



Tēnei te Pō Nau Mai te Ao: Mataora Ai te Ao! Collective Conscientisation: Indigenous Transformation

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Abstract

In Aotearoa New Zealand, the *pūrākau* (story) of Mataora, tells of an *ariki* (high chief) who had believed he was not accountable to anybody. However, guided by the love he had for Niwareka his wife, Mataora became a *kaitiaki* (guardian) for changing attitudes, beliefs and behaviours. Firstly, his own, and then actively influencing changes in those around him. Guided by the knowledge embedded in the *pūrākau* of Mataora, a new workforce has emerged with Te Whare Wānanga o Te Kurahuna as the workforce training provider. *Te Whare Wānanga* is a traditional name for a place of higher learning and *Te Kurahuna* refers to the hidden potential. Te Kurahuna understands genuinely addressing

health equity for Māori requires a uniquely Indigenous approach to transformative workforce development. Te Kurahuna is the *kaitiaki* of *Mahi a Atua* (tracing ancestral footsteps). Positioned as a ‘way of being’, Mahi a Atua privileges Indigenous knowledge and practice as the basis for addressing institutional racism, strengthening best practice, and realising equitable outcomes for Māori. Te Kurahuna and Mahi a Atua are built on well-established theoretical and practice-based foundations of *Kaupapa Māori* (philosophy), *whānau ora* (family wellbeing) and cultural safety. Growing a critical mass of *Mataora* (change agents), challenges the dominance of a monocultural, bio-medical, deficit-oriented paradigm of mental health and wellbeing; de-centers the professional workforce; and facilitates a focus on the wider systemic factors needing to be addressed in order to achieve equity for Māori.

Keywords: Mahi a Atua, transformative Indigenous workforce development, collective conscientisation, institutional racism, systemic change, equity.

Introduction

Universal healthcare systems in *Aotearoa* New Zealand have long been evidenced as supporting

non-Māori to live longer, healthier lives than Māori (Brown & Bryder, 2023; Health Quality & Safety Commission, 2019). Institutional racism is an accepted and known determinant of health and wellbeing (Reid, Cormack, & Paine, 2019), with the severity and persistence of health inequity for Māori an indicator that the health system in Aotearoa New Zealand is institutionally racist (Waitangi Tribunal, 2019). As was identified over 35 years ago in the seminal report 'Puao-Te-Ata-Tu' (Māori Perspective Advisory Committee, 1988), transforming wider systems and addressing long standing inequities embedded within institutionally racist health and other sectors, requires a workforce able to move beyond outdated professional boundaries and scopes of practice (Health & Disability System Review, 2020). Integral to this is that communities positioned as 'champions of change' continue to be regarded as a key untapped wellbeing workforce resource (Boulton, Levy, & Cvitanovic, 2020; Russell, Levy, & Cherrington, 2018).

This article provides an overview of Mahi a Atua, a transformative Indigenous workforce development approach specifically focused on addressing institutional racism to effect transformative systemic change (Kopua, Kopua & Levy, 2021a). Currently implemented in a range of sectors, and with demand growing from communities across Aotearoa, the potential of Mahi a Atua to not only support *whānau* (family) in distress, but to activate transformative change across health, education, justice, and other social sectors is being increasingly recognised (OECD, 2018; Ryan, 2021).

Te Whare Wānanga o Te Kurahuna and Mahi a Atua: Cultivating a 'way of being'

Mahi a Atua privileges the reinstatement and embedding of Indigenous knowledge systems as the foundation for deliberate and intentional pathways for systemic transformation (Kopua, Kopua, & Bracken, 2020; Rangihuna, Kopua, & Tipene-Leach, 2018a). Grounded in Indigenous ontology and epistemology, Mahi a Atua is founded on '*He Oranga Whakapapa*' (bringing our stories to life), which acknowledges everything has an origin that can be traced back to these

pūrākau (Māori creation and custom narratives). Ancestral footsteps found within culturally-contexted creation narratives have been used for centuries by communities as a way of not only understanding and interpreting experiences, but also for illustrating potential pathways forward (Rangihuna, Kopua, & Tipene-Leach, 2018b).

Created in the 1990's, Mahi a Atua originated as a way of engaging and healing with *whānau* Māori (family group) in mental health settings. In 2016, Te Kurahuna, the *kaitiaki* (guardian) of Mahi a Atua, began explicitly focusing on the direct connection between institutional racism and inequity for Māori. *Pūrākau* were used not only as an Indigenous resource for *whānau* in distress, but also as the foundation for a transformative Indigenous workforce development approach. Whether being used with *whānau* in distress or as the basis of workforce training and systemic transformation, Mahi a Atua enables people to examine their own feelings and attributes, to respond differently to obstacles and challenges in life.

Te Kurahuna is grounded on the premise that systemic institutional racism can be addressed by a collective consciousness on the part of both Māori and non-Māori. More than a static model, framework, or intervention, it is this aspiration for collective consciousness as a 'way of being', and the recognition of the collective power of individuals to effect transformative change across systems, that differentiates Te Kurahuna and Mahi a Atua from other culturally derived therapies or individually focused competency acquisition programmes (Kopua et al., 2020). Aligned with the principles of transformative Kaupapa Māori theory (Smith, 2017) and cultural safety (Ramsden, 2002), and remaining independent from western institutions, Te Kurahuna understands that this movement to critical consciousness is a challenging and ongoing process, focused on examining and critiquing structural variables such as power, social justice and equity, alongside active critical self-reflection and assessment of one's own privilege and bias (Rangihuna et al., 2018b; Curtis et al., 2019; Kopua et al., 2021a) Mahi a Atua uses *pūrākau* as an Indigenous resource able to support not only active reflection in relation to one's own position regarding racism, but to also operationalise this knowledge within workplaces,

creating ways to actively address racism. Seeking transformation at both individual and systems levels, Te Kurahuna aspires to create a critical mass of ‘Mataora’ - change agents who share pūrākau and reconnect whānau to their own stories in order to influence and embed sustainable transformative change across workforces, organisations, and wider systems (Rangihuna et al., 2018a).

Mahi a Atua Matapono

Mahi a Atua is founded on three *matapono* (principles): *Tenei te pō nau mai te ao* (Indigenise your spaces); *Ka mā te ariki ka mā te tauira* (Remain an Active Learner); and *Hongihongi te wheiwehiā* (Embrace Negative Feedback). It is through the daily application of these matapono that *ivi* (tribal groups), communities, providers, workforces, and whānau are able to collectively rethink and find ways out of dominant prescribed narratives, creating pathways to transformative solutions genuinely able to improve equity for Māori.

Tenei te pō nau mai te ao views institutional racism as being firstly addressed by Mataora committing to actively reinstate, embed, and practice Indigenous knowledge across every element of their personal and professional spaces. Mataora are trained to embed Mahi a Atua principles in their lives as they prioritise *oranga whakapapa* (bringing our stories to life) and share pūrākau, via the many different mediums available.

Ka mā te ariki ka mā te tauira privileges Indigenous ways of learning, placing a focus on the development of active learners who are both responsive to whānau and the community, and open to other perspectives. In this way, consistent with the fundamental principles of cultural safety (see Ramsden, 2002; Curtis et al., 2019), change and accountability is firstly located within oneself. Mahi a Atua wānanga (a seeking of knowledge) are a deliberate process of coming together to recognise that gaining clarity about future directions requires a strong connection to the past, while staying present in the moment. Mahi a Atua *wānanga* (traditional learning) emphasise *āta whakarongo* (active listening), *kōrero* (discussion), co-creativity, and reflective communication, to weave together the many points of view about distress and create new

shared understandings in which everyone contributes important threads.

Hongihongi te wheiwehiā emphasises the importance of a workforce always striving to understand how to do better. With outcomes for whānau positioned as the most important factor in Mahi a Atua wānanga, Te Kurahuna emphasises the importance of developing a culture of feedback individually, collectively, and organisationally. Directly informed by pūrākau of Hinekaurohia, the Atua of healing and reflection, Mataora are trained in the practice of reflective transparent discussion, constantly seeking feedback from whānau and colleagues regarding their performance. At a higher level, Mataora are continually monitoring for factors that facilitate or act as barriers toward achieving health equity for Māori, promoting a culture of organisational feedback.

Growing a Critical Mass

Recognising that anyone has the potential to be a ‘change agent’, developing a critical mass of Mataora is not discipline, profession, sector or role specific. With a reach expanding across Aotearoa, the Mataora workforce currently includes general practitioners, surgeons, psychiatrists, psychologists, counsellors, nurses, social workers, occupational therapists, physiotherapists, midwives, cultural advisors, community/peer support workers, teachers, lawyers, academics, artists, managers, administrators, and whānau members. Te Kurahuna welcomes anyone wishing to become part of a transformative collective consciousness to address institutional racism and enable systemic change to end inequities for Māori in Aotearoa.

Since 2017 Te Kurahuna has continued to grow and develop its training options, with over 2000 people having now completed Mahi a Atua Mataora training. Training offerings include: Niwareka training specifically for nurses and midwives; Rangī Matauru, a virtual training; Rangī Parauri, an in-person 5-day wānanga; Tāururangi, a six-month virtual training specifically focused on preparing practitioners to participate in a transformed health system; and Rangī Mātāwai, a refresher for Mataora;

Ranginuikātika, a leadership programme for selected Mataora, is currently in development.

Timeline

The journey of Te Kurahuna towards the reinstatement and embedding of Indigenous knowledge systems as the foundation for deliberate and intentional pathways for systemic transformation is summarised in the timeline below.

- 1990s** Mahi a Atua originated as a way of meaningfully engaging with Māori within a Kaupapa Māori Mental Health Service.
- 2016** Te Whare Wānanga o Te Kurahuna was established.
First Mataora training held.
- 2016** Engaged with Ngāti Porou Hauora to embed Mahi a Atua in Te Hiringa Matua.
- 2017** Establishment of Te Kūwatawata ki Tairāwhiti.
- 2018** Evaluation of Te Kūwatawata ki Tairāwhiti (Tipene-Leach et al., 2019).
- 2019** Engaged with Camberley School, Hastings to embed Mahi a Atua.
Engaged with Te Paepae Arahi Trust, delivery of Mahi a Atua training, Lower Hutt.
- 2020** Engaged with Pare Hauraki to establish Te Kūwatawata ki Hauraki.
First fully virtual *Rangi Parauri Mataora* training wānanga delivered.
- 2021** Publication of *Tēnei te Pō Nau mai te Ao – Transformation in Action* and launch of *Hauakaaka*, Te Kurahuna’s publication series.

Engaged with Ruapotaka Marae, Papakura Marae, Te Hononga o Tamaki me Hoturoa, Taumarunui Community Kokiri Trust, Te Whare Hauora o Raungaiti to develop National Hauora Coalition (NHC) Te Kūwatawata service.

- 2022** Launch of National Hauora Coalition Te Kūwatawata services.
First *Niwareka* training held.
First *Rangi Mātāwai* training held.
First hybrid Rangi Parauri training held.
First Rangimatauru virtual Mataora training.
First Tūporeariki.
Became national provider for Indigenous psycho-social response for whānau impacted by Cyclone Gabrielle.
- 2023** Supported by Te Aka Whai Ora (Māori Health Authority) to provide Mahi a Atua training to both clinical and non-clinical health workers in hauora Māori partner organisations; Māori staff in community-based providers including Māori Primary Health organisations; Māori working in secondary and tertiary care; and staff leaders, policy and commissioning staff in Te Aka Whai Ora and Te Whatu Ora (Health New Zealand), and contributors to decision making in Iwi Māori Partnership boards.
First Tāururangi training held.
Development of Ranginuikātika.

Mahi a Atua in Practice

This section describes how Mahi a Atua has been implemented across several sectors.

Te Kūwatawata

Te Kūwatawata is named after the Atua who stood in a transitional space between the physical and spiritual worlds, providing guidance for those seeking entrance to *Rarohenga* (Māori spirit world; Rangihuna et al, 2018a). Described as a revolutionary first for mental health services in Aotearoa (Tipene-Leach et al, 2019), Te Kūwatawata ki Tairāwhiti was first developed in 2017 as a primary and secondary mental health service partnership that would enable a Māori-resonant and responsive Single Point of Entry (SPoE) for all, to mental health services in Te Tairāwhiti (Gisborne region). In 2020, Te Kūwatawata ki Hauraki was implemented by Te

Korowai Hauora o Hauraki (TKHoH), and in 2022, the National Health Coalition Te Kūwatawata was launched.

Multiple reports, inquiries and reviews have identified institutional racism must be addressed in order to realise equitable outcomes for Māori (Boulton et al, 2020). Te Kūwatawata explicitly focused on addressing inequities for whānau Māori in distress including poor service access; lengthy wait times; individually-focused service provision; issues, assessments and care plans framed within a Western biomedical paradigm; and multi-disciplinary reviews which occurred in the absence of whānau. Te Kūwatawata encompasses significantly more than a Kaupapa Māori service ‘added on’ to an untouched dominant mental health system. It has been acknowledged as an exemplar of an Indigenous paradigm able to realise the systemic innovation and transformation long called for across mental health (Health & Disability System Review, 2020; Initial Mental Health & Wellbeing Commission, 2021). Māori voices to the 2018 Government Inquiry into Mental Health & Addiction likewise expressed a strong desire to see Mahi a Atua and Te Kūwatawata expanded and grown to its full potential across Aotearoa (Russell et al, 2018).

Data collected by both Te Kūwatawata ki Tairāwhiti and Te Kūwatawata ki Hauraki demonstrated the effectiveness of Mahi a Atua and a Mataora workforce in addressing the inequities for Māori which occur at the point of entry to mental health services. The elimination of strict service criteria, and whānau being able to access Te Kūwatawata directly off the street, was shown to increase service access and early intervention for Māori, including *taiōhi* (youth). The shift to culturally resonant, holistic, whānau-centred service provision delivered from a *Te Ao Māori* (worldview) paradigm positively impacted whānau. For example, the quicker development of therapeutic relationships; a likely increase in ‘talk therapy’, alongside a decrease in medication; increased whānau involvement; and an appreciation of the complex interconnection of relationships that comprise reality for whānau in distress (Tipene-Leach et al., 2019; Ngamane-Harding, 2021).

Demonstrating the transformative potential of Te Kūwatawata, the Te Kūwatawata ki Tairāwhiti

evaluation specifically referenced high interest from other regions throughout Aotearoa who wished to implement their own mana whenua version of Te Kūwatawata. Key elements identified as resonating with these regions included that Te Kūwatawata was grounded in Māori aspirations; took a ‘distress’ as opposed to ‘illness’ approach; and prioritised the development of the Mataora workforce (Tipene-Leach et al., 2019).

Te Kūwatawata and COVID-19

The introduction of Mahi a Atua Mataora training in 2020 by Te Korowai Hauora o Hauraki (TKHoH) was a deliberate effort to socialise a ‘new way of being’ - ‘Hauraki as a healthy nation.’ This ‘new way of being’ privileged *mātauranga Māori* (knowledge), whānau outcome measurement, and a culture of feedback able to support the development of practice-based evidence (Kopua et al., 2021b). In February 2020, TKHoH in collaboration with Te Kurahuna, commenced a system and service re-design, with the aim of gradually transitioning the existing mental health and addictions service from a western dominated paradigm to a system built upon an Indigenous framework. Socialising concepts prior to the introduction of substantial change was the focus of a series of initial wānanga facilitated by Te Kurahuna with TKHoH leadership and attendees from different organisations. Mataora were also trained during these wānanga.

Although originally intended as a six-month project, the swiftly changing landscape, caused by the arrival of COVID-19 in March 2020, necessitated an immediate re-imagining, particularly in relation to how Mahi a Atua could be implemented in an environment where face to face contact was going to be severely constrained. Within two weeks, Te Kurahuna had supported TKHoH to install the systems necessary to virtually operationalise Mahi a Atua. Renamed Te Kūwatawata ki Hauraki, an immediate response hotline was established and widely promoted for whānau in distress, irrespective of the level or nature of that distress, or the presence or absence of any psychiatric diagnosis. Changes were made to call flow systems; roster systems were created to facilitate timely virtual responses; processes which ensured whānau received the best possible

start was implemented at the waharoa (service entry); technology was introduced to ensure wānanga were able to be delivered virtually; and a 'MyOutcomes' system was installed (Kopua et al., 2021b).

Over the 18 months which followed, Te Kurahuna continued to provide leadership to TKHoH as they worked to implement and embed system changes via Te Kūwatawata ki Hauraki. A focus on continuous reflection regarding the maintenance of institutional racism aimed to ensure Indigenous knowledge systems were actively prioritised, and enhanced outcomes for whānau continually facilitated. The ongoing support and leadership included: Mataora training focused on operationalising Mahi a Atua principles and pūrākau; practitioner development via supervision, leadership, coaching and governance training; and the co-creation of a detailed operations manual available via an online training platform. The design of multi-disciplinary team meetings (MDTs) changed to a 'Huaki Pouri' orientation, where practitioners were trained to focus on their own practice, to remain active in their learning, and grow collective potential by giving and responding openly to feedback and the systemic factors contributing to poor outcomes for whānau. Underpinned by data systems such as MyOutcomes, Te Kurahuna supported TKHoH to actively engage in a data informed way which prioritised whānau voice, as well as better understand the critical importance of data collection, analysis and audit by ethnicity if access, effectiveness, and equity for Māori were to be adequately monitored.

Te Kurahuna also provided oversight of, and leadership to, TKHoH's 'Integrated Primary Mental Health' contract, with a focus on ensuring the sustainability of Te Kūwatawata ki Hauraki systems and processes. This was particularly in relation to ensuring Te Kurahuna and Mahi a Atua principles and practices were not overshadowed by the newly introduced Health Improvement Practitioner (HIPs) and Health Coach workforce roles which had been prioritised for nationwide implementation.

Te Kūwatawata: National Hauora (Health) Coalition (NHC)

The National Hauora Coalition (NHC), with its vision of *mana whānau-whānau ora* (prosperous families, living well), is a Māori-led, culturally driven primary healthcare organisation (PHO) focused on supporting solutions for all whānau, particularly those not well served by existing services. In 2021, Te Kurahuna engaged with Ruapotaka Marae, Papakura Marae, Te Hononga o Tamaki me Hoturoa, Taumarunui Community Kokiri Trust, and Te Whare Hauora o Raungaiti to develop several Te Kūwatawata services for whānau in Tāmaki Makaurau and Waikato. The importance of this contract lay in the acknowledgement that Mahi a Atua is more than just a service to provide care to its community. With the primary healthcare system identified as institutionally racist (Waitangi Tribunal, 2019), Te Kurahuna was required to engage in robust conversations with NHC about systems and processes that both inhibited and promoted good outcomes for both the Mataora workforce and the whānau they serve.

During the launch of NHC Te Kūwatawata, the community providers emphasised the critical role played by Te Kūwatawata in terms of ensuring the focus remained on institutional racism and the type of disruption needed to move beyond equity, to *mana ōrite*, a relationship in which the *mana* (authority) of each unique perspective, knowledge systems and world views, is upheld and maintained (Berryman, Lawrence, & Lamont, 2018). Several important lessons for system disruption and transformation were identified by Te Kurahuna during their work with the NHC. Firstly, was the critical importance of the need for Te Kūwatawata to be prioritised at the organisational governance level. Also of central importance was the active presence of a leadership experienced in the Mahi a Atua paradigm. Stepping into the Mahi a Atua process of *hongihongi te wheiwheia* was particularly uncomfortable for service leadership with a desire to protect existing structures, systems and processes. Although NHC aspired to continue to address institutional racism by supporting the expansion of the Mahi a Atua kaupapa, it was evident that strategies to address existing institutional racism prior to engaging in what was

considered by both parties to be a ground-breaking opportunity were essential.

Te Hiringa Matua

Te Kurahuna was involved in both design and operationalising Te Hiringa Matua, the Hauora Tairāwhiti Positive Pregnancy Service, led by Ngāti Porou Hauora, and governed by three community providers. Whānau who present to Te Hiringa Matua often experience interrelated, complex issues and involvement with multiple agencies. Te Kurahuna recognised that narrow, bio-medically focused, clinically-led service models in which whānau complexity is viewed solely through a lens of dysfunction, as opposed to a consequence of ongoing systemic institutional racism, would not only fail to reach whānau in Tairāwhiti, but would also continue to perpetuate inequity for Māori. Training Mataora to implement and deliver Mahi a Atua wānanga for whānau engaging with Te Hiringa Matua ensured priority was given to understanding that complex issues and the associated development of long-term sustainable pathways forward for whānau must be located within the broader historical and sociocultural context of institutional racism. Integral to growing these understandings was an emphasis on the importance of systemic change across sectors such as justice and child welfare.

The evaluation of Te Hiringa Matua identified whānau had been supported by Mataora and Mahi a Atua wānanga, with whānau reporting feeling respected, and some acknowledging their engagement with Te Hiringa Matua as the first time their needs had been genuinely understood. Recognising the effectiveness of Kaupapa Māori services which prioritise the reinstatement of *mātauranga Māori* (knowledge) as a vehicle for addressing inequity, the evaluation concluded disparities for Māori could be addressed via the expansion of the Te Hiringa Matua Mahi a Atua based service model (Malatest International, 2022).

Camberley School, Hastings

Catering for students from Years 1 to 6, Camberley School in Hastings, identified the need to heal the impacts of institutional racism already being experienced in education, both as individual practitioners, and as a school embedded in a high-needs, largely Māori,

community, as well as identify how institutional racism was still present within their school. School staff attended Mahi a Atua wānanga, and in becoming Mataora, activated a conscious decision and commitment to begin the journey of Indigenising the school space, with pūrākau intentionally integrated throughout the curriculum, and systemic blockages actively removed in order to unapologetically be, and thrive, as Māori (Kopua et al., 2021c).

The active commitment to embedding Mahi a Atua as the basis for transformation is seen in Camberley School Strategic Aims 2020-2023 where the vision of *Kia Ū* (to embody and develop students conceptual understanding); *Kia Ora* (to grow understanding and applied practice); and *Kia Rere* (to take knowledge and practice, and innovate), is explicitly premised upon the three Mahi a Atua principles of Tēnei te Pō, Nau mai te Ao; Kamā te ariki, ka mā te tauira; and Hongihongi te wheiwheiā (Camberley School, 2021). The benefits of Mahi a Atua were reported as being immediately evident across the school, with *tamariki* (children) excited and focused, as they contributed, created, and explored ideas and storylines within the pūrākau. Discussions regarding similarities and the relevance of the pūrākau to their own families and situations became commonplace, as did the ability of *tamariki* to observe themselves objectively, and to consider the perspectives of others. Mahi a Atua was also seen as resulting in the creation of many new tools for their *kele* (tool kit), including narratives which assisted *tamariki* to navigate their own lives (Camberley School, 2021).

Te Aka Whai Ora (Māori Health Authority)

In 2023 Te Kurahuna was funded by newly established Te Aka Whai Ora (Māori Health Authority) to provide mātauranga Māori training in the form of Rangimatauru, Rangi Parauri, Rangi Mātāwai and Ranguinukātika, to the Māori health workforce in Aotearoa over a two-year period. Foundational to the proposal put forward by Te Kurahuna to Te Aka Whai Ora was recognition that the integration of Mātauranga Māori in isolation does not lead to transformation (Smith, 2005) As is evidenced by Kaupapa Māori, cultural safety, and systems change theory, transformation results from

critical approaches. Transformative change requires new ways of thinking, acting and being, that is, changing the ‘mental models’ of people within systems which create an implicit or unspoken bias through which everything that is thought, said and done is filtered (Kania, Kramer & Senge, 2018). The challenging nature of making fundamental and sustainable paradigmatic shifts emphasises the centrality of deliberate wānanga processes and ongoing professional development opportunities which create environments conducive to meaningful reflection and growth, alongside deep, courageous, and transparent collective learning (Kopua, 2019).

In supporting Te Kurahuna grow a critical mass of Mataora, Te Aka Whai Ora recognised that the revolutionary reform necessary across healthcare systems in Aotearoa would not occur if the status quo was simply upheld (Russell, et al, 2022). That it was possible for Te Kurahuna to engage in a genuine partnership approach with Te Aka Whai Ora also demonstrated the extent to which Te Aka Whai Ora understood how difficult it was to prioritise Mātauranga Māori when the wider system remained unchanged and systemically racist.

Tūporeariki

Reimagining possibilities as Mataora is as important as addressing issues of inequity in racism. As an indigenous approach to healing in which Mataora utilise pūrākau, *maramataka* (Māori lunar calendar), *karakia* (prayer), a ritual Hinekaurorohia and wānanga, Tūporeariki allows for the development of new mental models associated with healing. Within this process, ideas which enable a collective of individuals to feel vulnerable in spaces where they do not feel judged, and instead feel excited and reconnected to identity as they reflect, reset and creatively dive deeper towards where their *kura huna* (hidden gems) are socialised. More than merely a translated word for ‘counselling’, Tūporeariki connects whānau to the two ancestral cloaks of Rongomātāne (the atua of healing), Tūporerangi and Tūporenuku, which represent the need to care for both our physical and spiritual aspects of *oranga* (health). Expansion into Tūporeariki occurred partly as a result of Cyclone Gabrielle, after which Te Kurahuna became the national

provider for the indigenous psychosocial response to those impacted by the cyclone.

Te Kurahuna views Tūporeariki as a key opportunity to extend current paradigms and ways of thinking in relation to employee assistance and wellbeing programmes. Unlike the majority of existing programmes, Tūporeariki utilises real-time feedback to ensure that the re-indigenising of the therapeutic space occurs alongside a methodology that measures the effectiveness and quality of the approach. Mataora are deliberate in their efforts to develop a culture of feedback, focused on explicitly exposing barriers, illuminating injustice and clearing pathways forward.

Conclusion

From a Kaupapa Māori theory perspective, which affirms the recognition and validation of Māori worldviews, Indigenous workforce development is not simply about the acquisition of technical skills, it forms part of a much wider liberation movement built on Indigenous methods and mechanisms of critique, measurement, and judgment (Smith, 2017; Baker & Levy, 2013). Mahi a Atua Mataora training has been described as both challenging and one of the most rewarding life-experiences (Ryan, 2021, p10). Mataora gain a sense of liberation in being able to work in ways which felt ‘normal’, and more confidence using mātauranga Māori to critique practice (Rangihuna et al., 2018b; Tipene-Leach, Able, Hiha, & Matthews, 2019). For those with no previous training in a Western psychological paradigm, Mahi a Atua served to expand their therapeutic scope (Tipene-Leach et al., 2019). For those working outside health, becoming a Mataora altered both their perspective and the solutions offered, particularly in terms of better understanding clients as whānau who are impacted on by a colonial system (Ryan, 2021). Tauira (students) who have attended the Rangi Parauri training refer to how although mahi (work) brought them to the training, they are there for personal reasons as well:

“To grow and learn. And to be comfortable with not knowing. Because I’m not very comfortable at all with not knowing but I am learning to embrace the unknown and lean more into the uncertainty. Learning to be vulnerable is not

something I have ever been introduced to. To be doing it in such a mātauranga Māori way after being disconnected from my culture is such a beautiful thing – it's a very big journey for me. Almost like coming home to myself.” (Taurira, Rangi Parauri, 2023)

These outcomes demonstrate how Te Kurahuna and Mahi a Atua contributes to what advocate and researcher Tina Ngata (Ngāti Porou) describes as a ‘healing of the system, healing of practitioners, and healing of those who wield power’ (Tina Ngata, 2021, personal communication, 1 October, 2020).

Seeking systemic transformation through a uniquely Indigenous workforce development paradigm which activates a collective consciousness as ‘a way of being’, Te Kurahuna has evolved Mahi a Atua far beyond that of a culturally competent service model or workforce. Its key point of difference is the development of the Mataora workforce: change agents operating from Indigenous paradigms and worldviews who reach across and influence all parts of the community. Although originating in mental health, the relevance of Mahi a Atua for other sectors in which embedded institutional racism creates and reinforces inequities for Māori is becoming increasingly acknowledged. The real challenge for practitioners, irrespective of where they sit, is how to make changes in their everyday practice to ensure systems both reflect, and are appropriate for, those communities being served (Ryan, 2021).

The embedded institutional racism lying at the heart of inequity will not be solved overnight. Independent from government agencies, and with a rich understanding of the key factors contributing to the success Mahi a Atua, as well as lived experience of the racism which occurs when pioneering previously uncharted territory, Te Kurahuna has established a solid foundation on which to build and grow. With Mahi a Atua resonating with communities across Aotearoa, moving forward, Te Kurahuna seeks to: expand and further develop the Mataora workforce to support whānau in distress; strengthen transformative approaches within the health workforce; engage in sustainable long term system innovation and transformation utilising

Te Kūwatawata as the exemplar; and grow the capacity of artists as core contributors to wellbeing and overall systemic transformation. Te Kurahuna also aspires to lead an iterative research and evaluation programme, with a particular focus on demonstrating and further understanding the impact of Mataora on addressing institutional racism and facilitating system innovation and transformation.

Te Kurahuna does not promote a dichotomy of Māori vs mainstream. Supported by 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. With any transformational change, and as is a central theme in many pūrākau, resistance to change leads to greater resilience and the courage to collectively move forward. Moving forward, and as is fundamental to Mahi a Atua, is the need to prioritise our relationships as Indigenous people, to sit in wānanga, dialogue, and debate. Perhaps most important is the need to have the emotional muscle to not part from each other when we disagree in this process.

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