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He Mihi Acknowledgements

Thank you to all of the contributing authors for your *mahi* (work) and *rangahau* (research) that makes up this journal edition. Our special thanks to Tyler Morris at Te Rau Ora who has brought it through to publication.

In this special edition of Te Mauri Pimatisiwin Journal of Indigenous Wellbeing, we shine a light on Indigenous workforce development in *Aotearoa* (New Zealand). We gain insights from successful Māori health workforce development initiatives, and from research that is gradually rewriting deficit narratives.¹

Central to this edition is the pivotal concept of cultural safety in healthcare training and delivery, emphasising the importance of Indigenous wisdom, traditions, and languages. Enabling

¹ Many authors use a fusion of *te reo Māori* (language) and English, or 'Mākehā'. The first time *kupu* Māori (words) appear, in each article, an English translation is given in brackets. This actively privileges our Indigenous language first and includes all readers in the medium of English. Further translations for *kupu* Māori can be found

frameworks to evolve, moving from mere service delivery to authentic collaboration with Indigenous communities, ensures that care is culturally congruent.

While it is essential to confront and understand the lingering shadows of colonisation, it is equally vital to look forward with optimism. Encouragingly, the articles in this edition underscore successful Indigenous-driven healthcare and workforce development endeavours. Fostering better health and wellbeing, creating foundations for leadership, and nurturing community empowerment and systemic change.

Journal Patron Barry Bublitz opened this edition with a *karakia* (prayer or ritual chant) from Aotearoa calling us together as one. Reminding us of the unity in the international Indigenous Healing Our Spirit Worldwide movement that generated the Journal of Indigenous Wellbeing. In this special edition we are celebrating Indigenous models of workforce development to support a workforce 'that listens to what *whānau* (family) have to say, then actualising it.'

Kopua, Kopua & Levy write of *Te Mahi a Atua* (tracing ancestral footsteps), a uniquely Indigenous *Kaupapa Māori* (philosophy) approach

at Moorfield (2003- 2024). *Te Aka Māori Dictionary* <https://maoridictionary.co.nz/>

Links are given to more information for some authors who also appear in the 100 Māori leaders online resource <https://100maorileaders.com/>

to transformative workforce development, delivered by the training provider Te Whare Wānanga o Te Kurahuna. Pivoting their training online during the COVID19 pandemic, continued their work to grow a critical mass of change agents, to challenge a ‘monocultural, bio-medical, deficit-oriented paradigm of mental health and wellbeing’, that takes the focus off the professional workforce and on to *whānau ora* (family wellbeing) and cultural safety. Their process of conscientisation, as an Indigenous transformation, highlights wider systemic factors that need to be addressed to achieve health equity for Māori. From a growing evidence base showing ‘by Māori for all’ as the way to effectively address inequity, Mahi a Atua aspires to embed a way of being that is Māori, from which all of Aotearoa will benefit.

The important role of *Kaumātua* (elders) in Māori health workforce development is discussed by Akroyd, Balzer and Mangu, with the support of, and about, two *Kaumātua* working with Te Rau Ora, training workers in the domain of suicide prevention. Highlighting the inequities of higher Māori mental health needs and the response to this, developing *wānanga* (learning opportunities) based on *mātauranga Māori* (knowledge) for health workforce and *whānau* impacted by suicide. The preferred venues for learning are the traditional meeting places or *marae*, that follow local *tikanga* (protocols). Here the *Kaumātua* approach to the learning and facilitation uses direct *kōrero* (talk) and includes dimensions of *wairuatanga* (spirituality). Because *Kaumātua* are in high demand, and in some places short supply, it is critical to look after the wellbeing of the *Kaumātua*, to support them to do their work, and to continue their own learning. Also, to pay them for their contributions.

McLachlan and Waitoki are recognised leaders as Indigenous clinical psychologists and Kaupapa Māori researchers. Their *Pae Tata Pae Tamhiti* model includes Tā Mason Durie’s *Te Whare Tapa Wha* (4 sided house) and TAWHITI a set of principles to guide an indigenous trauma-informed harm reduction approach to alcohol and other drugs for Māori. They introduce a workforce development training model developed for all practitioners to provide a Māori-centered approach to address alcohol and other drug use harms in relation to trauma.

Indigenous responses ‘are primarily about wellbeing in ways that prioritise the right to live our best lives’.

Maraku writes about the findings of a 2022 online survey by *Te Kete Pounamu* (The Greenstone Kit) a national organisation of Māori with lived experience. The survey aimed to profile the Māori workforce with lived experience and to identify the professional development needs of the workforce members. Responses from 250 workers showed that in the 21st century, the range of lived experience roles is diverse and makes up a growing workforce in health and social care services across Aotearoa New Zealand. It is estimated that 20 percent plus of the health workforce could be living with mental distress. Almost everyone who responded to the survey felt their lived experience of Mental unwellness or AOD added value to their roles. A majority were seeking further education and professional development to ensure their knowledge and skills were sufficient to meet the needs of the people they were supporting.

The impacts of COVID-19 on *whānau* Māori and the health workforce in Auckland, Aotearoa New Zealand is described by researchers from *Wai Rangahau*, the research group of *Te Whānau o Waipareira*, an urban trust that provides free health, legal, housing and education services and support for *whānau* of all ages in West Auckland. A Kaupapa Māori (way of thinking and doing) approach was used to mobilise the Whānau Ora Commissioning Agency (WOCA), COVID-19 response workforce. Kaiwai, Ford, McLeod & Asiasiga write of the Kaupapa Māori approach to workforce development used to equip the WOCA workforce with the necessary skills and knowledge to be effective in their roles during the COVID-19 response. This involved applying core Māori values like *whanaungatanga* (relationship building) and *manaakitanga* (care and respect) to develop and sustain the workforce. The first of two case studies describes engaging *rangatahi* (youth) into the workforce creating for example *rangatahi* led vaccination drives, and inspiring potentials for their future careers in community health and wellbeing. The second case study highlights a Whānau Ora Diploma created to train and develop *kaimahi* (workers) to deliver *whānau ora* support and services within their own communities. Graduates of the

Diploma training were well placed to support the new rangatahi and other workforce coming in to the WOCA Indigenous Māori COVID-19 response. Using a Kaupapa Māori approach to workforce development could be used more broadly and supported into the future, contributing an effective indigenous health workforce pipeline.

In the first of two connected articles we learn that engagement with nature is a core component of wellbeing for Māori the Indigenous peoples of Aotearoa New Zealand and other Indigenous cultures worldwide. McLachlan, Smith & Sampson completed a narrative literature review that looks at existing methods for describing, exploring, and measuring mental and emotional wellbeing for children and teenagers, through connection with nature, and a specific focus on Indigenous peoples. The COVID-19 lockdown experiences of Māori showed they were engaging with nature in novel ways to maintain this connection, from sharing knowledge of nature through online platforms to re-engaging with planting food gardens around their homes. This review is part of a multi-site research program, 'Tangata Whenua Tangata Ora: Investigating health gain through whenua (land) initiatives', funded by the Health Research Council. It recommends extending an existing health outcome measure framework, 'Hua Oranga', to include a fifth dimension, *Te Taiao* (the environment or nature) for wellbeing to be viewed in a broader context, as a connection between the individual and their environment.

In a second linked article, connectedness to nature deeply impacts our wellbeing according to the *kōrero* (narratives) and themes from traditional *imi* (tribal nation) taiao knowledge holders. Smith, McLachlan, Sampson & Hiroti found that access to and engagement with *tūpuna whenua* (ancestral lands) is a core component of wellbeing and identity for Māori. Guided by Kaupapa Māori research methodology, they present key information from interviews with 10 Ngā Wairiki Ngāti Apa iwi Knowledge Holders, who have maintained connection with the *taiao* (environment) throughout their lives. Thematic analysis found four themes that highlight the relationships between the *uri* (descendants) of Ngā Wairiki Ngāti Apa iwi and the *whenua* (land): *Tūpuna Taiao* - learning from the environment

itself; *Mahi-a-pōtiki* - engaging in the taiao through play, tuition and risk taking; *Mentorship/Kaiārabi* - the importance of guidance and support when engaging in the taiao and *Manaakitanga and Kaitiakitanga* - caring for the land and for others. The themes have been written into a broader wellbeing questionnaire in use for an iwi-based analysis and understanding of the wellbeing, strengths and needs of their own *rangatahi* (youth).

Dr Maria Baker has written a book review of 'A Fire in the Belly of Hineāmaru - A collection of Narratives about *Te Tai Tokerau Tūpuna*' (Northland ancestors). The 24 narratives from the people of Te Tai Tokerau have been curated by Webber and O'Connor into 8 streams of ancestral legacies of; 'Peace Makers and Mediators; Agriculturalists and Entrepreneurs; Pioneers and Innovators; Political Leaders and Change Makers; Strategists and Tacticians; Audacious and Inventive Thinkers; Explorers and Discoverers; Navigators and Voyagers.' Baker suggests the ancestral stories of courage, resistance, challenge and triumph' could inform resources for educational approaches for *tamariki* (children) and *mokopuna* (grandchildren) and for training Te Tai Tokerau Māori health workforces. This strategy could also enhance Māori communities by reinforcing ancestral beliefs and the value of community for Māori wellbeing.

Te Mauri Pimatisiwin Journal of Indigenous Wellbeing is staunchly devoted to elevating Indigenous perspectives and championing Indigenous-centric health solutions. Through this edition, our aspiration is not just to inform but to catalyse a broader comprehension of Indigenous health, driving momentum towards a world where health equity is a reality for all.

Mauri Ora!

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