

Let's get real 
REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTION

Working with Māori

Practitioner level learning module



Te Pou
o Te Whakaaro Nui

 **MINISTRY OF
HEALTH**
MANATŪ HAUORA

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Introduction

Tēnā koe e āro mai ana te whakaaro ki tēnei huarahi. Kia kaha i roto i ngā akoranga mō te ao Māori e whai ake nei. Kia ora mai.

The Real Skill for working with Māori is:

Every person working in a mental health and addiction treatment service contributes to whanau ora for Māori.

Performance indicators - practitioner	
Te reo Māori	<ul style="list-style-type: none">• Understand that speakers of te reo Māori may use metaphors to describe their situation.• Demonstrate effective communication and engagement that promote early service access for Māori.
Whakawhanaunga	<ul style="list-style-type: none">• Understand that some tāngata whaiora may be disconnected from their whānau.
Hauora Māori	<ul style="list-style-type: none">• Incorporate Māori models or perspectives of hauora in service delivery when appropriate.• Be familiar with local resources and promote access to support recovery choices and whānau ora.• Utilise interventions, with tāngata whaiora and/or their whānau, that optimise physical, social, cultural, spiritual and mental aspects of health.• Recognise and support the resourcefulness of tāngata whaiora and whānau.
Wairua	<ul style="list-style-type: none">• Understand concepts and perceptions of Māori spirituality and the role and function of Māori spiritual practices in the support of tāngata whaiora and whānau ora.
Tuakiri tangata	<ul style="list-style-type: none">• Demonstrate awareness of available kaupapa Māori interventions and support tāngata whaiora and their whānau's choice to engage in Māori-responsive services and activities that optimise cultural linkages and whānau connectedness.
Manaaki	<ul style="list-style-type: none">• Employ manaaki in the hosting of, working with and support processes for tāngata whaiora and whānau, including community agencies and organisations.

Mental health workers will not always be able to meet the wide range of skills needed by their clients. But more than anyone else they may be pivotal to mobilising the relationships necessary for positive development and the realisation of potential (Durie, 2003).



The working with Māori Real Skill in the *Let's get real* framework, identifies six key areas within which to explore the knowledge, skills, attitudes and values considered essential when working with Māori in the mental health and addiction context. These areas are:

- te reo Māori (Māori language)
- whakawhanaunga (relationship building)
- hauora Māori (Māori health and well-being)
- wairua (spirituality)
- tuakiri tangata (personality and identity)
- manaaki (hospitality and respect).

The three modules, essential, practitioner and leader, provide some brief, fundamental information, key questions and activities that encourage reflection and planning by those working with Māori in mental health and addiction services.

The selection of the key areas for the working with Māori Real Skill, and consequently the information and activities presented in this module, represent one way of constructing a framework for exploring Māori content. The Real Skills modules should be seen as complementary to other Māori health frameworks and not definitive in nature. The structure and content of these modules has been developed through written submission and workshops held across New Zealand in 2006 and 2007, and represent the prioritised areas of focus arising from that process.

Preparation

To help you complete this module, please familiarise yourself with national key strategy and policy documents that are relevant to your specific area of work in mental health or addiction. For your reference a list of recommended reading is included in this module. It is strongly recommended that you familiarise yourself with these documents, as they relate to working with Māori.

Of particular relevance to this module are:

- Durie, M.H. (1998). *Whaiora: Māori health development* (2nd ed.). Auckland: Oxford University Press.
- Huriwai, T., Sellman, J.D., Sullivan, P., & Potiki, T. (2000). Optimal treatment for Māori with alcohol and drug-use related problems: The importance of cultural factors in treatment. *Substance Use and Misuse*, 35(3), 281-300.
- Matua Raki. (2009). *Takarangi Competency Framework (Draft)*. Wellington: Matua Raki.
- Pere, R.R. (1982). *Ako: Concepts and learning in the Māori Tradition*. Hamilton: Department of Sociology, University of Waikato.

The work in this module builds on the essential level of the working with Māori Real Skill module. This module integrates the same key areas as the essential level module, but provides a deeper level of content for you to explore and reflect upon, and requires you to consider your knowledge and the application of that knowledge as a practitioner in the mental health and addiction sector.

In this module, you will draw on your experiences and the strategies you have implemented working with tāngata whaiora to support their recovery. You should consider service users you currently work with from the different parts of your community.

There are several main themes included in this module:

- metaphorical language
- communicating and engaging
- tāngata whaiora and whānau
- unique Māori perspectives of health and health service delivery
- rangatiratanga - tāngata whaiora and whānau self-determination
- belonging and connecting
- hospitality and generosity.

To gain the maximum benefit from this module you are encouraged to think about how the learning module applies to you and your work context. When you have finished working through this module use the Learning Review Tool to help you reflect on how you work with Māori. This will enable you to identify where your strengths are, along with any areas you may need to further explore in your Individual Professional Development Plan.

Organisations often have access to Māori organisations in the community and some have access to the support of kaumātua. You should feel free to consult with the kaumātua that supports your organisation as you work through the working with Māori Real Skill modules. There may be opportunities also to integrate these modules into your supervision programme.

This document has been formatted to work on electronically. Type your answers into the areas indicated with grey shading. The answer areas will grow to accommodate the length of your answer. Print versions are available if you would rather handwrite your answers, see www.tepou.co.nz/letsgetreal to download a print version.



Overview

“There has always been the presumption in the New Zealand health system that health and well-being is the same for everyone and due to this, no further analysis was needed. Upon this presumption, governments deduced they could then describe health and health services for the whole country. More recently this erroneous belief has been challenged; this one world-view theory confronted” (Tāmami Kruger, personal communication, 16 September 2006).

As recently as the 1980s, Māori health was regarded as having no significant distinction from the health of any other ethnic or cultural group in New Zealand, and varying standards of health were attributed to lifestyle choices. Subsequent developments in the approach to describing health status, however, take into consideration a much broader perspective, recognising that health status is inextricably linked to wider social and economic factors.

The current approach to public health strategy in New Zealand recognises that broader factors, such as general socioeconomic, cultural and environmental conditions, gender and culture, living and working conditions, social and community influences, and individual lifestyle factors affect health. *He Korowai Oranga*, the current Māori health strategy (Ministry of Health, 2002) also recognises that the status of Māori health is determined by a complex range of social, economic and cultural factors.

Given the shift in perspective over the past 20 years as to the influences on standards of Māori health, national and regional health strategy now articulate the need for a greater level of Māori control over Māori health, by way of involvement in the decision making, development and delivery of services. One aspect of the move towards a health service regime appropriate for Māori, is the construction of Māori health models and the revitalisation of traditional Māori health practices that reflect the Māori world view and are responsive to the Māori experience.

He Korowai Oranga:

strongly supports Māori holistic models and wellness approaches to health and disability. It will also tautoko, or support, Māori in their desire to improve their own health.

He Korowai Oranga seeks to support Māori led initiatives to improve the health of whānau, hapū and iwi. The strategy recognises that the desire of Māori to have control over their future direction is a strong motivation for Māori to seek their own solutions and to manage their own services (Ministry of Health, 2002, p. 3).

This module will provide you with deeper insight into a Māori world view and Māori perspectives of health and well-being. You will be asked to reflect upon this content and your experience as a practitioner in the light of the ideas presented above - Māori-led health initiatives, implementation of Māori models of health, Māori control over Māori health, and Māori self-determination.



1 The Treaty of Waitangi / Te Tiriti o Waitangi

In the working with Māori Real Skill essential level module, we offered a brief description of the Treaty of Waitangi and its relationship to the health and disability sector. We introduced the three Ps, or the principles of partnership, protection and participation. It is through these three principles that the health and disability sector has interpreted its commitment to the Treaty of Waitangi.

1.1 As a practitioner, identify the ways in which these three principles and the Treaty of Waitangi are reflected in your practice with tāngata whaiora or people with addiction issues.

Partnership

Protection

Participation

1.2 In the table below, identify the challenges you face in your role in applying the principles of the Treaty of Waitangi? Please also describe solutions you and your colleagues have to respond to these challenges?

Challenges	Solutions

2 Te reo Māori

Whakataukī - cultural sayings

“Whakataukī are the uncut jewels of Māori wisdom” (Moe Milne, personal communication, February 24, 2005).

Whakataukī play a significant role in Māori tradition and in present day Māori communication. One role of whakataukī is to provide parameters for cultural behaviour through the use of masterfully constructed and often metaphorical sayings. It was not common in traditional Māori society to merely provide literal instruction. Rather a message was more meaningfully attained if the listener was required to consider a metaphorical picture and seek the essence therein.

Whakataukī strongly reflect the spiritual and physical significance of land and environment to Māori. Land provided a sense of identity and belonging. The term tangata whenua is sometimes used today to denote a special relationship with the land; a sense of belonging for those who occupy the land. While this is true, the relationship Māori have with land is also through whakapapa - genealogical connection. Much Māori genealogy includes lo-te-matua-kore (lo the parentless one) and descends to Ranginui (sky and heavens) and Papatuanuku (land), and to Tāne-te-waiora and Hine-ahu-one from whom many Māori trace descent.

It is this relationship to land that is reflected in the proverbial sayings and metaphors of te ao Māori (the Māori world).

Whakataukī are also used to capture and retain the memory of significant events. In this way, they are used to ensure that the milestones of history are not forgotten by ensuing generations. Whakataukī mostly contain a lesson, point or a sentiment and can often be given as a challenge.

Consider these examples.

Mā te huruhuru te manu ka rere.

It is the feathers that make the bird fly.

This whakataukī is a metaphor for providing the necessary resources so action can take place.

He kura tangata e kore e rokohanga; he kura whenua ka rokohanga.

The treasured possessions of man are intangible; the treasures of the land are tangible.

This whakataukī refers to the permanence of land as opposed to the insignificant value of possessions.

E ketekete te kākā.

The kākā chatters.

E koekoe te tui.

The tui challenges.

E kūkū te kereru.

The kereru pacifies.

It takes all the birds' voices to create the symphony of the forest.

An inferential meaning is that all have a contribution to make and all opinions should be sought.

2.1 What underlying ideas can you infer from the following two whakataukī?

Ko tōu reo, ko tōku reo,
te tuakiri tangata.

Your voice and my voice are expressions of
our identity.

Tiheī uriuri, tiheī nakonako.

May our descendants live on and our hopes
be fulfilled.

Ko te manu e kai ana i te miro, nōna te ngahere.

The bird that partakes of the miro berry reigns in the forest.

Ko te manu e kai ana i te mātauranga, nōna te ao.

The bird that partakes of the power of knowledge has access to the world.

2.2 A lot of promotional materials within the mental health and addiction sector contain whakataukī. Describe any experience you may have had with whakataukī.

2.3 Find three whakataukī that are used to support mental health and addiction messages. What are their literal meanings? What metaphorical meanings do they contain?

A

B

C

2.4 In your experience as a practitioner, you have been involved in a wide range of mental health or addiction situations. Consider some of those situations and identify some whakataukī that are applicable to them. Describe each situation below.

Kīwaha - colloquial sayings

Kīwaha are colloquial, informal sayings. They are simple to learn and easy to integrate into practice, and are used in everyday language. Brief and to the point, they can express a lot of sentiment in a short phrase and more often than not rely on intonation to help convey the message. Kīwaha are often iwi specific.

Here are some to practice.

Tau ke!	Awesome!
Kei runga noa atu koe!	You're way up there!
Kei a koe te tikanga.	It's up to you.

2.5 Find two other kīwaha that may be appropriate to use when communicating with tāngata whaiora or their whānau.

A
B

2.6 So far in this module you have explored two forms of Māori language. In the previous module you explored greetings. List innovative ways in which te reo Māori can assist in promoting early service access for Māori.

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3 Whakawhanaunga

“With relationships often strained or breaking at a time of crisis, intervention was often sought or offered from the wider family/whānau” (Lapsley et al, 2002, p.39).

Alcohol and drug misuse, mental health issues and problem gambling can often lead to tāngata whaiora becoming disconnected and disassociated from whānau. In the pressures of current society and burdened by a history of colonisation, many whānau do not function in the way that is required to support tāngata whaiora and people with addiction issues. Consequently, those who may be able to provide support are not necessarily whānau through whakapapa.

Katerina’s story

Katerina is a 25 year old Māori woman. From birth, Katerina was raised by her loving maternal grandparents. Another sibling (brother) was brought up by an uncle and aunt who had no children of their own and Katerina’s own parents adopted (whāngai Māori) several children from within the family and community over the years.

Things started going wrong for Katerina shortly after the death of her papa (grandfather) from cancer when she was aged 13. His death was a big blow to the community and to the marae he had been closely associated with all his life. Within nine months Katerina’s mama (grandmother) also passed away. Katerina was expected to return to her birth parents home to live. Although Katerina had always known who her birth parents were, she was never particularly close to them or the others in the family. She had enjoyed quite an indulged childhood as the centre of her grandparents’ loving attention, and she wanted to “go home”.

Katerina never adjusted to her parents’ home. The rules and routines were completely different and for the first time in her life Katerina had older siblings who she thought treated her more like a slave than a sister. For the first time in her life Katerina was hit on a regular basis for not doing what she was told and for being spoilt and lazy. She became withdrawn and constantly felt lost and afraid. Before her 16th birthday, Katerina ran away with a boy from her school that had a cousin living in Auckland.

By the time Katerina was 19 she had two children, was regularly abusing drugs and alcohol and constantly thought about suicide. Katerina and her children constantly moved around and she considered herself a failure as a mother. She felt life was spiralling out of control and she had no way to stop it. In the back of her mind she could remember a time when she was very happy, but it seemed like a long time ago.

Katerina presented at mental health services depressed, confused and emaciated. She had recently lost custody of her children when a passer-by found them crying in a pub car park one night and reported it to CYF. The children had got out of the car and were wet and hungry. Katerina took over 24 hours to report the children missing.

3.1 Consider situations (such as that described in Katerina's story above) of tangata whaiora and whānau disconnection, disassociation and isolation that you have encountered. How have you managed these situations?

4 Hauora Māori and manaaki

The Māori perspective of health and well-being is holistic and founded upon unique Māori principles, knowledge and skills. Māori models of health are increasingly being adopted to inform mental health and addiction practice, and to provide a culturally safe environment for Māori. They are the foundations for kaupapa Māori practice and also offer a pathway for non-Māori services to use when working with Māori.

4.1 From your experience, discuss the foundations of a Māori model of health you are familiar with and how you believe the model impacted on a tangata whaiora or whānau that you have worked with. (Note: consider the clinical pathway of screening, assessment, care planning, intervention, discharge and after care when discussing impacts, as well as other aspects.)

4.2 In the table below, discuss the challenges in implementing a Māori model of health and develop a strategy to respond to each challenge.

Challenge	Strategy

4.3 The goal for tāngata whaiora and those with addiction issues is to have as much control over their lives as possible and to strive towards individual autonomy and choice.

Describe the experiences you have had of tāngata whaiora and whānau implementing their own actions towards this goal. How have you supported this? Identify some of the ways in which tāngata whaiora and their whānau can best be supported in their stance for autonomy and rangatiratanga?

5 Wairua

Wairua is intrinsic to te ao Māori. One Māori perspective of wairua, as stated by Hohepa Kereopa, tohunga and respected kaumatua of Tuhoe, is that wairua “is your second being and that it walks with you from birth to death. It is your kaitiaki (guardian). The wairua of a human being personifies a person’s walk in the spiritual world” (Kereopa, 2006).

Many Māori protocols and activities practised today are directly influenced by atua (gods) and so the spirit world is regularly invoked and present in everyday Māori life.

In the traditional Māori holistic view of the world, man is not superior to nature (master of the universe) but one part of it. There is no real separation between mind, body and spirit (hinengaro, tinana and wairua) or division between science and religion. The natural world of the Māori is perhaps better described as the supernatural world of the Māori, wherein the seemingly inanimate, a mountain, has a mauri or life force. This view allows Māori to say, “He is a male mountain, and I descend from him”, without hesitancy.

Again this holistic world view means that illness is not simply a medical problem to be combated by scientific methods, but suggestive of a much wider issue; it is part of a moral dilemma indicating a disharmony between man, nature and society (Lange, 1999). Health then signifies that a kind of balance has been achieved and is not purely a goal unto itself. This perspective of interconnectedness and interrelationship helps elucidate the traditional Māori preference for collectivism over individuality.

The role of the tohunga in traditional Māori society was therefore crucial and he was involved in every aspect of community life. Regarded as an expert due to rigorous training, talent and rank, he was the link between the earthly world and the spiritual world, able to move back and forth between the two. He was also the tribal repository of important practical and sacred esoteric knowledge, history and lore, and was vital to the survival of the Māori oral tradition.

Tohunga were credited with great psychic powers and therefore enormous influence. One of their most fundamental roles was that of kaitiaki (guardian) and exponent of the laws or system of tapu. Many tohunga combined the use of rongoa (herbal medicines) and other practices in their role as healers.

With insight and foresight that stretched back in time and into the future, the tohunga was the continuous thread back to the ancestors and atua and into the world unborn. This role and traditional society, however, was to become deeply affected with the arrival of the European to Aotearoa and the crisis of new disease thereafter.

It is recommended that you should research this topic further in order to gain a more comprehensive understanding of wairua.

Tapu and noa

Traditionally tapu was the strongest force in Māori culture. It established impositions and restrictions, in the interests of maintaining the sacredness of people, objects and places. The consequences of breaching tapu were severe and potentially fatal, yet it provided a regulatory mechanism for traditional Māori life and culture.

Tapu still exists in contemporary times, but is not as prevalent as a restrictive and regulatory force in day-to-day activity. Today, tapu can be expressed through the application of rāhui (a restriction) and is integral to the tangihanga (funeral) process.

Although not normally described as tapu, in the context of human interaction, feelings of insecurity, lack of safety, controlling and discomfort are also restricting and imposing on the individual. The practice of whakanoa is very relevant in situations where Maori experience the feelings outlined above.

Whakanoa can be a blessing to put people at ease, enhance the presence of wairua (spirit) during an interaction, and assist in the process of pōwhiri (engagement). The term pōwhiri in this sense refers to the essence of its two key root words: pō, meaning the darkness, venture into the unknown or new experience, and whiri, which is derived from whiriwhiri and means the act of exchanging information and knowledge (Matenga-Kohu & Roberts, 2006).

5.1 There are many forms of karakia that can support your interaction with tāngata whaiora and whānau, for example karakia whakatau, whakawātea, whakangāwari, whakamurua and whakamutunga. Find examples of these (or other) types of karakia for use in your practice and note them here.

6 Tuakiri tangata

Being Māori is a Māori reality and to live as Māori is an important goal for many. Living as Māori translates as being able to have access to te ao Māori (the Māori world), as well as to language, culture, marae, and resources such as land, tikanga, whānau and kaimoana (Hui Taumata Matauranga: Māori education summit, 2001).

6.1 List the Māori support groups in your area and describe the relationship you and your fellow practitioners have with them.

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6.2 Describe the ways that kaupapa Māori interventions have enhanced assessment of and support to tāngata whaiora in your service.

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6.3 Identify any barriers for tāngata whaiora accessing kaupapa Māori services and devise a simple strategy to respond to those barriers in your service.

Issues	Strategy

6.4 Identify some key aspects of disconnection in Katerina's story (above) and develop a strategy for each aspect, incorporating elements from the five key areas highlighted in the module: te reo Māori, whakawhanaunga, hauora Māori, wairua, tuakiri tangata and manaaki.

Key aspects	Strategy

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Ministry of Health - www.moh.govt.nz.

Te Puni Kōkiri Ministry of Māori Affairs - www.tpk.govt.nz.

Te Rau Matatini - www.matatini.co.nz.

Te Taura Whiri i te Reo Māori: Māori Language Commission - www.tetaurawhiri.govt.nz.

Working with Māori - essential level

Learning Review Tool and
Individual Professional Development
Plan



Learning Review Tool

Using the Likert scales below, rate your work in relation to working with Maori

I have a variety of strategies on hand to use when working with Māori.

1	2	3	4	5
—	—	—	—	—
None actually			More than five	

I have an understanding of some of the features of Māori metaphorical language.

1	2	3	4	5
—	—	—	—	—
No idea at all			Absolutely	

I can articulate some of the elements of Māori models of health and discuss the relevance of these models when working with Māori.

1	2	3	4	5
—	—	—	—	—
No idea at all			Getting there	

I understand the essence of Māori spirituality and can discuss it in relation to working with Māori.

1	2	3	4	5
—	—	—	—	—
No idea at all			Absolutely	

Choose your response to one of the above statements, and explain why you made this response.

What new knowledge or insights have I gained from studying this module?

What are three things that I can put into practice or improve upon as a result of this new knowledge or insights?

A

B

C

Individual Professional Development Plan

Working with Māori (practitioner level)

One thing that I can take personal responsibility for.

Action What will I do?	Timeframe When will I do this?	Resources What or who will I need?	Challenges What barriers or resistance will I face?

One thing that I can advocate for and work towards.

Action What will I do?	Timeframe When will I do this?	Resources What or who will I need?	Challenges What barriers or resistance will I face?

Please retain this Individual Professional Development Plan: working with Māori (practitioner level) to contribute to your summary action plan once you have completed all of the learning modules.



Te Pou
o Te Whakaaro Nui

 **MINISTRY OF
HEALTH**
MANATŪ HAUORA