



Ngā Tohu o te Ora

*Traditional Māori Healing
and Wellness Outcomes*

ESR



Health Research
Council of
New Zealand

Ngā tohu o te ora

TRADITIONAL MĀORI HEALING AND WELLNESS OUTCOMES

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Na, ko Pō-taki-Wā i ahu mai ngā Ao katoa
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Tihei mauri nui, tihei mauri roa
Tihei mauri ora

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TE RĀRANGI TAKE – TABLE OF CONTENTS

Ngā Mihi – Acknowledgements	3
Te Rārangi Take – Table of Contents	5
Tables & Figures	7
He Kōrero Whakataki - Introduction	9
Ngā Tohu o te Ora aims.....	9
He Whakaritenga – Research Approach & Activities.....	11
Philosophical and cultural appropriateness	11
Methodology.....	11
Methods	11
<i>Literature review</i>	<i>11</i>
<i>Key informant interviews.....</i>	<i>12</i>
<i>Hui with healers</i>	<i>12</i>
<i>Workshops with Ngā Tohu o te Ora working group.....</i>	<i>12</i>
Ethics	14
Relationship and trust-building	15
Methodological development and learning	15
<i>Connections with indigenous research.....</i>	<i>15</i>
<i>Two instances of indigenous spiritual inquiry.....</i>	<i>17</i>
<i>Ngā hua o te rangahau.....</i>	<i>18</i>
Ngā Hua – Stage I	19
Aim 1: Identify wellness outcomes measures used by traditional Māori healers.....	19
<i>What is a health outcome?</i>	<i>19</i>
<i>Ngā Tohu o te Ora – identifying rongoā outcomes</i>	<i>21</i>
<i>Primary outcome domains.....</i>	<i>23</i>
Aim 2a: Develop a framework of traditional Māori wellness outcome measures.....	25
<i>Measurement of health/wellness outcomes</i>	<i>27</i>
<i>Outputs</i>	<i>30</i>
<i>Contributions toward the external validation of rongoā Māori.....</i>	<i>32</i>
<i>Wellness/wellbeing and measurement.....</i>	<i>32</i>
Ngā Hua – Stage II.....	37
Aim 2b: Test framework of traditional Māori wellness outcome measures.....	37
<i>Healer-led use of the Ngā Tohu wellness framework and goal-setting tool.....</i>	<i>37</i>
Findings.....	40
<i>Usability – how were the framework/tool used within the case study Whare Oranga? ...</i>	<i>40</i>
<i>Usefulness – in what ways were the framework/tool useful?</i>	<i>42</i>
<i>Fit with context.....</i>	<i>43</i>
Discussion.....	44
<i>Contributions toward the external validation of rongoā Māori.....</i>	<i>45</i>
<i>Factors involved in framework/tool uptake.....</i>	<i>47</i>
Ngā Hua – Aim 3: Integrate Wellness Framework with Pūrākau Framework... 49	49
The Pūrākau framework	49
Contributions to the external validation of rongoā	49
Ngā Hua – Aim 4: Uptake, Translation and Dissemination..... 53	53
Symposia	53
Presentations/guest lectures.....	53
Te Whakamutunga - Summary	55
In support of rongoā Māori.....	55
Key themes in Stage I and II	56
<i>The significance of diversity.....</i>	<i>56</i>

<i>The fundamentality of wairua</i>	57
Weaving the themes together	57
Ngā Tohutoro - References	61
Rārangi Kupu - Glossary	65
Ngā Āpitihanga - Appendices	69
Appendix A: Stage I information sheet and consent forms	70
Appendix B: Stage II information sheet and consent forms	78
Appendix C: Pūrākau integrated case study framework.....	84
Appendix D: Symposium I briefing and agenda	94
Appendix E: Hon. Tariana Turia Symposium I speech.....	97
Appendix F: Symposium II report.....	101

TABLES & FIGURES

Table 1: Research hui held with healers in 2009	12
Table 2: Research hui held with healers in 2010	13
Table 3: Research hui held with healers in 2011	13
Table 4: Māori-specific outcome areas and goals	20
Table 5: Hua Oranga – multidimensional outcome framework	20
Table 6: Whānau sub-domains, assessment and interventions	24
Table 7: Wairua sub-domains, assessment and interventions.....	24
Table 8: Hinengaro sub-domains, assessment and interventions	24
Table 9: Tinana sub-domains, assessment and interventions	24
Table 10: Healer concepts of oranga	25
Table 11: Wellness outcome essence statements.....	27
Table 12: Stage II pre-pilot guidelines	38
Table 13: Framework and tool evaluation criteria.....	39
Table 14: Process implementation requirements met in Stages I and II.....	46
Table 15: Perception implementation requirements met in Stages I and II.....	46
Figure 1: Ngā Tohu o te Ora flowscape.....	23
Figure 2: Ngā Tohu o te Ora wellness framework	26
Figure 3: Whāiora goal-setting tool.....	31
Figure 4: Tri-axial outcomes implementation framework.....	46
Figure 5: Wellness outcome framework used by healers in case study testing.....	48
Figure 6: The Pūrākau framework.....	50

HE KŌRERO WHAKATAKI – INTRODUCTION

The concept of evidence-based practice predicated on clinical research and written records is increasingly important within health, and the use of quality indicators to measure outcomes of care is increasing (Ratima, Edwards, Crengle, Smylie, & Anderson, 2005; Thornley, Logan, & Bloomfield, 2003). Traditional Māori healing is currently limited in terms of formal ‘evidence’ of outcomes, its practice based in mātauranga Māori and informal apprenticeship-format transmission/learning. By integrating evidence of effectiveness with clinical expertise in medical decision-making, evidence-based practice is integral in promoting and enhancing safety, efficacy and quality of care (World Health Organisation, 2000). It is on this basis that internationally and nationally, movements have been made to consolidate an evidence-base for traditional healing (Traditional Medicines Strategy 2002-2005: World Health Organisation, 2002), starting with acknowledgement of existing internal quality standards and established effectiveness based on generations of beneficial use (Shankar & Venkatasubramanian, 2005).

An increasing amount of research has been conducted in the past two decades, documenting and affirming the knowledge and practice of traditional Māori healing (Ahuriri-Driscoll et al., 2008; Durie, Potaka, Ratima, & Ratima, 1993; Jones, 2000a; Mark & Lyons, 2010; O'Connor, 2007). This has resulted in incremental shifts in mainstream recognition and understanding of rongoā. Nonetheless, healers/rongoā practitioners continue to report limited acceptance for their practice. This is evident in the narrow scope of practice specified and funded within rongoā service contracts (Ahuriri-Driscoll et al., 2008), where a focus on biomedical complementarity has led to the support of particular rongoā concepts and modalities over others, and the marginalisation of certain practices and sectors of the healing community (i.e. wairua healing, physical rongoā remedy preparation: O'Connor, 2007).

In contrast to this fragmented approach, traditional Māori healing operates within a holistic paradigm that promotes integrated wellness across a range of dimensions; physical, mental, emotional, spiritual, social, cultural and environmental (Jones, 2000a; Mark & Lyons, 2010). Thus, any attempt to measure the health impact of rongoā interventions must encompass outcomes within each of these domains in order to adequately assess their effectiveness (Durie, 2006; World Health Organisation, 2000).

Traditional Māori healing incorporates a range of practices, including but not limited to rongoa rākau, mirimiri, karakia, hauwai and romiromi. The contribution that rongoā Māori makes to Māori wellbeing is broad: at a population level, empowerment and strength of Māori people as a result of retention and revitalisation of mātauranga, tikanga and te reo Māori; and for clients and patients of rongoā services, (anecdotally) the health benefits that the range of diagnostic and treatment modalities offer (Ahuriri-Driscoll et al., 2008). Although the outcomes of rongoā at these two levels are interconnected and overlap, the benefits experienced by individual patients/tūroto are the particular focus of this current research project.

Ngā Tohu o te Ora aims

The Ngā Tohu o te Ora (signs of wellness) research project was developed to investigate outcomes associated with rongoā Māori, in order that this traditional practice might enjoy increased support as a funded service. The primary aims were to:

1. Identify wellness outcome measures used by traditional Māori healers, and
2. Develop and test a framework of traditional Māori wellness outcome measures.

Secondary aims included integrating the wellness outcomes framework with the Pūrākau framework (developed by the authors in a previous HRC seeding grant), and disseminating research findings among healing, health service delivery and research communities.

Work towards Aims 1 and 2 were undertaken in two distinct stages in the research: identifying wellness outcomes and weaving them together in the form of a framework comprised Stage I research activities (June 2008 - December 2009), and testing the use of the framework by Whare Oranga constituted Stage II (January 2010 - July 2011). Recognising the importance of meaningful engagement for both research 'success' and healer benefit, emphasis was placed on ensuring high quality relationships between the research team and participating practitioners/Whare Oranga throughout; this constituted an implicit process aim. Several further aims emerged from engagement with healers, within which healers and research team members discussed potential service-oriented benefits that the research project would work towards. These included:

- Enhancing the capacity of Whare Oranga to provide service information to funders that might support their wider understanding of rongoā Māori, with a view to securing additional contracts;
- Providing newly established or developing Whare Oranga with tools and frameworks to support and strengthen their entry into health service provision in their local communities; and
- Articulating clearly defined, assessable and progressive steps toward targeted domains of wellbeing for use by practitioners and their clients.

HE WHAKARITENGA – RESEARCH APPROACH & ACTIVITIES

Philosophical and cultural appropriateness

The project focus on traditional healing, a kaupapa informed and guided by mātauranga and tikanga Māori, required the use of a culturally appropriate methodology, flexible, participative methods and supportive processes. The desire expressed by healers involved in the project was for rongoā practice to expand and grow in the future, based on general aspirations for Māori advancement, self-determination and improved life and health prospects for future generations. In this sense the healers and researchers were engaged together in a collective kaupapa, one in which as Māori, each individual project participant is committed to and has vested interests, roles and responsibilities. The research team were also aware that they were entering the healers' spiritual and intellectual 'space', and that healers were sharing privileged, highly sensitive information. This called for healer worldviews and understandings to be accorded the utmost care and respect, recognised as knowledge and intellectual property in its own right. These key points are embodied in several principles (Ahuriri-Driscoll et al., 2011) underlying the healer-researcher relationship and the Ngā Tohu o te Ora research journey:

- Te paiheretanga: binding together within a broader kaupapa, establishing common ground and moving forward as Māori;
- Whakamana: upholding the mana of all participants in the research, enabling healer autonomy, exercising flexibility to maximise responsiveness, accommodate diverse needs and tikanga and ensure cultural obligations are met; and
- Ako: roles of tuākana/tēina, teacher/learner occupied interchangeably by healers and researchers so that both parties grow and develop in the shared pursuit of knowledge and enlightenment.

Methodology

Kaupapa Māori methodology was employed for consistency with Māori worldviews and its focus on supporting Māori-inspired and led developments. Kaupapa Māori can be described as a best practice approach to research with Māori which maintains Māori control of the research process, aligns with Māori ethics and development aspirations, and values Māori protocols within the research design (Cram, 2003; Hudson, 2004; Hudson, Roberts, Smith, Hemi, & Tiakiwai, 2010; L. T. Smith, 1999b). Healers themselves stated the importance of research being led by Māori and in partnership with them as a prerequisite for their input and support (Ahuriri-Driscoll et al., 2008) and this was reiterated throughout the research project.

Key to kaupapa Māori is the focus on transformation by challenging systems and structures that limit opportunities for Māori development (Eketone, 2008; G. H. Smith, 1997). The motivation for researching rongoā Māori is consistent with this focus, seeking to challenge traditional healing's tenuous position at the margins of the health system and facilitate its external validation. Also key to kaupapa Māori is the privileging of Māori concepts, values, understandings and knowledge. This allows a safe 'space' within which rongoā practice can be explored and defined by healers and researchers, without constant comparison to or negotiation with others. This did not limit the ability to question or challenge the information shared and ideas generated within the project, however through kaupapa Māori this was done in such a way that the mana and integrity of participants and their views were maintained.

Methods

Literature review

Māori community researchers involved in the project expressed concerns about being led by 'Pākehā whakaaro' in the form of published wellness outcomes literature. Thus, a decision was made to draw on literature at a later stage in the project, to support and contextualise healer-led thinking rather than impose an inappropriate framing. A bibliography of research conducted in the area of rongoā Māori was assembled to provide a resource for interested

healers/Whare Oranga (Bishara, Hudson, & Ahuriri-Driscoll, 2009: available on request from researchers).

Key informant interviews

Health stakeholders supported the idea of Māori, iwi, hapū or healer-led research of rongoā practice, but also recognised the need for health gain-oriented research focused on measurement of clinical outcomes (Ahuriri-Driscoll et al., 2008). While it was deemed important to explore these views within the research, it was perceived that this was (at least initially) best undertaken as a discrete activity, distinct from activities with healers. Semi-structured interviews were held with five key informants employed within organisations that fund or are potential funders of rongoā services. Notes taken from interviews were analysed thematically.

Hui with healers

Healer participation and input into the identification and selection of traditional Māori wellness outcome measures was essential to the project, to ensure what was developed is locally relevant and matches iwi and community priorities (Ratima et al., 2005). In addition to the successful completion of the project aims, hui with healers provided opportunities to ascertain buy-in and support from the wider healing community and engage with traditional healer networks such as Ngā Ringa Whakahaere o te iwi Māori and Te Paepae Matua mō te Rongoā.

Workshops with Ngā Tohu o te Ora working group

Durie (2006) identifies the need for the outcomes and effectiveness of rongoā to be determined using Māori/healer-defined measures, consistent with the worldview from which traditional healing practice is derived. Membership of a working group was sought in the first hui with healers, to establish a group of healers who would commit to working consistently and closely with the research team in the development of rongoā outcome measures. This was an open working group which allowed participants to attend meetings when able and contribute to a level or extent deemed appropriate by them.

The following tables outline the various meetings held with rongoā practitioners and healers over the course of the Ngā Tohu project:

Research hui attended by traditional Māori healing groups and individuals			
2009	Hui	Location	Purpose of hui
11 May 2009	Rongoā symposium I: Rongoā and Integrative Care	Taupō	Presentation and discussion of iwi/Māori health and wellbeing specifically related to traditional healing
12 May 2009	First Ngā Tohu project hui, Waipāhīhī Marae	Taupō	Establishment of a working group for the Ngā Tohu research project; description of healing – he aha te rongoā me ōna painga?
July 8-9 2009	Ngā Tohu rongoā working group hui I	Rotorua	Discussion of healing/rongoā practice, description of wellness dimensions and outcomes
Sept 3-4 2009	Ngā Tohu rongoā working group hui II	Rotorua	Exploring healers' understandings of wellness; he aha te rongoā mō te oranga? He aha te oranga? Pēhea tōna āhua?

Table 1: Research hui held with healers in 2009

2010	Hui	Location	Purpose of hui
May 3-4 2010	Working group hui III	Hamilton	Presentation of wellness framework and opportunities for healers' feedback
June 28-30 2010	Rongoā symposium II: Rongoā and Research	Rotorua	Presenting findings of current research on rongoā-based case studies of interest to Whare Oranga
July 7-9 2010	Hui Whakapiripiri and presentation	Rotorua	National conference of Māori health researchers; presentation of methodological learning arising from Ngā Tohu
Sept 30 2010	Pre-test group meeting I	Hamilton	Consolidating framework/tools developed, in preparation for testing by Whare Oranga
Oct 18-19 2010	Pre-test group meeting II	Rotorua	Consolidating framework/tools developed, in preparation for testing by Whare Oranga – Te Waiora a Tāne
Oct 28-29 2010	Research team visit to Te Waipounamu	Tuahiwi, Christchurch	Exploring potential use of frameworks with Te Waipounamu practitioners
Nov 8-12 2010	Researcher visits of Whare Oranga	Morrinsville; Waiohau; Rotorua; Taupō	To provide support to Whare Oranga trialling the framework and goal setting tool within their service - Ngā Wairere o te Ora; Te Tāpenakara mō te Iwi; Te Waiora a Tāne; Ngā Hua Puawai a Tāne
Dec 15 2010	Pre-test group meeting III	Whangārei	To provide support to Whare Oranga trialling the framework and goal setting tool within their service – Te Ruarahi Hou Ora

Table 2: Research hui held with healers in 2010

2011	Hui	Location	Purpose of hui
Mar 17 2011	Pre-test group meeting IV	Tūrangi	Determining usefulness of frameworks and goal setting tools with test groups; Te Whare Oranga o te Matapuna
April 7-8 2011	Pre-test group meeting V, Taharangi marae	Rotorua	Inviting feedback from test groups and exploring opportunities for framework revision. Ngā Wairere o te Ora; Te Waiora a Tāne; Te Whare Oranga o te Matapuna; Te Ruarahi Hou Ora
May 19-20 2011	Case study visits	Morrinsville; Rotorua; Waiohau	Exploring service context/background and use of framework/tool; Ngā Wairere o te Ora; Te Waiora a Tāne; Te Tāpenakara mō te Iwi
Aug 11-12 2011	Case study visit	Whangārei	Exploring service context/background and use of framework/tool; Te Ruarahi Hou Ora
Sept 15-16 2011	Final Ngā Tohu o te Ora hui, Te Kohinga Mārama marae, Waikato University	Hamilton	Presentation and discussion of findings with Ngā Tohu working group + additional participants. Feedback from the Whare Oranga Test Groups.
Nov 22-23 2011	Researcher visit to Whare Oranga	Tūrangi	Follow-up visit; Te Whare Oranga o te Matapuna

Table 3: Research hui held with healers in 2011

In addition to hui and working group workshops, the research team met frequently, and both a Project Advisory Group and a Research Advisory Group were both convened twice. Two advisory groups were established:

- **Project advisory group:** the project advisory group was comprised of healers, medical professionals and health system managers to ensure that the project was connected to relevant networks and stakeholders. The members were Olive and Christine Bullock; Tamati Mangu Clarke; Joanne Hayes; Dr John Armstrong; Phyllis Tangitu; Emily Rameka; Penny Huata; and Frances Smiler-Edwards.
- **Research advisory group:** the research advisory group consisted of Dr Te Kani Kingi and Dr Sarah-Jane Tiakiwai, who supported the research team and provided research advice as the project developed.

Ethics

Ethical approval was gained for the project from the Multi-region Ethics Committee, in two stages. Stage I approval covered the key informant interviews and hui with healers/the working group to develop the wellness framework and goal-setting tool (MEC/08/08/098: see Appendix A for information sheet and consent forms). Stage II covered the piloting of the tools with Whare Oranga, who obtained informed consent from clients/tūroro to trial the tool with them and share the results (anonymously) with the research team (MEC10/10/106: see Appendix B for information sheet and consent forms).

Ethics were also apparent at another level of operation in the research, in the practice of healers and how this translated to their engagement in the project. Early wānanga with rongoā practitioners were characterised by clear expression of ethical values associated with rongoā Māori. The clarity of ethical tikanga demonstrated by each Whare Oranga reflected their compliance with best practice/professionalism and their commitment to the safety of both tūroro and themselves. Healers referred to tikanga (appropriate process and cultural protocol) to guide their actions. These tikanga are not described specifically, but the general ethics discussed during Ngā Tohu o te Ora are outlined below:

- Healers will only work with a tūroro if they have informed consent. In the case of rongoā informed consent encompasses both physical and spiritual realms. In effect this requires healers to request the consent of the tūroro, the tūroro's tūpuna, their own tūpuna and the atua.
- Manaaki and aroha are central to healers' practice. Healers respond to any requests for assistance or care, often to the detriment of their own wellbeing. The gift of healing carries with it a responsibility to act when the need arises. This accounts for healers' typical operation in groups, in order to monitor and provide support for each other.
- Confidentiality is maintained in a similar fashion to medical practitioners, particularly when matakite is involved. Although whānau are often involved in assessment and treatment processes, protocols exist regarding the release of sensitive information. It was a cause for concern that Māori may prefer to consult a doctor over a healer for fear that the healer may see beyond the presenting issue to other aspects of their lives which require attention, things that they are not ready to address. While there may be some background to this concern, participating healers were clear regarding their responsibilities and professional obligations to not engage the tūroro in a discussion they are not ready to pursue.
- That a healer must act with honesty and integrity is a central ethical principle. Healers take responsibility for their actions very seriously, perceiving the ramifications of a breach of client trust to extend much further to loss of spiritual integrity. Participating healers were acutely aware of their need to work correctly at all times, as much for their own safety as that of the tūroro.

These ethics of healing practice guided healers' participation in the project and consequently, the conduct of the research:

- Healers participated based on their assessment of 'spiritual correctness', informed by a broad range of sources. In this way, healers' participation served as a gauge of the tika/appropriateness of the research.
- Once spiritual correctness was ascertained, healers felt compelled to support the research project and its broader kaupapa.
- Healers preferred to engage as a wider collective in the research, drawing strength, motivation and encouragement from each other.
- In some instances healers chose to no longer attend project hui after providing input over a period of time. In general it was these healers' responsibilities to attend to healing need in other areas that led to this decision. The option of open/flexible participation meant that healers could terminate their involvement if need be, knowing that others were able to join and thus maintain the 'critical mass' necessary to guide the project.
- Healers' commitments to honesty and integrity meant that positive and constructive relationships were maintained throughout the project.

Outcomes

Relationship and trust-building

The research approach and activities employed in Ngā Tohu o te Ora served to build sound and trusting relationships with healers, indicated in the sharing of mātauranga rongoā and personal beliefs over the three year period of the research.

- Time was invested in mihimihi and whakawhanaungatanga processes, revisited at each hui in order that healers became familiar with the researchers and each other and were reassured regarding their participation in the research. The notions of he kanohi kitea, a seen face (L. T. Smith, 1999a) and kanohi ki te kanohi were central here, allowing healers "to use all their senses as complementary sources of information for assessing and evaluating the advantages and disadvantages of becoming involved" (Cram & Pipi, 2000, cited in Cram et al., 2004, p. 146).
- Adhering to tikanga and kawa in terms of appropriate rituals of encounter and engagement demonstrated a level of cultural quality and professionalism which gave healers confidence in the research process. Acknowledgement of Io as the source of knowledge, wisdom and healing was one such ritual of hui/workshop proceedings which provided an assurance of cultural and spiritual safety to healers.
- The research team were clear from the outset of the project that while research conversations would be open and relatively unrestrained, only data/information related to rongoā practice and outcomes would be recorded, not all beliefs or mātauranga. It was the responsibility of the researchers to make this distinction. Some information was provided for the 'research', some shared with the individuals in the 'space' (healers and researchers), and other information for other significant kaupapa which the research space enabled healers to discuss collectively. Thus, ethical boundaries or parameters were able to be set, while supporting healers to utilise the research for their own ends, i.e. intellectual exchange relating to practice and philosophy as well as collegial support and strengthening of networks.

Methodological development and learning

The process of inquiry that unfolded in the course of the research project was guided and shaped by healers. As noted above, this established a specific set of ethical parameters and processes influenced strongly by wairua, which thereby influenced the conduct of the research. What emerged methodologically was a variant of kaupapa Māori/participatory research resembling broader indigenous research approaches with features of 'spiritual inquiry' (Heron, 2001; Kavelin, 2007; Rothberg, 1994; L. T. Smith, 1999a; Williams, 2007).

Connections with indigenous research

The approaches of participating healers to their practice and subsequently, to this research project, are based essentially on an indigenous worldview and agenda: a focus on relationships between human communities and the natural world, holistic knowledge and the revitalisation and rejuvenation of traditional knowledge bases (Royal, 2005). In common with other indigenous epistemologies (Cajete, 2004; discussed in the following terms by Lavellée, 2009, p. 23), healers acknowledge the interconnectedness and relationship of physical, mental, emotional and spiritual aspects of individuals with all living things, the earth and universe, accept both physical and nonphysical realms as reality, and furthermore, the notion that reality cannot always be quantified. Accordingly, converging perspectives from different vantage points over time (empirical observation), knowledge passed down (traditional teachings) and spiritual knowledge from the spirit world and ancestors in the form of dreams, visions and intuition (revelation) are key sources of knowledge (Cajete, 2004; Lavellée, 2009, p. 22). Both indigenous and healing perspectives perceive spiritual understandings and ways of knowing as legitimate and worthy of pursuit, increasingly in the context of research.

Williams (2007) develops an indigenous research methodology based on core indigenous values: within it spirituality is the core cultural value, collectivism the core social value, and autonomy the core political value. Corresponding criteria for praxis include:

- **Metaphysical dynamism and fluidity/spatiality/flexibility** – ensuring harmonisation with energy dynamics, openness to other ways of knowing and seeing, and allowing the research to move out of West-centric time constructs;
- Negotiation, collaboration and participation – criteria reflected in the ideals of participatory action research; and
- Critical deconstruction, reflection, unification and education – in accordance with the analytical concepts of critical social theory, but also positively transformative as with participatory action research and feminist perspectives (Williams, 2007, p. 114).

Thus, in contrast with the comprehensive theorisation of collectivism and autonomy across a number of research paradigms, ‘spiritual praxis’ has enjoyed relatively less attention.

Spiritual approaches to knowledge and inquiry are considered systematically in the idea of **spiritual inquiry** (Heron, 2001; Rothberg, 1994). Elaborating on Williams’ (2007) spiritual praxis, Rothberg (1994, pp. 10-12) identifies several modes of spiritual inquiry related to indigenous traditions, namely *metaphysical unknowing* or deconstruction of metaphysical and other views, and *the cultivation of visions and dreams*. The former method refers to undoing established metaphysical belief systems (i.e. spiritual understanding through intellectual analysis, synthesis and speculation regarding human experience, mind and reality) so that deeper spiritual insights may be possible. The latter refers to the use of practices to cultivate visions or dreams that might resolve spiritual questions or problems. The openness that Williams (2007) mentions may also relate to *systematic contemplation*, an inquirer’s development of an open and receptive contemplative or meditative awareness through being ‘present’ with the breadth and depth of a phenomena or human experience (Rothberg, 1994, p. 6).

Similarly to Rothberg (1994), Heron (2001) considers internally and externally-oriented modes of spiritual inquiry. Heron (2001, p. 34) proposes a *theory of the divine* that encompasses: *transcendent spiritual consciousness*, beyond and informing immediate experience; *immanent spiritual life*, deep within and animating immediate experience; and, mediating between these poles, the very *present, immediate experience of here-and-now form and process*.

Many of these ideas related to indigenous research and spiritual praxis/inquiry were observed in the ‘unfolding’ of the Ngā Tohu research. The metaphor of weaving/raranga is especially pertinent to notions of interconnectedness, and also to the term *rangahau* (Royal, 2005), used

to describe Māori research. Ngā Tohu o te Ora was a rangahau rather than research endeavour, weaving the hau, the sacred breath and stories of many together. Befitting the weaving metaphor, the project began with a preconceived design, anticipating however, that this would change and evolve, as a co-created and constructed product of many 'weavers'. Recognising the importance of bringing many threads together within the project, a broad range of 'expert weavers' were assembled – healers, stakeholders, tūroro and researchers. From the point of view of participating healers however, the ultimate 'weaver' was the wairua itself, the divine force (e.g. Io). The weaving process, the process of ranga-hau was led by healers, and tikanga and kawa informed how the hau or sacred stories were woven: conducting hui rather than focus groups, ensuring time and settings for mihimihi, talking, listening, sharing, reflection, interpretation, feedback, whakawhanaungatanga and action relating to the kaupapa.

In the process of rangahau, some creative methods – “*inventive and imaginative modes of data collection which encourage and enable research participants to express a rich and multifaceted account of their lived experiences*” (Broussine, 2008, p. 4) emerged, at the hands of healers. These drew in all, not just some of the threads – enabling the expression of voice of those otherwise silenced or marginalised perspectives (e.g. healers and their clients), and accessing tacit, unstated, unacknowledged and unconscious material, e.g. the spiritual dimension, te taha wairua. There was also an emphasis on personal experience.

Two instances of indigenous spiritual inquiry

A first instance of innovative inquiry of a spiritual nature took place at the initial healers' hui at Waipāhīhī marae in May 2009. In response to a hui attendee's request for assistance, healers agreed to conduct a collective wairua healing. Healers drew on their individual healing strengths to sense/assess and address the tūroro's need. The intervention was then discussed collectively, in a healer-led naming of what had transpired. With input from research team members, this post-healing de-brief/reflection evolved into a structured research activity where key components of rongoā were abstracted from first and second-hand accounts of healing practice. This instance of spiritual inquiry focused on the link of healers' to a transcendent spiritual and collective consciousness and healing energies; the immediate experience of the tūroro was not offered or asked for.

A second spiritual inquiry instance came about as part of a project hui with the Ngā Tohu working group in May 2010. In contrast to the first instance, this inquiry was more individually and internally focused. A whakawātea process was the starting point; conducted by healers with the research team members, this process was undertaken to eliminate mental, spiritual or energy blockages prior to a hui. The clearing process was undertaken primarily by one healer who sensed and removed blockages with her hands, but without direct physical contact. While she did this, other healers observed and instructed her on progress, whether the healing was sufficient or needed to be continued. Two of the three research team members experienced the whakawātea in terms of physical effects; for one a relief of physical discomfort, the other a sensation of energy leading to temporary heart flutters. The healing was accompanied by a personal message or piece of advice for each research team member from the healers related to what they had sensed.

A hui of healers and researchers followed; led by another healer who had not been party to the whakawātea, the group was asked to share their insights and 'soul connection to the kaupapa'. This required engagement at a personal and deep level, each participant locating themselves in relation to the kaupapa of rongoā and articulating that to others. This instance was particularly powerful for its combination of direct/first-hand experience of healing with talk about the broader kaupapa, resulting in the generation of some important personal and professional insights. Furthermore, trust was enhanced as healers came to understand and know more about the researchers as people, with more than a professional connection to rongoā. This process resembles the sharing circles practised in Canadian and American First

Nations cultures, “acts of sharing all aspects of the individual – heart, mind, body and spirit – and permission is given to the facilitator to report on the discussions” (Nabigon, Hagey, Webster and MacKay, 1999, cited in Lavellée, 2009, p. 28)¹. Utilised as a research activity sharing circles are comparable to focus groups in capturing people’s experiences through group discussion. As Lavellée (2009) notes however, sharing circles differ in terms of the sacred meaning they hold in indigenous contexts, and in the potential for growth and transformation experienced by participants.

Ngā hua o te rangahau

The weaving of these spiritual experiences and insights through the inquiry was very fruitful from a research perspective. Insights regarding the practice of rongoā were generated, which were followed up in subsequent hui. Trust was built between healers and researchers, and confidence in the constructive contribution that research can make to the kaupapa. The novel forms of spiritual inquiry enabled shifts in collective understanding which helped the research to move forward, and also impacted on the personal and professional practice of research team members. Researchers were encouraged to relinquish control of the kaupapa, to strengthen their ability to listen, and to engage fully, genuinely and authentically with healers².

The modelling of healing within the Ngā Tohu research reflects the centrality of wairua, and the need for rongoā research methods that can account for this dimension more fully and explicitly – ‘*bringing the wairua back*’ according to one of the koroua involved. For healers, the spiritual alignment or tika of the research first and foremost is a form of quality assurance, ensuring alignment and correctness in all other matters thereafter.

In summary, this organic mode of exploration yielded several lessons regarding how to research rongoā Māori appropriately: to engage in the kaupapa as ‘whole’ people, with a phenomenological valuing of te ao Māori and human experience, open to other ways of knowing related to the wairua, according to tika and negotiated with tohunga/practitioners.

¹ “Nabigon et al. (1999) acknowledge the following as being important considerations for the circle: there is recognition that the spirits of ancestors and the Creator are present in the circle and guide the process. Energy is created in the circle by the spirit of the people involved. The circle is nonjudgemental, helpful and supportive. Respect is important, and this includes listening to others” (Lavellée, 2009, p. 28).

² Restoule (2004 cited in Lavellée, 2009, p. 28) describes indigenous methods as incorporating experiential learning where the participant is fully engaged.

NGĀ HUA – STAGE I

Aim 1: Identify wellness outcome measures used by traditional Māori healers

A decision was made to focus on **outcomes** related to rongoā Māori, in response to healer concerns that knowledge of the practice of healing (mātauranga Māori and tikanga rongoā) would be exposed and/or scrutinised inappropriately. This was a concern cited in previous research (Ahuriri-Driscoll et al., 2008), and also in WAI 262 claim reports (Waitangi Tribunal, 2011, pp. 639-641). This decision was also in part strategic, recognising the currency of outcomes discourse within health (Jefferies & Kennedy, 2009). As a ‘remedial’ equity-focused discourse in social policy-making, outcomes discourse legitimised differential treatment and targeted funding for disadvantaged groups, including Māori (Bruce Ferguson, 1999). Later, the inclusion of outputs and outcomes in government contracting specifications sought to ensure accountability of funded services and programmes (Cram, 2005). Most recently, the Managing for Outcomes process has been employed to promote a results focus within the public management system (Cook, 2004). Although this discourse and these developments have not gone uncontested by Māori³, our interactions with healers revealed a degree of comfort in sharing the benefits of their rongoā practice as experienced by tūroro (in general, non-identifying terms), and an enthusiasm to convey these outcomes to third parties.

As well as providing constraints on what may be said and done, discourses also present possibilities (Bruce Ferguson, 1999). It is with this focus that Durie and Kingi et al. have explored the discourse of outcomes with regards to Māori health in general and Māori mental health more specifically. Work in both of these areas has outlined some of the key issues associated with health outcome definition and measurement.

What is a health outcome? After consulting numerous and variable definitions, Kingi and Durie (2000, p. 12) provide the following description: “*the identifiable result (consequence) of an intervention or series of interventions on the health of an individual or group of individuals*”. Central to this definition is a focus on **what changes** for the people or groups served by health professionals or health services. Kingi (2003) draws three key implications for measurement from these considerations:

- Measurement of outcome must allow also for nil or negative change, as it cannot be assumed an intervention will lead automatically to an improvement in health;
- Identifying the intervention is as important as determining the outcome, because an outcome is of little consequence unless the cause or intervention is also known. This is of particular issue in the health sector, where a multitude of factors/interventions may contribute, and a specific health intervention may be only one of many factors leading to the result; and
- A consumer focus is a generally accepted principle, i.e. an outcome measure must relate to the health status of an individual, group of individuals or defined population.

Depending upon the purpose of a specific health intervention, changes can encompass “*biologic changes in disease, comfort, ability for self-care, physical function and mobility, emotional and intellectual performance, patient satisfaction and self-perception of health, health knowledge and compliance with medical care, and viability of family, job, and social role functioning*” (Council on Medical Service, 1986). Kingi and Durie’s work adds a further dimension of change, that of **Māori-specific** and/or **cultural outcomes**. Durie, Fitzgerald, Kingi, McKinley and Stevenson (2002) identify culturally significant outcome areas and goals that may more fully measure the effects of policies, programmes and interventions for Māori.

³ Criticised for unquestioning reliance on knowledge and criteria of dominant groups (Bruce Ferguson, 1999), and requiring that Māori and iwi providers explain themselves in the language of the Crown (Cram, 2005).

These outcomes are not independent of one another, rather intertwined, interrelated and holistic (Durie et al., 2002, p. 36).

Māori-specific outcome areas	Māori-specific outcome goals
<ul style="list-style-type: none"> • Māori wellbeing • Whānau wellbeing • Culture and cultural identity • Te reo Māori • Tino rangatiratanga • The Māori asset base • Kotahitanga • Treaty settlements 	<ul style="list-style-type: none"> • Positive Māori participation in society as Māori • Positive Māori participation in Māori society • Vibrant Māori communities • Enhanced whānau capacities • Māori autonomy (tino rangatiratanga) • Te reo Māori in multiple domains • Practise of Māori culture, knowledge and values • Regenerated Māori land base • Guaranteed Māori access to a clean and healthy environment • Resource sustainability and accessibility

Table 4: Māori-specific outcome areas and goals (Durie et al., 2002)

Developing Māori-specific outcome measures in relation to clinical mental health, Kingi & Durie (2000) note the importance of considering Māori perspectives of and approaches to treatment and care. Assessment tools based on broader ‘cultural’ parameters are more likely to measure the full range of outcomes produced by Māori health service providers, who deliver care within a cultural context and utilise traditional concepts, mechanisms and methods in interventions designed to enhance cultural or spiritual health dimensions (Kingi, 2003). Referring to discussion within the outcomes literature, Kingi (2002) identifies several ‘best practice’ criteria and/or guiding principles for developing Māori-specific outcome measures, including: wide acceptance, consumer-focus, suitability to (mental) health, simplicity, wellness orientation, cultural integrity, specificity, relevancy and applicability. On these bases Kingi utilises the Whare Tapa Whā elements as outcome domains (wairua, hinengaro, tinana and whānau), detailing dimensions specific to each domain:

	Wairua	Hinengaro	Tinana	Whānau
Dimension 1	Dignity, respect	Motivation	Mobility/pain	Communication
Dimension 2	Cultural identity	Cognition/behaviour	Opportunity for enhanced health	Relationships
Dimension 3	Personal contentment	Management of emotions, thinking	Mind and body links	Mutuality
Dimension 4	Spirituality (non-physical experience)	Understanding	Physical health status	Social participation

Table 5: Hua Oranga – multi-dimensional outcome framework (Kingi, 2002)

Durie (2006) explores the use of an outcomes focused approach in measuring the effectiveness of rongoā Māori. Taking into account 1) the need for appropriate measures, i.e. those closely aligned to Māori world views and indigenous paradigms, and 2) the use of rongoā within a larger healing process, in the context of wider natural and social environments and tikanga Māori, Durie suggests measuring outcomes connected with the aims of traditional healing; namely **the alleviation of distress, improved wellbeing, and the modification of lifestyle**. Similarly to mental health outcomes, these healing outcomes can be measured in terms of tinana, hinengaro, wairua and whānau. However, although measures exist for improved wellbeing, measures of the alleviation of distress and modification of

lifestyle are yet to be developed, ultimately Durie states “*a task for healers themselves*” (p. 10).

Ngā Tohu o te Ora – identifying rongoā outcomes

Discussions with funders

At the beginning of the research scoping interviews were conducted with representatives from traditional healing/rongoā service funders, in order to ascertain ‘a funding’ perspective of rongoā practice and outcomes. Five key informants from the Ministry of Health (MoH), the Accident Compensation Corporation (ACC), a District Health Board (DHB), a Māori Development Organisation (MDO) and a Primary Health Organisation (PHO) were asked for their thoughts relating to: traditional healing within the health system; the contributions of traditional healing to wellness; outcomes sought by tūrora and healers; Māori-specific outcomes; and outcomes that cannot or should not be measured.

The interviewees noted a growth in the numbers of traditional healing services funded, offered and utilised alongside other health services, as a result of dedicated funding streams. While this had served to strengthen and improve interactions/relationships between healers and the health system, interviewees identified a need for further work so that traditional health services could provide stronger assurances of consumer safety, privacy and effectiveness.

In terms of contributions to wellness, funders interviewed perceived several strengths of traditional healing services:

- The ability to address clients’ personal needs as well as health issues, which was noted to improve adherence to and compliance with other health interventions;
- A broad range of interventions able to deal with a variety of stressors; and
- The promotion of whānau involvement and social cohesiveness.

For these reasons interviewees perceived traditional healing as being particularly valuable in the areas of primary, palliative and pastoral care, mental health, and complex co-morbidities. However, apart from a general aim to help clients become well or recover, interviewees were not sure what outcomes healers work towards, and felt there were few opportunities to discuss this with them.

In recognition that people of all ethnicities and cultures utilise traditional healing services, funders saw it as important that both general wellness and Māori-specific outcomes are sought and assessed. That said, they acknowledged the difficulties of 1) quantifying spiritual and whānau outcomes, and 2) producing measures of specific rongoā impact in the context of multi-disciplinary and multiple interventions. These thoughts from funders identify a lack of knowledge in some respects (service effectiveness specifically, healers’ aims and outcomes), but also a very real awareness of some of the challenges involved in rongoā practice outcome measurement.

Kōrerorero with healers

Taking the lead from Durie, Kingi et al., this research embarked on an exploration of appropriate measures of outcome for rongoā Māori, as informed by healers/rongoā practitioners. Beginning ‘the conversation’ was difficult, mainly in terms of determining an appropriate question. There was concern that starting with specific details of rongoā interventions (considering outcomes in context) would raise healers’ suspicions and dissuade them from participating. Following the inaugural rongoā symposium in Taupō, a hui was held at Waipāhīhī Marae (12th May 2009, 34 attendees) to establish a working part for the project. Preliminary discussion between research team members and attending kaumātua/kuia and healers yielded the following questions:

- *What are the outcomes sought by healers in their practice with tūrora?* This was translated (not only literally into te reo, but in the understandings of healers) as:
- *He aha te rongoā me ōna painga? What is rongoā and its benefits?*

The project researchers were fortunate to observe a spontaneous collective healing in the morning of the Waipāhīhī hui; in the following afternoon session a healer participant engaged her fellow healers in an analytical review of the process, where healers verbalised and communicated in detail the wairua healing they facilitated. A ‘water logic’ flowscape method (de Bono, 1993) was employed by one of the research team members to structure the discussion of the healing; this method appeared to resonate with the flow of the healers’ whakawhitiwhiti kōrero and wānanga. Rather than asking what is, the flowscape method considers the flow of thinking, of concepts in relation to a complex central theme, asking the question ‘*what does this lead to?*’ The metaphor of water is also shared with the notion of ‘wai-rua’, an integral foundation of traditional Māori healing. After discussion is concluded and connections between concepts agreed upon, the flowscape is constructed. The resulting depiction allows participants to examine their collective thinking (de Bono, 1993). This can be quite enlightening; in some cases points that had initially seemed central are perceived as peripheral, and vice versa.

Healers identified twenty-five concepts central to/actioned during the wairua healing process, and then considered the relationships and connections between them. This discussion elicited divergent views in many cases, and the collective was asked to discuss and arrive at a consensus of the ‘flow’ between concepts. While the majority of ‘flows’ and connections were familiar to most practitioners and came as no surprise, the flowscape constituted a new and novel expression of practitioners’ experiences and mātauranga related to rongoā; many noted the value in having shared these. Figure 1 (next page) illustrates how the collaborative process resolved into a connective ‘web’ of important perceptions, views, meanings and values held by each participant in the hui. The flowscape provides a unique visual ‘snapshot’ of the thinking and reflections of practitioners involved with the observed healing intervention.

The flowscape can be interpreted in any number of ways, and indeed, there may be multiple interpretations meaningful to participants. At first glance, the flowscape includes many of the concepts discussed previously by Durie and Kingi. The key dimensions/domains of Te Whare Tapa Whā are present beside notions such as whenua/moana/awa and tino rangatiratanga. Aroha, mātauranga and whakapapa are key anchor points, where there is the most ‘flow’ into. The right hand side of the flowscape, up until the point of hūmārie deals with the practitioner’s preparation for healing; their faith/belief, understanding and knowledge, preparatory karakia and connection to a collective consciousness (including the inputs of tūpuna and whakaponu) so that they are physically able and have a capacity for aroha and manaaki (similarly to the description of Te Oo Mai Reia practice described in O’Connor, 2007, p. 43, where a peaceful, rested state of being is required for healers’ spiritual inspiration and healing practice). The tūrora’s blockages and issues/symptoms bring them to the healer and are explored in an assessment process. The left hand side of the flowscape comprises a combination of mechanisms/interventions (intuitive sensing, kōrero o te whānau, whakapapa, whenua/moana/awa) and outcomes, related to the tūrora’s readiness for and receipt of healing. The primary **outcomes** noted by healers include:

- **Balance** or (whaka)orite
- **Understanding/enlightenment** or (whaka)māramatanga, and
- **Self-determination** or tino rangatiratanga.

Table 6: Whānau sub-domains, assessment and interventions

Sub-domains	Assessment process	Treatment/intervention
<ul style="list-style-type: none"> Whakapapa Roles and responsibilities (pā harakeke) Identity Connectedness Mana, leadership, influence Participation (collectives) 	<ul style="list-style-type: none"> Whakawhanaungatanga Mana protection, manaaki 	<ul style="list-style-type: none"> Whakapapa Tātai hono/whakahono – linking Developing whānau support lines

*Hua Oranga domains: communication; relationships; mutuality; social participation

Table 7: Wairua sub-domains, assessment and interventions

Sub-domains	Assessment process	Treatment/intervention
<ul style="list-style-type: none"> Spirituality Faith/belief in self, others, higher power Collective consciousness Connection, communication Regulation of instinct, intuition Contentment Caring 	<ul style="list-style-type: none"> Understanding the background Karakia, whakamoemiti Through other people as medium Aura 	<ul style="list-style-type: none"> Clearing (whakapapa) Karakia Ghostbusting Spiritual hygiene/cleansing

*Hua Oranga domains: dignity, respect, cultural identity, personal contentment, spirituality (non-physical experience)

Table 8: Hinengaro sub-domains, assessment and interventions

Sub-domains	Assessment process	Treatment/intervention
<ul style="list-style-type: none"> Mental states – ngā rangi (hau, wai, whetū, pō); cognition Emotional states (whatumanawa, mamae) Consciousness – belief Behaviour (addictions) Connection to physical Insight and understanding 	<ul style="list-style-type: none"> Kōrero – calm the person and identify specific and separate issues Safety measures (drugs) Determine whether to detach/attach Identify triggers Response tailored to specific emotional state 	<ul style="list-style-type: none"> Removing blockages (whakapapa, whānau, whenua) Balancing Cleansing/clearing Refocusing/reframing Caring Rongoā and clinical working together (medication) Whānau support

*Hua Oranga domains: motivation; cognition/behaviour; management of emotions, thinking; understanding

Table 9: Tinana sub-domains, assessment and interventions

Sub-domains	Assessment process	Treatment/intervention
<ul style="list-style-type: none"> Function – mobility, flexibility, posture, balance, coordination Pain – self assessed, management, removal Circulation/flow – breath, blood, energy, fluid Āhua – overall presentation, body language, poise Quality of life 	<ul style="list-style-type: none"> Use of senses – touch, sight, smell, listen, feel Identify the source 	<ul style="list-style-type: none"> Unblocking/clearing – manipulation/mirimiri, compresses Balancing/aligning Managing Educating Preventing Attitude change

*Hua Oranga domains: mobility/pain; opportunity for enhanced health; mind and body links; physical health status

Furthermore, a word association/brainstorming exercise in the September hui provided a list of oranga/wellness states in response to the questions: *he aha te rongoā mō te oranga?* and *He aha te oranga? Pēhea tōna āhua?*

<p>Signs of wellbeing, health & concepts of healing identified by the Ngā Tohu Working Group</p>

<p>Oranga, wairua, mauritau, wellbeing, tohatoha, enlightenment, mākoī, health state, means, rangatira[tanga], tikanga, whakapono, kawa, atuaturatanga, mana tūpuna, balance – makururangi, whakapai/whakapae, mutual, nurturing, kotahitanga, potential, transformation, interconnectedness, prevention, empathy, follow-through, intergenerational, birth, beautiful, intervention, inclusion, post-vention, attention, self-love, vibrant, courage, thriving, strength, vital, vulnerability, values, whakatenatena, vibration, matemateāone, vision, whakarongo, oro, sound, whakamātautau, alignment, confidentiality, taiao, unborn generation, laughter, empowerment, tūturu, tauawhi, hope, aroha, helpful, colour, synergy, tūhonohono, whakapapa, communication, cohesion, whenua, manaakitanga, kawenata, kāwanatanga</p>
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Table 10: Healer concepts of oranga

Aim 2a: Develop a framework of traditional Māori wellness outcome measures

The ‘bones’ of an outcomes framework (see Figure 2 next page) began to emerge as a result of discussions with healers in May, July and September 2009, and analysis/synthesis by research team members:

- Five **domains of wellbeing** outcomes were clearly articulated, presented in order of their relative fundamentality to healing: wairua, taiao, whānau, hinengaro and tinana.
- The Māori-specific outcomes/indicators work of Durie et al. (2002, pp. 13-14) emphasises the need for a ‘**process**’ axis, incorporating Māori values, aspirations, Māori analytical frameworks, and holistic interpretations of knowledge. This point was consistent with healers’ assertions regarding the importance of culturally and rongoā-specific, Māori-centred concepts having a strong presence in the emerging framework (e.g. tikanga rongoā). Healers provided a considerable amount of detail regarding the practices/interventions employed in response to specific tūroto symptoms/issues. This enabled the description of outcomes in the context of healing interventions, a key aspect of outcome measurement according to Durie et al. (2002) and Kingi (2003). Furthermore, as emphasised by Cram (2004) this enables the documentation of a healing ‘journey’; how healers reach out and engage with tūroto, what they do with tūroto once they have engaged with them, and what happens to tūroto as a result of that engagement.
- Various **states of illness/wellness** derived from the hui discussion/exercises (flowscape, small group and word association activities) were plotted according to their domain affiliation, and their location on a general illness-wellness continuum, filling in the emerging ‘grid’.
- Finally, **types of wellbeing** (oranga) associated with each wellness outcome domain were distinguished and defined in the form of ‘essence statements’ (see Table 11). Each type of wellbeing was assigned a tohu/āhua, the ultimate expressions of wellness that healers promoted and worked towards with tūroto.

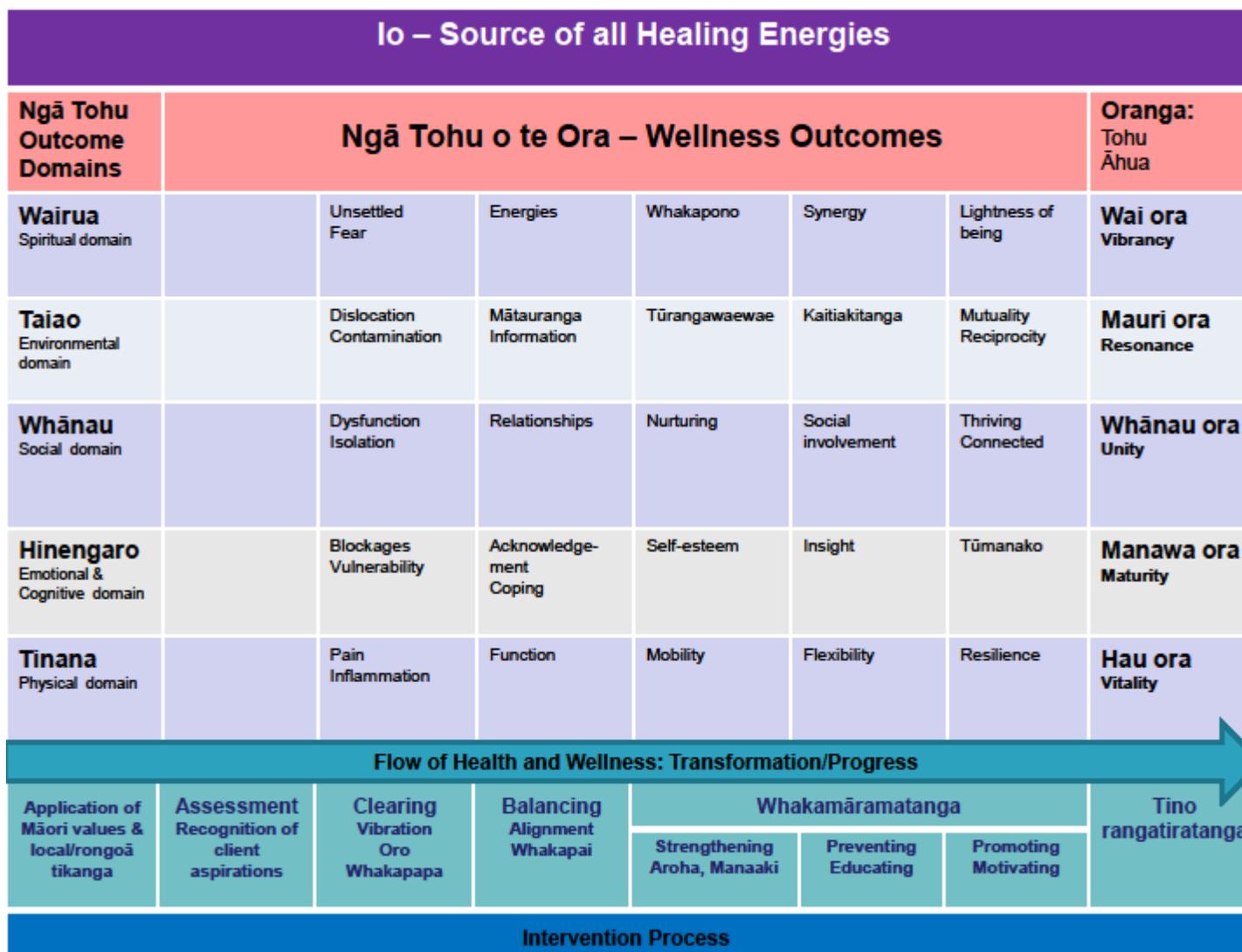


Figure 2: Ngā Tohu o te Ora wellness framework

Wellness outcome essence statements
<p>Wai ora - the essential element of wairua realised as holistic health and wellness</p> <ul style="list-style-type: none"> • The state of spiritual health and wellness expressed in the wairua • Characterised as peacefulness, contentedness and being centred.
<p>Mauri ora - the elemental essence imparted by wairua, bound with energy to generate life, form and substance</p> <ul style="list-style-type: none"> • The state of environmental health and wellness expressed in the taiao • Characterised by concepts of connection to a healthful environment
<p>Whānau ora – the foundation for nurturing and growth, social interaction and identity through intergenerational relationships, aroha and manaaki</p> <ul style="list-style-type: none"> • The state of health and wellness expressed in the whānau • Characterised by concepts of belonging, inter-dependence and connection
<p>Manawa ora – the energy and capacity for growth and development</p> <ul style="list-style-type: none"> • The state of emotional, cognitive health and wellness expressed in one’s hinengaro • Characterised by concepts of self esteem, maturity, conscience and consciousness
<p>Hau ora – the sacred breath of life imbued in a person</p> <ul style="list-style-type: none"> • The state of physical health and wellness expressed in the tinana • Characterised by concepts of vitality, vigour, and bodily integrity

Table 11: Wellness outcome essence statements

Measurement of health/wellness outcomes

Once health outcomes have been identified, some form of assessment is required to determine whether, or to what extent these have been achieved. Outcome measurement is a necessary first step, a process of observing, describing and quantifying **outcome indicators/measures** (Blancett & Flarey, 1998, cited in Huffman, 2005), the parameters assessed or evaluated to determine the impact/effect of an intervention/service (Kleinpell, 2003; Merboth & Barnason, 2000, cited in Huffman, 2005). The question here is “*how will we know that a specific outcome has occurred?*” (Smart, 2004). Answering this question is not always straightforward (Durie, 2006).

According to Harrigan (2000, p. 155) ‘*indicators should actually measure what they are intended to (**validity**); they should provide the same answer if measured by different people in similar circumstances (**reliability**); they should be able to measure change (**sensitivity**); and, they should reflect changes only in the situation concerned. In reality, these criteria are difficult to achieve, and indicators, at best, are indirect or partial measures of a complex situation*’. Niumata-Faleafa and Lui (2005) add applicability, acceptability and practicality to this list of key attributes of health outcome measures/indicators.

Palmer (2004) was able to demonstrate the construct validity of a tool for measuring wellbeing among Māori; the process she describes is very detailed, requiring in-depth testing with several groups and comprehensive statistical analysis. Even then, Palmer (2004, p. 53) notes that for any one tool, construct validity requires the systematic accumulation of correlations from a variety of sources and studies. Kingi (2002) discusses validity, reliability and a number of other criteria in relation to the development of Hua Oranga, but testing the tool according to these was beyond the scope of his PhD work. A number of the issues Palmer and Kingi raise in applying these measurement criteria to their work were also encountered in

the development of the Ngā Tohu o te Ora framework, which informed a number of research decisions.

The key outcomes sought by healers in their practice with tūrora were named and described in the research activities related to Aim 1 and Aim 2a, but difficulties regarding measurement and application began to emerge:

- **What to measure?** Because of the holistic view of wellness held by healers, the goals of healing are very broad. The Ngā Tohu o te Ora framework thus incorporates many outcomes, across several domains, and at various levels, raising the question of which is the most appropriate level of outcome to measure. Furthermore, depending on the specific symptoms or needs of the tūrora, what constitutes a relevant outcome may vary considerably. So, even though concepts of validity and reliability might encourage the development of tightly/narrowly focused schedules and questionnaire-based tools, this will limit a tool's capacity to account for the diverse needs of all tūrora (Kingi, 2002). This was particularly relevant in the context of traditional healing. Each assessment tool would require a shared understanding and common theory to link its use to both the intervention and the outcome.
- **How to measure?** Several of the domains of healing involve outcomes that cannot be determined objectively and are less amenable to 'scientific assessment', instead requiring subjective estimates. Kingi (2002) notes that for most mental health problems evidence is based on clinicians' recognition of clinical and behavioural changes; although training increases the validity and reliability of a clinical mental health measurement, this nonetheless relies on subjective impressions and observations that may not fully appreciate the changes that have occurred. Although states of illness/wellness were identified and used to populate the Ngā Tohu framework, these are not necessarily universally recognisable, and consensus among healers regarding meaning was constrained by both by the lack of 'collective theories' and the concepts' inherent subjectivity. This was particularly so for domains focused on non-observable states, for example, wairua (see also Ratima et al., 2005, p. 15).
- **Who to measure?** As mentioned earlier, healers made an important distinction between a healer-focused framework/tool and a tūrora-focused measure. While significant time was spent in developing a framework from the perspective and expertise of healers, some participants articulated a need for the incorporation of tūrora impressions or assessments as to their own experience of wellbeing. Kingi (2002) discusses consumer-based or clinician/proxy measures in terms of their relative reliability (repeatability) in assessing outcome. He notes the basis of consumer-focused measures or self-reporting inventories on the assumption that a consumer is best positioned to document an informed response to intervention. In some instances this may not be the case, for example, patients with mental health problems might have a distorted impression of outcome. Thus, proxy clinical assessments 'on behalf' of the patient have developed, assuming that a clinician has a complete understanding of the outcomes produced and can fully assess outcome in a way that is relevant and acceptable to the patient (Kingi, 2002, pp. 213-214). Kingi deals with these problematic assumptions by including clinician, patient **and** whānau perspectives in different versions of the Hua Oranga tool.

Ideally, a measure will provide detail of how progress towards goals will be gauged, including data collection that can provide pre- (baseline) and post-intervention. Because there will be many potential indicators, it is advantageous to prioritise these through the application of key criteria:

- Does the indicator directly relate to the outcome? Does it define the outcome or capture an important characteristic of the outcome?
- Is the indicator specific?
- Is the indicator measurable or observable? Can it be seen (e.g., observed behaviour), heard (e.g., participant interview), or read (e.g., client records)?

- Are the data available? Are there resources to collect the data on the indicator? (Smart, 2004)

These more detailed questions relating to outcome indicators also arose in the course of the Ngā Tohu framework formulation. Whether healers would be adequately resourced and supported (in terms of time and personnel) to measure client outcomes and collect additional data on an ongoing basis was a significant concern. While research funding extended to some travel costs for Whare Oranga to attend training sessions, healers' time invested in data collection and analysis was not reimbursed directly, but rather donated to the project over a finite period. In establishing a measurement framework or tool for further and future use by healers therefore, the format needed to be such that the costs involved were not unwieldy. Cost-benefit balance relates directly to a measure/indicator's acceptability and therefore use; for healers and rongoā practitioners a tool that can be administered simply and that fits with existing processes (assessment, record-keeping, administration) might have the added value of informing healing practice while minimising the amount of time dedicated to non-healing activity.

Whether an outcome can be attributed directly or solely to a specific healing intervention was not necessarily of concern to participating healers, but is certainly a consideration for outcome measurement in general. Person/tūroto variables, multiple interventions and environmental factors have each been identified as complicating the measurement of outcomes (Kingi, 2002). In rongoā practice, healers understand the multiple and interconnected influences on a person's wellbeing (as evident in the framework), are diverse with respect to the range of modalities that they utilise, and frequently tailor their approaches based on patient/tūroto need. Furthermore, tūroto often do not seek rongoā in isolation, and may be receiving 'orthodox' and rongoā intervention concurrently. The role of the tūroto in receiving healing is an important tenet of rongoā practice, such that external support mechanisms and personal attributes that support the end goal of wellness/oranga are viewed positively. Conversely, where external or internal factors are preventing wellness, the holistic focus of rongoā Māori will prompt healers to broaden their intervention. It is important to note the distinction between 'treating an illness' and 'healing a person'. The former approach lends itself to standardisation of processes and treatment protocols, the latter must remain more flexible in its orientation to assessment, delivery and measurement – a point reinforced through the course of this project.

These questions of validity, reliability and intervention-specificity, derived from a positivist measurement paradigm, raise some uncomfortable issues for healers in their practice. This is in fact the inappropriate scrutiny that was originally feared by those participating in earlier rongoā research, and there was no will (on behalf of healers or researchers) to tread this path. While these measurement issues were encountered and considered, on the basis of a clear rationale conscious decisions were taken to depart from the prescribed processes of 'outcomes validation'.

- In terms of what and how to measure, a decision was made to omit the kupu referring to specific wellness and illness states, leaving the broader, aspirational tohu as overarching wellness **outcome goals** in a version of the framework to be used by healers.
- The added complexity of accounting for multiple and diverse outcomes sought by tangata whaiora/tūroto led to a decision to measure **change post-healing intervention** at a general level. This avoided two undesirable outcomes: 1) the development of a survey instrument focused on a detailed, narrow aspect of wellbeing with limited application, and 2) an instrument that surveys every possible aspect of wellbeing but is unwieldy, impractical and demanding to administer and complete as a result.
- Considerations as to who undertakes outcomes measurement refers to a central issue within the Ngā Tohu research; that of the conflation of framework development purposes – to represent the 'reality' of healing practice, or to assess tūroto outcomes as a result of

healing practice. The view of purpose was a powerful driver in the development of the framework; the former view required that attention and time was spent on ‘getting it right’, developing a model that represented, as much as possible, all healers’ approaches to rongoā (a universal depiction of healing). The latter view was at times obscured in the research process, although difficulties in measuring a subjective and contested reality eventually led to this re-emphasis on **tūroro measurement/self-report**.

These three decisions/conclusions culminated in the development of an additional ‘tool’ to accompany the wellness outcomes framework, drawing on goal-attainment scale concepts.

Goal-attainment scaling was first developed as a method for evaluating community mental health programmes and measures achievement of treatment or intervention goals (Forbes, 1998). A major advantage of goal-attainment scaling is its responsiveness as an outcome measure, able to detect clinically meaningful change and a difference when one is present. Goal-attainment scaling can also accommodate multiple, individualised therapeutic goals, and monitor these over time. Although the reliability, validity and sensitivity of goal-attainment scaling is well-established (Hurn, Kneebone, & Cropley, 2006), similarly to other survey instruments, this relies on positivist validation processes that do not reconcile easily with traditional healing. Goal-attainment scaling also requires training and a significant time commitment in use of the approach, in terms of developing outcome levels (specific, measurable) and scaling/scoring analysis. A decision was made to draw on goal-attainment scaling elements rather than the approach in its entirety; a form was developed that would enable healers to record, following a conversation with tūroro, the goals of healing intervention related to tūroro concerns/issues, and general progress against these (see Figure 3: Whaiora Goal-Setting Tool). The aims of healing identified by Durie (2006) were utilised to guide goal-setting and a scale was introduced where healers can indicate to what extent tūroro have achieved their stated goals.

According to Kingi (2002, p. 211), consumer-focused measurement in the form of self-report questionnaires, schedules or surveys allows a direct, simple and uncomplicated link between an outcome and an intervention to be established. In a discussion of what is measurable versus what is important, Kazandijan and Lied (1999, p. 8) perceive improvements in health status or functioning as a result of care received (‘the ultimate outcome’) as most important to patients, in contrast to more measurable immediate outcomes. Durie (2006) however, cautions against consumer-based measurement that might erroneously equate service satisfaction with gains in health. Although neither the wellness outcomes framework nor the goal-setting tool ask tūroro about their satisfaction with healing interventions per se, this comment highlights the importance of clarity, both in terms of administering outcomes measurement instruments, and making attributions on the basis of measurement results.

Outputs

Linked to the project’s first aims (1 and 2a), Stage I developed two instruments for identifying and monitoring wellness outcomes resulting from healing (Figure 2: Wellness Framework; Figure 3: Whaiora Tool). Despite the project’s original aim, it was not possible to identify specific, standardised outcomes across the wellness domains for all healers, who operate with similar philosophies but from different theoretical bases. Healers did, however, recognise the merit of the framework in identifying tūroro issues and states/stages of wellness, and so its use in conjunction with routine assessment procedures was supported. The Whaiora Tool was developed by the research team to provide more explicitly for outcomes, assisting healers and tūroro to identify wellness aspirations (goals) and to document whether or not these were met in the course of healing consultations.

Whaiora Tool: Tūroro Wellness Aspirations							
Tūroro:		Not achieved	Less than expected	Achieved	Exceeded	Sig exceeded	Verified Pt/Pract
Clearing/Balancing What are the tūroro's goals relating to alleviating pain or distress?		Have the tūroro's goals been met? Have pain/distress been alleviated?					
DATE:							
Strengthening/Enhancing What are the tūroro's goals relating to functional improvement?		Have the tūroro's goals been met? Has function been improved?					
DATE:							
Promoting Oranga What are the tūroro's goals relating to preventing illness and promoting wellness in the longer term?		Have the tūroro's goals been met? Have prevention/promotion behaviours been adopted?					
DATE:							
STAGE 1 NGĀ WHĀINGA - goals		WHAIORA Healing Journey			STAGE 2 NGĀ HUA - Outcomes		

Figure 3: Whaiora goal-setting tool

Contributions toward the external validation of rongoā Māori

This research project assumes the validity and value of rongoā Māori; thus, the overall objective was not to prove this to be the case, rather to explore how this value might be conveyed to audiences *beyond* healers/rongoā practitioners and their clients. In a typical evidence-based approach this would require the provision of a clear theoretical basis for interventions and intended outcomes; this was also not an objective of the research. However, the wellness framework and goal-setting tool begin to articulate a theory of traditional Māori healing, and thus contribute potentially to the increased support of rongoā, in the following ways:

- The framework as a whole provides insight into the logic and thinking that healers draw upon to inform their interventions with tūroro, the ‘intervention logic’ underlying the practice of traditional Māori healing, drawing on Māori philosophy and thinking:
 - ‘Application of Māori values and local/rongoā tikanga’ reflects the significance of **local diversity** and mana, both in the understanding of the wellness domains and the stages of intervention;
 - The intervention axis is based on healers’ kōrerorero about stages of healing activity along the tūroro’s pathway to wellness. ‘Assessment’ determines what needs to be done in terms of clearing and balancing the person. Dealing with symptoms this provides a foundation for strengthening and enhancing the person’s wellness. ‘Promoting’ healthy lifestyles is part of a holistic approach to oranga, the prevention of future illness and the tūroro’s self-care and rangatiratanga (the ultimate goal).
 - The right hand column represents various ora that contribute to total wellness, forms of wellbeing related to each of the domains (wairua, taiao, whānau, hinengaro, tinana) on the left hand column of the framework.

The intervention stages/healing activities outlined in the wellness framework bear some similarity to the pōwhiri poutama model developed by Te Ngaru Learning Systems in the mid 1990s, to support Māori working in the alcohol and drug field. The poutama (stairway) connects one to Io Matua Kore (the highest spiritual power), and the pōwhiri is the process that allows a therapist and individual/whānau recipient of therapy to move from one level to another in either direction. The steps identified include: mihi – establishment of relationship, therapeutic alliance; karakia to begin the therapeutic process; take – the reasons that bring the individual or the whānau to receive support; whakatangi – the release of emotions caused by the issue and problems that have caused grief and concern; whakapuaki – the opening up and sharing of stories; whakaratarata – setting of healing goals and exploration/experimentation with possible solutions; whakaora – the ability of the individual and/or whānau to maintain their own wellness independently; and whakaoti – the celebration of successful healing outcomes and possible discharge from the service (Drury, 2007; Ihimaera, 2004, pp. 49-50). The resemblance between the pōwhiri poutama model and the Ngā Tohu o te Ora framework/tool is encouraging, confirming their emergence from a common cultural base.

- The framework specifies different types of wellbeing/dimensions of wellness connected to established domains, embedded firmly within a Māori perspective. Essence statements/definitions move beyond the well understood tinana and hinengaro domains, to the less tangible domain of wairua.
- In combination with the goal-setting tool, the framework produces a shared ‘language’ to communicate and convey the value of healing to a wider audience. These tools enabled further discussion and philosophical exploration with participating Whare Oranga.

Wellness/wellbeing and measurement

As noted earlier, the concepts of wellness noted in healers’ discussions were largely consistent with established models of Māori health and wellbeing, most obviously Te Whare Tapa Whā. The use of the Whare Tapa Whā dimensions (tinana, hinengaro, wairua, whānau) to discuss healing domains was almost unanimous among rongoā practitioners. This may well reflect the origins of the model in Māori communities and ways of thinking (Durie, 1994).

Across a range of Māori health models, there is certainly a consensus on the importance of these four ‘cornerstones’ (Palmer, 2004). The unanimous use may also reflect however, the more general principle of **mind-body-spirit interconnectedness** that characterises many traditional cultural understandings of wellbeing, including Māori (Mark & Lyons, 2010).

Elements of Pere’s Te Wheke model (1984) were also revealed in discussions with healers. Mauri and waiora featured explicitly in healers’ kōrero and are named as overarching outcome goals linked to the taiao and wairua domains respectively. As an elemental energy that binds all things in nature (Marsden, 2003, p. 6) mauri was linked to the environmental domain. As the higher order life principle/essence associated with human beings (Marsden, 2003, p. 6), mauri ora was named as the human-related outcome for the environmental domain. Associated with complete or total wellbeing (Palmer, 2004; Pere, 1984), wai ora was matched with wairua, acknowledged by healers as the supreme domain. Whatumanawa (emotional life) was recognised by healers in the hinengaro outcome goal of manawa ora. Mana and hā a koro mā a kui mā also featured in discussions, but more implicitly. Total mana (mana wairua (spiritual authority), mana tūpuna (ancestral authority) and mana whenua (authority based on ahi kā)) is expressed through rangatiratanga (Roberts, Norman, Minhinnick, Wihongi, & Kirkwood, 1995), which was identified by healers as an ultimate oranga goal, and endpoint of healing activity. The ‘inputs’ of koroua and kuia were noted to inform healers in their work, appearing as the voices or presence of tūpuna.

Similarly to Palmer (2004: Hōmai te waiora ki ahau framework) and Mark and Lyons (2010: Te Whetū conceptual model of Māori health and illness), the Ngā Tohu framework adds taiao – land/the natural environment to the four Whare Tapa Whā cornerstones. Healers were emphatic that this dimension must be included, given the centrality of land to Māori being, and the non-human-centric Māori worldview. As Mark and Lyons note (2010, p. 1762), although the connectedness of internal concepts such as mind, body and spirit are highlighted by healers, the external relationships people have with their family/genealogy and with land are viewed as just as important for maintaining good health. Land featured in identified modes of healing, as a point of reconnection to whānau, hapū and iwi support structures. This, and other healing and wellness concepts (balance, mind-body integration) were also noted by Mark and Lyons in their research with Māori spiritual healers.

In relation to identified wellness outcomes, Te Kani Kingi, in his role of Research Advisory Group member, noted the strength of **māramatanga** and **tino rangatiratanga**, urging the team to explore these in relation to the wellness domains, within a healing theory of intervention. These were noted in the flowscape session, at the first gathering of Māori healers and kaiāwhina in Taupō:

- *Whakamāramatanga* was referred to then as action undertaken by healers that might enable tūrora clarity and enlightenment. Actions discussed involved healers ‘tapping into’ a collective consciousness – the presence and messages of tūpuna – via karakia and intuitive sensing (*‘the Atua through us’*), thereby invoking unconscious healing. This account of māramatanga emphasises its spiritual/wairua dimensions. Whakamāramatanga was perceived as connected with mātauranga – *‘the whole learning process, how you teach, whatever the whānau is learning’*.

Royal’s (2005) description of māramatanga gives some useful background to this account from participating healers. Defined as understanding, illumination and wisdom (derived from the creation tradition of Te Ao Mārama, the world of light), māramatanga in traditional Māori terms is the highest form of knowledge and knowing, a quality and experience of understanding that takes place inside a person when they receive certain knowledge (Royal, 2005). Although māramatanga is contingent on knowledge/mātauranga, simply knowing or possessing knowledge will not guarantee insight or understanding. As Royal notes, some process or quality internal to the knowledge receiver determines the transformation of knowledge into this higher form. Similarly to the healer participants, Marsden (2003, pp.

59,75) asserts that ‘when the illumination of the spirit arrives, then one truly knows, according to your ancestors...Illumination is from above, a revelation gift from God. When it occurs, it acts as a catalyst integrating knowledge to produce wisdom.’”

- *Tino rangatiratanga* was not discussed in a lot of detail by healers, but was defined in two distinct ways: firstly and more implicitly, as an ultimate state of self-determination and responsibility for wellbeing, and secondly, as a sense of ‘*all being one, coming together*’. Healers linked *tino rangatiratanga* to *whakapapa*, *tūpuna* and *kōrero o te whānau*.

Both uses of the term by healers refer to the exercise of *rangatiratanga*. At one level *rangatiratanga* means chieftainship and chiefly authority, control or sovereignty (Joint Methodist Presbyterian Public Questions Committee, 1993). At another deeper level *rangatiratanga* refers to the work of chiefs literally to weave or bring their people together. *Rangatiratanga* in a traditional sense depended upon ancestry and descent, i.e. *whakapapa* and *mana* passed down from *tūpuna* (Roberts et al., 1995).

Both *māramatanga* and *tino rangatiratanga* have been utilised in Māori health-focused frameworks. *Rangatiratanga* – the assertion of Māori leadership – and *māramatanga* – raising Māori awareness, health promotion and education – are elements of Broughton’s (2006) *kaupapa* Māori evaluation framework. As a principle of Māori development research, Durie (1998) defines *māramatanga* as ‘the notion that knowledge has the potential to empower and enhance Māori’. Ratima (2010) discusses *tino rangatiratanga* in terms of ‘by Māori, for Māori’ approaches that contribute to increased Māori control over determinants of health.

Māramatanga and *tino rangatiratanga* were not developed more fully or specifically as healing outcomes beyond the *flowscape* process in this research; nonetheless, these outcomes remain central to the wellness framework developed. Furthermore, the *Whaiora* goal-setting tool could be said to enact both of these outcomes, through its emphasis on *tūrora* identification and ownership of therapeutic goals, and monitoring/ongoing reflection and *kōrero* between the *tūrora* and healer over time and in the course of the healing journey.

Thus, the research activities and outputs of Stage I of the project affirm and add to existing models of Māori wellbeing. Two further points relating to the definition and measurement of wellness/wellbeing and measurement were also (re)iterated in the research:

- **The difficulty in determining useful specific outcomes given the diversity of healers’ knowledge bases and understandings of wellbeing**

Key features of *rongoā* Māori practice identified in the team’s previous research included *local specificity*, the practice of *rongoā* based on a healer’s connection to their natural environment and local communities, and the *diverse application of treatment modalities* based on a practitioner’s healing strengths/gifts (Ahuriri-Driscoll et al., 2008). Diversity and variation within healing and among healers is thus a well established and accepted principle of practice, supported by *tikanga* and *kawa*.

In the course of developing the wellness framework in Stage I, participating healers shared that they each practise *rongoā* according to their own models of wellness and healing. For many then, developing a universal model with homogeneous outcomes for use in practice was not necessary nor supported. This led the research team to consider the function and basis of diversity in *rongoā* practice. Is diversity an indicator of authenticity, or of *tino rangatiratanga*? Does it represent something fundamental and positive, a strength to be utilised? What are the implications? The notion of ‘unity in diversity, diversity in unity’ was raised; unity without uniformity and diversity without fragmentation as a shift in focus from tolerance of difference towards “*a more complex unity based on an understanding that difference enriches human interactions*”(Lalonde, 1994). This focus was certainly echoed in healers’ discussions of unity relating to the *kaupapa* of *rongoā*, and their collective capacity to offer varied approaches to meet the unique requirements of *tūrora*. These themes are revisited in Stage II.

- **The difficulty of quantifying and measuring wairuatanga**

In early hui healers and kaiāwhina grappled with the issue of whether wairua could and should be quantified and measured. One healer reported that *'the wairua of the mahi makes it hard to measure'*. Several kaumātua and kuia maintained that while wairua needed to be acknowledged, it ought not to be explained, that *'the wairua takes care of itself'*. However, some younger practitioners, drawing on te taha hinengaro as an example, felt that although wairua similarly cannot be seen, *'we can find some creative ways to measure it...[with] someone skilled to spot it, itemise it'*.

The need for indicator development relating to wairua has been noted in several documents, including the consultation relating to He Korowai Oranga (Ratima et al., 2005), and analyses of existing health indicators and wellbeing survey instruments (Kokaua et al., 1995, cited in Palmer, 2004). This need emerges out of concerns that prevailing measures/indicators of Māori health are disease rather than wellness centred, relate primarily to hospital activities (Ratima et al., 2005) and neglect non-physical dimensions of health (Palmer, 2004). However, inevitably questions of appropriateness are raised – whether wairua should be quantified or measured at all (Ratima et al., 2005, p. 14).

Despite these reservations, several researchers have explored the assessment and measurement of wairua. Durie (2001, p. 238) considers wairua in the development of a Whare Tapa Whā assessment schedule, measuring both the intensity and quality of experience to assess the level of balance and need for intervention. In terms of intensity (high, medium or low), wairua might be assessed as enhanced, active or abated. In terms of quality (non-adaptive, reality-oriented or distressed), wairua might be assessed as diffuse, reality-focused or self-oriented. In Hua Oranga Kingi (2002) asks individuals, whānau and clinicians the following questions: 'as a result of intervention, do you/does your relative/the patient feel more valued as a person; stronger in his/herself as a Māori; more content within him/herself; healthier from a spiritual point of view?' 'Much more', 'more', 'no change', 'less' and 'much less' are the available answers. Palmer (2004) utilises a series of pictures to present and describe the wairua as a component of Māori wellbeing; individuals are asked to rate the presence and balance of spiritual forces and their use of wairuatanga rituals. The scale is a bipolar continuum ranging from Te Kore (unrealised potential) to Āniwaniwa (complete and utter wellbeing), for individuals to rate the intensity of waiora associated with wairua.

Possibly the most detailed measurement of wairua has been undertaken by Valentine (2009), in a 30 item self-report measure entitled Kia Ngāwari ki te Awatea. This instrument aims to measure the degree to which Māori individuals orient themselves in relation to wairua (a move toward or away). The format involves six areas of statements and the rating of items on a five point Likert scale ranging from 'not really' to 'very much'. Item face validity was ascertained through peer review, and the tool showed adequate reliability and some validity. Relatively modest associations with wellbeing were demonstrated.

Each of these studies formulated their measurement of wairua based on considerable research into its structure, dimensions and functions. Key characteristics noted include its fundamental importance to Māori, intangibility/non-physical qualities, ability to be perceived, sensed and felt, relational/connective qualities and contribution to wellbeing and personal contentment (Kingi, 2002; Mark & Lyons, 2010; McLeod, 1999; Palmer, 2004; Valentine, 2009). As Valentine (2009) states however, 'knowing' the wairua and being able to articulate that knowing involve different abilities/skills which are not necessarily possessed widely in communities. Kingi noted the enduring difficulty of defining and interpreting the meaning of wairua as a concept, particularly because of the poetic, metaphorical language involved. He subsequently concludes that of all the dimensions of Te Whare Tapa Whā, wairua is the most difficult to operationalise (Kingi, 2002, p. 288). It is precisely these features of wairua that support an alternative strategy of allowing tūroro and whānau to draw their own meanings from spiritual information/explanations, rather than being instructed on what to feel or think.

This is consistent with the subjective nature of wellbeing, and healing aspirations to support the development of tino rangatiratanga.

The wellness framework did not resolve these philosophical and operational issues related to wairua and its measurement. It did, however, give some language to healers' perceptions and views of wairua in the context of working with tūroro (what a poor state of wairua looks like, how it is assessed and addressed) and potential outcome goals to work towards (what a healthy wairua looks like – evident in states of peacefulness, contentedness and being centred). There was considerable unease at times when the subject of wairua measurement was broached with participating healers. This may be attributable to the holistic qualities associated with wairua – as *more* than the sum of the oranga parts, measuring specific components has the potential effect of diminishing what is perceived to be a divine energy. This is extremely unpalatable for some. To put this predicament into a context, however, the difficulty of assessing holistic perspectives is one shared by holistic practitioners across the world, not only traditional Māori healers. For care that is focused on the *interrelationships* of physical, mental, emotional and spiritual dimensions of the individual, adhering to the predominantly empiricist, bio-reductionist framework of Western medicine is inevitably an uncomfortable fit (Mark & Lyons, 2010, p. 1757).

The challenges of objectively measuring wairua outcomes for tūroro should not be confused with either the ability of healers to assess wairua states and outcomes, or the processes healers use to test the integrity of information derived from spiritual sources. Healers hone their skills in spiritual sense-making and interpretation (O'Connor, 2007) and develop their 'faith' in the reliability of spiritual guidance based on demonstrated therapeutic outcomes and cumulative experience (McLeod, 1999).

NGĀ HUA – STAGE II

Aim 2b: Test framework of traditional Māori wellness outcome measures

Stage II of the research recognised the need to apply and assess the products of Stage I in a ‘real-world’ Whare Oranga setting, in order to maximise research translation, utility and benefit. As noted, Stage I of the research did not produce a set of wellness outcome measures as originally intended, but rather two separate forms (Wellness Framework and Whaiora Goal-Setting Tool) for healers to utilise with tūrora in documenting therapeutic interactions (issues, goals and progress). These forms stopped short of providing fixed definitions for, or specific states of wellness, recognising the subjectivity and variability inherent in practitioner assessment and the difficulty of measuring these states objectively and in a standardised way.

Thus, what was originally envisaged as being ‘tested’ had changed significantly; rather than producing a ‘tight’, narrowly-focused tool which would lend itself to standardised use, a broad framework allowing flexibility and adaptation had emerged. Initial plans for trialling the wellness outcomes framework were based on processes outlined in outcomes measurement literature (for example, Campbell, Braspenning, Hutchinson, & Marshall, 2003). However, concerns regarding the appropriateness of validity, reliability and other measurement criteria in Stage I led to a re-thinking of this strategy.

The notion of ‘training’ Whare Oranga to administer the framework/tool in a standardised way was met with resistance by healers, perceived as a slight on their expertise. Instead healers showed a preference for adaptation and innovation, based on how the tools made sense to them, and fitted within the context of their practice/service. An **exploratory** focus was then adopted, the research team observing rather than directing uptake and use by healers. The goal of Stage II thereafter was to understand the utility and relevance of the wellness framework and/or goal-setting tool, across diverse rongoā practices and service arrangements.

Healer-led use of the Ngā Tohu wellness framework and goal-setting tool

The exploratory, open-ended focus enabled healers to lead this stage of the research, similarly to Stage I. As kaupapa Māori and participatory research best-practice, healers and Whare Oranga taking the lead increased their sense of ownership of the framework/tool, thereby enhancing the tools’ acceptability and credibility, and potentially, uptake beyond the Stage II sample.

‘Test’ sites – participating Whare Oranga

Healers from four Whare Oranga agreed to participate in Stage II. As members of the working group established in Stage I and having contributed to the wellness outcome conversations, the following Whare Oranga expressed their support for the project kaupapa and willingness to apply the framework/tool in their practice:

- Te Ruarahi Hou Ora, Whangārei: a principal healer and several apprentice healers – all kaiwhakaora;
- Ngā Wairere o te Ora, Morrinsville: a puna ora, four kaimahi, and a consultant healer;
- Te Tāpenakara o te Iwi, Waiohau: two principal healers and four assistant healers; and
- Te Waiora a Tāne, Rotorua: two healers and one assistant/trainee.

The framework and tool were discussed in several hui, and healers orientated to their potential use. These Whare Oranga were encouraged to pilot the forms in their practice over a couple of months, drawing on guidelines developed by the research team (see Table 12 next page). The results and experiences of framework/tool application were then shared at later hui, preparing the Whare Oranga for a more formal trial phase. Healer-led demonstrations of use were most successful, with pioneering Whare Oranga modelling how the framework/tool could be applied. At this stage one Whare Oranga chose to use only the wellness framework

(Te Ruarahi Hou Ora), while the others (Ngā Wairere o te Ora, Te Tāpenakara o te Iwi, Te Waiora a Tāne) used both the framework and goal-setting tool.

<p>Pre-pilot guidelines</p>
<p>STEP 1: Assessment and note-taking Undertake assessment with tūrora and make any notes for clinical records as usual.</p>
<p>STEP 2: Use of the Wellness Framework Make notes on the Wellness Framework form, responding briefly (a tick or cross, or a couple of words) to the following questions:</p> <ol style="list-style-type: none"> 1. What are the key issues that you and the tūrora have identified that you need to work on? Which domains do these sit in – tinana, hinengaro, whānau, taiao, wairua? 2. Where on the whāriki/framework does the tūrora currently sit? 3. Where on the whāriki/framework does the tūrora want to move towards?
<p>STEP 3: Use of the Whaiora Tool This tool has two parts, goal setting and goal attainment.</p> <p>Fill in the Whaiora Goal-Setting component, responding to the following instructions:</p> <ol style="list-style-type: none"> 1. Based on Step 2, Question #3 (where you want the tūrora to move towards), describe some key goals relating to: Clearing/Balancing (alleviating pain or distress), Strengthening/Enhancing (functional improvement), and/or Promoting Oranga (promoting longer-term wellness and preventing illness). <ol style="list-style-type: none"> a. Specify which domains (tinana, hinengaro, whānau, taiao, wairua) these goals relate to. 2. Following healing treatment or intervention (one or more occasions) identify, with the tūrora’s feedback, what progress has been made towards these goals. <ol style="list-style-type: none"> a. Tick and date the appropriate box on the goal-attainment scale on the right-hand side of the form. Were the goals <ul style="list-style-type: none"> ▪ Not achieved/kei wāhi kē? ▪ Less than expected/kaore anō? ▪ Achieved/kua tūtuki? ▪ Exceeded/pai ake? ▪ Significantly exceeded/pai rawa atu?
<p>STEP 4: Evaluation of Wellness Framework and Whaiora Goal-Setting Tool Reflect on the experience of using the framework and tool, based on the following questions:</p> <ol style="list-style-type: none"> 1. What worked well? 2. What didn’t work so well? 3. What adaptations did you make in your use of the framework or tool? 4. What improvements could be made? E.g. alternative language, questions

Table 12: Stage II pre-pilot guidelines

Feedback

Initial feedback was critical of the grid/matrix format of the framework and tool, which was perceived as ‘Pākehā’, ‘weird’, and forcing healing and tūrora ‘into boxes’. Anticipating this type of feedback in her work, Palmer (2004, p. 52) utilised illustration to enhance survey respondents’ understanding and measurement of wellbeing, enlisting “*the value of [a] visual...medium to portray concepts that have meaning within indigenous epistemologies*”. Despite some reticence regarding the format however, several practitioners who used the

forms reported benefit from doing so: one “*liked putting the whakaaro on paper*” and incorporated the framework into de-briefing and writing case-notes, others found the exercise to be “*good paper training*”, even supporting the documentation of mātauranga rongoā. The research team categorised feedback from Whare Oranga into three evaluation criteria, against which the wellness framework and goal-setting tool were assessed by Whare Oranga in case studies:

Stage II evaluation criteria	
Usability – ease of filling in the framework and/or tool, use and adaption	<ul style="list-style-type: none"> • Fit or complementarity with existing models of practice • Support or changes required for Whare Oranga to be able to use the framework/tool
Usefulness – relevance to healers, having a beneficial use (support, relationships, funding, capability and capacity)	<ul style="list-style-type: none"> • Conveying tūroro’s journey and impact of rongoā • Yielding information to supplement/augment existing data/reporting <ul style="list-style-type: none"> ○ General tūroro progress over series of recorded visits/assessments, difference between start ‘status’/baseline and post-intervention status ○ Proportion of tūroro goals achieved, which domains, length of term ○ Number/proportion of tūroro who saw improvements in their wellness as a result of their rongoā treatment with healers • Framework as a <ul style="list-style-type: none"> ○ Practice support ○ Teaching tool ○ Professional development tool ○ Record of mātauranga
Fit with context – Whare Oranga, service context or environmental variables linked to use and perceived benefit (enablers or barriers)	<ul style="list-style-type: none"> • Whare Oranga service descriptors: <ul style="list-style-type: none"> ○ When and how established ○ Structure, governance, management ○ Links to specific bodies, e.g. Paewhenua, Ngā Ringa Whakahaere, PHOs, DHBs ○ What services/healing modalities are provided ○ Client base, referrals ○ Numbers of staff (tohunga/puna ora, kaimahi, administrative support), roles ○ Existing reporting – clinical, service/contractual

Table 13: Framework and tool evaluation criteria

Whare Oranga testing/case studies

In the formal testing phase, Whare Oranga were encouraged to use the framework/tool as appropriate to their circumstances, with a minimum of 20 tūroro over several months.

- New clients were purposively selected for inclusion by rongoā practitioners and kaimahi according to willingness and informed consent to participate (see Appendix B Stage II information sheet and consent form).
- Following selection, the framework/tool was used in a tūroro’s initial assessment, re-assessment, and discharge evaluation. This involved healers asking some additional questions in order to identify client needs in relation to the wellness framework (i.e. physical, mental/emotional, spiritual, whānau, environment), and some discussion relating to specific health and wellness goals. In follow-up and final appointments the healer discussed with the tūroro the degree to which therapeutic progress had been made and their health/wellness goal met through the rongoā service. By all accounts these involved only minor adjustments to the standard consultation process.

The research team visited each case study Whare Oranga at least twice, in order to discuss their use of the framework/tool *in context*. This was a valuable opportunity for the research team members to observe the workings of each Whare Oranga first-hand.

Findings

Usability – how were the framework/tool used within the case study Whare Oranga?

Tool use

Three out of the four participating Whare Oranga used both the wellness framework and the goal-setting tool in their practice. However, Ngā Wairere o te Ora differentiated between the two forms, linked to the differentiated functions of personnel; the puna ora/expert healer utilised the wellness framework, and the kaimahi worked with the goal-setting tool, which they referred to as ‘*ngā hua o ngā mahi*’.

Both Ngā Wairere o te Ora kaimahi and healers at Te Waiora a Tāne reported nervousness about filling in forms incorrectly, but were encouraged by the positivity, guidance and examples offered by the other Whare Oranga. Both noted an appreciation for the benefits of the framework and tool that emerged with use. Ngā Wairere o te Ora kaimahi perceived the goal-setting tool as compatible with them moving tūrora through their own actions and decisions towards ‘wholeness’, and being able to demonstrate some shift or change. Te Ruarahi Hou Ora similarly viewed application of the framework as consistent with practice with tūrora, i.e. looking at symptoms and exploring root causes. Te Tāpenakara o te Iwi noted practice in terms of use of the framework/tool ‘*makes perfect sense*’, providing an example of a goal (clearing/whakawātea) clearly linked to healing practice (learning a karakia).

Fit with existing models of practice

Each of the case study Whare Oranga have their own models of practice underpinning their work with tūrora. In some cases these were articulated explicitly:

- Te Tāpenakara o te Iwi developed ‘Te Mauri o te Umutaoroa’ to support tūrora needs assessment. This detailed and in-depth model covers aspects of wellbeing such as wairua, ngākau, hinengaro and tinana, and identifies different types of mauri related to each aspect (ngā mauri e waru). Similarly to the Ngā Tohu framework, Te Umutaoroa has labels for beginning states (āhua) and outcomes or targeted end states of oranga (toi ora, oranganui). These conceptual similarities supported Te Tāpenakara o te Iwi’s use of the framework. Te Tāpenakara o te Iwi reported that goal-setting discussions with tūrora are part of the usual assessment and consultation process: “*We have always talked with tūrora like that anyway – we ask them he aha te wawata?*”. However, understanding the intervention component of the framework and tool was more difficult, specifically delineating assessing, clearing and balancing in relation to the outcome domains. This may be to do with the fact that these interventions are not currently specified in Te Tāpenakara o te Iwi’s model and are therefore less familiar.
- Te Waiora a Tāne has an existing assessment tool based on wairua, hinengaro and tinana, with codes for different parts of the body. The healers continued to use this assessment form during a session with tūrora, and used the framework and tool later.
- Ngā Wairere o te Ora mentioned a conflict between the compartmentalised nature of the framework/tool formats and their own practice; sometimes clearing, balancing and strengthening take place at the same time, because “[they] *start from the head down, Ranginui to Papatūānuku*’, thus making documenting separately difficult. However, in general Ngā Wairere o te Ora staff reported that the framework and tool strike the right balance between simplicity and covering complex but integral aspects such as wairua. Being ‘*from healers*’ made the tools easier for kaimahi, kaiāwhina and new practitioners to understand.

Who to measure, when to measure?

Te Ruarahi Hou Ora and Te Tāpenakara o te Iwi both identified important differences between practitioner and tūrora assessment in the use of the framework/tool. Te Tāpenakara o te Iwi saw a need for both perspectives: “*as tohunga you can see beyond what the tūrora can see, you need both.*” The principal healer from Te Ruarahi Hou Ora could see some discrepancies between practitioner concerns and assessment and those of tūrora, and was grappling with how to reconcile these (asking ‘how do you feel’ in a variety of ways).

All Whare Oranga were in agreement that interactions with tūrora must be documented retrospectively, at the conclusion of the healing session. Te Tāpenakara o te Iwi’s principal healer felt that “*paper shouldn’t be involved in the time that you’re healing [tūrora]*”. Healers at Te Waiora a Tāne used both document formats to stimulate reflection on interactions and subsequent recording of the details of the intervention/s. They felt it was not necessarily safe to share this information with tūrora, because in their experience tūrora were often not receptive to completing detailed forms with the healer. Te Ruarahi Hou Ora inserted words into the framework after a healing session, based on the language/descriptions used by tūrora. They then used a version of the framework containing outcome descriptors for reference/comparison. While tūrora were aware of the framework being used and had given support, Te Ruarahi Hou Ora did not provide documentation of assessment and evaluation.

Alteration/adaptation of tools

The most significant adaptation of the wellness framework was made by kaiwhakaora at Te Ruarahi Hou Ora, seeing potential to develop a new assessment form by integrating elements with an existing template:

- The grid format of the framework remains and so do the various oranga. However, the kaiwhakaora added a scale to the form, for patients to rate themselves when they enter the Whare Oranga, and then again when they leave.
- The form also records tūrora demographic and medical history information and an intervention summary.
- A column for tūrora concerns has been inserted before assessment, and these are prompted with the question ‘what brought you here today?’
- The Te Ruarahi Hou Ora team were particularly innovative in their interpretation/analysis of the information recorded in the amended framework: kaiwhakaora trace a ‘flow’ from the starting point or cause, to effects, noting that this helped mitigate against a linear reading of the form notes. They also recommended the inclusion of codes for specific tūrora issues.

Ngā Wairere o te Ora kaiāwhina utilised the goal-setting tool to record issues rather than goals, monitoring the resolution of issues over consultations. The puna ora and kaiāwhina identified understanding framework words (e.g. wairua) and knowing how to write a therapeutic goal as important requirements for form completion. Te Tāpenakara o te Iwi suggested providing space for follow-up details, and one healer had been adding these to the goal-setting tool so that she could identify where the healing process had been left with the client. Furthermore, in order to strengthen the link between the framework and tool, she had incorporated the domains in the latter, identifying which interventions belonged to these. For example, kōrero tahi/counselling was classified as the wairua domain, education regarding medication and promoting oranga were classified as hinengaro, and functional improvement as tinana. Although healers at Te Tāpenakara o te Iwi reported that they liked the freedom of being able to insert their own kupu into the framework, they recommended that a framework with simple kupu Māori be provided for guidance.

Two issues were raised with regard to the framework and tool that might be addressed in future developments:

- Although several healers valued the promotion of *oranga* in the framework/tool, they noted that this does not entirely match practice. Given that consultations are often focused on meeting the immediate needs of *tūrora*, follow-up focused on longer term goals is not always possible or pursued.
- Also, without knowing what of the information collected might be shared with external parties, healers were wary of providing too many details relating to work in the *wairua* domain ‘*because if we are audited, we don’t want them to see that*’.

Usefulness – in what ways were the framework and/or tool useful?

Several beneficial uses of the framework and/or tool were noted by the case study Whare Oranga. In terms of **supporting healing practice**, Te Waiora a Tāne and Te Ruarahi Hou Ora both noted that filling in the framework helped practitioners to ‘*get themselves clean and cleared, stepping out of the mahi wairua space*’, thus keeping healing issues at work rather than taking them home (a healthy work/home separation).

For Te Ruarahi Hou Ora *kaiwhakaora*, filling out the framework form promoted more collaborative, systematic and comprehensive reflection/assessment, where *tūrora* issues could be documented from different angles, thus ‘*making the picture clearer*’. The inclusion of broad outcome dimensions also helped to unravel some of the other issues beyond *whānau ora* and *tinana*, which Te Ruarahi Hou Ora reported as the most common presentation issues. Similarly, Ngā Wairere o te Ora healers reported that ordering and structuring what the *tūrora* presents with is most useful, and that the documentation on paper means that what worked can be monitored and more comprehensive interventions developed. For Ngā Wairere o te Ora, using the framework and tool ‘*consolidates what [they] do*’. In addition, *tūrora* were reminded of the influence of the environment upon their wellbeing, through the framework domains. Te Tāpenakara o te Iwi healers reported that the framework/tool supported their *whānau*-based approach to healing; the compilation of detailed notes enabled different members of the Whare Oranga to support the care of *tūrora*, picking up where others had left off. *Tūrora* stood to profit from delivery of varied modes of healing, in a context of continuous care.

The framework and tool were also recognised to have **teaching or professional development** value. For the Ngā Wairere o te Ora *puna ora*, she found learning to use the framework and tool was very positive for *kaimahi* capacity development and their ‘*paper training*’. At a more fundamental level, these tools influenced and broadened the *kaimahi* views of specific illnesses, and drew their attention to broader facets of health (particularly causation and the influence of the environmental dimension). The completed documentation then provided a resource, where *kaimahi* could consult *mātauranga rongoā*, ‘*beyond [their puna ora’s] head*’. The additional guidance for *kaimahi* ‘*keeps [the puna ora] free to do her work*’.

Te Tāpenakara o te Iwi perceived the Ngā Tohu framework and tool as particularly valuable for Whare Oranga in the early stages of establishment, providing a structure to support the generation of information relevant to funders (e.g. setting goals for *tūrora*, recording actions taken, developing care plans and identifying outcomes). However, they also identified an alternative aim of prompting or encouraging those Whare Oranga to develop their own practice models, thereby assuming an educational, facilitative ‘seeding bank’ function. This idea is consistent with the de Bono ‘water logic’ adopted in the flowscape exercise early in the Ngā Tohu project; focusing on what could be rather than determining what is, supporting organisations’ creativity and self-determination of their values, principles and culture rather than these being imposed. The point about encouraging Whare Oranga-specific models was an important one for Te Tāpenakara o te Iwi. They reported that they had seen other Whare Oranga ‘*get tied into other frameworks, forgetting that they have their own models in their backyard*’.

The usefulness of the framework and/or tool in **supplementing existing data/reporting** was not explored in depth in the testing phase. Te Tāpenakara o te Iwi are not currently required to report on wellness outcomes to their funders, and so the detail that the framework/tool provide is not at this point fulfilling a pressing need for contracting or funding. Ngā Wairere o te Ora considered that there were confidentiality and privacy issues with sharing details collected via the framework/tool to support their service. Furthermore, one of the trustees was not sure that the skills needed to analyse the resulting information reside in Whare Oranga currently. She felt that there was still some way to go in seeing how and whether the framework/tool would contribute in the longer term, sustaining Whare Oranga for 10+ years – *‘it’s a small part of a really big, long story’*.

Both Te Waiora a Tāne and Te Ruarahi Hou Ora have trustees who provide support with reporting, funding and contracting. One of Te Ruarahi Hou Ora’s trustees had examined the data collected in the completed forms and noted that the information *‘came in codes before, now it is coming in clear’*. As a funder herself, she noted what sits under the framework, the philosophy and practice, of most interest and importance. From a contracting point of view the parameters of operation, standards of practice, systems and processes would give greater assurances of stability and ‘fundability’. Nonetheless, Te Ruarahi Hou Ora healers noted that reporting in the style of that enabled by the framework was aligned with the Whare Oranga’s future service direction – to measure how kaiwhakaora interact with clients and how clients respond, providing a *‘snapshot’* useful for contracting purposes. Te Ruarahi Hou Ora’s principal healer noted three challenges in the use of the framework, the first two of which they had worked to address: 1) putting the kōrero/whakaaro on paper; 2) putting the issues in order/‘flow’; and 3) generating data that would support future contracts.

Fit with context

Service delivery context

Rongoā services are currently funded and provided nation-wide in accordance with established standards (Ministry of Health, 1999), both independently of and in conjunction with ‘conventional’ health care services. The MoH administers rongoā contracts to the value of approximately \$1.8 million which are allocated regionally through Māori health organisations which in turn support approximately 30 Whare Oranga. A The number of healers operating in New Zealand is unknown although it has been suggested that there are over 400 active practitioners either working independently or through more formal clinics or Whare Oranga. A number of Whare Oranga are registered with Ngā Ringa Whakahaere o te Iwi Māori and Te Paepae Matua mō te Rongoā, organisations that have supported the development of practitioners, Whare Oranga and advocate/promote the protection and use of rongoā services. The MoH supports these entities as part of the implementation of the Rongoā Development Plan (Ministry of Health, 2006). The purpose of the plan is to foster the growth of rongoā services and to improve Māori wellbeing, through the following goals:

1. Improving the quality of rongoā services;
2. Creating leadership to strengthen safe practice through networking and quality assurance;
3. Increasing the capacity and capability of rongoā services; and
4. Developing a workplan for research and evaluation activities.

The Rongoā Development Plan recognises that research and evaluation are integral to the development, growth and strengthening of quality rongoā services. This includes identifying treatment outcomes indicative of health improvement and progress across physical, mental, emotional, spiritual, social and cultural domains.

None of the case study Whare Oranga hold specific rongoā contracts, contracted instead for services in the areas of palliative care, diabetes, public health and mental health. Three out of four of the participating Whare Oranga had once been affiliated with Ngā Ringa Whakahaere, but had moved since to an informal relationship. The Whare Oranga had some but not extensive involvement in Te Paepae Matua. Te Ruarahi Hou Ora had built relationships with

non-rongoā-specific agencies and providers instead, thus funded ‘*not for healing as such, as for the kaupapa*’.

Several key factors conducive to Whare Oranga utilisation of the Ngā Tohu framework and/or tool were apparent in the case study testing phase:

- *Staff capacity/capability to invest in additional tasks*: having a larger staff meant that Whare Oranga literally had increased human resources to commit to additional or specific tasks. Ngā Wairere o te Ora had 3-4 kaimahi who could invest time in filling out the goal-setting tool, without this detracting from healing activities. In contrast, Te Waiora a Tāne felt their involvement was limited by their small number, already stretched in terms of service delivery. Additional administrative personnel would not have necessarily been an advantage, given the healing knowledge required to complete the forms. Te Ruarahi Hou Ora talked about their staff capability to operationalise the Ngā Tohu tools in terms of *kōkiri*, the capacity to thrust forward and champion a cause. This was aided by having a team of people with diverse skills who could bring these together in a synergistic way.
- *A senior individual to champion the kaupapa*: in the case of Ngā Wairere o te Ora, Te Tāpenakara o te Iwi and Te Ruarahi Hou Ora, all three Whare Oranga had the benefit of at least one senior staff member prepared to support and advocate for the Ngā Tohu o te Ora project goals. These individuals expressed confidence in the kaupapa, and set about enabling and encouraging their colleagues’ participation. Te Ruarahi Hou Ora and Ngā Wairere o te Ora also had trustees who lent support, providing strategic perspectives on the framework and tool’s potential usefulness. Where Te Waiora a Tāne felt less confident about trialling the framework/tool, they drew on the support of other participating Whare Oranga.
- *Perceived value*: although each of the Whare Oranga work to their own models of healing, those that perceived a complementary or supplementary use of the framework and tool were more motivated to trial the forms. Ngā Wairere o te Ora could see the value for capacity and practice development, and ‘*helping the conversation*’ about rongoā more broadly. However, they reserved their judgement on overall usefulness, pending a more thorough consideration of consistency with their vision and future aims. Te Ruarahi Hou Ora were convinced of the value of rangahau to rongoā in general, and adapted the framework very deliberately to meet their own reporting/service needs. With their own well-developed model of practice which they impart to others through a training contract, Te Tāpenakara o te Iwi could see the benefit of the framework and tool for assisting new/emerging Whare Oranga to clarify their approaches. In the case of Te Tāpenakara o te Iwi, the confidence in their own formal (and explicitly articulated) model of practice appeared to support openness and receptiveness to other models.
- *Efficient processes*: it was particularly apparent in Te Tāpenakara o te Iwi’s practice that their very efficient administration supported their use of the Ngā Tohu framework and tool. Clear processes for documentation and record-keeping meant that incorporating the framework and tool was relatively easy.
- *Strategic alignment*: Ngā Wairere o te Ora referred to the importance of fit with the Whare Oranga vision and direction. Te Ruarahi Hou Ora noted explicitly the alignment of the framework function and use with their strategic planning. But this was not about fit with service delivery/contracts, rather fit with kaupapa and achieving healing outcomes. Te Ruarahi Hou Ora’s valuing of order ‘*as a wairua principle*’ places accountability at a high level in the organisation; thus, tools such as the wellness framework assume a higher importance, beyond a box-ticking exercise.

Discussion

Stage II ‘testing’ of the wellness framework and goal-setting tool by four Whare Oranga revealed that in general both of these forms were highly usable. The forms were relevant to the Whare Oranga settings and their healing practice, practical and relatively simple to administer, and acceptable to the healers. Using both forms in combination allowed a healer

and tūrora focus, also affirming the therapeutic relationship/alliance between. As wellness-oriented forms, they were also deemed to have cultural integrity, having been developed in partnership with healers. Thus, the framework and goal-setting tool fulfil several of the outcomes measurement criteria identified by Kingi (2002: see Stage I detail). The framework and tool were adapted and used successfully by the participating Whare Oranga to record tūrora outcomes as a result of rongoā practice.

Contributions toward the external validation of rongoā

Findings regarding usefulness were less conclusive, and were contingent on uses of the framework/tool beyond the Whare Oranga – in contract reporting for example. One case study participant questioned whether the knowledge and skills to interpret and make best use of the information collected within the framework/tool are currently housed within Whare Oranga. This suggests a need for external support, an individual or function that, knowing what service funders require or need in terms of information, can broker between and advocate for Whare Oranga in terms of the outcomes and value their services deliver. It was apparent in some of the case study discussion that despite rhetoric to the contrary, outcomes data are not compelling for funders. Reporting requirements largely do not include evidence of treatment/service outcomes.

Ratima et al. (2005) report that Māori service providers are not engaged or given opportunities to negotiate indicators/outcome measures (pp20-21). Māori provider concerns that indicators are based on outputs rather than outcomes (such as the number of client contacts, how many services are delivered) are often noted. Ratima et al. (2005) cite an example of a funder's rejection of a Māori-centred health promotion indicator set developed and presented by a Māori provider; the provider attributed this non-acceptance to a fundamental cultural difference in concepts of health and health promotion. Whether or not this is the case, it does appear that there is still some resistance to Māori-(and rongoā-) specific outcome measurement.

Challenges to the implementation of outcomes measurement in general are outlined and discussed by Kingi (2002, pp. 345-346). Citing Mellsoop and O'Brien (2000: 124), Kingi notes a range of issues that impact on the use of outcomes data to inform and change service practice, including:

- **Technical/procedural** considerations: which measures? how to collect and analyse data? the burden (time/cost) involved; technological applications; interpretation and reporting of results; consumer or service provider outcome measures?
- **Cultural/political** considerations: which outcomes to be measured? special needs of consumers; what will the data be used for? who will have access to the data? attribution of change; service evaluation; current practice; and expectations and values.

Several of these considerations are raised in the Stage II analysis, but addressing them is beyond the scope of this research. Although questions regarding outcomes and their measurement were resolved in Stage I, those relating to analysis/interpretation, reporting and use in the context of current practices and values remain.

Specifically related to the Hua Oranga outcomes tool, Kingi (2002, pp. 348-350) identifies a number of outcome application requirements. Ease of use and **acceptability** by users (healers and tūrora), adequate and active **consultation** in the implementation process, and **costs** associated with data collection and storage were negotiated in the development and testing of the Ngā Tohu framework and tool. However, **transparency** (how resulting information/data will be used, including with respect to funding decisions), **utility** (reliable interpretation and application) and **systemic reliability** (guarantees of rigorous processes) cannot be addressed by healers or Whare Oranga alone, requiring input and support from other health stakeholders (i.e. funders and umbrella service providers). In order to assist service-based implementation of the Hua Oranga measure, Kingi and Durie (2004) developed a framework comprised of three axes: a process axis, a perception axis and an implementation axis (see Figure 4 below).

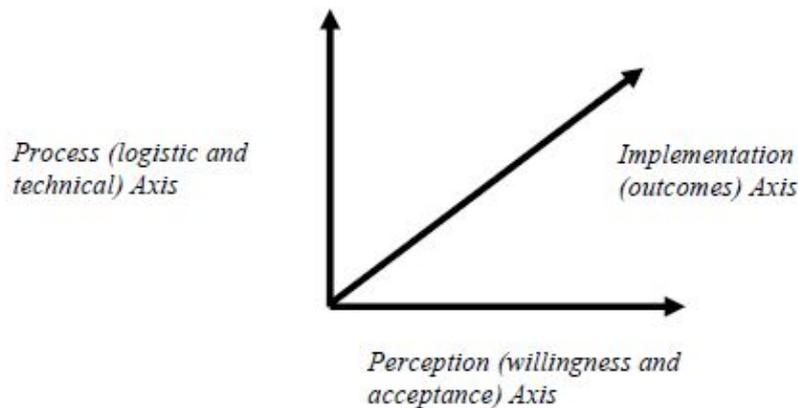


Figure 4: Tri-axial outcomes implementation framework (Kingi & Durie, 2004, p. 136)

This framework emphasises the importance of attitudes in the acceptance of an outcomes measure, alongside administrative/procedural considerations. A number of the process and perception implementation requirements identified by Kingi and Durie were satisfied in the course of Stages I and II:

Systemic implementation	Use of the framework/tool was incorporated within existing routine assessment in Whare Oranga
Procedural pathways	Data collection protocols were produced (Table 12) although these are not as rigid as Kingi and Durie recommend
Data generation	Information for use in clinical decision-making was produced quickly
Communication	Outcome scores and results able to be communicated fully, simply and quickly to tūroro
Information application	Information resulting from the framework and/or tool were used by healers to enhance service delivery
Training	Healers were involved in several training hui where use/application of the framework/tool was discussed with healers from other Whare Oranga
Review	Procedure and effectiveness were reviewed as part of the research project

Table 14: Process implementation requirements met in Stages I and II

Value	In terms of credibility, the framework and tool have face validity and the concepts and results make sense to healers who have used them. The information generated was valued by Whare Oranga and found to be relevant to service delivery
Workload	A modest approach to implementation was adopted in consideration of resources and capacity. Use of the framework/tool dovetailed with assessment and de-briefing activities to minimise non-healing activity
Support	An outcomes ‘champion’ emerged in three of the four Whare Oranga case studies – an individual whose role ensured that staff remained enthusiastic about outcomes measurement
Feedback	Meaningful and timely feedback was provided at Stage II hui, providing positive reinforcement to Whare Oranga staff and tangible outcomes of the measurement process

Table 15: Perception implementation requirements met in Stages I and II

However, where Kingi and Durie (2004) discuss implementation requirements as *within-service* attributes, the Ngā Tohu research highlights the need for support, willingness and acceptance beyond rongoā services:

Key process issues requiring external support include:

- Systemic implementation: in process terms implementation must not be individualised or unsupported; support is required at a **management or systems level**.
- National alignment: systems employed at a service level are unlikely to realise maximum impact unless aligned with, and supported by, **national policy initiatives**.

Key perception issues requiring external support include:

- Systemic development: the development and implementation of an outcomes management programme must be supported by **institutional-wide commitment** (Kingi & Durie, 2004, pp. 138, 142-144).

Factors involved in framework/tool uptake

The contextual features which appeared to support Whare Oranga use of the wellness framework and goal-setting tool included service capacity, a champion, perceived value, efficient processes and strategic alignment/consistency (see full discussion page 35). Although literature relating to ‘tool uptake’ in the health context is sparse, several references discuss success factors and inhibitors that are consistent with the Stage II findings. Furthermore, these factors complement those identified by Kingi and Durie (2004):

Success factors

- Mandating the tools;
- Provision of resources by practice organisations [e.g. Whare Oranga] to develop practice, processes, protocols and systems manuals that provided ‘how to’ steps and an opportunity to problem-solve collectively;
- Support, assistance or leadership by a number of practice organisations [Whare Oranga];
- Provision for comprehensive training and development of mechanisms, such as networks, to support implementation (Centre for Development and Innovation in Health, 2003);
- Staff to champion – staff with specific responsibilities or close/direct connection to service provision; and
- Marketing (Narayanan, Kirk, & Lewis, 2008).

Inhibitors

- Lack of infrastructure and development;
- Costs;
- Lack of compatibility;
- Lack of endorsement and promotion (Centre for Development and Innovation in Health, 2003); and
- Insufficient support (Narayanan et al., 2008).

Thus, many of the factors identified as conducive to service uptake or implementation in local and international health literature were present in the Ngā Tohu project, and supported use of the wellness framework and goal-setting tool. However, support from the broader health settings in which Whare Oranga operate is still required, in order to embed measurement of rongoā wellness outcomes in the medium-long term.

Ngā Tohu o te Ora: Wellness Framework

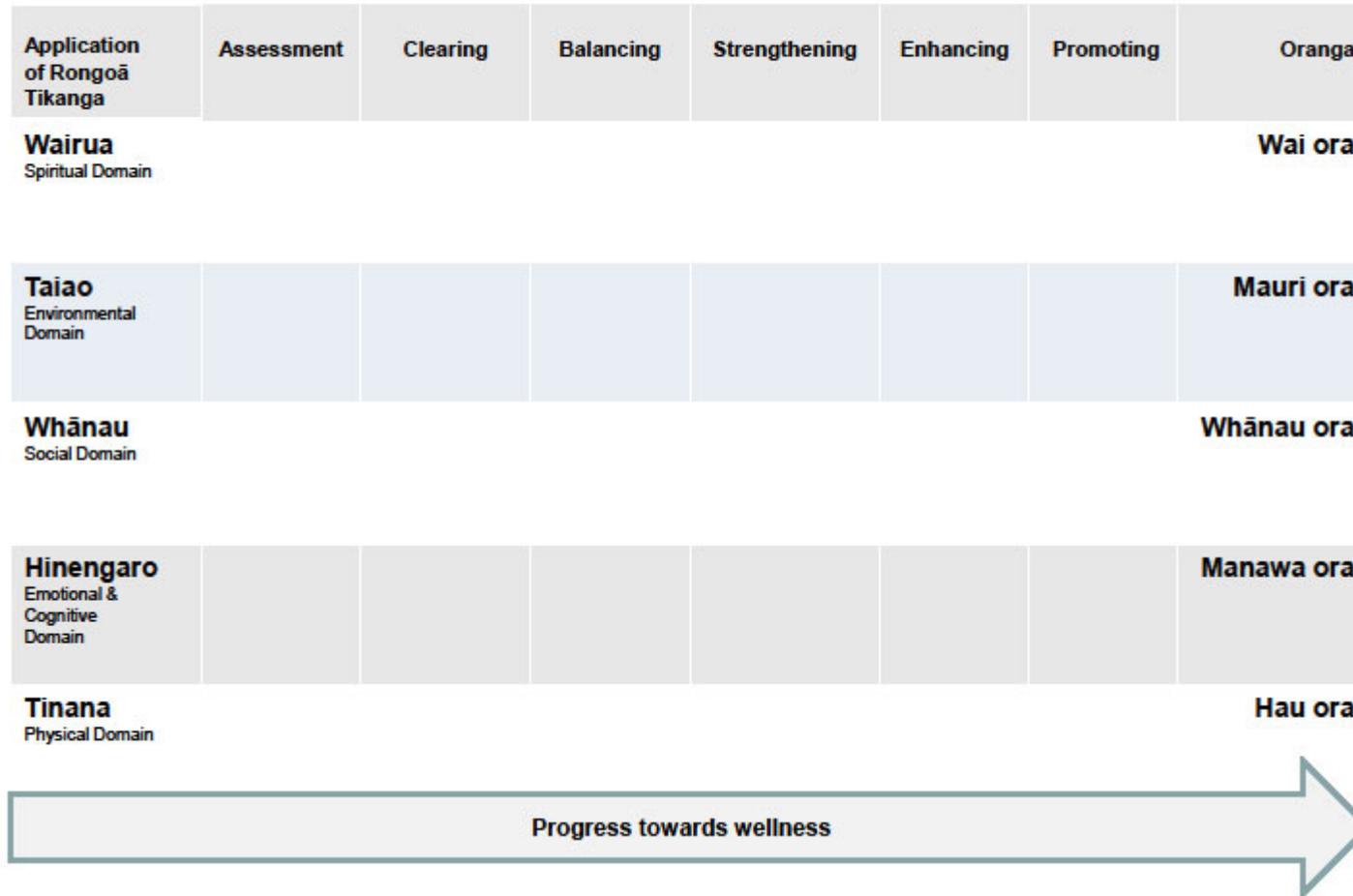


Figure 5: Wellness outcome framework used by healers in case study testing

NGĀ HUA - AIM 3: Integrate wellness framework with the Pūrākau framework

Patient case studies were initially proposed as part of the Stage II trial/validation of the Ngā Tohu wellness outcomes framework. The intention was to make use of an integrated case study framework (Pūrākau: see Appendix C) to illustrate progress and improvement in patient outcomes, using measures developed within Ngā Tohu o te Ora alongside standard medical measures. The Pūrākau framework was developed from a workshop of medical professionals and healers as part of an HRC seeding grant (#509) in 2007, a tūroro-focused format for incorporating case information collected by rongoā and medical practitioners.

However, the development and trialing of the wellness framework and goal-setting tool took longer than anticipated, leaving insufficient time for individual patient case studies. Nonetheless, the integration focus of the Pūrākau framework (Figure 6 next page) supplements the Stage I and II work, and provides some guidance as to how rongoā outcomes measurement might be supported beyond Whare Oranga.

The Pūrākau framework

The purpose of the Pūrākau framework is to integrate clinical information from rongoā practitioners and general practitioners (GPs) in a case study format, to share the stories of tangata whaiora who have used both types of interventions in their pathway to healing. The framework is based on Te Tiriti o Waitangi and its guarantees:

- Of tino rangatiratanga over all taonga including mātauranga and rongoā, and acceptance of kāwanatanga as a process for managing the introduction of new peoples and knowledges into Aotearoa; and
- To honour the healing traditions of all peoples and their unique contributions to the facilitation of wellness.

The values and knowledge of rongoā Māori *and* medicine are reflected in the framework. Whanaungatanga, manaakitanga, wairuatanga, kaitiakitanga and kotahitanga are the values enacted in traditional healing practices to ensure appropriateness and effectiveness. Implicit in the ‘mainstream’ intervention steps of assessment, treatment and monitoring are the values sworn by medical practitioners to do no harm, do the most good, respect the sanctity of life, maintain the privacy of the individual, and maintain a professional relationship with patients. Both place importance on relationships, but in different ways. Rongoā practitioners emphasise the development of relationships at the beginning of an intervention, whereas medical practitioners rely on relationship building through a series of contacts/interventions.

Integrating the clinical information from healers and GPs serves several purposes: providing a means of identifying similarities and differences between practitioners in terms of patient outcomes; yielding independent indicators (GP tests) of patient progress for rongoā practitioners; and exploring and supporting collaboration between healers and GPs in relation to ‘*te oranga o te tangata whaiora*’. Incorporating patient satisfaction data alongside the practitioners’ clinical information allows triangulation and comparison with respect to an individual’s progress.

Contributions to the external validation of rongoā

Both the Ngā Tohu o te Ora and Pūrākau frameworks incorporate elements identified as fundamental to Māori-specific outcomes measurement by Kingi and Durie (Durie et al., 2002; Kingi & Durie, 2000, 2004):

- Wellness as the ultimate goal for tūroro, which rongoā and ‘mainstream’ services must both contribute towards; and
- Wairua as a primary outcome domain and a central component of the rongoā healing process/journey.

Pūrākau Framework



Figure 6: The Pūrākau framework

Similarly to the Ngā Tohu o te Ora tools, Māori concepts and understandings are used to frame the components of the Pūrākau framework. This positions the framework within te ao Māori (a Māori worldview) and makes it more accessible to rongoā practitioners, those most likely to use the framework to gather/document evidence establishing the beneficial effects of rongoā for wellbeing. In addition, Pūrākau also communicates some of the key tenets of rongoā Māori to a wider audience, potentially GPs who are encouraged to collaborate with healers for the benefit of individual cases. However, the integration focus of Pūrākau shows more promise in garnering external engagement with the rongoā kaupapa, potentially enhancing mainstream practitioner support by explicitly identifying and linking their contributions alongside.

There are several ways in which each of the frameworks complement and extend each other:

- The Pūrākau framework is more process-oriented but the Ngā Tohu framework provides significantly more detail with regards to rongoā intervention ‘logic’;
- The Whaiora goal-setting tool provides rongoā practitioners with a tool to document assessment and monitoring in the context of the healing journey, steps that are identified in the Pūrākau framework for ‘mainstream’ but not outlined for rongoā;
- The common kaupapa of tangata whaiora outcomes draws ‘Māori’ and ‘mainstream’ practices/practitioners together in a therapeutic partnership, and the Whaiora goal-setting tool provides a tūroro-focused format for monitoring progress;
- The Pūrākau framework elucidates the common goal of waiora/wellness, emphasising the mutuality of shared and distinct outcomes between ‘mainstream’ and rongoā practice; and
- Pūrākau brings Māori and mainstream thinking together in a way that the Māori-centric focus of Ngā Tohu o te Ora does not. Linking kaitiakitanga with responsibility for care, and kotahitanga with working together highlights the complementarity of these respective values, and recognises the interests and efforts of both in supporting tūroro outcomes. This was a point recognised by healers involved in Ngā Tohu o te Ora, as noted by Te Ruarahi Hou Ora personnel: *“client outcomes [from rongoā] are similar to those from mainstream health services, but achieved by following diverse and different pathways. They’re evident in a kaupapa Māori sense, but may remain ‘unseen’ by those outside of te ao Māori”*.

Thus, although not achieved in the current research, exploring the integration of the Pūrākau and Ngā Tohu frameworks in patient case studies appears a promising ‘next step’ to support rongoā outcomes measurement.

NGĀ HUA – AIM 4: Uptake, translation and dissemination

As noted within Aim 3, a more extensive plan for uptake and translation of the Ngā Tohu o te Ora framework/tool was originally proposed; these plans were modified as the activities related to Aims 1 and 2 (Stages I and II) were more time-intensive than expected. However, a number of dissemination and advocacy opportunities have been both created and utilised throughout the project, including conference presentations, guest lectures and symposia.

Reports on Whare Oranga context, and the use and usefulness of the framework/tool were compiled for each case study site, to cite or disseminate as deemed appropriate by them. With the permission of Whare Oranga, the case study reports will inform a subsequent Health Research Council-funded research project, focused on rongoā practice in the context of contemporary health and service arrangements (Supporting Traditional Rongoā Practice in Contemporary Health Care Settings: HRC 11/439). In addition, this report of research findings will be disseminated to all of those involved, and rongoā/health stakeholders and interest groups.

Symposia

Two symposia were held in years 1 and 2 of the project. These had multiple purposes including the stimulation of regional and national discussion of rongoā, connecting healing and health stakeholder networks, promotion of the research project, bringing stakeholders together to contribute to research activities, and establishing fora to generate and disseminate knowledge:

- ***Symposium I: Rongoā Māori and Integrative Care Symposium, May 2009***

Whare Oranga are in the process of developing relationship with different parts of the health system (PHOs, DHBs, MoH) to provide care for those in need. The opportunities for this type of innovative practice are increasing but tend to be localised and highly dependent on the relationship between the funder organisation and the Whare Oranga. The purposes of the first symposium was to highlight the use of rongoā Māori within the health system and to discuss the promise and challenges of integration. The Hon. Tariana Turia, Associate Minister of Health opened the symposium. Speakers included healers from Whare Oranga throughout the country and international guests with experience of western/traditional medicine health system integration. The symposium was attended by healers, Māori community members, kaumātua and kuia, and health service stakeholders (see Symposium I report briefing and agenda, Appendix D).

- ***Symposium II: Rongoā and Research: Past, Present and Future Symposium, June 2010***

There is increasing interest in the potential for traditional healing practices including rongoā Māori to make a contribution to the health and wellness of the community. Various community clinics, Whare Oranga and rongoā services are in operation throughout the country and a variety of research projects are underway to support these developments. This symposium brought together researchers and healers engaged collaboratively in the context of research projects to share their work, and consider and discuss future research opportunities. The symposium involved national and international speakers, and a series of workshops exploring issues emergent from research in the area of rongoā Māori (see Symposium II report, Appendix F).

Presentations/guest lectures

- The future of rongoā Māori: wellbeing and sustainability. Hui Whakapiripiri, Auckland. March 2009
- Ngā Rongo a Tāne. Presentation to Tāne Ora conference, Marlborough Convention Centre, Blenheim. June 2009

- Traditional Māori healing: approaches to pain management. Joint presentation at New Zealand Pain Society, Rotorua. July 2009
- Traditional Māori healing: practice, philosophy & ethics. Māori Cancer Forum, Rotorua. August 2009
- Social injustice in Māori health: panel discussion. Bioethics Conference, Dunedin. January 2010
- Leadership and research: working together. Presentation to Te Matarau Conference, Whanganui. March 2010
- The contribution of traditional medicine to health and wellness. Presentation at International Network of Health Knowledge and Development conference, Seattle, USA. May 2010
- Practice-based evidence: the source of innovation. NZSP conference. Auckland. May 2010
- Ngā Tohu o te Ora: traditional Māori wellness outcome measures. Presentation at Rongoā and Research symposium, Rotorua. June 2010
- Ngā Tohu o te Ora: wellness outcomes through rongoā. Presentation at Hui Whakapiripiri, Rotorua. July 2010
- Cross-cultural partnerships in research: indigenous contributions to analysis and theory-building. New Zealand Ecological Society, Dunedin. November 2010
- Māori health and wellbeing: previous and current research. Presentation to GeoHealth laboratory, University of Canterbury, Christchurch. June 2011
- Evidence in the context of hauora Māori. Guest lecture to HLTH 301 Evidence in Health students, University of Canterbury, Christchurch. June 2011
- Māori health. Guest lecture to HLTH 101 Health Studies students, University of Canterbury, Christchurch. July 2011
- Health information management in the context of hauora Māori. Guest lecture to HLTH 402 Health Information Management students, University of Canterbury, Christchurch. August 2011
- Traditional Māori healing: working with practice-based evidence. Asthma Foundation Conference, Wellington. September 2011
- Rongoā Māori – practice, service and integration. Guest lecture to paediatric oncology nursing students, Christchurch Public Hospital, Christchurch. October 2011
- Ngā Tohu o te Ora: wellness framework and goal-setting tool. Dean's Lecture Series, Wellington School of Medicine. October 2011
- Holistic health – hauora and rongoā Māori. Guest lecture to HLTH 201 Health Promotion students, University of Canterbury, Christchurch. February 2012
- Holistic health and palliative care – hauora and rongoā Māori. Guest lecture to HLTH 448 Foundation of Hospice Palliative Care students, University of Canterbury, Christchurch. March 2012
- Qualitative methods - traditional Māori healing. Guest lecture to HLTH 442 Research related to Complementary and Alternative/Integrative Medicine students, University of Canterbury, Christchurch. April 2012

TE WHAKAMUTUNGA – SUMMARY

This report tells a story, of a journey taken by the research team and traditional Māori healers to bridge traditional and contemporary contexts, practice and theory, indigenous knowledge and science. The project aim was to develop an outcomes framework based on traditional Māori notions of wellness, as understood by the healers themselves. This was an ambitious task; while progress has indeed been made towards this goal, further work is required to translate what has been generated from the research into tangible outcomes for the healing community.

The story is important, a message reinforced through interactions with a variety of healers over the course of the project. Firstly, it provides context, acknowledging the connection to what is already understood, both traditional and academic. Secondly, it provides an expanded analysis of key notions, concepts and enduring tensions in the practice/service nexus. Thirdly, it lays a foundation for additional and alternative stories, offering reflections and considerations that readers might connect with their own stories and experiences.

The story is an interpretation. The basic premise of the research was that traditional healers assess the health and wellbeing of tangata whaiora/tūroro based on implicit understandings of wellness and its presentation/s. Identifying and configuring healer-observed signs of wellness (ngā tohu o te ora) in the form of a framework would thereby enable the documentation of wellness presentation and progress, as a way to demonstrate rongoā intervention outcomes to funders. However, the success of a framework is contingent on some agreement about or determination of ‘what is’, in spite of a multitude of viewpoints, perceptions and interpretations. Each healer, while sharing a general philosophy of healing, is informed primarily by locally-specific theories and models. How each healer interprets ‘tohu’, how this interpretation informs treatment or intervention, how progress is observed, measured and recorded all vary, creating challenges for third party understanding.

The story is relational and context-specific. As a product of dynamic processes of connection and transaction, a collaboration between individual researchers and healers within a particular period in time, generalisability to the wider healing community and contexts cannot be assumed. Nonetheless, sharing these experiences and learning illustrates the valuable contribution that rongoā continues to make to community health and wellness, to practitioners and supporters of rongoā Māori further afield.

The story will continue. The demand, supply and development of rongoā services is subject to a number of influences, not the least of which are the relationships between healers and tangata whaiora, and healers and funders, based on their respective understandings and expectations of what traditional healing is and what it can do. This research project makes a small but significant contribution to this kaupapa, supporting the mahi of Ngā Ringa Whakahaere o te Iwi Māori, Te Paepae Matua mō te Rongoā, and Te Kāhui Tāwharautanga o Ngā Rongoā, healer-led organisations that advocate for rongoā Māori.

In support of rongoā Māori

There is clear anecdotal evidence that Māori communities want to be able to access rongoā Māori and that the interventions of healers contribute to their wellbeing (Ahuriri-Driscoll et al., 2008; Durie et al., 1993; Jones, 2000a). These reports are supported by steady and in some cases increasing rates of rongoā service utilisation (Evans, Duncan, McHugh, Shaw, & Wilson, 2008; Ministry of Health, 2009). However, in an environment of escalating health costs, a stretched health dollar and multiple and competing demands, rongoā services remain on the margins. Part of the challenge involves re-orienting services to deliver health by promoting wellness as well as treating illness. Furthermore, validating rongoā services as sound providers of health and wellbeing can only be achieved if an integrative approach is

truly embraced, supporting traditional, complementary and alternative medicine (TCAM) alongside ‘mainstream’ health services.

The outputs and findings of Ngā Tohu o te Ora meet these challenges in several ways:

- Focusing on wellness, through identification of distinct wellness domains;
- Describing wellness outcome goals, tohu (signs) and āhua (presentation, appearance) recognised by traditional Māori healers;
- Articulating the means of achieving and measuring wellness goals through rongoā practices; and
- Conceptualising how rongoā Māori and mainstream health services together contribute to patient/client wellness.

Key themes in Stages I and II

The significance of diversity

The value of uniqueness within rongoā practice was apparent in both stages of the research. Healers and Whare Oranga thought about and approached tūrora wellness differently, based on their unique gifts of healing, the modalities employed, and their contexts – location and connectedness to people and place. As a practice that must, for the sake of authenticity, remain sensitive and responsive to **wairua, whakapapa and whenua**, wholly generic frameworks and approaches make little sense.

Determining which levels of specificity were acceptable to healers became a focus of the Ngā Tohu research – i.e. what balance of generic to specific elements in the framework reflects healers’ whakaaro sufficiently so they perceive it to be adequately representative of their practice and worthy of support? In the case study settings a broad framework was of greater use, something that healers could compare against and adapt to their own models and ways of working. The framework and tool appeared to be most valuable for drawing out, stimulating or developing healers’ models of practice; facilitating communication in this regard between healers, their clients and third parties (e.g. funders) is perhaps a valuable next step.

Instead of reflecting ‘a reality’, the wellness framework development was important also as an exercise in collectivity, a way of unifying thinking despite healer and Whare Oranga diversity. Achieving a balance between diversity and universality was important also to the conduct of the research, noted in the need to eventually move beyond working group and wider hui. At a certain point there were no further gains to be made from the increased specification of the framework. A case study focus generated a renewed enthusiasm and insights arising from the diversity of context, casting the generic tools in a new light. Thus, knowing *when* to move from an abstract/generic to applied/specific focus is important for researchers to recognise.

A key message conveyed by participating healers was the need to support Whare Oranga tino rangatiratanga and authenticity through an acceptance of and respect for their diversity. This extends beyond modalities and practice to sector relationships, funding arrangements, culture ā rohe, and rongoā infrastructure. In this case acknowledging and supporting local models of practice while maintaining unobtrusive governance/management at regional and national levels will enable the strengths and innovative potential of local diversity to be leveraged.

Asking and answering questions of what can be defined or set and what needs to be decided by Whare Oranga is crucial. For instance, the contention that what traditional healing is *had* to be decided at government level in order to assign healers to MoH-administered service provision contracts (O'Connor, 2007) is challenged by the increase in non-MoH, non-rongoā-specific contracts.

Maintaining regional/tribal distinctions in healing traditions and individual differences between healers has been emphasised previously; so has the importance of some form of

collective activity for healers to have political influence (Jones, 2000b). National-level development has taken place with the establishment of Ngā Ringa Whakahaere o te Iwi Māori, Te Paepae Matua mō te Rongoā and the work of the MoH. Each of these organisations has grappled with standardisation of healing at some level: the development of national standards of traditional Māori healing practice in 1999 (Ministry of Health, 1999), and work on regional standards undertaken through Te Paepae Matua and Te Paewhenua more recently. In an address to Te Paepae Matua in 2009 the Hon. Tariana Turia asked this of the hui: “*I will be interested to learn how the diverse views and experiences around rongoā may be distinguished within a national body. How do the particular practices here in Ngāti Kahungunu differ to that in Ngāpuhi nui Tonu? What are the commonalities that bind you together; the shared values and priorities?*” (Turia, 2009)

A new national structure Te Kāhui Tāwharautanga o Ngā Rongoā (Te Kāhui Rongoā) was established in November 2011, a merger of Te Paepae Matua mō te Rongoā and Ngā Ringa Whakahaere o te Iwi Māori. In keeping with the maintenance of tribal traditions, healers in ten regional networks are collaborating on region-specific standards. Thus, a move from working as Whare Oranga to working as rohe has been progressed. Furthermore, a move from an ‘integrated rongoā approach’ to the structural/organisational separation of tikanga and ture has been undertaken to safeguard the integrity and diversity of rongoā practice (personal communication, Stewart, 2012). How this translates to financial support and funding for individual healers and Whare Oranga is still to be seen.

The fundamentality of wairua

The importance of wairua as the central wellness domain, the basis of healing practice and a key metaphysical element was emphasised throughout the project. Despite its importance however, observing, describing and measuring wairua is difficult for those not directly involved in the healing interaction. In addition, a prevailing biomedical logic in political and health leadership has seen healers perceive the need to remain silent about these aspects of their practice, and these forms of rongoā not funded by the Crown (O’Connor, 2007). Ngā Tohu o te Ora began with the hope that this marginalisation of wairua might be overcome through the identification of measures, if not of wairua itself, of outcomes or proxy indicators. Tools were developed which enable reporting on wairua outcomes, but it became apparent that the perception of these outcomes as legitimate or credible depends upon philosophical and epistemological openness. While this openness cannot be guaranteed in health or political governance, it is supported by health system-literate advocates of rongoā Māori, who speak the language of both, walking and brokering between both worlds. Indeed, the case study Whare Oranga who enjoy the support of such individuals, are altogether more confident and empowered in both their practice and service delivery.

Weaving the themes together

Three themes ‘tell a story’ of the journey to validate rongoā Māori across two research projects thus far:

- Integration and integrity
- Service and practice; and
- Unity and diversity

The importance of wairua underpins and is integral to each of these themes.

The project ‘The future of rongoā Māori: wellness and sustainability’ reached the conclusion that the integration of rongoā within publicly funded health services is a significant and positive step in improving Māori access to effective and culturally concordant health care. Notwithstanding these benefits and others associated with iwi and Māori advancement, healers and stakeholders expressed some angst about whether this might compromise the integrity of rongoā practice. Cultural conceptions of credibility, legitimacy and tika might be undermined by evaluation, measurement or categorisation according to a western science

paradigm. Furthermore, failed attempts to measure an intangible concept such as wairua may be misinterpreted as disproving its existence.

A distinction between service and practice also emerged from the initial rongoā project, highlighting two differing approaches to rongoā development and sustainability (Ahuriri-Driscoll et al., 2010). Originating from a Māori value system and base, rongoā has been traditionally embedded in whānau and hapū communities, practiced by those identified as having a gift for healing, nurtured and taught by senior healers through apprenticeship. This practice-focused approach entails a more organic model of development that is region/locality-specific, funded by koha and based on oral transmission of knowledge.

Conversely, publicly-funded health services emphasise standardised practice, delivered by formally-trained health professionals within contracted organisations. Beyond the administrative and compliance requirements which must be met by those who hold service contracts, a service-focused approach may see increased professionalisation of healers, the development and implementation of practice standards and funding more explicitly linked to outcomes of rongoā care. While service-focused development is a key strategy for extending the reach and impact of rongoā, this must not occur at the expense of the practice. Indeed, quality rongoā service provision relies on robust practice applied effectively by practitioners working from a strong cultural base. The service/practice distinction forms the basis of a new Health Research Council-funded research project (HRC 11-439) which will draw on health service research understandings to explore the following research question: what types of service arrangements best support traditional rongoā Māori practice, in a contemporary health care setting?

The themes of integration and integrity, service and practice were also apparent in Ngā Tohu o te Ora, particularly in the Whare Oranga case studies. Each Whare Oranga studied is integrated within health services in terms of receiving funding to provide rongoā. However, they maintain their integrity in different ways. Ngā Wairere o te Ora evaluate funding opportunities on the basis of “*appropriate ways to validate [their puna ora’s] practice, and to...maintain the integrity of kaimahi*”. For Te Ruarahi Hou Ora delineation between **kaupapa and service** assists their decision-making regarding funding opportunities. Whether and which contracts will benefit as oppose to risk their kaupapa are considered very carefully. Te Ruarahi Hou Ora is currently funded “*not for healing as such, as for the kaupapa*” of supporting people within their wider whānau and communities, and reducing their dependence on services. This affords the Whare Oranga flexibility to deliver rongoā how and when they determine it is appropriate. Te Ruarahi Hou Ora’s choice to be initially ‘umbrella-ed’ by a Trust with systems and processes in place to provide support was also made to minimise risk to their kaupapa.

Te Tāpenakara o te Iwi similarly refused to pursue rongoā contracts, finding these too structured and restrictive (prescriptive standards, recognition of some rather than all healing activities). Although they are now in the unsatisfactory position of working within service contracts which do not reflect their practice, this was a conscious decision taken to avoid compromising the integrity of their rongoā. In contrast to their desire and tikanga to deliver rongoā wherever and to whomever it is needed, Te Tāpenakara o te Iwi’s classification as a non-clinical Kaupapa Māori provider restricts the contracts they are eligible for, and the geographical region they are able to practice in. In addition, while Te Tāpenakara o te Iwi opts for contracts which they perceive pose least threat to the mauri of rongoā, they then find that “*we’re not really growing, we’re just fighting to hold onto existing contracts*”.

Thus, for healers and Whare Oranga, integration within the health system is an ongoing process of negotiation, balancing benefits of and for the practice with costs or risks. In her interviews with several Māori groups including rongoā practitioners, Taupo (2006, p. 107, Chapter 7: Embracing Complexity of Diversity) observes that “*Māori resist homogeneity and*

are constantly negotiating living on the boundary of two worlds at the interface, Māori and Pākehā". Service development impacts on practice nonetheless, due to systemic insistence on standardisation and delivery according to a narrowly-conceived model. Verifying the contribution of rongoā practice to health gain was perceived by healers and stakeholders as a pragmatic and safe way of striking a balance and securing wider support for rongoā in services. However, as was found in this research, scientifically-derived concepts of validation rely on control, uniformity and fragmentation (in contrast to native science, see Cajete, 2004), which does not sit comfortably with the complexity, holism or diversity of traditional healing practice and philosophy (Durie, 2006; Jonas & Lewith, 2011).

According to Kavelin (2007, pp. 5-7) it is a fragmented western consciousness which separates faith and reason, spirit and matter, heart and mind that drives not only individualism and materialism that is *'destroying the diversity of life, both 'biodiversity' and cultural diversity'*, but underlies assumptions of objectivity or universal applicability. In order to repatriate indigenous medical knowledge and authority, Kavelin calls for an appreciation of diversity and culture and the unification of spiritual and material reality, religion and science, embodied in indigenous knowledge and spiritual scholarship (Kavelin, 2003, 2007).

The perpetual 'square peg in a round hole' position rongoā finds itself in with regards to the health system is attributed by the authors of the WAI 262 report to Crown ambivalence, something they insist must change: *"The Crown's position suggests that it sees rongoā as something 'other' and outside its possible comprehension, rather than something the Crown ought quite properly to know about – not only because it funds it, but because the Crown must see itself as representative of Māori too. In our view, the Crown's defensive mindset must shift"* (Waitangi Tribunal, 2011, p. 655). Responsible, reflective inquiry (from organisational management: Blum, 2012) offers an alternative approach to addressing such a defensive mindset, where individuals recognise the importance of, and re-orientate their beliefs and assumptions for *productive* action. The instances of indigenous spiritual inquiry discussed in this report add to this approach, indicating that advocacy for the rongoā kaupapa may be expanded through engagement opportunities that 1) offer meaningful *experiences* of healing, and 2) entail *personal* as well as professional accountabilities.

Irrespective of these challenges, Whare Oranga find ways to maintain their diversity, their unique relationships and rangatiratanga nonetheless. Te Tāpenakara o te Iwi maintain a strong connection to their community and their environment, which they perceive benefits their practice. They have their own well-developed model which they impart to others. Ngā Wairere o te Ora similarly work to their own model of healing and place importance on retaining their taha and whakaaro Māori. Te Ruarahi Hou Ora have a strong kaupapa orientation, which enabled them to adapt the generic wellness framework to meet their unique needs and fit their processes. Maintaining integrity and uniqueness can be a lonely experience however; Te Tāpenakara o te Iwi consider themselves *"on [their] own waka"*, noting that they miss the sense of unity and support derived from having a national association.

For healers, tikanga Māori is the essence of rongoā practice, and must be retained in the face of change. Recognition of rongoā in its entirety requires that allowances are made for tikanga in service contracts. This will serve only to support best practice and the achievement of optimal health outcomes; as locally-specific practices that aim to enhance relationship and preserve mana (Hudson, Milne, Reynolds, Russell, & Smith, 2010), tikanga are both an indicator *and* guarantee of cultural quality, appropriateness and rangatiratanga. Equally, *"rongoā is the manifestation of our tikanga and our kaupapa... rongoā is a total way of life, upholding tikanga Māori to achieve holistic health."* (Turia, 2006)

Kia whai mana te kikokiko
kia urutae tau wairua
me whakaae te mauri ki ngā uru-pounamu
e wai-whetū mai i te Ao o tua-rere

*Empowering the physical body
with spiritual consent is blessed
by the mauri that shines
brightly as the myriads of heavens universe*

(Delamere, 2000)

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RĀRANGI KUPU – GLOSSARY

āniwaniwa	rainbow, halo
ahi kā	long burning fires of occupation, title to land
āhua	shape, appearance, character, nature
ako	to learn, study, instruct, teach, advise
aroa	love, empathy, sympathy
atua	supernatural being, deity, God
atuatiratanga	spiritual synergy
awa	river
hā a koro a kui mā	the breath of ancestors
hapū	sub-tribe, clan
hau	wind, breath, vital essence
hauora	health, vitality
haurangi	drunk, intoxicated, mad
hauwai	damp; type of healing known as body sauna
he aha	what
he kanohi kitea	a seen face
He Korowai Oranga	Māori Health Strategy (MoH, 2002)
hīkoi	step, march, walk
hinengaro	mind, intellect
hua	product, fruit, finding, result, outcome
hui	meeting
Io (Matua Kore)	Io (the parentless one), the supreme being
iwi	tribe
kāore ano	not yet
kaiāwhina	helper/support worker/assistant
kaimahi	worker
kaitiaki	guardian
kaitiakitanga	guardianship
kaiwhakaora	therapist
kanohi ki te kanohi	face to face
karakia	prayer
kaumātua	elders
kaupapa	agenda
Kaupapa Māori	‘for, by and with Māori’ approach
kāwanatanga	government, governorship
kawa	protocol
kawenata	covenant, charter, contract
kei wāhi kē	not achieved
koha	gift
kōrero	to speak/talk
kōrero tahi	counselling
koroua	grandfather/elderly man/men
kotahitanga	unity
kua tūtaki	has met
kuia	grandmother/elderly woman/women
kupu	word/s
mākoi	spear point/shell
makururangi	variety of kūmara
Māori	indigenous people of Aotearoa New Zealand
māramatanga	enlightenment, understanding
mahi	work
mamae	ache, pain, injury, wound

mana	prestige, charisma, status, position
manaaki/tanga	to support, take care of/support, hospitality
mana motuhake	autonomy, independence
mana tūpuna	inherited status, mana through descent
manawa	heart
manawa ora	hope, breath of life
mana wairua	mana through spirit
mana whenua	territorial rights, power from the land
marae	meeting area of whānau or iwi, focal point of settlement, central area of village and its buildings
matakite	seer, second sight, prophecy, intuition
mātauranga	knowledge
mate	sickness, death, problem
matemateāone	Tūhoe concept of internal relationships that maintain tribal identity; feeling for one's land, rivers, mountains and forests
mauri	life force, essence or principle
mauri ora	wellbeing of the life force
maurītau	be deliberate, without panic
mihimihi	greetings
mirimiri	stroke, form of massage
moana	sea, ocean, large lake
mokopuna	grandchild/grandchildren
ngākau	seat of affections, heart, mind
ora	be alive, well, safe, cured, healthy, healed
oranga(nui)	welfare, health, living
oro	sound, rumble
pā harakeke	flax bush, generations
Pākehā	non-Māori, European, Caucasian
pai ake	exceeded
painga	good, wellbeing, benefit, gain
pai rawa atu	significantly exceeded, excellent
Papatūānuku	Mother Earth
pēhea	how, how about, what sort?
pito	navel, end, at first
pōrangī	be insane, mad, crazy, mentally ill
poutama	stepped pattern of tukutuku patterns
pōwhiri	welcome
puna ora	spring of wellness
pūrākau	myth, ancient legend, story
pūtea	fund/s
raranga	to weave, plait
ranghau	to seek, search out, pursue, research
rākau	tree/wood
rangatahi	young people
rangatira	chief
rangatiratanga	sovereignty
ritenga	custom, meaning
rohe	area
romi(romi)	squeeze, type of massage/bodywork
rongoā	medicine, drug, antidote
rongā rākau	physical remedies derived from plants
tātai hono	to join or connect lineage, ancestry, genealogy
taha	side

taha wairua	spiritual side
taiao	world, earth, environment, nature
tangata	person/people
tangata whaiora	people in pursuit of wellness, health
	service consumers
tangata whenua	people of the land
taonga	treasure
tapu	sacred/restricted
tauawhi	to hug, embrace, support
te Ao Māori	the Māori world
teina/tēina	same sex younger sibling/s
te kore	realm of potential being, the void
te paiheretanga	the act of bundling together
te reo	the language
te reo Māori	the Māori language
Te Tiriti o Waitangi	the Treaty of Waitangi
te wheke	the octopus
tika	right/correct
tikanga	meaning, custom, obligation, traditions
tinana	body, physical
tino rangatiratanga	self-determination
tohatoha	to spread around, disperse, distribution
tūpuna/tūpuna	ancestor(s)
tohu	emblem, sign
tohu ārahi	leading sign, signal
tohunga	expert, specialist, priest, artist
toi ora	summit, tip of wellness
tuakana/tuākana	same sex older sibling/s
ture	law
tūhonohono	to join
tūmanako	hope, trust
tūroro	sick person, invalid, patient
tūturu	be fixed, permanent, real, true, authentic
wai	water, liquid
waiora	complete/total wellbeing
wairangi	beside oneself, in a daze, foolish, irrational
wairua	spirit
wairuatanga	spirituality
wānanga	learning, seminar, series of discussions
whāinga	aim, goal, objective, purpose
whāriki	floor covering, woven mat
whaiora	to pursue/seek health/wellness
whakaaro	thought, opinion, understanding, idea
whakahono	to join, connect
whakamāramatanga	process of illuminating, explaining, clarifying
whakamātautau	examination, test
whakamana	to give authority to, legitimise, empower
whakamoemiti	to praise, express thanks
whakaora	rescue, cure, heal, healing
whakapae	to lie horizontal, assert, hypothesise
whakapai	to make good, better, improve
whakapapa	genealogy
whakapono	belief, faith, religion, trust
whakapuaki	to utter, disclose, express, reveal
whakaratarata	to make clear

whakarongo	to listen, hear, taste, smell, feel
whakatangi	to cause to sound, to cause to cry
whakatēnātēnā	to encourage
whakawātea	to clear, excuse, free, dislodge
whakawhanaungatanga	process of establishing relationships, relating
whakawhitiwhiti kōrero	discussion, exchange of words
whānau	family, immediate and extended
whānau ora	family wellness
whare	house/building
whare oranga	house of wellness/rongoā clinic
whare tapa whā	four sided house
whatumanawa	seat of emotions, heart, mind
whenua	land
whetūrangī	to appear above the horizon

NGĀ ĀPITIHANGA – APPENDICES

Appendix A: Stage I information sheet and consent forms

Appendix B: Stage II information sheet and consent forms

Appendix C: Pūrākau framework

Appendix D: Symposium I agenda and briefing

Appendix E: Hon. Tariana Turia opening speech – Symposium I

Appendix F: Symposium II report

Ngā tohu o te ora

PARTICIPANT INFORMATION SHEET (Stage I)

Tuia ko te Rangi e tu nei
Tuia ko te Papa e takoto nei
Tuia ko te here tangata
Ka rongo te pō
Ka rongo te ao
Tihei mauri ora

Tuatahi ka huri ra ngā mihi ki a Io te pūkenga, Io te wānanga, Io Matua Kore.
Tuarua ki ngā tini mate o tēnā iwi, o tēnā iwi puta noa i te motu. Haere koutou ki te huinga o te kahurangi. Tuatoru ki ngā whatu mōrehu o rātou mā, ki ngā mana, ki ngā ihi, ki ngā wehi, tēnā koutou katoa.

An invitation to participate in this research study

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

Aim

The aim of this project is to develop a set of traditional Māori wellness outcome measures that define the range of outcomes of care sought by traditional healers. It will not focus on the specific practices of traditional healers but the improvements attained as a result of this work. This will contribute significantly to the ability of traditional healers/whare oranga to participate within the mainstream health arena by increasing the awareness and understanding of traditional Māori healing. It will also support the development of an objective outcome validation tool and provide a framework for the developing appropriate contracting models.

Method

This project has two stages. In the first stage will use a mix of interviews and hui with traditional healers to identify appropriate outcome measures and check them with both tangata whaiora and Māori Development Organisations. The measures will be developed into a framework of outcomes to inform the second stage of the project.

The outcome measures will be tested at 6 x whare oranga. This will involve using the outcome measures as an assessment framework with participating tangata whaiora (10 – 15) at the initial visit, a subsequent visit and final consultation. The research team will apply for a second stage approval from the Multi-region ethics committee prior to collecting information from tangata whaiora and whare oranga. Specific cases will be documented and published using the 'Pūrākau Integrated Case Study Methodology for Tangata Whaiora', to demonstrate improvements in tangata whaiora wellness resulting from the interventions. Year three will focus on refining the framework of Traditional Māori Wellness Outcome Measures, the Pūrākau methodology and development of an Outcome Validation Framework for traditional healers. The participants in the research project will be drawn from the community of traditional Māori healers and rongoā practitioners throughout the country.

Ngā tohu o te ora

Governance

As this proposal represents the coming together of research and traditional practice we have created two advisory groups to support the project. A research advisory group consisting of experienced health researchers Dr Te Kani Kingi and Dr Sarah-Jane Tiakiwai will be established to support and guide the research methods used throughout the project. The project advisory committee's primary focus will be on the kaupapa of the proposal, ensuring that it aligns with the development aspirations of healers, whare oranga and Māori Development Organisations. In this sense it is concerned with usefulness of the results and the contribution the project will make towards the enhancement of traditional healing services. The project advisory committee will consist of Tāmami Mangu Clarke, Emily Rameka, Penny Huata, Phyllis Tangitu, Frances Smiler-Edwards, Fiona Pimm, Christine Bullock and Dr John Armstrong.

Your participation

We invite you to participate in this research project as part of the key informant interviews and/or focus groups (one to be deleted). You may choose to remain anonymous or alternatively be named as a participant in the project or be named alongside your comments in any reports that are published. You will have the opportunity to change, alter or delete comments that you make within these settings before they are reported. The interview/focus group (one to be deleted) will take approximately 2 hours and you may speak in either Te Reo Māori or English. We would like to record our conversations using an audio-tape recorder however it is your choice whether this occurs or not. You have the right to withdraw from the project at any stage and to have the information you provide withdrawn as well.

Thank you very much for your time and help in making this study possible. If you have any queries or wish to know more please contact the principal investigator, Maui Hudson: ph (04) 9140795 or 027 2061183

If you have any queries or concerns about your rights as a participant in this study, you may wish to contact a Health and Disability Advocate: ph 0800 555 050

This research project was APPROVED for stage 1 BY THE MULTI-REGION ETHICS COMMITTEE (MEC/08/08/098) on 19/08/08

Ngā tohu o te ora

	COMMON QUESTIONS
Can I withdraw from the study?	You may withdraw from this study at any time and have information that you specifically provided withdrawn as well
Benefits of the study	<ul style="list-style-type: none"> • Increase awareness and understanding of traditional healing • Develop appropriate outcome measures that could be used for contracting and evaluation models
Is there a cost?	No, a small koha will be provided to recognise your contribution to this project.
Confidentiality	<p>No material that could personally identify you will be used in any reports about this study unless you consent to being named or having material attributed to you.</p> <p>The records are stored in a locked filing cabinet and in a computer using a password.</p>
Results of the study	The results of the first stage of the project will be made available to participants, whare oranga and key stakeholders as draft material. The overall results of the study will be published in health journals and made available to the participants, whare oranga, key stakeholders and interested communities.
Ethical approval	The National Multi-Region Ethics Committee has approved this study for stage 1 of the project (MEC/08/08/098).
Contact details	<p>If you have any queries or concerns about your rights as a participant in this study, you may wish to contact a Health and Disability Advocate:</p> <p>Telephone 0800 555 050</p> <p>You may contact the researchers at any time to ask about anything you may not understand</p> <p>Investigators: Maui Hudson 027 2061183 Annabel Ahuriri-Driscoll 03 3516019</p>

The research team thanks you for volunteering to take part in this study

Ngā tohu o te ora

CONSENT FORM (Stage I)

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF TEN YEARS

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

Principal Investigator: Maui Hudson

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and have them answered.

I understand that I may withdraw myself or any information traceable to me at any time without giving a reason.

- I agree to take part in this research.
- I agree/do not agree (one to be deleted) to the interview being audio taped.
- I agree/do not agree (one to be deleted) to being named as a participant in this study.
- I agree/do not agree (one to be deleted) to being named alongside my comments.

	Participant	Witness
Signed:		
Name: (please print clearly)		
Date:		

This research project was APPROVED for stage 1 BY THE MULTI-REGION ETHICS COMMITTEE (MEC/08/08/098) on 19/08/08

Ngā tohu o te ora

HE PĀNUI WHAKAMĀRAMA I TĒNEI RANGAHAU (Wāhanga Tuatahi)

Tuia ko te Rangi e tu nei
Tuia ko te Papa e takoto nei
Tuia ko te here tangata
Ka rongo te pō
Ka rongo te ao
Tihei mauri ora

Tuatahi ka huri ra ngā mihi ki a Io te pūkenga, Io te wānanga, Io Matua Kore. Tuarua ki ngā tini mate o tēnā iwi, o tēnā iwi puta noa i te motu. Haere koutou ki te huinga o te kahurangi. Tuatoru ki ngā whatu mōrehu o rātou mā, ki ngā mana, ki ngā ihi, ki ngā wehi, tena koutou katoa. Ko Mataatua, ko Aotea, ko Nukutere, oku waka. Ko Whakatohea, ko Ngaruahine, ko Te Mahurehure ōku iwi. Ko Maui Hudson tōku ingoa. He kairangahau ahau i te Institute of Environmental Science and Research Ltd (ESR). No reira, tēnā koutou katoa.

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

He tono kia uru mai koe ki tēnei rangahau

Ko ngā whāinga

Ko ngā whāinga mo te kaupapa nei, ko te rangahau i te whānui me te whāroa o ngā tohu o te ora e ai ki ngā tohunga rongoā ā motu. Ehara tēnei te rangahau i ngā tikanga rongoā otira ka aro mātou ki ngā hua e puta ai. Hei aha? Hei tautoko i ngā kaupapa whakapakari i te rongoā Māori, hei āwhina i te kimi putea mo ngā whare oranga, hei painga hoki mo te iwi whanui.

Ko ngā tikanga rangahau

E rua ngā wāhanga o tēnei rangahau. I te wāhanga tuatahi, ka kimi i te tangata matatau hei uiui me te tono anō ki ngā tohunga rongoā hei hui i runga i tēnei kaupapa. Ā muri mai, ka hui nga tangata whaiora me nga hapori Māori ki te ātatirohia ngā tohu, hei tautoko i te whakarite i tētahi hanganga arotake i ngā hua e puta ai i ngā ringa o ngā tohunga rongoā.

I te wāhanga tuarua, ka whakamahi te hanganga nei, e ngā whare oranga, ki te tiroiro ngā tangata whaiora i ngā wā e toru, te taenga mai, kei waenga, me te otinga. Ka tonoa, e te roopu rangahau, te whakaae o te komiti tikanga rangahau a motu i mua i te kohikohi i ngā kōrero.

Ka tuhituhi ā ripoata ētahi kōrero mo ngā tangata whaiora kia kite ai ko ngā hua i puta i te mahi ā ngā tohunga. Me te whakatikatika anō i te hanganga kia marama pai ai ngā tohunga me ngā whare oranga i ona wāhanga, i ona tikanga, i ona whāinga.

Ko ngā kaitiaki mo te kaupapa

Nā te tuitui i te kaupapa tūturu Māori nei o te rongoā me te rangahau i whakaturia e mātou ngā roopu kaitiaki e rua. Tētahi, hei ārahi i ngā whakahaere o te rangahau, tētahi hei tiaki i te mauri o te kaupapa. Nō reira, ko Dr Te Kani Kingi rāua ko Dr Sarah-Jane Tiakiwai ngā kaiarahi mō te taha rangahau. Ko Tāmami Mangu Clarke, Emily Rameka, Penny Huata, Phyllis Tangitu, Frances Smiler-Edwards, Fiona Pimm, Christine Bullock rātou ko Dr John Armstrong ngā kaitiaki o te kaupapa mō tēnei rangahau.

Ngā tohu o te ora

Ko te tono

Nei ra te tono ki a koe kia uru mai ki te rangahau nei hei uiui/hui (mukua tētahi) e pā ana ki ngā tohu o te ora me ngā mahi a ngā tohunga whaiora. Kei a koe te tikanga kia noho tapu tou ingoa, kia mohio rānei te katoa ko koe tētahi i tuku kōrero. Ko te roanga ake o ngā uiui/hui, kaore e tua atu i te rua haora. Ka tāea te kōrero Māori, kōrero pākehā, kōrero reo rua rānei. Ko tāku e hiahia nei ko te hōpu i ngā kōrero ki te mihini, heoi anō kei a koe te tikanga whakaae, whakakaore rānei. Mēna ka whakaae, ka taea te whakakore i te mihini ina kore koe e pai ki te hopunga o ētahi pitopito kōrero. I mua i te whākina o tōu kōrero ka taea te tango, te whakarerekē rānei i ō kupu. Ka tāea hoki koe ki te whakawātea i a koe, ki te whakawātea i ō kōrero i tēnei rangahau.

Mēna he pātai tāu e pā ana ki te rangahau nei waea atu ki:
Maui Hudson: 04 9140795 / 027 2061183 rānei

Mēna he pātai tāu e pā ana ki ōu whāinga tika i roto i tēnei rangahau tukua ki te kaitautoko toihau hauora/hauātanga: Waea 0800 555 050

This research project was APPROVED for stage 1 BY THE MULTI-REGION ETHICS COMMITTEE (MEC/08/08/098) on 19/08/08

Ngā tohu o te ora

WHĀRANGI WHAKAAE (Wāhanga Tuatahi)

KA MAU TONU TĒNEI WHĀRANGI WHAKAAE KIA TEKAU NGĀ TAU

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

Kairangahau matua: Maui Hudson

Kua whakamarama mai ngā āhuetanga o tēnei rangahau. Kua whakautua aku nei pātai. E mohio ana ahau ka tāea e au te whakawātea i ahau, te whakawātea i aku kōrero i tēnei rangahau.

- Ka whakaae ahau ki te uru ki tēnei rangahau.
- Ka **whakaae/whakakaore** (mukua tētahi) rānei ahau ki te hopu I aku kōrero ki te mihini.
- Ka **whakaae/whakakaore** (mukua tētahi) rānei ahau ki te whakaingoatia ahau ki roto i te ripoata mō tēnei rangahau.
- Ka **whakaae/whakakaore** (mukua tētahi) rānei ahau ki te whakaingoatia ahau ki te taha o ngā tuhinga mō tēnei rangahau.

	Kaiwhakauru	Kaititiro
Nā:		
Ingoa: (kia ariari te tuhi)		
Rā:		

This research project was APPROVED for stage 1 BY THE MULTI-REGION ETHICS COMMITTEE (MEC/08/08/098) on 19/08/08

Ngā tohu o te ora

	HE PĀTAI				
Ka taea te whakawatea i ahau i te rangahau nei?	Ae, ka taea te whakawatea i a koe i te rangahau nei me te tango ano i ō ake kōrero.				
Ngā painga o te rangahau	<ul style="list-style-type: none"> • Ko te whakamarama i ngā hua o te rongoā ki te ao whānui • Ko te whakarite i tētahi hanganga hei awahina i te kimi pūtea mo te kaupapa o te rongoā 				
He utu?	Karekau he utu mō tēnei rangahau. Mā mātou te koha e tuku hei mihi aroha mō tō tautoko i te rangahau.				
Ka whakatapu i ngā ingoa?	Kei a koe te tikanga kia noho tapu tou ingoa, kia mohio rānei te katoa ko koe tētahi i tuku kōrero Mā te roopu rangahau e tiaki ngā kohinga kōrero i roto i ngā tari, ngā rorohiko rānei.				
Ngā hua o te rangahau	Ka tukua ngā hua o te wāhanga tuatahi ki ngā tāngata i uru ki te rangahau, ki ngā whare oranga me nga kaitautoko i te kaupapa. Hei te mutunga o te rangahau, ko ngā ripoata me ona hua ka tukua ki ngā pukapuka hauora, ngā whare oranga, nga kaitautoko me nga whānau/hapū/iwi e ngākau nui ki te kaupapa o te rongoā.				
Ethical approval	Nā te kōmiti tikanga rangahau ā motu tēnei rangahau i whakaae mō te wāhanga tuatahi.				
Contact details	<p>Mēna he pātai tāu e pa ana ki ōu whāinga tika i roto i tēnei rangahau tukua ki te kaitautoko toihau hauora/hauātanga:</p> <p>Waea 0800 555 050</p> <p>Mēna he pātai tāu e pa ana ki te rangahau tukua ki ngā kairangahau:</p> <table> <tr> <td>Maui Hudson</td> <td>027 2061183</td> </tr> <tr> <td>Annabel Ahuriri-Driscoll</td> <td>03 3516019</td> </tr> </table>	Maui Hudson	027 2061183	Annabel Ahuriri-Driscoll	03 3516019
Maui Hudson	027 2061183				
Annabel Ahuriri-Driscoll	03 3516019				

He mihi tēnei nā ngā kairangahau mō tō tautoko i te kaupapa

Ngā tohu o te ora

PARTICIPANT INFORMATION SHEET (Stage II)

Tuia ko te Rangi e tū nei
Tuia ko te Papa e takoto nei
Tuia ko te here tangata
Ka rongō te pō
Ka rongō te ao
Tihei mauri ora

Tuatahi ka huri ra ngā mihi ki a Io te pūkenga, Io te wānanga, Io Matua Kore.
Tuarua ki ngā tini mate o tēnā iwi, o tēnā iwi puta noa i te motu. Haere koutou ki te huinga o te kahurangi. Tuatoru ki ngā whatu mōrehu o rātou mā, ki ngā mana, ki ngā ihi, ki ngā wehi, tēnā koutou katoa.

An invitation to participate in this research study

Background

The aim of this project is to develop a set of traditional Māori wellness outcome measures that define the range of outcomes of care sought by traditional healers. To date, we have developed a wellness framework and whaiora tool to demonstrate the outcomes of care for tūrora (patients). The next stage of the process involves healers testing the framework and tool with tūrora to see whether it can be easily used within the normal assessment processes; and whether it produces useful information to support clinical and evaluation activities.

Your participation

- We invite you to participate in this research project.
- We would like your consent for the healer to trial the wellness framework and whaiora tool with you.
- The wellness framework will help the healer identify goals for your journey to wellness.
- The whaiora tool will record the goals and you will be asked to assess whether the goals have been achieved at the end of your series of sessions.
- The research team will review the completed wellness framework and whaiora tool as part of the project.
- The project focuses on how healers use the wellness framework and whaiora tool when working with their tūrora (patients/clients) and no personal information will be disclosed to the researchers.

If you have any queries or wish to know more please contact the principal investigator,
Maui Hudson: ph 027 2061183

If you have any queries or concerns about your rights as a participant in this study, you may wish to contact a Health and Disability Advocate: ph 0800 555 050

Thank you very much for your time and help in making this study possible.

Ngā tohu o te ora

	COMMON QUESTIONS
Can I withdraw from the study?	You may withdraw from this study at any time and have information that you specifically provided withdrawn as well
Benefits of the study	<ul style="list-style-type: none"> • Increase awareness and understanding of traditional healing • Develop tools that could be used to support the develop of traditional healing services
Is there a cost?	No.
Confidentiality	No material that could personally identify you will be used in any reports about this study. The records are stored in a locked filing cabinet and in a computer using a password.
Results of the study	The overall results of the study will be published in health journals and made available to the participants, whare oranga, key stakeholders and interested communities through papers, presentations and workshops.
Ethical approval	The Multi-Region Ethics Committee has approved this study (MEC/10/10/106)
Contact details	<p>If you have any queries or concerns about your rights as a participant in this study, you may wish to contact a Health and Disability Advocate:</p> <p>Telephone 0800 555 050</p> <p>You may contact the researchers at any time to ask about anything you may not understand</p> <p>Investigators: Maui Hudson : maui.hudson@esr.cri.nz or 027 2061183 Annabel Ahuriri-Driscoll: annabel.ahuriri-driscoll@esr.cri.nz or 03 3516019 Isaac Bishara: isaac.bishara@esr.cri.nz</p>

The research team thanks you for volunteering to take part in this study

Ngā tohu o te ora

CONSENT FORM (Stage II)

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF TEN YEARS

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

Principal Investigator: Maui Hudson

- I have been given and have understood an explanation of this research project.
- I have had an opportunity to ask questions and have them answered.
- I consent to the healer trialling the wellness framework and whaiora tool with me.
- I understand that I may withdraw myself or any information traceable to me at any time without giving a reason.

	Participant	Witness
Signed:		
Name: (please print clearly)		
Date:		

This research project was APPROVED BY THE MULTI-REGION ETHICS COMMITTEE (MEC/10/10/106) on 11/11/10

Ngā tohu o te ora

HE PĀNUI WHAKAMĀRAMA I TĒNEI RANGAHAU (Wāhanga Tuarua)

Tuia ko te Rangi e tū nei
Tuia ko te Papa e takoto nei
Tuia ko te here tangata
Ka rongō te pō
Ka rongō te ao
Tihei mauri ora

Tuatahi ka huri ra ngā mihi ki a Io te pūkenga, Io te wānanga, Io Matua Kore.
Tuarua ki ngā tini mate o tēnā iwi, o tēnā iwi puta noa i te motu. Haere koutou ki te huinga o te kahurangi. Tuatoru ki ngā whatu mōrehu o rātou mā, ki ngā mana, ki ngā ihi, ki ngā wehi, tena koutou katoa.

He tono kia uru mai koe ki tēnei rangahau

Te Hītori

Ko ngā whāinga o te kaupapa nei, ko te rangahau i te whānui me te whāroa o ngā tohu o te ora e ai ki ngā tohunga rongōā ā motu. Kua oti i a mātou te hanga i te hanganga waiora me te whāinga whaiora hei whakamārama atu ngā hua o ngā mahi rongōā. Ko te mahi ināianei te whakamahi i te hanganga waiora me te whāinga whaiora ki ngā tūrora. Hei aha? Hei aroaro, hei wānanga te pai rānei o ēnei mea.

Ko te tono

- Nei rā te tono ki a koe kia uru mai ki tēnei rangahau
- Māhau anō e whakaae kia āhei te tohunga ki te whakamahi i te hanganga waiora me te whāinga whaiora.
- Mā te hanganga waiora e kite i ngā tohu hei whai ki te oranga.
- Mā te whāinga whaiora te tohunga e tuhi i ngā whāinga me te wāhanga whakamana i te otinga.
- Ka arotake te rōpū rangahau i ngā tuhinga mō tēnei rangahau.
- Ka aro te rangahau nei ki ngā mahi ā te tohunga. Nō reira, kaore e puta atu ngā kōrero mōu ake ki te rōpū rangahau.

Ka tāea hoki koe ki te whakawātea i a koe, ki te whakawātea i ō kōrero i tēnei rangahau.

Mēnā he pātai tāu e pā ana ki te rangahau nei waea atu ki:

Maui Hudson: 027 2061183

Mēnā he pātai tāu e pā ana ki ōu whāinga tika i roto i tēnei rangahau tukua ki te kaitautoko toihau hauora/hauātanga: Waea 0800 555 050

Ngā tohu o te ora

WHĀRANGI WHAKAAE (Wāhanga Tuarua)

KA MAU TONU TĒNEI WHĀRANGI WHAKAAE KIA TEKAU NGĀ TAU

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

Kairangahau matua: Maui Hudson

- Kua whakamārama mai ngā āhuetanga o tēnei rangahau.
- Kua whakautua aku nei pātai.
- E mōhio ana ahau ka tāea e au te whakawātea i ahau, te whakawātea i aku kōrero i tēnei rangahau.
- Ka whakaae ahau ki te uru ki tēnei rangahau kia āhei te tohunga ki te whakamahi i te hanganga waiora me te whāinga whaiora.

	Kaiwhakauru	Kaititiro
Nā:		
Ingoa: (kia ariari te tuhi)		
Rā:		

This research project was APPROVED BY THE MULTI-REGION ETHICS COMMITTEE (MEC/10/10/106) on 11/11/10

Ngā tohu o te ora

	HE PĀTAI
Ka taea te whakawatea i ahau i te rangahau nei?	Āe, ka taea te whakawatea i a koe i te rangahau nei me te tango ano i ō ake kōrero.
Ngā painga o te rangahau	<ul style="list-style-type: none"> • Ko te whakamārama i ngā hua o te rongoā ki te ao whānui • Ko te whakarite i te hanganga hei āwhina i te kimi pūtea mō te kaupapa o te rongoā
He utu?	Karekau he utu mō tēnei rangahau.
Ka whakatapu i ngā ingoa?	Mā te rōpū rangahau e tiaki ngā kohinga kōrero i roto i ngā tari, ngā rorohiko rānei.
Ngā hua o te rangahau	Ko ngā ripoata me ōna hua ka tukua ki ngā pukapuka hauora, ngā whare oranga, nga kaitautoko me ngā whānau/hapū/iwi e ngākau nui ki te kaupapa o te rongoā.
Ethical approval	Nā te kōmiti tikanga rangahau ā motu tēnei rangahau i whakamana.
Contact details	<p>Mēnā he pātai tāu e pā ana ki ōu whāinga tika i roto i tēnei rangahau tukua ki te kaitautoko toihau hauora/hauātanga:</p> <p>Waea 0800 555 050</p> <p>Mēnā he pātai tāu e pā ana ki te rangahau tukua ki ngā kairangahau:</p> <p>Maui Hudson : maui.hudson@esr.cri.nz or 027 2061183 Annabel Ahuriri-Driscoll: annabel.ahuriri-driscoll@esr.cri.nz or 03 3516019 Isaac Bishara: isaac.bishara@esr.cri.nz</p>

He mihi tēnei nā ngā kairangahau mō tō tautoko i te kaupapa

Pūrākau Integrated Case Study Methodology for Tangata Whaiora

Maui Hudson

Dr Rhys Jones

Pūrākau Integrated case study methodology for tangata whaiora

Purpose

The purpose of the Pūrākau methodology is to provide a framework for integrating clinical information from rongoā practitioners and general practitioners (GPs) in a case study format to share the stories of tangata whaiora (patients) who have used both types of interventions on their pathway to healing.

Background

The Treaty of Waitangi is the foundation upon which relationships between Māori and Pākehā are to be based. The Treaty guarantees tino rangatiratanga over all taonga including mātauranga and rongoā, and the acceptance of kāwanatanga as a process for managing the introduction of new peoples and knowledges into Aotearoa. Acknowledging the Treaty honours the healing traditions of all peoples and the source of their unique contributions to rongoā, facilitating wellness. This case study methodology allows both rongoā practitioners and general practitioners space to articulate and document the rationale for their respective contributions to “**te oranga o te tangata whaiora**”.

Mātauranga Māori, encompassing traditional knowledge and philosophy informs tikanga Māori, traditional values and ethics, and is expressed in a range of practices including those associated with traditional healing. Some of the values of significance to Māori healing, reflected within this methodology are:

- Whanaungatanga,
- Manaakitanga,
- Wairuatanga,
- Kaitiakitanga, and
- Kotahitanga.

Medicine is similarly informed by particular values, which influence the practice of medicine and the relationship between doctors and patients. These values are reflected in the Hippocratic Oath, sworn by medical practitioners, which includes guarantees to;

- Do no harm
- Do the most good
- Respect the sanctity of life
- Maintain the privacy of the individual, and to
- Maintain a professional relationship with patients.

Within health services these medical values have been normalised to the extent that they are implicit to practitioner activities and are not talked about explicitly. In General Practice the healing intervention consists of a standardised process of assessment, treatment and monitoring with relationships between practitioner and patient developing over time through a series of interventions. Rongoā practitioners place specific emphasis on developing relationships at the beginning of an intervention but also use a similar cycle of assessment, treatment and monitoring albeit framed in tikanga Māori and mātauranga Māori.

Rationale

Rongoā practitioners use a variety of modalities ranging from kōrero to mirimiri, to plant preparations to enhance a person's wellbeing. Anecdotally, demand for these services is increasing, with more frequent utilisation alongside medical treatments. As both General Practitioners and Rongoā Practitioners are contributing to the individual's improved health status and wellbeing in these cases, it is essential that these arrangements are documented to legitimise this type of collaborative activity.

There are two primary reasons for integrating the clinical information from both practitioners. Firstly, it provides a way of identifying the similarities and differences between practitioners in terms of patient outcomes. Secondly, rongoā practitioners can use third party evaluation (GP tests) as independent indicator of patient progress. Incorporating patient satisfaction data alongside the practitioners' clinical information allows us to triangulate and compare an individual's progress. It also provides a framework to consider the relationships between the various parties and assess how this either enhances or hinders recovery.

Māori concepts and understanding are used to frame the components of this methodology. This positions it within te ao Māori (a Māori worldview) and makes it more accessible to rongoā practitioners, those most likely to use the framework as a tool to gather evidence establishing the beneficial effects of rongoā for wellbeing.

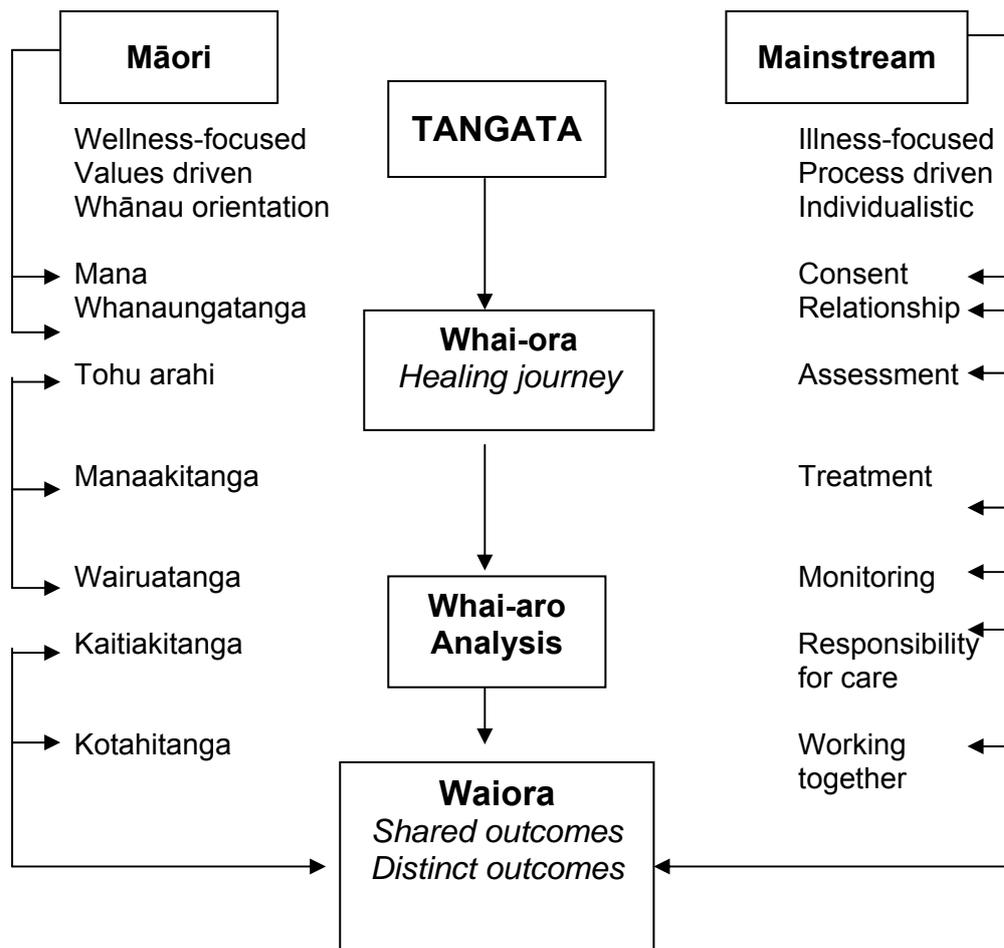
Process

A Health Research Council (HRC) seeding grant provided funding to develop this methodology. The attendees at the initial meeting at Nga Ringa Whakahaere office in Rotorua on 27th March 2007 drafted the outline that was revised electronically over subsequent weeks. The participants to this process were:

Dr Rhys Jones, Senior Researcher, Public Health Physician, Tomaiora Māori Health Research Unit, University of Auckland
Maui Hudson, Māori Development, ESR
Dr John Armstrong, Clinical Leader, Rotorua GP Group
Mahinekura Reinfeld, Rongoā Practitioner, Karangaora, Taranaki
Helen Taiaroa, Hauora Programme Leader, Te Wānanga o Raukawa
Penny Huata, Rongoā Practitioner, Ngā Hua Puawai a Tāne Mahuta, Taupō
Dr Jenny Pearson, General Practice clinic, Te Rūnanga Mātauranga o Tuhoe, Taneātua
Ruby Jane Dick, Darcy Dick, Rongoā Practitioners, Te Waiora o Tāne, Rotorua
Mangu Clarke, Kaumātua and Chairperson, Ngā Ringa Whakahaere o te Iwi Māori
Dr Vicki MacFarlane, General Practitioner, Auckland
Rita Tupe, Rongoā Practitioner, Te Tapenakara mō te Iwi
Mate Tihema, Wikitoria Tupe, Tipene Tihema-Biddle, Kaiāwhina, Te Tapenakara mō te Iwi Māori
Mark Ross, Manager, Ngā Ringa Whakahaere o te Iwi Māori
Annabel Ahuriri-Driscoll, Māori Researcher, ESR
Tāne Cook, Administration Manager, Ngā Ringa Whakahaere o te Iwi Māori.

Pūrākau Framework and explanatory notes

- The patient needs to give approval for their information being shared in this manner.
- Patient information should remain confidential.
- The patient needs to give consent and request their clinical information.
- The rongoā practitioner and general practitioner will have to agree to work together to compile case studies.



Wāhanga	Kōrero whakapuaki
1. Mana: Consent to act	Gaining the agreement of the individual, GP and Rongoā practitioner to work together Gaining consent of the individual to access clinical notes and records Ethics approval (if required)
2. Whanaungatanga: Relationship between practitioner and patient	Establishing trust and rapport Method of referral – how you came to be here Whakapapa Personal details Social history
3. Tohu Arahi: Assessment of the mate	Symptoms Types of assessment/frameworks Allergies Indications for treatment
4. Manaakitanga: Care and treatment	Treatments Reassessments Checkups
5. Wairuatanga: Monitoring and evaluation	How outcomes were prioritised? Improvements in patient outcomes <ul style="list-style-type: none"> • Social outcomes • Health outcomes Change in relationship between the practitioner and patient Empowerment of patient
6. Kaitiakitanga: Responsibilities for care	Timeline of interaction and responsibility for care. Why GP? Why RP? Funding issues and incentives
7. Kotahitanga: Working together	Interaction between RP and GP Similarities and differences Benefits and barriers to patient outcomes due to practitioner relationships, communication, information sharing. Use of rongoā and medication

1. Mana – Agreement and consent to participate

- This section should describe briefly how the parties agreed to work together on the case study and that consent was given.
- Gaining ethics approval (if required)

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2. Whanaungatanga – Relationship between patient and practitioners

- Describe how the patient came to see you
- Comment on how you get to know the patient
- Comment on the type of information you collect about the person and their whānau/social networks

<i>Rongoā Practitioner</i>	<i>General Practitioner</i>

3. Tohu Arahi – Assessment of the mate

- Comment on the areas that you assess and how these relate to the symptoms revealed by the patient
- List any other clinical information you collect, i.e. allergies
- What was your diagnosis/diagnoses? (Problem list?)
- Identify what you think the issues are and how you plan to prioritise your care and treatment

<i>Rongoā Practitioner</i>	<i>General Practitioner</i>

4. Manaakitanga – Care and treatment

- Comment on the nature of the care provided
- Comment on the number of interventions or treatments and how the patient responded
- Comment on reassessment processes or check-ups

<i>Rongoā Practitioner</i>	<i>General Practitioner</i>

5. Wairuatanga – Monitoring and evaluation*

- Comment on how you prioritised patient outcomes i.e. social outcomes, health outcomes
- Comment on how these contributed to patient wellbeing
- Comment on any change in relationship between you and the patient over the course of treatment (empowerment or ability to self-care)

<i>Rongoā Practitioner</i>	<i>General Practitioner</i>
<i>Patient</i>	

6. Kaitiakitanga – Responsibility for care*

- Outline the timeline of interaction and responsibility for care
- Comment on why different practitioners were used when they were
- Identify issues affecting responsibility for care i.e. funding or incentives

* Rongoā practitioner, General practitioner and patient to provide input to these sections

7. Kotahitanga – Working together*

- Comment on the interaction between RP and GP
- Outline the similarities and differences in the focus of care
- Comment on the benefits or barriers that impacted on patient wellbeing i.e. practitioner relationships, communication, information sharing, use of rongoā and medication together.



8. Waiora – Outcomes*

- Comment on the outcomes that indicated improved wellbeing
- Comment on the outcomes that were shared by both practitioners
- Comment on the outcomes that were distinct for each practitioner



*Rongoā practitioner, General practitioner and patient to provide input to these sections

**Pūrākau – Integrated case study methodology for
tangata whaiora
Draft Consent Form**

Please read carefully	Circle one
<ul style="list-style-type: none"> ▪ The understand that the purpose of the Pūrākau case study is to share the stories of tangata whaiora (patients) that have used both rongoā and mainstream interventions on their pathway to healing. 	Yes / No
<ul style="list-style-type: none"> ▪ I consent to the use of my clinical information held by the rongoā practitioner to be used for this purpose 	Yes / No
<ul style="list-style-type: none"> ▪ I consent to the use of my clinical information held by the general practitioner (GP) to be used for this purpose 	Yes / No
<ul style="list-style-type: none"> ▪ I understand that this clinical notes will remain confidential and will not be shared beyond the practitioners and the research team 	Yes / No
<ul style="list-style-type: none"> ▪ I understand that my privacy will be protected 	Yes / No
<ul style="list-style-type: none"> ▪ I would like to review the case study before it is presented or published 	Yes / No

Tangata Whaiora: _____ Signed _____

Rongoā Practitioner: _____ Signed _____

General Practitioner: _____ Signed _____

Researcher: _____ Signed _____

Ngā tohu o te ora

Rongoā Māori and Integrative Care Symposium

Great Lakes Event Centre, Taupō

May 11th 2009

10am -4.30pm

Purpose of the symposium

The purpose of the symposium is to highlight how rongoā Māori is being used within the health system. Whare Oranga are developing relationship with different parts of the health system (PHOs, DHBs, MOH) to provide care for those in need. The opportunities for this type of innovative practice are increasing but tend to be localised and highly dependent on the relationship between the funder organisation and the Whare Oranga. The symposium will include speakers from whare oranga throughout the country and also an international guest with experience in supporting the integration of western and traditional medicines into the health system.

Rongoā Māori

Rongoā Māori or traditional Māori healing has developed out of Māori cultural traditions. It is a holistic system of healing comprising a range of diagnostic and treatment modalities, reflecting an approach to health that embodies wairuatanga (spirituality) as part of ‘the whole’, alongside physical, mental and social aspects of health. The literature describes rongoā Māori as a locally specific tradition, with bounds beyond that of a herbal health practice. A broad range of healing practices is included within rongoā Māori – all are underpinned by a Māori worldview and conceptualisation of wellbeing. Several modalities are identified, including **ritenga and karakia** (incantations and rituals involved with healing), **rongoā** (physical remedies derived from trees, leaves, berries, fruits, bark and moss), **mirimiri/romiromi** (similar to massage/physiotherapy), **wai** (use of water to heal), and **surgical interventions**. Healers do not practice uniformly, and considerable diversity exists in the application of particular modalities. Cultural tradition and a long history of oral transmission of knowledge, has led to a specificity of traditional healing methods employed by Māori which varies according to region, iwi, hapū and whānau.

Integrative Care

‘Integrative health care’ refers to the integration of complementary and alternative medicine (CAM) therapies with mainstream health care. Integrative health care is a patient-centred partnership amongst autonomous health practitioners. It is about active collaboration, co-operation and communication amongst all health practitioners involved in the care of an individual patient. A Ministry of Health work programme for moving towards integrative health care has been agreed, which is based on four themes:

- a. CAM professional regulation and development;
- b. Integrative health care service developments;
- c. Research;
- d. Integrative health care developments for Māori.

‘Integration’ of rongoā with mainstream health care requires upholding the integrity of rongoā and respecting it as a taonga, whilst acknowledging its contribution to health gain. Traditional Māori healers working alongside CAM and biomedical practitioners would bring considerable benefits. This would enable wider health choice for Māori in a culturally appropriate context, thus improving access to a range of health services in a way that is consistent with Māori values and worldviews. It would also affirm the legitimacy of

Ngā tohu o te ora

mātauranga Māori in relation to health and wellbeing, acknowledging its importance alongside Western biomedicine.

Presenters

- **Tinamarie Winikerei: Lake Taupō PHO**
- **Penny Huata: Ngāhuapuāwai a Tāne Whare Oranga**
- **Eru George: Lakes DHB**
- **Sabre Puna: Ngā Ringa Whakahaere o te Iwi Māori**
- **Joanne Hayes: Ngā Tai o te Awa**
- **Olive Bullock: Te Kōpere o Raehina**
- **Charlie Rahiri: Huria Management Trust**
- **Alice Nuku: Whaioranga Trust**

Dr Paolo Morisco

Paolo worked in General Practice in Italy and Bhutan before starting work in an Aboriginal health clinic in Townsville, Australia in 1999. He completed a Diploma in Tropical Medicine & Hygiene in Liverpool and also completed membership to the College of Phytotherapists in London, becoming a Herbal Practitioner and later a Member of the National Herbalists Association of Australia. Dr Morisco headed a project in Bhutan for more than 10 years, funded by the EU, which established a national traditional medical system that enabled local control by a national network of traditional healers. The traditional medical system also became accredited alongside the western system. Dr Morisco was responsible for developing the education systems for traditional healers, the equivalent clinical trials to demonstrate the safety of the traditional medicines and all the other regulatory mechanisms necessary for a nationalised system, under the guidance of the national network of Indigenous healers.

Dr Chris Kavelin

Chris Kavelin is a visiting lecturer in the Department of Indigenous Studies at Macquarie University in Sydney, Australia. He has a BTheol/Hons from Otago University, a MTheol/Hons from Sydney University and PhD in Law from Macquarie University. Chris' research interests are transdisciplinary and transcultural. They include the legal protection of Indigenous medical knowledge, Indigenous spiritual metaphysics, the transformation of Western intellectual property law to engage Indigenous spiritual concerns, fostering a global system that honours the diversity and legitimacy of Indigenous customary law, the interface of Western knowledge and Indigenous knowledge, Indigenous economics and he is attempting to catalyse models to develop regionally based Indigenous owned pharmaceutical companies.

Agenda: Rongoā Māori and Integrative Care

Mon 11th April

<i>Time</i>	<i>Presentation</i>	<i>Outline</i>
10.00am	<i>Mihi Whakatau</i>	
10.30am	Welcome Opening Address	Outline of symposium Hon Tariana Turia
10.50am	Lake Taupo PHO & Whare Oranga	Example of relationship between primary health organisation and traditional healers
11.10am	Lakes DHB & traditional healers	Example of relationship between DHB and traditional healers
11.30pm	Sabre Puna: Waikaremoana project	Example of relationship between community and traditional healers
11.50pm	MOH & Te Kopere o Raehina	Example of relationship between MOH and traditional healers
12.10pm	Huria Management Trust & Tauranga healers	Example of Māori organisation supporting traditional healers
12.30pm	<i>Kai</i>	
1.15pm	International guests: Dr Paolo Morisco and Chris Kavelin	Outline of experience in Bhutan of developing a network of traditional healers and gaining credibility within mainstream health system.
2.00pm	Discussion	
3.00pm	<i>Kapu tii</i>	
3.15pm	Ngā Tohu o te Ora	Outline of HRC research project developing traditional Māori wellness outcome measures
3.30pm	Discussion	
4.30pm	<i>Mihi whakamutunga</i>	



<http://www.scoop.co.nz/stories/PA0905/S00182/speech-turia-rongoa-maori-and-integrative-care.htm>

Speech: Turia - Rongoa Maori and Integrative Care

Monday, 11 May 2009, 11:19 am

Press Release: New Zealand Government

Rongoa Maori and Integrative Care
Working alongside healthcare organizations

May 11th 2009; 10am
Great Lakes Centre, Tongariro Street, Taupo

Hon Tariana Turia, Associate Minister of Health

I came across some words from the late Rongo Wi Repa which I wanted to share with us all today,

Tatai tangata ki te whenua, ka ngaro, ka ngaro;
Tatai whetu me te Rangi, ka mau tonu, ka mau tonu

People live and pass on
but the land and stars in the universe remain forever.

Rongo was someone who had a gentle wisdom in his words, a way of reminding us that whatever we do now should pave the way for those we leave behind.

It is about all of us working collectively, to honour the foundations laid by those who were here before us.

And so as I travelled here this morning to the Great Lakes Centre I thought about some of the people who have lived and passed on; who taught us so much by their messages of inspiration; the legacy of their practice and their example.

Rongoa is one of the gifts of te Ao Maori that connects us to those who have gone before us; it connects us to the pre-colonial traditions and knowledge that was here; mana motuhake mai ra ano.

And so I was really pleased to be here today, at this celebration of rongoa Maori, and all of the services, healthcare organizations and funders that are acting in ways to support our traditional healers.

This is an important hui, to move our thinking outwards, to embrace the goal of integrated care.

It is a particular pleasure to welcome Chris Kavelin and Dr Paolo Morisco as international guests to this hui.

The experience that Dr Morisco will be able to share from his time in managing the project on Traditional Bhutanese Medicine will be of special relevance to this time.

The Maori Party has had a long-held interest in the developments occurring in Bhutan, and now in my capacity as Associate Minister of Health, I can see exciting connections that can be made in developing the wider interests of hauora.

The people of Bhutan have led the world in their development of an index called Gross National Happiness.

In short, the Royal Government of Bhutan came to the conclusion that consumer driven economic growth has been at the expense of the spiritual wellbeing, the cultural authenticity and the environmental health of the nation. And so they decided to reprioritize the indicators of their success, by instead placing happiness as the central outcome to drive their development onwards.

The key measures of Gross National Happiness are seen in nine key factors:

- Standard of living
- Health of population
- Education
- Vitality and diversity of ecosystem
- Cultural vitality and diversity
- Use and balance of time
- Good governance
- Community vitality
- Emotional wellbeing.

If these principles sound familiar, I would suggest there is a great deal of similarity between what the Bhutanese might measure in the index of Gross National Happiness; and what we know as kaupapa Maori.

Rongoa Maori, or traditional Maori healing, has, intuitively, known the value of gross national happiness. In the range of healing practices which you deliver, the strength is consistently underpinned in the philosophies we hold as tangata whenua of wellbeing.

The fundamental importance of ritenga and karakia is upheld as the essence of matauranga Maori and tikanga Maori associated with rongoa.

The approach our traditional healers take in the practice of rongoa Maori embodies wairuatanga as a vital component of nurturing our physical, mental and social health.

The capacity of the environment to sustain the rongoa in the first place –the health of the trees, leaves, berries, fruits, bark and moss –motivates us not just in the immediate access and harvesting of rakau, but also in taking care to protect Papatuanuku for the days to come.

The traditional knowledge about rongoa, mirimiri, romiromi, the use of wai to heal, is also to be protected.

And I want to make special acknowledgement of the significance of the WAI 262 flora and fauna claim.

Some of the concerns around the misappropriation of cultural and intellectual property, the practice of patenting, and the degree of protection that rongoa is entitled to as a Treaty right, are key issues for the ongoing development of rongoa.

I want to pay a particular tribute to Saana Murray of Ngati Kuri, who is the last living claimant of the group of pioneers who took these issues to the Waitangi Tribunal on our behalf.

All of these issues were presented most recently in a publication released a couple of months ago, “The Future of Rongoa Maori: Wellbeing and Sustainability”.

In that report, three key benefits were described as emerging from rongoa Maori:

1. the health benefits that lead from the diagnostic and treatment modalities associated with rongoa;
2. the strength that comes for tangata whenua from retention and revitalization of matauranga, tikanga and te reo Maori; and
3. the role of traditional healers in improving access for Maori to other health services.

The movement towards whare oranga developing tight relationships throughout the health system – with PHOs, DHBs and the Ministry of Health – is therefore something I completely endorse.

This hui is a pivotal moment in our history, as we seek to integrate rongoa with mainstream healthcare.

Integrative health care, as defined by the Ministry of Health, is about encouraging active collaboration, cooperation and communication amongst all health practitioners involved in the care of an individual patient.

In its most basic form, integrative health care is seen when traditional Maori healers work alongside complementary and alternative medicine therapists and biomedical practitioners.

It is about enabling a wider healthcare choice for Maori; and it will be seen in a patient-centred partnership between those upholding matauranga Maori and those applying Western biomedicine.

I am really excited about the innovation that will come out of the project, Nga Tohu o te Ora.

I want to congratulate the research team – Maui Hudson, Annabel Ahuriri-Driscoll, Zack Bishara, Moe Milne and Marie Stewart - for their initiative in seeking to develop a set of traditional Maori wellness outcome measures that will fully define the range of outcomes that we would expect of our traditional healers.

That is exactly the type of focus I want to advance in health – and in fact across all social policy sectors.

And if I could humbly suggest two key areas of interest for me, that I would like to see both this project, and also more specifically this hui address, it would be to focus on the aspiration of whanau ora; and to encourage integrated care to stretch its wings even wider to embrace

not just the wider health sector, but also education, justice, social services, housing and all aspects of life that impact on our mauri.

For happiness in our unique understanding of hauora, is not just about treatment and cures; or a focus on fixing up the individual.

Whanau ora takes all sector interests into account; it starts also from the premise that whanau are the best equipped to deal with their own issues.

The role for Government, for agencies and state departments, for non-governmental organizations, for health providers, for traditional healers alike –should be to do all that we can to address any issues that may impact on the capacity of whanau to get the most out of life.

And so I return to the wisdom of Rongo Wi Repa – what is the knowledge and the ability passed on to you, to uphold, protect and sustain the practice of rongoa, for the wellbeing of whanau, hapu and iwi?

How do you care for the kumarahou, kawakawa, manuka, kowhai and harakeke? How do you preserve and protect the practice of romiromi, rongoa, healing and hono?

How do you encourage whanau to take a holistic approach to their own health, to understand the aspiration of tino rangatiratanga; to promote kaitiakitanga; to value the full strength of whakawhanaungatanga?

Leadership in advancing the relationship between rongoa Maori and integrative health care resides with us all.

And I will be particularly interested to hear your views on the role of Te Paepae Matua mo te Rongoa; the role of Nga Ringa Whakahaere o te Iwi Maori; and the support provided by the post of Chief Advisor – Integrative Care within the Ministry of Health, David St George.

But most of all, I will be keen to hear your thoughts on whanau ora; and the aspiration for integrated health and social services.

Tatai tangata ki te whenua, ka ngaro, ka ngaro;
Tatai whetu me te Rangi, ka mau tonu, ka mau tonu



Ngā tohu o te ora

Hui, Symposium, Workshop

Rongoā and Research: Past, Present and Future

Tuesday June 28-30th

Tangatarua Marae, Waiariki Institute of Technology, Rotorua

Ko te pū
Ko te more
Ko te weu
Ko te aka
Ko te rea
Ko te waonui
Ko te kune
Ko te whe
Ko te korekore
I takea mai i te pō

(waiata sung at the symposium during workshop feedback)

Supported by



Kaupapa

There is increasing interest in the potential for traditional healing practices including rongoā Māori to make a contribution to the health and wellness of the community. Various community clinics, whare oranga and rongoā services are in operation throughout the country and a variety of research projects are underway to support these developments. This symposium provided an opportunity to hear about a range of research projects exploring traditional healing and rongoā Māori in past and present contexts, and to also consider future directions. The symposium involved presentations from national and international speakers, and workshops to explore issues emerging from rongoā Māori research.

Facilitator

Isaac Bishara

Speakers

Dr Leonie Pihama

Matarākau: Ngā Kōrero mō ngā rongoā ā Taranaki

Matarākau is a symbolic expression of the eyes of the rākau that oversee our use of rongoā. The term is one that is drawn upon by those involved in the healing world of rongoā who were involved in this research. Matarākau is a research project developed and controlled entirely by Māori whānau and researchers from the Taranaki region. This project interviewed 60 Elders in from the Taranaki region in regard to their knowledge and experiences of Māori traditional healing. The key messages are

- All of our people had experienced traditional knowledge and healing.
- Whānau had healers within their own midst.
- Knowledge of traditional healing was readily available either within the whānau or through wider hapū and iwi links.
- A range of healing processes were daily practices.
- Whānau healed themselves.
- Whānau were aware of the tohunga in the area and utilised their expertise when required.

Dr Cheryl Smith

Māori Vietnam Veterans, Whānau & Healing

Fifty Māori Vietnam Veterans were filmed for their health experiences pre-war, during the war and post war. Contextualising combat exposure and toxin exposure for Māori Vietnam veterans:

- 60-70% of NZ Vets were Māori
- Study of 756 NZ Vietnam vets showed Māori had higher rates of PTSD
- Māori had higher rates of combat exposure, lower ranks and in high exposure roles

NZ was involved in Vietnam from 1964 – 1972 with an estimated 3500 Māori Vets' who would have over 20,000 descendants (every iwi and majority of hapū affected). Most Māori men came from rural, large families with around half being te reo Māori speakers. All but a few witnessed aerial spraying that they believe to have been Agent Orange and most reported direct exposure (bulldozers). Dioxins are known to cause cancer, immune system deficiency and birth defects. Veterans were also affected by Post Traumatic Stress Disorders. Unrecognised and untreated veterans can become suicidal and depressed, can have long term anxiety and panic attacks and are at higher risk of becoming addicted to alcohol and drugs through self-medicating. Men had little or no treatment for mental health impacts (dioxin or PTSD causes). Whānau were not aware of PTSD but felt its consequences. Healing came under a number of guises and included;

- Whakanoa – under the korowai of Tūmatauenga
- Repairing relationships whānau, hapū and themselves
- Kai – local and home grown
- Rongoā, karakia, rongoā rākau, wai
- Whakamaa – protests
- Government recognition – veterans services

Maui Hudson, Isaac Bishara & Annabel Ahuriri-Driscoll

Ngā Tohu o te Ora: Traditional Māori Wellness Outcome Measures

The aim of this HRC funded project is to develop a set of wellness measures that reflect the range of outcomes sought by rongoā Māori healers in their practice. As a shared 'language' to communicate and promote the basis/benefits of rongoā, it is proposed that this will assist healers and Whare Oranga to participate more actively in the public health system. The project team has held hui with healers, stakeholders and tangata whaiora to construct a wellness framework (next page) and oranga essence statements.

- **Wai ora** - the essential element of wairua realised as holistic health and wellness. The state of spiritual health and wellness expressed in the wairua. Characterised as peacefulness, contentedness and being centred.
- **Mauri ora** - the elemental essence imparted by wairua, bound with energy to generate life, form and substance. The state of environmental health and wellness expressed in the taiao. Characterised by concepts of connection to a healthful environment.
- **Whānau ora** – the foundation for nurturing and growth, social interaction and identity through intergenerational relationships, aroha and manaaki. The state of health and wellness expressed in the whānau. Characterised by concepts of belonging, inter-dependence and connection.
- **Manawa ora** – the energy and capacity for growth and development. The state of emotional, cognitive health and wellness expressed in one's hinengaro. Characterised by concepts of self esteem, maturity, conscience and consciousness.

- **Hau ora** – the sacred breath of life imbued in a person. The state of physical health and wellness expressed in the tinana. Characterised by concepts of vitality, vigour, and bodily integrity.

Ngā Tohu o te Ora: Wellness Framework							
Application of Tikanga Rongoā	Assessment	Clearing	Balancing	Strengthening	Enhancing	Promoting	Oranga
Wairua Spiritual Domain	Vibrancy	Fear	Energies	Whakapono	Synergy	Lightness of being	Wai ora
Taiao Environmental Domain	Sensitivity	Contamination	Mātauranga Information	Tūrangawaewae	Kaitiakitanga	Mutuality/ Reciprocity	Mauri ora
Whānau Social Domain	Connectedness	Dysfunction	Relationships	Social involvement	Inclusivity	Potential	Whānau ora
Hinengaro Emotional & Cognitive Domain	Maturity	Blockages	Emotions/ Thoughts	Self esteem	Insight	Tūmanako	Manawa ora
Tinana Physical Domain	Vitality	Pain/ Inflammation	Function	Mobility	Flexibility	Resilience	Hau ora

The framework provides the foundation for a goal setting tool for tangata whaiora. The research team will work with whare oranga/rongoā providers to test the tool, analyse the findings and feedback to providers and stakeholders.

Abe Scott & Tom Rogers

Te Maire Taumata Trust & Te Ihu Pūtaiao

Abe Scott and Tom Rogers outlined a whānau development project undertaken by Te Maire Taumata Trust with support from IRL, to identify the active properties of kawakawa for the development of kawakawa based health products. The presentation prompted much discussion about intellectual property and the potential impact of this development on the use of kawakawa by other practitioners.

Rita Tupe, Sylvia Tapuke & Mate Tihema

Ngā Wai o Rongo

Ko te rongoā te pātaka o te ora i tākohatia e Tāne
Rongoā is the source of our wellbeing as gifted to us by Tāne

Ngā Wai o Rongo is a collaboration between Te Tāpenakara and the Malaghan Institute for Medical Research. The aims of this proposed research project are:

1. To establish a Rongoā Māori Treatment Programme
2. To test Rongoā for inflammation and develop new Rongoā

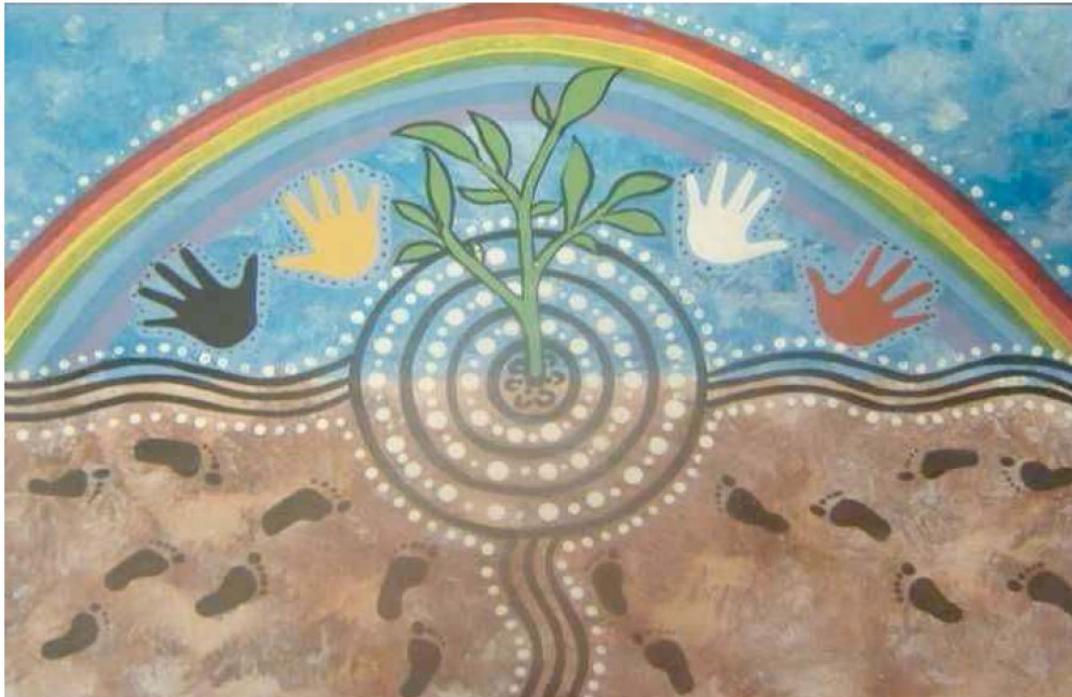
The presentation outlined a number of issues involved with developing collaborations including: building trust and rapport; maintaining control of research; policies and processes for research partnerships; finding the right people who specialise in research; IP issues; iwi development; creating clear research goals from our long term strategic plans; and support for administration.

Whakakaupapatia ngā ōhākī a o tātau tīpuna kia puāwai ngā putiputi
Fulfill the aspirations of our ancestors to quality life and well being

<p><u>Tapenakara:</u></p> <ul style="list-style-type: none">•Establish Rongoa treatment programme•Select, collect, prepare and apply Rongoa treatments to turoro•Select, consult, liaise and care of turoro	<p><u>Malaghan Research Institute:</u></p> <ul style="list-style-type: none">•Analyse and report bloods of 15 patients•Analyse and report Rongoa formulations 
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International speaker: Dr Chris Kavelin

Indigenous Governance and Management of Traditional Medicines



Dr Kavelin shared his experiences of identifying unacknowledged intellectual property associated with medicines derived from traditional plants, and processes of informing traditional communities about these developments. He also discussed a Samoa-based project which is promoting unity by creating spaces for healers to share experiences and medicines with each other.

Symposium Workshops

1. Vision for Oranga 2025-2050

Kei tua nukunuku, te kotahi te iwi rongoā ka kata te pō. Te hua o te whenua – feed the whenua within so that we can retain, develop, exercise, service that which we have, workforce – skilled, Whare Maire. Te Ohonga ake, mārama/values, beliefs, mātauranga which nurture and enhance whānau senses, te reo, ko te hī ko te hā. Change behaviour and attitudes, kia oho ake – seven generations to awhitia te mokopuna and create good memories of singing, mauri ora, talented special tohunga, clean taiao, drinking water, hinengaro.

2. Wellbeing of Rongoā

The mātauranga and kaitiaki roles and responsibilities of mana whenua (whānau, hapū, iwi) and tohunga in their respective rohe were acknowledged first and foremost, and the need for mechanisms to apply, retain and transmit this to future generations. Integral components include karakia, knowing the whakapapa, where & when to plant, seasons, Matariki, how to plant, rāhui, harvesting & storage, appropriate disposal, knowing the environment, rohe, and which rongoā rākau are abundant [protecting the MAURI]. Self-sufficiency within rohe was deemed an important goal (example of Te Aitanga a Mahaki gardens).

The need to organise governance and support systems for sustaining rongoā was also recognised. This included healing the contamination of rongoā, utilising Papatūānuku, challenging councils, DOC and other agencies to maintain what is (in terms of quantity, quality), and grow the rākau resource to sustain increasing & current demand. Promoting UNITY across whānau, hapū, iwi, local, regional, and national levels was identified as a key aim, as well as education and respect for customary law/lore.

3. Protection of Mātauranga & Intellectual Property

This involves understanding rongoā in three time phases – past, present and future; and the distinction between Mātauranga Māori and knowledge of rongoā for the general domain.

Past:

- Understanding our whakapapa to rongoā
- Knowing the space of mātauranga Māori pertaining to rongoā based on Māori worldview and whakapapa
- Practising the expressions of mātauranga Māori about rongoā
- Exploring events (social or natural) leading to states of change in rongoā

Present:

- Understanding our law systems and our interaction with it (involving people and rongoā)
- Identifying the states of our relationship with rongoā (along a continuum)
- Knowing what systems are in place for mahi rongoā, and knowing how to use these mechanisms to protect rongoā
- Exploring events (social or natural) leading to states of change in rongoā

Future:

- Returning the state of rongoā to tapu? (people/whenua) through kaitiakitanga and education programmes.
- Utilising technologies, modern tools and skills to deal with rongoā that is noa
- Knowing how and when to use tikanga around mātauranga Māori and IP to protect and sustain the wellbeing and usefulness of rongoā.

Healers workshop

Whaiora Tool Feedback

- Isn't the tool about achievement of goal, not consumer satisfaction?
- Could have a tick box + room for comments – tūrora to tick the boxes, them to say what has worked for them
- Need to break down barriers to get to goal kōrero – communication, te reo.
- Like the expectation of wellness, solutions-focused
- Questions: how are you feeling? How are you getting on? On a scale of 1 to 5?
- The form needs to provide room for initial assessment + follow up visits
- What information will go out of the Whare Oranga/clinic?
- In what form? Collating how?
- What does the goal look like?
- Need to consider and be able to guarantee practitioner and tūrora safety
- Total wellbeing is missing from this

Wellness framework feedback

- The framework fits us very well - empowering
- There are differing levels of practice – tauira ahurewa, āwhina, tohunga
- Assessment happens independently of doctors referral (form needs to indicate reason for referral, treatment sought)
- All have different assessment and treatment processes – mirimiri, manipulation, rongoā rākau, re/conditioning minds. If can fit within the clearing, balancing, strengthening, enhancing, promoting oranga...
- Observing, karakia, kōrero whakapapa, reading the body, wairua, intuition, pōwhiri, whakawhanaungatanga, manaaki
- Whakawātea → balancing out ā wairua → strengthening → treatment
- The reo is an important feature, could use slightly different words, adapt/flex
- Not giving out too much information – tūroro’s rights, trust and rapport
- Matching up with contractual obligation – reporting, outcomes
- Service outcomes (satisfaction), treatment outcomes (client records), goal outcomes (goal achievement)

Whaiora Tool: Tūroro Wellness Aspirations							
Tūroro:		Not achieved	Less than expected	Achieved	Exceeded	Sig exceeded	Verified Pt/Pract
Clearing/Balancing What are the tūroro's goals relating to alleviating pain or distress?		Have the tūroro's goals been met? Have pain/distress been alleviated?					
DATE:							
Strengthening/Enhancing What are the tūroro's goals relating to functional improvement?		Have the tūroro's goals been met? Has function been improved?					
DATE:							
Promoting Oranga What are the tūroro's goals relating to preventing illness and promoting wellness in the longer term?		Have the tūroro's goals been met? Have prevention/promotion behaviours been adopted?					
DATE:							
STAGE 1 NGĀ WHĀINGA - Goals		WHAIORA Healing Journey			STAGE 2 NGĀ HUA - Outcomes		

Ngā Tohu o te Ora: Wellness Framework

Application of Tikanga Rongoā	Assessment	Clearing	Balancing	Strengthening	Enhancing	Promoting	Oranga
Wairua Spiritual Domain							Wai ora
Taiao Environmental Domain							Mauri ora
Whānau Social Domain							Whānau ora
Hinengaro Emotional & Cognitive Domain							Manawa ora
Tinana Physical Domain							Hau ora

Rongoā & Research Evaluation Feedback compilation

Questions

Please comment on what sections of the wānanga you found most interesting/useful and why.

- The presentations – shows the importance of what we do and what people are doing with their mahi
- Presentations by Leonie and Cheryl, learnt a lot of new knowledge
- Group work in the evening
- Nice to see the new part of the wellness framework where you work alongside the tūrora, getting them involved in facilitating their own wellness
- Understanding what the research does to inform people
- All the kōrero presented by speakers and whānau was useful because we are all wanting to move forward and create a safe haven for our mokopuna
- Our first speaker was an oho mauri, our 2nd kaikōrero had a lot of awareness from our veteran whānau. A hīkoi through the rohe for the assessment tool other healers or clinics could compliment this kaupapa. Abe and Tom, their kōrero needs to be broadened. Ngā wai o Rongo 'tino tumeke' and our international speaker complemented the discussions.
- Direction suggested by our rangatahi that we position our govt to include alternative medicine. Remedies as a service to be public on an equal footing as the medical world, ensure a cleaner environment for a happier planet for our future generations
- 1) Matarākau: stories of healing collected in Taranaki; 2) Healing for Vietnam veterans; 3) Ngā Tohu o te Ora traditional Māori wellness outcomes; 4) Ngā Wai o Rongo

What would you like to see at wānanga of this type that would encourage you to attend a future symposium?

- A section on the rongoā plants and their names
- More knowledge sharing presentations
- Presentations from healing rōpū to learn how they do their mahi in comparison to our own
- More people who have the same interest from the above question so that we are seen working together as iwi Māori
- Up date from Ngā Wai o Rongo team, to be present in how their progress has complimented their findings with uric acid
- Korikori tinana exercises, a bit more between speakers
- Games pea
- Continued unity of sharing knowledge. Introduction of new systems, new technology that would improve, enhance our healing methods and systems offering an improved wellness and fitness process in partnership of an established service industry
- More of the above mentioned presentations

Other comments

- Have workshops for two days

- Awesome experiences
- Food to be able to mix with other healing rōpū
- Thank you ESR for the awesome manaakitanga, whanaungatanga and experience
- Mauri ora ki te kaiwhakahaere o tēnei kaupapa tino whakahirahira
- Tino pai ki ahau i tēnei wā, engari ka pai taku wairua, tinana me taku hinengaro, mauri tau kia koutou
- Create a website that identifies or update your current system that articulates process, systems, partial remedies of healing your network provides keeping it in line with healers who offer the same internationally
- Tino pai rawa atu tēnei hui. Well organised. Great speakers. Interesting, relevant. Pai te reo Māori. Rawe te kaupapa. Reka te kai. Well facilitated. Mahana te whare.

Symposium Attendees

55 healers, researchers, service providers, students and community members attended the symposium over the 2 days.



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