



Te Waka Kuaka and Te Waka Oranga. Working with Whānau to Improve Outcomes

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The role of whānau (extended families) is recognised as an essential aspect of hauora (wellbeing) for Māori, who are over represented in populations where there is injury or insult to the brain. Whānau mātauranga (knowledge systems) are a potent resource for enhancing recovery outcomes. This approach, based on Ranga-hau Kaupapa Māori (research by Māori for Māori) takes the view that by locating the whānau within their own culturally determined knowledge systems and optimising their intergral role in the delivery of culturally required interventions, the recovery experience will be enhanced, and they will feel a greater sense of ease and self-determination in the process of their own healing. Te Waka Oranga describes a process of bringing together whānau knowledge, skills, and feelings, with health workers' knowledge, skills, and feelings in the context of identifying recovery destinations they collectively want to bring forward in order to improve the experience of recovery and to improve outcomes for whānau using the metaphor of a waka. It is also hypothesised that this approach will improve the experience of the health workers. Te Waka Kuaka is a Māori cultural needs assessment tool that has been developed to further guide this work, which uses the metaphor of a flock of godwits. This paper describes the development of a combined approach, using these two tools, with whānau at the centre. This illustrates in both theory and praxis a culturally defined way of bringing whānau resources to the fore to promote whānau healing. While originally designed to address issues in the area of traumatic brain injury, it is likely that this way of working may also have wider application in the areas of insult to the brain such as mental health, addictions, and neurodegenerative disorders.

Keywords: whānau, hauora, healing, Māori, cultural practices, traumatic brain injury, recovery, needs assessment

Key Points

- 1 How to think about and apply Māori concepts of health in practice.
- 2 Recognising the importance of assessing whānau cultural needs.
- 3 Understanding the concept of wairua.
- 4 The importance of making time for cultural practices of engagement.
- 5 Increased awareness of mātauranga Māori and use of the whānau mātauranga resources.

Background

The role of whānau (extended families) is recognised as an essential aspect of hauora (wellbeing) for Māori (Durie, 2001; Durie et al., 2010). Whānau knowledge systems are underutilised as a potent resource for enhancing recovery outcomes (Elder, 2013).

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Rangahau Kaupapa Māori (research by Māori for Māori) has demonstrated that in the context of Māori traumatic brain injury, in contrast to training whānau to be rehabilitationists, by locating the whānau within their own culturally determined knowledge system and optimising their integral role in the delivery of culturally required interventions, the recovery experience can be enhanced for the whole whānau (Elder, 2015). In addition, whānau are likely to feel a greater sense of ease and they will bring their own unique cultural knowledge forward to address the culturally defined injury.

Mātauranga Māori, both ancient and modern, underpinning this work is vast. Numerous scholars have shared and documented aspects of tikanga that enable wider access to Te Ao Māori and whakaaro Māori, Māori thinking (Barlow, 2005; Durie, 2001; Moko-Mead, 2003; Pihama, 2010; Pihama, Cram, & Walker, 2002; Smith, 2003, 1999).

Te Waka Kuaka

Te Waka Kuaka is a bilingual cultural needs assessment tool for whānau developed using theory building, whakawhiti kōrero (discussion and negotiation), and Rasch analysis (Elder, 2013; Elder & Kersten, 2015). Originally developed for working with whānau who have experienced traumatic brain injury, community and health professional feedback has been such that wider applicability of use is favoured (personal communications, Te Hiku Hauora, Whakawhiti Ora Pai, Neurosurgical Wards 81 and 83, Auckland City Hospital, July 2016).

Te Waka Kuaka means a flock of godwits. Kuaka (godwits) are renowned for their long distance migrations and Māori ancestors were keen observers of their behaviours, resulting in many proverbs linking the godwits to human behaviour. The kuaka are the kaitiaki (talisman, familiar) of the author's main iwi (tribe), and the special relationship between this iwi and these birds is enshrined in the tribe's Waitangi Tribunal Treaty Settlement.

Permission was granted from tribal elders to use the name. Te Waka Kuaka provides a similar organisational role, for whānau to identify and reflect on their own needs as well as helping health workers be clear about what these are, to that of the ways godwits organise themselves. It helps whānau to organise their thinking to identify their needs in order to better navigate their healing journeys, much as the godwits organise themselves in order to navigate their long migrations.

The four navigational priorities that form the assessment subscales are helpful in grouping areas of focus:

1. Wairua (a pivotal component of hauora and wellbeing, concerned with the unique connection between Māori and all elements of the universe);
2. Tangata (people);
3. Wā (time); and
4. Wāhi (place).

The statements in each subscale came from the marae wānanga in the first phase of research. They were then refined using culturally relevant group processes (Elder & Kersten, 2015). Finally, a group of 319 participants, whānau affected by TBI directly, whānau members, friends, those with contact via their work, as well as interested community members completed the tool to enable Rasch analysis validation to be performed (Elder et al., 2016a).

Working with Whānau to Improve Outcomes

Te Waka Kuaka. Cultural needs of whānau with traumatic brain injury

Date

Whanaungatanga:	Relationship to index patient _____ or tūroro, you are the index patient			
Iwi, hapū:	Iwi affiliations			
Tōu pakeke:	Age			
Wahine, Tane, Trans:	Gender			
Rohe:	Location area (town, clinic)			
Mate hinengaro:	Mental health issues / addiction (porowhitatia, circle)			
Āhua whara o ngā roro:	Possible TBI (porowhitatia, circle) tāpirihia ngā rā, add the date(s)			
Whara o ngā roro pū:	Confirmed TBI (porowhitatia, circle) tāpirihia ngā rā add the date(s)			
Hauarea: Mild, Āhua: Moderate, Pakeke: Severe, Tē aro I a koe: unknown (porowhitatia, circle)	Mild	Mod	Sev	Unk
PATIENT PROFILE	Wā (6-24)	Wāhi (9-36)	Tangata (11-44)	Wairua (9-31)
(to be completed at the end; using the conversion tables on page 4)	_____	_____	_____	_____
RESPONSE KEY				
SD=tino whakahē, Strongly Disagree; D=whakahē, Disagree; A= whakaae, Agree; SA=tino whakaae, Strongly Agree				

Wā (time)

1	Starting the process of wairua healing is the first thing that needs to happen for our whānau	SD (1)	D (2)	A (3)	SA (4)
	Tuatahi rā he whakaora anō i te wairua o te whānau				
2	The journey of wairua healing for whānau is enhanced with time	SD (1)	D (2)	A (3)	SA (4)
	Mā te whai wā e tohu ai te orangatonutanga o te wairua				
3	Health workers could take more time to help the whānau understand what is going on	SD (1)	D (2)	A (3)	SA (4)
	Me whai whakaaro rātau ngā kaimahi hauora ki ngā whānau kia mārāma ai he aha te aha				
4	I get uplifted when time is taken for wairua	SD (1)	D (2)	A (3)	SA (4)
	Mā te kaha me te mārāmatanga o te waiura e piki anō ai te ora				
5	Time needs to be taken to consider other trauma within whakapapa	SD (1)	D (2)	A (3)	SA (4)
	Wānangahia ngā āhuatanga o tō whakapapa kia mārāma pū ai ngā hua				
6	Whakawhanaungatanga time keeps hope and dreams alive	SD (1)	D (2)	A (3)	SA (4)
	Mā te whakawhanaungatanga e ora ai ngā tumanako me ngā wawata				
	Pitopito kōrero comments	WĀ RAW SCORE			_____

Wāhi (place)

7	The use of pepeha within treatment would support the healing	SD (1)	D (2)	A (3)	SA (4)
	He oranga wairua, he rongoā anō hoki te pepeha				
8	It makes me feel better when we can go to the marae	SD (1)	D (2)	A (3)	SA (4)
	He oranga wairua te noho tahi ki te marae				
9	Whakaaio (carvings) teach important lessons that help with healing	SD (1)	D (2)	A (3)	SA (4)
	He akoranga ngā whakaaio				
10	Tukutuku (lattice-work) panels have important lessons for healing	SD (1)	D (2)	A (3)	SA (4)
	He akoranga ngā tukutuku				
11	The powhiri process ensures the wairua is settled for open discussion	SD (1)	D (2)	A (3)	SA (4)
	He mea whakatau wairua te pōwhiri e wātea ai te tangata ki te āta wānanga				
12	Gathering, preparing and eating food from home is an important part of healing	SD (1)	D (2)	A (3)	SA (4)
	He rongoā te whakatipu kai, te whakarote kai ki tō ake kāinga				

Hinemoa Elder

13	Whānau from home are an essential link with home Ko te ahi kā te taura whiri e here nei tātou ki te wā kāinga	SD (1)	D (2)	A (3)	SA (4)
14	Māori may feel the need to come home to heal Hokia o maunga kia purea ai e ngā hau o Tawhirimatea	SD (1)	D (2)	A (3)	SA (4)
15	Being on the marae is a good place to start to feel strong again He tīmatanga pai te hoki atu ki te kāinga	SD (1)	D (2)	A (3)	SA (4)
Pitopito kōrero comments		WĀHI RAW SCORE		_____	

Tangata (people)

16	When the whānau are involved the healing outcome is better Ki te kotahi te kākaho ka whati, ki te kāpuia e kore e whati	SD (0)	D (0)	A (0)	SA (0)
17	Whānau have to go through their own healing process He rerekē te ara whakaora ki ia whānau	SD (1)	D (2)	A (3)	SA (4)
18	Within the whānau is the rongoā Ko te whānau tonu te rongoā	SD (1)	D (2)	A (3)	SA (4)
19	Whānau fear judgment by health workers Ki ngā whānau he mea whakamataku ngā whakapae o ngā kaimahi	SD (1)	D (2)	A (3)	SA (4)
20	Whānau switch off when they hear the word "clinical" Tē aro i ngā whānau tēnei mea "clinical"	SD (1)	D (2)	A (3)	SA (4)
21	Māori cultural needs are different from Pākehā Ko ngā tikanga ahurea Māori he rerekē rawa atu ki te ao Pākehā	SD (1)	D (2)	A (3)	SA (4)
22	When health workers support whānau to address wairua outcomes are improved Ki te awhinatā ngā whānau e ngā kaimahi hauora ka puta ngā hua	SD (1)	D (2)	A (3)	SA (4)
23	I call on the strengths of my tūpuna to cope Ka karangatia ōku tūpuna e au ki te āwhina mai ā-wairua	SD (1)	D (2)	A (3)	SA (4)
24	Trauma to one is trauma to all Ko te mate o te kotahi, ko te mate o te katoa	SD (1)	D (2)	A (3)	SA (4)
25	Trauma to one is trauma to the whakapapa Ko te mate o te kotahi, ko te mate o te whakapapa	SD (1)	D (2)	A (3)	SA (4)
26	Being whānau means you don't have to know everything yourself	SD (1)	D (2)	A (3)	SA (4)

27	Ehara i te mea me mōhio koe te āhuatanga kātoa mō tō ake whānau Being whānau means we can use our collective strengths Ehara taku toa i te toa takitahi, engari he toa takitini kē	SD (1)	D (2)	A (3)	SA (4)
Pitopito kōrero comments		TANGATA RAW SCORE		_____	

Wairua (wairua practices)

28	Karakia strengthens wairua Mā te karakia e piki anō ai te ora, te kaha, me te māramatanga	SD (1)	D (1)	A (2)	SA (3)
29	The presence of kaumatua strengthens wairua Ki te noho i ngā rekereke o kui mā koro mā, ka kaha ake te wairua	SD (1)	D (2)	A (3)	SA (4)
30	The closeness of the whānau strengthens wairua Mā te piritahi e ora ai te whānau	SD (1)	D (1)	A (2)	SA (3)
31	Separating whānau from the patient can damage healing He ora te whakapiri, he mate te whakatakiri	SD (1)	D (1)	A (2)	SA (3)
32	Te Reo Māori me ōna tikanga is important in maximizing healing of wairua Mā te reo e ora anō ai te wairua	SD (1)	D (2)	A (3)	SA (4)
33	Oriori (chants) can be powerful healing tools He rongoā te oriori	SD (1)	D (2)	A (3)	SA (4)

Working with Whānau to Improve Outcomes

34	Mirimiri (type of massage) can be a powerful healing tool He rongoā te mirimiri	SD (1)	D (2)	A (3)	SA (4)
35	Waiata is healing for those that don't understand Te Reo He rongoā te waiata ki te hunga kāore e tino mārama ana ki te reo	SD (1)	D (1)	A (2)	SA (3)
36	It doesn't matter if you can't understand Te Reo, the effect remains strong Mēnā kāore koe i te mārama ki te reo, e pai ana, heoi anō, ka rongo tonu i tōna mauri	SD (1)	D (1)	A (2)	SA (3)
				WAIRUA PRACTICES RAW SCORE	_____
Pitopito kōrero comments					
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WĀ score		WĀHI score		TANGATA score		WAIRUA score	
Raw	Final	Raw	Final	Raw	Final	Raw	Final
6.	6.0	9.	9.0	11.	11.0	9.	9.0
7.	8.1	10.	11.0	12.	14.1	10.	11.1
8.	9.7	11.	12.3	13.	16.2	11.	12.6
9.	10.8	12.	13.1	14.	17.5	12.	13.7
10.	11.7	13.	13.8	15.	18.5	13.	14.5
11.	12.4	14.	14.3	16.	19.3	14.	15.2
12.	13.0	15.	14.8	17.	19.9	15.	15.9
13.	13.6	16.	15.2	18.	20.5	16.	16.5
14.	14.2	17.	15.5	19.	21.1	17.	17.1
15.	14.8	18.	15.8	20.	21.6	18.	17.7
16.	15.4	19.	16.2	21.	22.1	19.	18.3
17.	16.1	20.	16.5	22.	22.5	20.	19.0
18.	17.0	21.	17.0	23.	23.0	21.	19.7
19.	18.0	22.	17.5	24.	23.4	22.	20.4
20.	18.9	23.	18.2	25.	23.9	23.	21.2
21.	19.9	24.	19.1	26.	24.3	24.	22.0
22.	21.0	25.	20.0	27.	24.8	25.	22.8
23.	22.3	26.	21.0	28.	25.2	26.	23.7
24.	24.0	27.	22.1	29.	25.7	27.	24.7
		28.	23.2	30.	26.2	28.	25.7
		29.	24.3	31.	26.7	29.	27.0
		30.	25.5	32.	27.3	30.	28.7
		31.	26.7	33.	27.9	31.	31.0
		32.	28.0	34.	28.6		
		33.	29.4	35.	29.4		
		34.	31.1	36.	30.2		
		35.	33.2	37.	31.1		
		36.	36.0	38.	32.1		
				39.	33.2		
				40.	34.5		
				41.	35.9		
				42.	37.8		
				43.	40.4		
				44.	44.0		

As can be seen, the statements invite participants to review how important the statements are to them across the four subscales of Wā (time), Wāhi (place), Tangata (people), and Wairua.

This tool forms the basis for a baseline assessment of cultural needs and monitoring of these needs as part of a collaborative way of working with whānau called Te Waka Oranga. The tool can be used by whānau themselves to identify and track their own needs as they fluctuate over time. Similarly, health workers can use the tool to identify the cultural needs profile, in other words the areas of high needs and those less so immediately, and provide a summary as feedback to whānau. This process can be scored or can simply use the needs expressed to inform the recovery destination.

Te Waka Oranga: Overview

Te Waka Oranga uses the metaphor of a waka, from a bird's eye view, to bring both whānau and clinicians to work together paddling the waka in order to bring the recovery destination forward in the context of injury or insult to the brain. Each team of paddlers work side by side, bringing both worlds of knowledge together, to serve a common purpose. This activity visibly brings together whānau knowledge, skills, and feelings with health workers' knowledge, skills, and feelings on an equal footing to improve the experience of recovery and to improve outcomes for whānau. It is also hypothesised that this approach will improve work satisfaction for the health workers.

The following seven values or 'pou' (ridge poles that traditionally hold up a meeting house) have been identified via marae wānanga (traditional knowledge sharing fora, in meeting houses) and provide useful guidance while doing this work:

1. Wairua is fundamental and attended to as a priority;
2. Whānau are the functional unit of healing;
3. Whānau experience the clinical world as an alien culture;
4. Mātauranga Māori has a wealth of resources specific to mokopuna traumatic brain injury;
5. Māori identity is about connection;
6. Places have a healing role because they define identity;
7. Other trauma is remembered when traumatic brain injury discussion is invited.

The whānau were devastated. Their precious son, nephew, cousin, grandchild had been hit by a car while crossing the road and was in hospital. His future was uncertain. Whānau called and messaged each other with updates and converged on his hospital bedside. They waited for an uncle from home who knew karakia and when he arrived and led them in karakia and waiata they all felt much more settled in their vigil. They felt this coming together to karakia and waiata, to spend that time together was of benefit to his recovery as well as their own ability to cope. Some talked about memories of an ancestor who had found bones in an ancient burial site and wondered how this might be having an impact on the current situation. They talked about home, even those who had never been to the home marae, and somehow in this experience they felt drawn to the wellspring of strength that emanated from thinking about home places, their mountain, river, places they collected kai, their stories. It was a struggle to feel really at home in the hospital, much as it was necessary, the health workers need to have variable knowledge about the importance of tikanga such as karakia and waiata to the whānau.

The Wairua theory

The wairua theory underpins this work. This theory proposes that wairua is also injured in traumatic brain injury and is disrupted in insult to the brain. According to this theory, wairua is understood as a profound sense of connectivity between Māori and all aspects of the universe. Wairua is both an energy or sixth sense and a network of connectivity amongst all things. Wairua is present whether we acknowledge it or not. It is sometimes translated as spirit, or spirituality with the understanding that all things embody this quality and that it can be affected by different activities, enhanced by karakia (prayer), and disrupted by transgression of tapu (restrictions) (Barlow, 2005). In popular models of Māori health and wellbeing, wairua is regarded as one of the four fundamentals alongside whānau, tinana (physical body), and hinengaro (mind) (Durie, 2001; Durie & Kingi, 1997). This injury to wairua activates a cascade of culturally determined responses. The tangata (people) within whānau and whakapapa are recognised as having access to the most salient cultural resources because they are most closely linked via their wairua. Practices that are activated from the whakapapa storehouse of mātauranga are contained within Te Reo Rangatira me ōna tikanga (Māori language and protocols) (Elder, 2013).

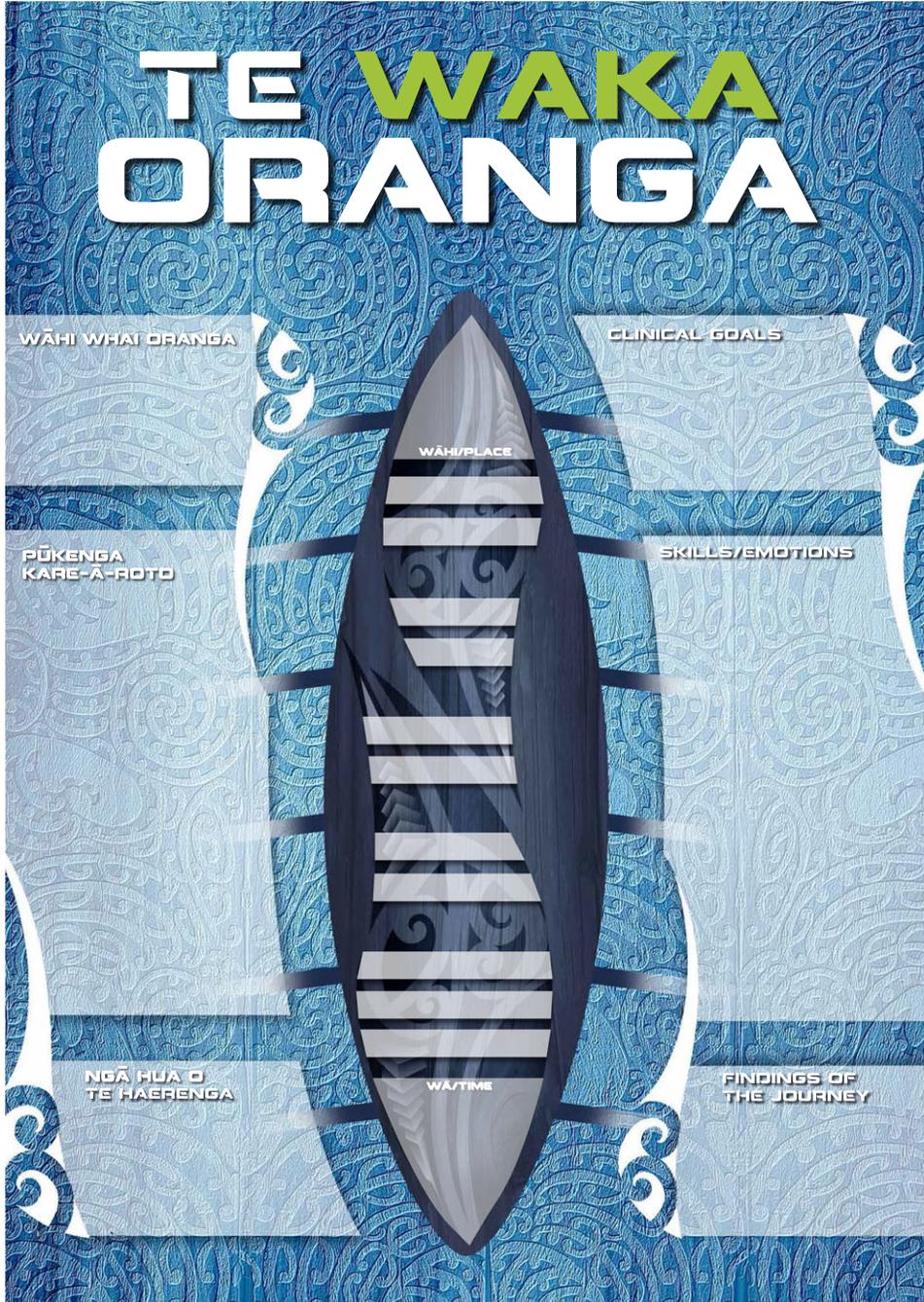
Injury or insult to the brain causes injury to wairua and initiates the communicating function of wairua. The injury or insult's occurrence is transmitted via wairua through the whānau into the whakapapa, both into the past and forward into the future. This communication is made clear because the whakapapa responds in two ways. The whakapapa stretches across time and holds within its memory both other traumatic events and mātauranga of specific practices for healing. First, the memories of past traumatic events are rekindled when discussing the condition, injury, or illness. Second, the mātauranga resources required to attend to the wairua injury component are recalled.

This theory proposes that western medical interventions are necessary but not sufficient to meet the Māori culturally defined needs.

Te Waka Oranga: Theory into practice. Te Waka Oranga puts the theory into practice. The approach takes the shape of a waka, as seen from above. This iconic Māori symbol has been chosen for a number of reasons. The waka is a Māori mode of transport that exemplifies **movement**, requiring **collective work** and a **shared sense of purpose to reach the destination**. This privileges the Māori world view and invites other world views to come aboard. The concept of bringing the destination towards those on board comes from waka tradition. This is used here as it provides a useful alternative to the usual concepts of struggle to reach unfamiliar or seemingly impossible recovery destinations.

Using Te Waka Oranga involves whānau and health workers learning to paddle the waka that transports them all to the recovery destination together. They must learn to work synchronously, with common purpose. This involves a deeper process of learning together about the skills and emotions they all bring to the journey. In practical terms this also involves completing taonga (pictorial representations). These taonga provide a paper record of the collective whānau and health care teams' work, which forms part of the clinical records.

The taonga may illustrate periods of a day, a week, a procedure, or other episode of care, as needed.



The completed and or partially completed taonga can be displayed on the walls of the whānau home, the hospital room.

Reflecting the world of the whānau is another important aspect of the taonga. They invite additional decoration in ways that reflect those unique preferences.

Using the Te Waka Oranga framework. Using the framework has two stages:

1. **Hoe tahi.** How to paddle as one on Te Waka Oranga. This stage establishes the ground rules of Te Waka Oranga. This is begun with a whakatau or pōwhiri.
2. **Te Haerenga o Te Waka Oranga.** The Journey of Te Waka Oranga. Launching, sailing, and arriving on Te Waka Oranga, the combined work of the whānau and clinical team in working towards and achieving recovery goals.

Each aspect is now described in more detail. While each of the navigational priorities are presented as separate sections, there is much overlap and interweaving of these aspects.

Hoe Tahi: Paddling as one

Wairua. One of the key aspects of the introduction is the first use of the Te Waka Kuaka tool. This follows the whakatau or pōwhiri (formal cultural welcoming process). This activity could occur in hospital or in the community in a setting preferred by the whānau. Following the formalities, both Te Waka Kuaka and Te Waka Oranga are introduced by the facilitator. Plenty of time for questions is ensured. The use of Te Waka Kuaka brings forward the cultural needs of the whānau and enables the fluctuating needs to be identified and responded to overtime.

Tangata: People. Te Waka Oranga is divided longitudinally down the middle, on one side the whānau and on the other, the health workers. These people constitute the kaihoe, the paddlers.

The Waka Oranga is jointly navigated; culturally and clinically. However, the ultimate leaders are the kaumatua (elders). The participation of the person with the injury or insult to the brain is actively sought and encouraged throughout. This person together with their kaumatua or other senior Māori are positioned on Te Waka Oranga in the area that represents Wā (time). This area embodies the role of the kaumatua as bridging 'then and now' and their special relationship in steering the direction of Te Waka Oranga. This position ensures that these multiple generations are recognised as having a central role in the collective healing journey of the whānau. Alongside the whānau members on the other side of Te Waka Oranga is a clinical leader. This person shares in navigating Te Waka Oranga with the kaumatua. Negotiating under what circumstances clinical leadership might be considered is anticipated as a topic for regular discussion.

Efforts need to be made to locate and include whānau who can support access to specific cultural activities that address the wairua injury. As well as those who are present it is important to consider people who may not be physically present, such as those who have passed away who continue to have an influence. Making these peoples' presence more visible with the use of photos or drawings is an important way of reminding participants of this influence.

One side of the waka is peopled by the whānau, the other by clinical staff. In this way the organisation of Te Waka Oranga makes the interface of the two world views clear. Again, those professionals not present may be important to include, such as case managers and practitioners who have completed pieces of work with the whānau in the past, such as psychologists. The whānau and professionals together can be considered a 'kaupapa whānau,' in other words, those who become whānau because they share collective goals (Lawson-Te Aho, 2010). This kaupapa whānau emphasises the

reciprocity of relationships and strengthens the connections between whānau and professionals, while also emphasising there are two world views participating in the process. This approach is anticipated to take people from both groups outside their comfort zone. However, this way of working is likely to promote pathways that strengthen both wairua and clinical goals and enable them to work together recognising, accepting, and learning from any discomfort from the pre-conceived role of ‘treatment providers’ and ‘treatment recipients.’

On board waka it is not uncommon for people to be seated alongside others they would not choose to be close to. This is because the balance of weight in the waka is crucial for the sailing. Similarly, on Te Waka Oranga this balance needs to be negotiated in order to ensure a safe enough journey.

The whānau had been starting to use Te Waka Oranga. Uncle was invited to sit next to one of the senior doctors. They had clashed previously when Uncle felt the doctor disrespected the importance of karakia to the whānau. They were both ‘heavy weights’ in their respective fields and levels of responsibility. Sitting next to each other they began to learn about each other’s expertise and with the use of the hoe, their emotions and their skills. Uncle was open about his feelings of anger and frustration and also about his proficiencies in tikanga Māori. The doctor was less comfortable talking about his emotional experiences, however, he did talk about his hope, his confidence in his skilled and time-honoured approach, and his uncertainty about what tikanga Māori could offer ‘his patient.’

Use of Te Waka Kuaka. How whānau consider their cultural needs may be something quite new to them or may be something they feel very used to; indeed, this experience could fall at any point on this continuum. The idea of Te Waka Kuaka, the phrase for a flock of kuaka, is to help organise whānau ideas about what their cultural needs are at any given time. This is important to establish at baseline and monitor regularly as well as at times of difficulty as a way of promoting discussion and clarity about what is happening.

A key task that flows from the findings of Te Waka Kuaka is learning how the whānau prefer to express their sense of connection and who might best assist with that. Using Māori protocols of encounter for all involved on the waka as part of establishing the cohesion needed in order to ‘hoe tahi,’ provides containment for a safe process; for example, using karakia (prayers), mihi (greetings), pepeha (introductions), waiata (song), or whakatau (processes for beginning meetings). These elements will have been elicited by Te Waka Kuaka and are recorded in the horizontal structures that keep both sides of the waka together. These practices are recognised as coming from the theoretical premise that they work to strengthen wairua.

Ngā hoe. Each kaihoe has a hoe (paddle) with two faces; these represent skills and emotions. Whānau will identify possession of a number of skills which may be used on different parts of the journey, or on subsequent journeys. Skills may include practices such as waiata (song), karakia (prayers), oriori (chants), mirimiri (massage), awhi (nurturing), tautoko (support), whanaungatanga (making connections), as well as manaaki ki te whānau (caring for the extended family), korero (talking), whakarongo (listening), and many others.

Identifying that all the people involved, the entire kaupapa whānau, both whānau and clinicians, experience complex emotions and dilemmas such as guilt, grief, loss, and re-awakened trauma and that these continue to be influenced by changing aspects

of the healing journey is an important task. Recognition that these feelings are subject to change over time and response to Te Waka Oranga's journey is important. Feelings such as confidence, uncertainty, fear, hope, anger, and loss are documented by kaihoe on either side of the waka. Locating these feelings in time and place assists with monitoring how emotions are modified by Te Waka Oranga journeys. Balancing the numbers of people, skills, and feelings on board Te Waka Oranga requires discussion and negotiation.

Identifying the professionals involved and acknowledging that the teams of professionals will change as the journey progresses is a further step. Recording their names, roles, skills, and feelings is also completed. Establishing how these people interface with the whānau respecting, valuing, and accepting of whānau cultural needs are essential considerations for professionals involved. Professionals will also need to be prepared to participate in aspects of Māori cultural practices as requested by the whānau.

Establishing regular routines of interaction for within whānau and for whānau with professionals for connection via whakawhanaungatanga (making relational connections) is an essential element of this stage of the interventional framework. It is critical that professionals recognise that they are being invited into a way of interacting that is determined by Māori values and practices.

The resourcefulness of mātauranga (knowledge systems) stored within whakapapa enables the whānau to consider the Māori belief that 'he tapu te upoko,' the head is sacred. Reference to this belief is included in the famous haka of the 28th Māori battalion: 'taku upoko' (my head), 'he tapu' (is tapu) as well as its use in contemporary pamphlets such as those used by the Stroke Foundation of NZ (C Company Haka, 2016; Stroke Foundation of NZ, 2016).

Wā: Time

Time is crucial, culturally and clinically (Elder et al., 2016). Time will influence the experience of who is present and who is not physically available, for example, waiting for particular people to arrive, from the whānau and from groups of professionals alike. Professionals' interactions may be experienced by whānau as not making sufficient time to meet whānau needs. Professionals need to be aware of the possibility of this perception. Time is also an important consideration for the professionals involved; clinical imperatives related to time may be different to those of the whānau. Ensuring that the 'hoe tahi' practices are used to effectively communicate what time means for each group is important to develop a shared understanding. Te Waka Kuaka also enables identification of aspects of time important to whānau at a given point.

The beginning and ending of journeys are important aspects to record, hence the importance of using the taonga illustration of Te Waka Oranga. The cultural and clinical responses required at the time are also important considerations to document. Both whānau and clinical staff can become disheartened by a seeming lack of progress when time stretches out into the future without clear landmarks. Deliberately utilising shorter time frames can make the experience of Te Waka Oranga journeys more manageable.

Kaumatua stand as conduits between the contemporary world and times gone by. Their leadership comes from this direct link to mātauranga held in whakapapa. Their place at the back of the waka, steering the way forward, provides appropriate guidance to the journey. This underscores the value of the past directing the future. The

unique relationship between the kaumatua and other whānau generations further exemplifies the links of past, present, and future.

Flowing from the back of Te Waka Oranga when it is in motion is the wake. This is the symbolic area where recording of accumulated learning is made, in order to better inform future journeys. Maintaining a chronological record of what has been learnt informs a shared knowledge base. This type of information is often missing when clinical teams change or when whānau members take breaks from being intensely involved.

Wāhi: Place

The location of the treatment provider and the place where treatment occurs will impact on the whānau sense of tino rangatiratanga (self-determination). Whānau may be a long way from their usual places of residence, and at some distance from sources of healing and comfort: papa kainga (home) and marae (traditional meeting houses). Making the places where treatment happens feel more comfortable and more familiar to whānau is very important. What happens in the place of treatment is also crucial, places for food are kept separate from places for other activities, for example. This focus is located at the prow of Te Waka Oranga. Documentation of important places to both whānau and clinicians is made here. For example, use of pepeha, a Māori structured personal introduction, which locates Māori identity as part of ancestral landmarks, mountains, rivers, lakes, and seas and other places is a vital practice to be encouraged. Alongside this the clinical places of importance are recorded.

Te Haerenga o te Waka Oranga: Launching, sailing, and arriving

This part of using Te Waka Oranga is about putting the processes agreed upon in the 'hoe taki' phase into action for a specific journey.

Sailing a waka requires knowing where you are leaving from and where you are going. It requires knowledge about the oceans that are being traversed and anticipation of unexpected events. Sailing a waka requires a shared understanding of what is required and cohesive commitment to work towards that goal. In waka tradition the destination is conceived as brought towards those onboard rather than seeking it, much like a child will use their hands to 'pull' water towards them to bring a floating leaf or stick within their reach. The wairua of the work is the most important part from the perspective of Te Ao Māori. It is useful to remember that ways of working that enhance connectivity enhance wairua. It requires collaboration, skill-sharing, and high-quality communication. Ensuring there is a plan for each journey of Te Waka Oranga, for the sailing and arrival, for responding to unexpected events along the way, is critical. Indeed, this approach ensures there remains some flexibility about the way the destination is conceived, thus removing the rigidity of goals and the frustration of them not being 'achieved.'

The whole whānau and health workers had agreed that they would hoe taki in order to bring a recovery destination towards them where Tama the mokopuna, the grandchild, cousin, brother, nephew would begin to discover early signs of becoming upset and communicating those to whānau. This was a destination they wanted to bring forward in contrast to the current situation where he would rapidly become upset and walk away with this idea in his mind, 'I need to get away.' As they paddled along, reflecting on their skills and emotions they realised that the tide and wind had turned and in fact they were bringing forward a different destination which was an island of feelings, where clouds

passing allowed a deeper knowledge of feelings coming and going transiently. This changed the idea in Tama's mind that he had to get away from difficult feelings out of fear he might lash out, into awareness that that cloud would pass by and soon the sky would be clear again and the stars revealed.

Action is therefore predicated on whānau being the functional unit of healing is the crux of the journey. Leaving the whānau out of participating limits outcomes for all. Efforts to ensure the whole whānau are supported and maintained on that journey are essential.

Reflective practice of clinicians

The metaphor of Te Waka Oranga and the stages of preparation, sailing, and arrival are potent themes for the reflective practice of clinicians. Laying the ground work in the partnership between whānau and clinicians requires clinicians to think carefully about sharing their power, their control, and dominance which is the norm in Western health practice. Allowing watchful waiting, ensuring whānau are feeling supported to lead with their knowledge systems, and balancing clinical safety aspects transparently are central to the process.

Whānau having difficulty relating to clinical language is a key consideration. Reverting to this use of language can be seen as a defence mechanism by clinicians who are fearful of loss of role, status, and control. Clinicians need to remain mindful of their communication language and styles, modifying these as needed, checking with whānau as to their understanding, recognising that whānau may appear to agree when this is not the case.

Elements of this phase are establishing access to skilled provision of Māori determined interventions such as karakia, mirimiri, romiromi, waiata, oriori, korero, whakarongo, awhi, tautoko, and manaaki ki te whānau, as well as a plan as to how these modalities are used to maximal effect, when they are to be used, by whom, and how the clinical recommendations would fit with these interventions. Whānau, hapū, and iwi leadership in helping determine how this is done safely is crucial.

Importance of Te Reo

Te Reo Māori, the Māori language, is a potent and essential element of whānau skills. This essential nature of language raises important questions about cultural competency in Te Reo Māori for professionals and also for Māori to continue to have access to opportunities to strengthen their own language skills. The implications of this approach are that the lived experience of Māori who prefer to engage in discussion and conceptualising in Te Reo Māori and in culturally safe places have a means for equal validation and participation of their knowledge systems in healing journeys.

Conclusion

Combining Te Waka Oranga and Te Waka Kuaka is a Māori approach that enables whānau and clinicians to work side by side. It ensures transparency and clarity of guidance about how to work together using the principles of Wairua, Tangata, Wā, and Wāhi as navigational tools which also form sub-scales on Te Waka Kuaka, the cultural needs assessment tool.

This approach is designed to ensure that the injury to wairua is attended to with appropriate cultural interventions at the same time as the physiological sequelae of

injury or insult are addressed. One strength of this approach is its theoretical basis, derived from a culturally valid and reproducible method, which proposes that whānau have access to knowledge that provides salient cultural responses necessary for healing the culturally defined injury.

Te Waka Oranga is a practical tool that brings Māori knowledge into partnership with clinical knowledge in the context of injury or insult to the brain. This way of working involves allocation of specific roles and responsibilities in the whānau and the clinical team to ensure a comprehensive response is achieved. This process is likely to achieve improved outcomes.

The extent to which this framework might have wider applicability in other types of insult to the brain, such as mental illness and neurodegenerative disease is yet to be tested. However, it is likely that no matter what the circumstance, the values and practices espoused in this approach are likely to be helpful to those working with whānau.

Glossary

hauora	Māori concept of holistic health
he	a or some
haerenga	journey
hoe	paddle
hoe tahi	paddle as one
hui	meeting
iwi	tribe
kai	food
kaihoe	paddler
kaitiaki	guardian
karakia	prayer
kare-ā-roto	emotions
kaumatua	esteemed elder of either gender
kaupapa	subject, reason
kaupapa whānau	group of people who are connected because of a common cause
kaw	rules, can mean sour in a different context not used here
ki	a particle indicating towards something
kia	a particle indicating a purpose
koroua	grandfather, esteemed elder
kuia	grandmother, esteemed female elder
Māori	indigenous people of Aotearoa, New Zealand
marae	traditional Māori campus of related areas and buildings
mātaurang	sometimes translated as knowledge, knowledge systems
me	and
mokopuna	grandchild
noho	stay, sit

(continued)

noho puku	self-reflection
ora	wellbeing
oranga	healing, health
Pākehā	non-Māori non-Pacific New Zealander
papa kainga	home
pepeha	a tribal saying, motto, a manner of introducing oneself
pou	pillar
pōwhiri	traditional welcoming ceremony
pūkenga	skills
pūrākau	story
rangatahi	adolescent
rongoa	medicine
rōpū	group
tama	male child
tane	male
tangata	human being, person
tapu	sacred
te	the
Te Ao Māori	the Māori world
Te Reo Māori me ōna tikanga	the Māori language and its lore
Tino rangatiratanga	self-determination
toi whakaari	play, acted out as in a play
tupuna	ancestor
tūroro	patient
tukutuku	a type of woven panelling
upoko	head
wā	time
wāhi	place
waiata	song
wairua	sometimes translated as the spiritual dimension of wellbeing, profound connection, uniquely Māori
waka	canoe, vessel, conveyance
wānanga	traditional fora for learning and discussion
whai	follow, seek
whakapapa	genealogy
whakatau	welcome
whānau	extended family
whānau ora	wellbeing of the extended family system
whanaunga	relation, kindred
whanaungatanga	process of making relational links
whare	house

Acknowledgement

NZ Health Research Council of NZ.

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