Articulates a role in embedding in practice the knowledge of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Enables and supports Māori cultural foundations</li> <li>• Supports collaboration</li> </ul>	<p>Demonstrates the role in embedding in practice the knowledge of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Māori practice, values and beliefs</li> <li>• Integrated practice</li> </ul>
<p><b>PUAWAI</b> Consultant</p> 	<p>Provides leadership in adopting in practice the knowledge of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Māori practices, values and beliefs</li> <li>• Integrated practice</li> </ul>	<p>Articulates the leadership role in cementing in practice the knowledge of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Enables and supports Māori cultural foundations</li> <li>• Supports collaboration</li> </ul>	<p>Leads the cementing in practice of:</p> <ul style="list-style-type: none"> <li>• Whānau as a collective entity</li> <li>• Intergenerational dynamics</li> <li>• Māori practice, values and beliefs</li> <li>• Integrated care</li> </ul>



## 3.0 Future Direction

*“Te ohonga ake i taku moemoea,  
ko te puawaitanga o nga whakaaro”*

*“I awoke from my dream, to the blossoming of my thoughts.  
Dreams and goals become reality when we take action.”*

This ***Mental Health and Addiction Workforce Framework: A Whānau Ora Approach*** provides strategic direction to MH&A services to ensure that a Whānau ora approach supported by whanau-centred best practise will be under taken when working with Māori.

Three Strategic priorities are detailed

- Knowledge Base
- Education, Training and Professional Development
- Systems Orientation

These priorities are supported by

- specific Pathways:
- modifications to current MH&A workforce frameworks as well as a number of future planned resources
- the clarification of audiences to benefit from these frameworks and resources
- the identification of roles and responsibilities to ensure these priorities are fulfilled

The MH&A workforce centres of Te Rau Matatini, Matua Raki, Te Pou, The Werry Centre and Le Va are committed to the implementation of the ***Mental Health and Addiction Workforce Framework: A Whānau Ora Approach***.

## Glossary of Māori words

A glossary of Māori words used in the case exemplars section and their meanings are provided in the list outlined below.

Aroha	love	Reo Māori	Māori language
Awhi	assist/help	Tamariki	children
Hapū	sub-tribe/ to be pregnant	Tangata Whaiora	Person seeking wellness
Hauora	Wellbeing/Health services	Tapu	restricted protocols
Hōtaka	programme	Tika	correct/right
Hua	fruit	Tikanga	traditional practices
Hui	meet	Tuākana	elder sibling of same gender
Ipu whenua	A vessel or bowl to hold the placenta	Tangi	lament/cry
Iwi	tribe	Taha Tinana	physical dimension
Kaitiakitanga	guardianship	Taha Hinengaro	mental dimension
Karakia	incantation/prayer	Taha Wairua	spiritual dimension
Kaumātua	Elder (of either gender)	Taha Whānau	family dimension
Kaupapa	philosophy	Taurawhiri	cultural advisor
Kōrero	talk/speak	Tūrangawaewae	place of belonging
Kotahitanga	unity	Tamaiti Whāngai	adopted child
Kuia	female elder	Tūpuna	ancestor/grandparent
Kupu iti	small words or phrase	Tohunga	expert, healer
Mākutu	curse	Whakanoa	to remove tapu
Mana	Prestige/ integrity	Whakamā	shame
Manaaki	support	Whakaoho Mauri	awakening
Maunga	mountain	Whanaungatanga	relationships
Mihimihi	To greet	Whakawhanaungatanga	relationship building
Muka	Dressed flax fibre	Whakamana	enhance prestige
Ngakau Mahaki	Acceptance/humility	Whakapapa	genealogy
Noa	Unrestricted/free from tapu	Whare Tapa Whā	four sided house
Oho Wairua	spiritual awakening	Whare	house
Pēpi	Baby	Ūkaipōtanga	secure identity
Pātaka kai	food store	Uri	offspring
Pono	honesty	Wai	water
Pōwhiri/pōhiri	formal welcome	Waiata	sing/song
Rangatiratanga	self determination		

tanga

in this case tanga can be used as a suffix at the end of a noun to designate the quality derive from the base noun/word; i.e. Kotahi (one), kotahitanga, (United, solidarity, togetherness)

