

Maori Community Health Workers

Report of the National Hui

Papakura, Auckland, 1 to 3 October 2003

Te Whiringa Trust

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Executive Summary & Recommendations

Why do MCHW do what they do? They do it for the betterment of the Maori community—to improve the health and wellbeing of whanau. To achieve this better within the role of the MCHW, the objectives of the 2003 National MCHW Hui were to establish a national body representing MCHW, to determine the role of a MCHW and to develop competencies for MCHW. The outcomes of the Hui really presented a proposed way forward, sanctioned by MCHW in attendance. Te Whiringa Trust was sanctioned to follow-up with the recommendations from the floor. Below are the recommendations from the 2003 Hui and also the recommendations from Te Whiringa Trust which have been developed from the findings of this report.

Role of a MCHW

1. Te Whiringa draft a paper for 2005 National Hui to discuss the model presented (see section titled: The Role of a MCHW) and that this form the basis of competencies for MCHW.

Competencies and Competency Development

2. Te Whiringa to recommend a relevant whakataurangi to describe competencies
3. One of the first tasks of the National Association is to develop a set of draft MCHW competencies for discussion at a National Hui.

A MCHW National Association

4. In selecting people for the National Association, consideration should also be given to the following criteria:
 - “Bridge builders” not “hole pickers”
 - Not to have “all power” with no accountability
 - Have decision making abilities
 - Can receive technical advice
 - Able to put aside personal agendas to focus on overriding Kaupapa
 - Not one-eyed to their own hobby horses
 - Experience
5. Te Whiringa have regional consultation hui to gain feedback from MCHW about the establishment of a national association for MCHW (i.e. possible structures, representation etc). This should include the possibility of Te Whiringa Trust formally becoming the National Association.
6. Prepare a draft paper for discussion for the next national MCHW Hui (Tairāwhiti, April 2005), recommending a structure (including: representation, funding, skills needed) and a list of prioritised tasks to be undertaken (based on the korero of the 2003 Hui and the regional hui). Adequate time should be given at the 2005 Hui to discuss this paper.
7. Set-up an association based on the outcomes of the 2005 National Hui, with the first outcome to prepare a workable business plan.
8. Have it written in the constitution that the national association is developing and changes may be made to the structure, but not the kaupapa.
9. Select a small group (perhaps three people) responsible to review the National Association in six months and again at 12 months, based on the business plan.

Introduction

The purpose of this report is to give readers an overview and the recommendations that came out of the of the national Maori Community Health Workers (MCHW) Hui held in Auckland, October 2003. It includes background to the Hui, the Hui Working Party and Te Whiringa Trust.

The appendices include minutes taken at the Hui of the speakers and the workshops and a copy of the presentations. It also includes the list of attendees the Hui programme and the Hui evaluation.

Kupu vs. Whakatauki

What has come through strongly is that the establishment of a national organisation and the development of competencies must be developed from a Maori-world-view. While the 'ideas' or purposes are wanted and not argued (by and large), the words, the terms used and the baggage associated should be ditched. "What about a kupu for the word competencies?" "We want something like a union—but don't call it a union" were some of the cries. In considering this, while the words in the Maori Dictionaries call a competency a "tohungatanga"¹ and a union a "uniana"², one implies excellence and the other is a transliteration and both do not capture the essence of a Maori-world-view or what it is we are trying to say. In Maoridom these principles existed: before you learnt to weave, you had to learn how and where to gather the flax and other fibres and when you were ready, you took the next step—but was there a kupu or term for that? To feed a crowd, a group would be responsible to organise this, and how were they chosen—but was there a kupu or term for this? You see, competencies existed and organisations existed and methods of choosing who was in the organisation existed. Perhaps the word is captured in a whakatauki rather than a single word?

While the kaupapa of this Hui is about development of the MCHW workforce, we should not lose sight of the "why"—it's because we want to improve the health and wellbeing of the whanau!

A Lesson learnt about Diversity

One lesson learnt of the Te Whiringa Trustees and Working Party is that **diversity** was one of the key success factors of the 2003 National Hui—diversity of people, roles, skills and networks. Moana Jackson used the imagery of a waka needing diverse and skilled crew to navigate the waters and to work with the winds that buffet the waka. The two points he was making was that while we are all different we can work together because we have a common goal and that we need to look at those differences as positives if we unify those differences—differences are not negative. The second point is that difficulties faced (described by the winds buffeting the waka) can actually be used to help us move along, rather than viewing it as a setback—difficulties can be turned into opportunities.

At this exciting time of change and development for MCHW, Te Whiringa and others that want to be part of this waka, must focus on the kaupapa (improving the wellbeing of whanau) so that we can move swiftly through and with the winds rather than against them.

¹ Maori Language Commission (1997), "Te Matatiki: Contemporary Maori Words", Oxford University Press, Auckland.

² Ngata, HM, (1995), "English-Maori Dictionary (Pocket Edition)", Learning Media Ltd., Wellington.

Acknowledgements

Te Whiringa would like to acknowledge the following people and organisations that assisted in the organisation and action of this Hui—without their support the Hui would not have been as well received as it was.

- The whanau of Papakura Marae: Brian and Lillian Joyce and the whanau
- The Ministry of Health, Maori Directorate: Kathy Grace and Wi Keelan
- Nga Ngaru Hauora o Aotearoa: Sharon Lambert and her team
- Hauora.com: Kris MacDonald
- Te Puni Kokiri: Brian O'Shea
- Organisations that supported members of Te Whiringa and the Working Party to organise this Hui:
 - Tipu Ora, Rotorua
 - Te Hauora o Te Hiku o te Ika, Kaitaia
 - Ringa-Atawhai, Okaihau
 - Puao-Te-Ata-Tu A Tuhoe Ki Waiohau, Whakatane
 - Ngati Porou Hauora, Gisborne
 - Te Tapenakara Mo Te Iwi, Whakatane
 - Waipareira Trust, Waitakere, Auckland
 - Te Roopu Huihuinga Hauora, Whakatu
 - Maori SIDS, Auckland
 - Hauora.com Trust
 - Auckland District Health Board:
 - Community Child Health & Disability
 - National Audiology Centre
 - He Kamaka Oranga
 - Counties-Manukau District Health Board
 - Te Kaha O Te Rangatahi Trust Tamariki Ora
 - Vision and Hearing
 - Middlemore Hospital
- Te Whiringa Trust members and the Working Party (see appendix six, page 87)
- Speakers (in speaking order)
 - Ataroa Brampton
 - Kris MacDonald
 - Riripeti Haretuku
 - Eddie Moore – Aboriginal and Torres Strait Island CHW Association
 - Kirsten Rei
 - Donny Rangiaho
 - Moana Jackson
 - Tilly Reedy
 - Dr. Bruce Gregory
 - Hohepa Kereopa
 - Waireti Walters
 - Hon. John Tamihere
 - Ria Earp
 - The Debate Teams! (For education: Brian Joyce, Riripeti Haretuku and Wiremu Manaia. And for experience: Irene Rennie, Rongo Currie, Mereihi Kool)
- Manu Neho, our Hui facilitator
- Hohepa Tamehana, for sharing your waiata

- Our minute takers
- Dot Caterers
- And finally, Tere Gravenor—Te Whiringa’s first Chair (and everyone else’s).

Background

Following the 2002 National MCHW Hui in Rotorua, a working party was elected from the floor to organise the 2003 National Hui, to consider the development of competencies and a national body for MCHW. Some of those chosen to form the Working Party included:

- | | |
|--------------------|---------------------|
| • Kirsten May | • Irene Rennie |
| • Phyllis Shepherd | • Wharangi Waetford |
| • Tere Gravenor | • Riripeti Haretuku |
| • Nell Paenga | • Angeline Tangiora |
| • Rita Tupe | • Atarua Brampton |
| • Mate Tihema | • Ripia Rountree |
| • Lorraine Knutsen | • Eriata Peri |

Other names had been put forward, however, due to various reasons, could not come on the Working Party. Rita and Mate came with official papers from their iwi (Tuhoe), mandating their involvement. Brigham Anderson attended the first meeting to record the minutes of the meeting and was then elected treasurer.

The Working party met November 2002 and decided to form a Trust so that funding could be sought, with the understanding that if the attendees at the 2003 National MCHW Hui decided so—the Trust would be dissolved. Tere Gravenor was elected as Te Whiringa’s Chair and Te Whiringa Trust was officially formed in September 2003. In between these times, the Working Party grew with additional members (Manu Graham, Hoana Makiha and Lorraine Fox) to assist with organising the 2003 Hui.

With the skill and network mix of the Trustees and Working Party members, the kaupapa of the 2003 Hui was decided to discuss (1) the role of MCHW (2) competencies for MCHW and (3) a national organisation.

The main sources of funding for the Hui came from Nga Ngaru Hauora o Aotearoa and Hauora.com, which had applied for funding under the Maori Provider Development Scheme (MPDS) from the Ministry of Health. Other funding came from registration fees and Te Puni Kokiri also gave special funding for our Hui facilitator.

Summary of Hui 2003 (Main Points)

The objectives of Te Whiringa Trust are to establish a national body or association for MCHW, to determine the role to a MCHW and to develop competencies for MCHW. The Summary is based on the minutes taken, presentations given and the evaluation forms received (see appendices). Rather than summarising the presentations given, the relevant korero has been combined under the headings of: The role of a MCHW; Competencies and competency development and; a national MCHW association. Each section ends with a list of recommendations or issues arising, which are including in a previous section “Executive summary and recommendations”.

The Role of a MCHW

MCHW have a history stemming back to the early 1900’s with Maori Health Inspectors. Now MCHW make up about 44% of the Maori health workforce. While some services marginalize MCHW, they are seen by the community as leaders, “health friends”, health facilitators, service integrators and health advocates. MCHW are selected by the community and are insiders rather than outsiders, with their key attributes being community knowledge and authority based on community acceptance, rather than professional expertise³.

While some of the points raised included “some of the jobs we do” (e.g. a taxi driver) the main themes of what the role of a MCHW are and what makes a MCHW unique, that came through were:

1. A role model
 - a. Empowering the community
 - b. Teaching life-skills—not just by word, but also by deed.
 - c. Non-judgemental
 - d. Ensuring the right person is looking after the whanau
 - e. Empathy, friendship and humility
 - f. A leader
2. Maoritanga
 - a. Te reo and tikanga
 - b. Whanaungatanga
 - c. Treaty of Waitangi
 - d. Maori models of care (including: awhi; humour; kotahitanga; waiata; holistic; rongoa; karakia)
3. Advocate
 - a. First point of contact
 - b. “go-between” client and health professional
 - c. Trusted within the community
 - d. Uses networks to bring about best outcome for client
 - e. Communication and consultation skills
4. Health specific
 - a. e.g. diabetes, drug and other drug, tamariki, cervical
 - b. Ability to work across disciplines
 - c. Health education

³ Mason Durie quoted in the following presentation: See the day one presentation “Setting the Scene” by Ataroa Brampton, Riripeti Haretuku and Kris MacDonald in appendix one, page 13 to 15.

- d. Medical records
 - e. Needs assessment skills
 - f. First-aid
5. Administration
- a. Time management
 - b. Computer and technology
 - c. Report writing skills
 - d. Business skills
 - e. Privacy issues
 - f. Knowledge of the system
 - g. Research

Traditionally, experience is key to the success of a MCHW, although education also plays a role. A MCHW also needs administration, computer and report writing skills.

Recommendations: MCHW Roles

1. Te Whiringa draft a paper for 2005 National Hui to discuss the model presented above and that this form the basis of competencies for MCHW.

Competencies and Competency Development

Pakeha/Mainstream	Maori
<p>A definition by Woodruffe says that “A competency is a set of behavioural patterns that the incumbent needs to bring to a position in order to perform its tasks and functions” or “all the things needed to achieve optimal performance”</p> <p>For example: skills + Attributes + Characteristics + Ability + Motivation = Optimal Performance.</p>	<p>Whakapapa + Tikanga + Kawa (hapu, iwi) + Reo + Nga Mahi a Nga Tupuna + Mokopuna = ?</p>

Currently, competencies are determined by contract specifications from the crown and not determined by Maori. MCHW competencies must be developed from a Maori World-view so that our mokopuna will benefit, to uphold the articles of the Treaty of Waitangi and to acknowledge the legacy left us by our tupuna. MCHW want to be responsible for our own development.

MCHW want competencies, but the word is from a mainstream framework—we need a Maori word that captures these from a Maori world-view. The word competency is judgemental and could mean to compete or questions your level of competence. There are courses that give training in tikanga driven by hapu and iwi. Some question the relevance of developing competencies as they perceive it as aligning ourselves with mainstream.

Perhaps competencies can be partially developed through some of the Maori models already in place or even some of the whakatauki. Maori must drive the competency development through planning, networking, consultation and policy development. Perhaps a model that would fit is the poutama (stairs of learning) or even planting, tending, harvesting and eating

the kumara. It is not just about **what** is taught, but is also about **how** it is taught—that is, the teaching methods (including writing and how feedback should be given) are just as important as what is being taught (they must use Maori teaching frameworks—Maori evaluations, Maori accreditation policies and audit mainstream services).

Competencies are the ability to do the work you are accorded to do. It means doing what is tika.

Below is a competency framework and career structure framework developed for the Aboriginal and Torres Strait Islander Health Worker⁴:

Aboriginal and Torres Strait Islander Competency Framework

Clinical care	Specific care	Community & cultural care	Management & teams	Administration	Research
CORE			OPTIONAL		

Aboriginal and Torres Strait Islander Career Structure

Grade	Responsibilities
A	<ul style="list-style-type: none"> • Work with supervision • Part of a team • Trainee or new graduate • Limited well defined role
B	<ul style="list-style-type: none"> • Limited supervision • Part of a team • Implementing programmes
C	<ul style="list-style-type: none"> • Coordinator level • Supervises teams • Broad detailed responsibilities
D	<ul style="list-style-type: none"> • Manages programmes & health services • Manages teams • Develops policy and new programmes • High levels of responsibility

Recommendations: Competencies

Competencies: a Pakeha concept? It was clearly stated that competencies are from a Pakeha world-view. However, competencies have always existed for Maori. For example, before you were taught to weave, you must have learnt how to collect and prepare the necessary materials. Before you could carve, you must have understood how to select proper timber. In the first example, the first level (or grade as noted above) would be selection of flax, how to judge the quality of flax, where to collect it, how to prepare it etc. The second competency level might be the different kinds of basic weave etc. A third level might be weaving of mats, kete and cloaks, a fourth level might be teaching others.

⁴ See Appendix One page 35 (Workshop: Plan to Develop Competencies – Presentation and Minutes Taken)

The word in the Maori dictionary for 'competencies' is 'tohungatanga'. However, this implies that you are already an expert. Perhaps we don't need a Maori word for competencies but instead we need a relevant whakatauki to describe the term competencies. In-turn one word could be selected to describe the whakatauki.

2. Te Whiringa to recommend a relevant whakatauki to describe competencies
3. One of the first tasks of the National Association is to develop a set of draft MCHW competencies for discussion at a National Hui.

A MCHW National Association

It seems very clear that it is time for a national association for MCHW be established. What isn't clear is (1) its role and (2) its structure. Moana Jackson believes that if the role is sorted out then a structure would be easier to define including what kind of skills are needed of the people on the national association.⁵

Roles of a National Association

Some of the suggested roles and initial jobs of the national association included the followings (and at first may need to be prioritised):

- Be a professional body
- Working with mainstream services
- Forming strategic alliances/relationships
- Take MCHW concerns to the government level (a political voice)
- An advocacy group for health sectors
- Addressing pay parity
- Training provider
- Research
- Develop a national database of MCHW
- The national body must be one voice so that it doesn't compromise the value of each health sector
- Employment disputes and negotiation
- Defining a MCHW
- Develop relevant strategies and policies
- Helping MCHW develop (career pathways and workforce development)
- Develop and maintain standards of practice (including cultural standards and holistic approach to health care)
- Audit mainstream services.
- Needs to address the mamae of our people.
- Having a national organisation may mean that MCHW will not have to justify themselves to pakeha (giving MCHW recognition).
- Disseminate information back to MCHW
- Development of MCHW competencies
- Consult with MCHW

⁵ See the minutes taken of Moana Jackson's workshops in Appendix Two

Other Considerations

Additional to the roles outlined above, the following considerations were raised

- Rural areas needs and issues should be considered
- Should regional reps be chosen to feed into the national association?
- Work to meet the need of MCHW and leave it to the Crown to work out a way to work with us or set a maimoa⁶ so that the Crown are happy.
- The putea could come from its members
- The 'papa' or foundation should be 'tikanga'
- What will be the core values?
- Will the national body only be for MCHW? What about disability workers, social workers, mental health workers?
- MCHW not under PSA would benefit from a national association
- Should Te Whiringa be the national body?

The Make-up of a Possible Structure

Group Skill Mix Needed

Looking at the above roles of a national association, the skill mix in the national association would need to include people with the following types of skills and experience:

- MCHW
- Tikanga
- Technology
- Education and training
- HR (human resources)
- Legal
- Advocacy
- Publicity
- Marketing
- Management
- Policy
- Strategic view
- Workforce development
- Whanau, hapu, iwi

Selection of People on National Association

To some degree the skills required does describe how people should be selected to be a part of the association. However, we also need serious consideration of the following:

- Iwi representation—is it feasible to have every iwi represented and do we need to?
- Overhead/administration costs
- Health discipline representation?
- Regional representation?

Perhaps at the core of some of the issues raised is trust.

A Structure

A specific model was not decided on, but the components were discussed. Moana Jackson suggested that we follow a kaupapa Maori model rather than the Pakeha models. The possible components discussed were:

- A taumata
- A secretariat
- Regional/iwi reps
- A national body

⁶ See footnote 2

Recommendations: National Association

4. In selecting people for the National Association, consideration should also be given to the following criteria:
 - “Bridge builders” not “hole pickers”
 - Not to have “all power” with no accountability
 - Have decision making abilities
 - Can receive technical advice
 - Able to put aside personal agendas to focus on overriding Kaupapa
 - Not one-eyed to their own hobby horses
 - Experience
5. Te Whiringa have regional consultation hui to gain feedback from MCHW about the establishment of a national association for MCHW (i.e. possible structures, representation etc). This should include the possibility of Te Whiringa Trust formally becoming the National Association.
6. Prepare a draft paper for discussion for the next national MCHW Hui (Tairāwhiti, April 2005), recommending a structure (including: representation, funding, skills needed) and a list of prioritised tasks to be undertaken (based on the korero of the 2003 Hui and the regional hui). Adequate time should be given at the 2005 Hui to discuss this paper.
7. Set-up an association based on the outcomes of the 2005 National Hui, with the first outcome to prepare a workable business plan.
8. Have it written in the constitution that the national association is developing and changes may be made to the structure, but not the kaupapa.
9. Select a small group (perhaps three people) responsible to review the National Association in six months and again at 12 months, based on the business plan.

Appendix One – Day One Presentations, Notes and Minutes Taken

Presentation: Kris MacDonald - Setting the Scene Presentation

<p>Maori Community Health Workers National Hui</p> <p>“Setting the Scene”</p> <p>Ataroa Brampton, Kris MacDonald, Riripeti Haretuku</p>	<p>Maori Community Health Workers</p> <ul style="list-style-type: none">• Where have we come from?• Where are we now?• Where are we going?
<p>Where have we come from?</p> <ul style="list-style-type: none">• Maori Health Officers (1900)• Maori District nurses (1911)• Maori Women’s Welfare League (1940s, 50s, & 60s)• Early health promotion pilots (1980s)• Area Health Boards & CHEs (1990s)• Maori health providers	<p>Where are we now?</p> <ul style="list-style-type: none">• Maori primary health care providers• DHBs (hospital & community services)• Public health services• Programme based (e.g. peer sexuality, SIDS etc)• Primary Health Organisations (PHOs)• Whanau Ora Hui, Rotorua, 2002
<p>International & local research</p> <ul style="list-style-type: none">• 25 studies examined - only 1 study was negative• Barefoot doctors, Urban workers, Paramedicals, Aboriginal & TSI Health Workers• Major health gain e.g. eradication of malaria, reduction of teenage pregnancies• Maori - asthma, meningococcal, SIDS	<p>“Community participation”</p> <ul style="list-style-type: none">• Needs assessment• Leadership• Organisation• Resource mobilisation• Management

Marginalisation

- “slaves”
- “gap fillers”
- “brown door knockers”
- “bag carriers to public health nurses”
- “community swipe cards”

Roles

“Selected by the community, Community Health workers are insiders rather than outsiders, their key attributes being community knowledge and authority based on community acceptance, rather than professional expertise”
(Durie 1996)

Roles

“Community health workers are seen as having clearly defined skills and expertise, their role is to be in front, to provide health messages, to gain community support on different health issues, and with health professionals working together to provide clinical support. Community health workers where seen as unique people working at the grass roots and flax roots level and are leaders.....” **(Dyall 1997)**

Roles

- Community change agents
- “Bridging the cultural gulf”
- Health facilitators
- Key case managers
- “Demystifiers of the health and social service system
- Service integrators
- Health advocates

Roles

- Providing key community intelligence
- “Health friends”
- Providing health promotion, prevention, protection and support”

Where are we going?

- Invasive global diseases
- Increase in medical & information technology
- Changes in models of care & health systems
- Ageing Maori population
- “Maori placed” or “Maori based”
- Career choices
- Best practice

Where are we going?

- Unite
- Define role or *do we need to?*
- Profile = numbers
- Re/establish Maori Community Health Worker Association (Te Whiringa Trust)
- Develop Competencies, Career Structure, An Award?
- Further development

Presentation: Riripeti Haretuku – Setting the Scene

**Background
Whanau Ora Conference 2002**

- Legacy of Responsibility
- Review current situation
- Critically Assess
- Invisibility
- Unification
- Tangata whenua plan
- Create a vision

Recommendations

- To establish a working party to progress the recommendations made at the 'Whanau Ora Conference 2002'
- To consider strategies that will improve the health of Iwi through the pivotal role of the MCHWs
- To accurately and appropriately define the 'Maori Community Health Workforce'

Recommendations (continued)

- Establish a national body for Maori community health workers to:
- Challenge past and current status quo
- Develop effective strategies for Maori
- Advocate strongly for necessary change

Potential Outcomes of Recommendations

- Understanding the role of Maori CHW's
- Repositioning in the health sector
- 44% of the Maori health workforce
- Improved health for whanau

Consider Possible Implications

- National Organisation
- Define Maori Community Health Worker
- Competency Development

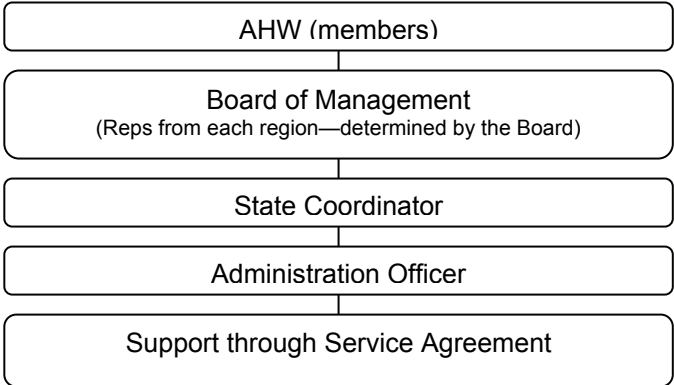
Presentation & Notes: Professional Aboriginal Health Workers Association

Summary of Presentation

The Professional Aboriginal Health Worker Association – a model?

Through recommendations of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, the South Australian Professional Aboriginal Health Workers Association (PAHWA) was formed. Its core function is one of advocacy, to focus on key issues of workplace practices, career structures and pathways, wage parity and awards, regulation, competency standards, education and training and has the responsibility to engage in the policy and practice agendas that affect Aboriginal people and communities. The Association also networks with their communities to talk out their needs, providing individuals with correct health information to make the best choices for them and their family and advise mainstream services about culturally appropriate practice. They want to move towards the establishment of a Regulatory Authority (but not be the regulatory body), to have National (or State) award structures and to become a professional body (including the development of a code of ethics).

Management Structure of PAHWA



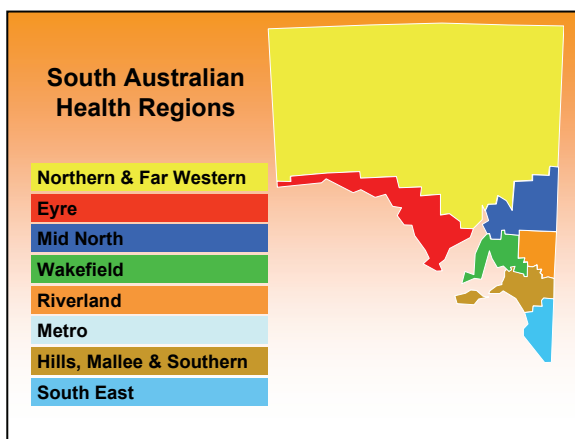
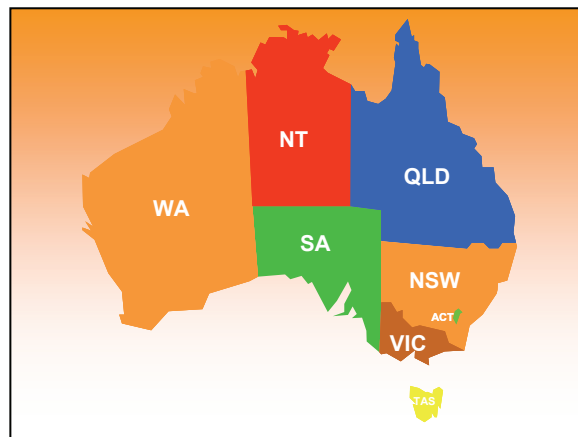
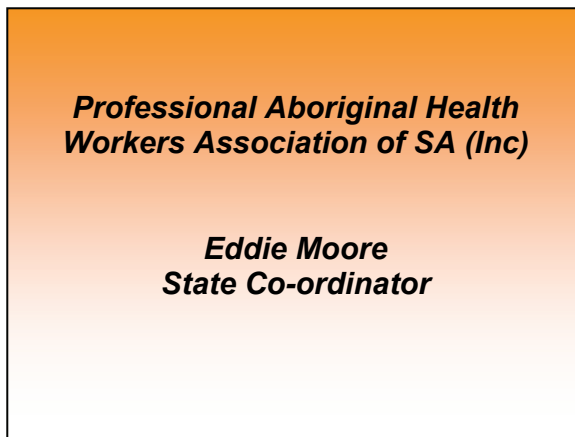
AHW Competency development

The Australian National Training Authority (equivalent to a New Zealand’s ITO—Industry Training Organisation) funded The Health Training Package to develop a national training framework for AHW that will replace their current competency standards system of accreditation.

A definition of a AHW

“An Aboriginal Health Worker is an Aboriginal person who identifies as being of Aboriginal and/or Torres Strait Islander descent, and is a cultural broker with knowledge and respect for Aboriginal and Torres Strait Islander culture and, in fulfilling the role, builds a bridge between two cultures.”

Presentation Given



Introduction

The need for a Professional Association for Aboriginal Health Workers has evolved over the many years, with the Aboriginal Health Workers requiring a representative body to advocate on their behalf in relation to training & development, Career & Industry Issues and workplace issues. A key recommendation to establish associations for Aboriginal Health workers at a State and National level has been endorsed by the **Australian Health Ministers Advisory Council** through the **Aboriginal & Torres Strait Islander Health Workforce National Strategic Framework** : AHMAC agrees that the Commonwealth, together with State and Territory Governments, should assess the feasibility of establishing independent Aboriginal Health Worker associations in each State and Territory and Nationally. The Commonwealth will consider providing seed funding for up to two years for each State and Territory association and the Commonwealth will consider funding for a national association

Australians generally enjoy very good health and have access to a world class system of care. Our peoples have the worst health of any comparable indigenous population in the developed world. Life expectancy, mortality and morbidity rates across all age groups are closer to those we would expect in the early 1900's not in the Australia of 2003. **(Comments from AHWs)** We as Aboriginal Health Workers are often more at risk of poorer health than the communities we serve. We live in the community; we have a similar health profile; we are under significant personal and community pressure and often we bear the responsibility for the failures of the health system. Despite decades of reliance on and evidence of the value of Aboriginal Health Work at the front line, our members continue to be the least consulted and the lowest paid practitioners in indigenous health care. The core functions for the Association will be focused on key issues such as workplace practices, career structures and pathways, wage parity and awards, regulation, competency standards, education and training.

Culture and Health

The Association also has a responsibility to engage in the policy and practice agendas that affect Aboriginal people and communities. We believe that health and health care is a cultural construct arising from beliefs about the nature of disease and the human body. For Aboriginal people, consideration of the physical, cultural and spiritual components of our well-being has evolved over many thousands of years and represents a whole-of-life view that includes the cyclical concept of life-death-life.

The World Health Organisation recognises that free and enlightened community participation is a fundamental strategy in achieving the world-wide social goal of good health for all people. For our peoples, the principles of cultural respect, community control, community participation and capacity building are at the heart of the struggle for improved health and well-being outcomes.

Primary Care

Aboriginal Health Work is centred within the principles and practice of primary health care. We recognise primary health care as both a level of care in the system and an approach.

A primary health care focus means supporting the principles of the Ottawa Charter by:

Playing our part in raising the community's health and well-being issues and making sure all levels of government hear the voice of Aboriginal peoples.

Creating the talking circles which encourage our people to talk about their needs

Empowering our people to work together on common local concerns

Providing our people with the right information to make the right choices for their individual as well as family health and well-being

Advising mainstream services about culturally appropriate practice.

Workplace Culture

PAHWA supports the focus in the South Australian Generational Health Review on a healthy workforce and endorses the strategies for improving trust and workplace culture.

History of the Association
"OUR JOURNEY"

- The First Step (1997)
- Future Pathways (1999)
- The 3 Day Workshop (2000)
- Regional Themes (2001)
- State Aboriginal Health Worker Conference 2001
- Submission For Seed Funding
- PAHWA Incorporated (2002)

THE FIRST STEP (1997)

More Aboriginal Health Workers, Address Diabetes, Address Social & Emotional Health, substance misuse

Future Pathways Report

Aboriginal Primary Health Care Certificate

Career & Industry Issues

Funding Lack of recognition for Aboriginal Health Work

Lowest paid and least consulted in matters of indigenous health

Diversity of roles and lack of understanding

Differences in wages

Differences in qualifications required by employers

THE 3 DAY WORKSHOP

AHWIAC Established

Identified 5 burning issues

- Work towards the development of a Aboriginal Health Worker Professional Association
- To secure funding for Aboriginal Health Worker Training and Development
- To bring about the changes to the Primary Health Care Curriculum as ratified by the "Future Pathways" workshop
- To ensure the future education and training needs of Aboriginal Health Workers are underpinned by a Public Health Framework and commitment to a Primary Health Care approach
- To develop a communication / marketing strategy

I came on board as the Project Officer

REGIONAL THEMES

- Definition of an Aboriginal Health Worker,
- Professional Recognition,
- Options for Training & Development,
- Funding

STATE CONFERENCE 2001,

SUBMISSION SEED FUNDING,

PAHWASA Incorporated May 2002

The Role of the Association

The role of the Association is to represent and advocate on behalf of Aboriginal Health Workers as agents of change and as cultural brokers. The Association will develop its strategies around the core function of representing Aboriginal Health Workers and assisting the growth and recognition of the profession. Advocacy and support will be provided in areas concerning workplace practices, career pathways, training issues and in the movement towards the establishment of a Regulatory Authority and National or State award structures.

The establishment of PAHWA in May 2002 represents a significant milestone in the journey to secure recognition and development for our health profession. Through the Association, Aboriginal Health Workers will have a strong independent voice in shaping the future for our members and for the people, families and communities that rely on the commitment, care, practice and advocacy of Aboriginal Health Work.

Definition of an AHW

An Aboriginal Health Worker is an Aboriginal person who identifies as being of Aboriginal and/or Torres Strait Islander descent, and is a cultural broker with knowledge and respect for Aboriginal and Torres Strait Islander culture and, in fulfilling the role, builds a bridge between two cultures."

The Objectives of the Association

- 2.1 To promote the principles of Primary HealthCare.
- 2.2 To assist with the growth and recognition of the Aboriginal Health Worker profession.
- 2.3 To advocate for the appropriate industrial arrangements for Aboriginal Health Workers including the adoption of awards

The Objectives of the Association

- 2.4. To advocate and support Aboriginal Health Workers in areas concerning workplace practices, career pathways, training issues and delivery, information sharing and the movement towards the establishment of a Regulatory Authority and National or State award structures.

The Objectives of the Association

- 2.5. To work in co-operation with Aboriginal Health Workers, other key agencies, and other health professionals across Australia.
- 2.6 To do all such other things as may be incidental to the attainment of such objects.

Management Structure of the Association

Aboriginal Health Workers (Members)

Board of Management
(representatives from each region in SA determined by the board)

State Co-ordinator

Administration Officer

Establishment support from ASD/AHCSA through an Service Agreement

Three Key Commitments

- PAHWA will continually acknowledge and respect the commitment and effort of those who worked for its establishment.
- PAHWA is dedicated to developing the understanding of recognition and reward for Aboriginal Health Work
- PAHWA will advocate for participation and access for Aboriginal peoples to culturally competent and appropriate comprehensive primary health care.

Key Result Area - 1 Solid Base and Strong Profile

- Strong national consensus that Associations will make a positive contribution.
- Independent voice in a time of significant system change in South Australia.
- First state-wide Association - national interest and focus.

PAHWA begins its organisational life on a strong national consensus that such Associations will contribute positively to the vision and cohesion of Aboriginal Health Workers as an organised profession. Most importantly, the Association provides an independent voice for Aboriginal Health Workers and the opportunity for inclusion and representation in the processes of decision making in health care at a time of significant change in South Australia. In order to be effective, PAHWA must establish capacity and identity and strategic linkages to advance its objectives as a matter of priority.

MAKING A CONTRIBUTION

1. Establishing a solid base and a strong profile for the organisation by establishing:

- A corporate identity that reflects both professionalism and PAHWA philosophy and spirituality.
- A business strategy to manage risk and meet requirements for quality and probity.
- A communication and promotion strategy to lift the profile of PAHWA.
- An organisational structure for the secretariat.
- A sustainable financial management strategy.
- Formal and strategic linkages with key stakeholders .

Key Result Area – 2
**Advancing the Professional Status of
Aboriginal Health Workers**

- Australian Health Ministers have endorsed the ATSI Health Workforce Strategic Framework
- The SA Government Health Reform program has committed to focusing on 'mechanisms making AHWs professional status a priority'.
- CSHTA - contracted by ANTA to develop a national training package.

Background and Context:

The current context in South Australia and nationally is one of significant developments on a number of fronts. Australian Health Ministers have endorsed the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework. State and Territory Governments are required to report through AHMAC on implementation plans for the recommendations. The Generational Health Review has recently been completed as a blueprint for reform over the next 20 years. The Review Report has a particularly strong focus on the unacceptable health outcomes for Aboriginal peoples and the workforce development needs of indigenous practitioners. The SA Health Reform First Steps Forward work areas includes a primary project focusing on 'mechanisms making Aboriginal Health Workers professional status a priority and developing an implementation plan for the Cultural Respect Framework.

One of the key issues canvassed nationally has been the establishment of regulatory bodies/registration procedures at a State and Territory levels and nationally. There has been some confusion in South Australia about the respective roles of a regulator and a professional association. It is important to establish that, while the Association has a strong interest in regulation, it does not envisage itself as the regulatory body or undertaking regulatory functions. This is entirely consistent with the findings of national reviews and planning frameworks.

Another important development is that the Australian National Training Authority has funded a project (The Health Training Package) to develop a national training framework for Aboriginal Health Workers that will replace the current competency standards system of accreditation. Community Services and Health Training Australia is managing the project which is scheduled for completion in 2004

2. Advancing the Professional Status of Aboriginal Health Workers focusing on the following key strategies:

- Strong voice for PAHWA in the approach to registration/regulation in South Australia.
- Active participation in the National Health Training Package.
- Advocate for improved career pathways.
- Promote healthy workplaces.
- Develop a code of ethics.
- Contribute to advancing the principle of wage parity.
- Sharpen the focus on occupational health and safety.

Key Result Area - 3
Promoting the Principles and Practice of Primary Health Care

- Strong focus on primary care in health reform in South Australia
- Government has released a policy statement
- Implementation workshops
- Primary Care Networks

International experience and evidence from Australia has clearly shown that comprehensive primary health care is a major contributor to improving health outcomes among indigenous populations in developed countries. The stronger the primary care system, the better the outcomes for all groups but particularly for children. It is the presence and interaction of all of the elements of a comprehensive system that is the key to long term effectiveness.

3. Promoting the Principles and Practice of Primary Health Care

- Advocate for strong focus on improving outcomes for Aboriginal people in primary care policy.
- Contribute to the planning of primary care networks.
- Advocate for the primary care needs of remote communities.

Key Result Area - 4
Advocating for Cultural Respect/Competence

- **Continuing issues in access and quality for Aboriginal people**
 - health service provider attitudes and practice
 - communication issues
 - mistrust of the system
 - poor cultural understanding
 - racism

The availability of health services including mainstream health services that are culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to improved health outcomes.

There are a number of cultural issues that restrict access for Aboriginal people including health service provider attitudes and practice, communication issues, mistrust of the system, poor cultural understanding and racism.

4. Advocating for Cultural Respect/Competence

- Support DHS in implementation of the Cultural Respect Framework.
- Assist other health professions to become more culturally competent.

Summary

- Professional Associations are one element of what should be a concerted strategy for workforce development.
- Association is not set up to be either a regulatory or industrial relations body.
- Not own the agendas - have a view and act as a prime mover on some topics.

Summary

- Members expect a strong independent voice from the Association
- Making a contribution to quality and safety in health care is the hallmark of professional associations.
- Relatively small workforce - challenges for resources

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Presentation & Notes: Kirsten Rei – Competencies Development

COMPETENCIES DEVELOPMENT
 DEVISING A PLAN – HUI A TAU 2003
Kirsten Rei

COMPETENCIES DEVELOPMENT
WHAT IS IT?
 “A competency is a set of behavioural patterns that the incumbent needs to bring to a position in order to perform its tasks and functions”.
(WOODRUFFE, 1990)

There are various definitions but this is essentially what it means. According to Woodruffe.

COMPETENCIES DEVELOPMENT

- SO WHAT DOES THAT MEAN?
- “ALL THE THINGS NEEDED TO ACHIEVE OPTIMAL PERFORMANCE”

E.g.: Skills, Attributes, Characteristics, Ability, Motivation = Optimal Performance

COMPETENCIES DEVELOPMENT
 WHAT DOES THAT MEAN FOR ME AS A MAORI CHW?
 Whakapapa;
 Tikanga;
 Reo;
 Nga Mahi a Nga Tupuna

- Nga Mahi a Nga Tupuna;
- Ihi / Wehi / Wana;
- Maori Models of Care
- In other words, what makes you and I different from mainstream workers?

COMPETENCIES DEVELOPMENT
 Why devise a plan for competencies development?
 “He kakano I ruia mai I Rangiatea,
 E kore au e ngaro.”

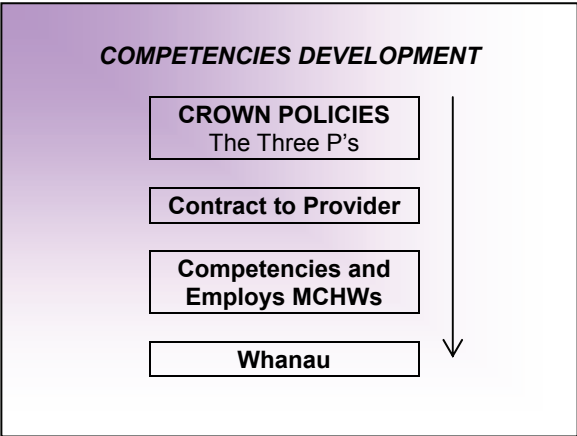
My challenge to this hui is to consider competencies development within the context of a Maori worldview, devoid of contract compliance, MOH Agenda’s and mechanisms that don’t belong to us.
 Why? As one example of this worldview, the message contained in the previous whakatauki is a challenge that has been laid down by our ancestors.
 The challenge wasn’t set by me, it was set by our tupuna.
 It reminds us of our responsibility to them and to our mokopuna to ensure the survival of our people.

COMPETENCIES DEVELOPMENT

Why devise a Maori specific plan?

Decades of Disparities
 The Decades of Disparities Report released in 2003 by the Eru Pomare Research Unit shows that the state of our health has worsened in the last two decades, whilst that of non-Maori has improved considerably (University of Otago, 2003)

The Necessity for Change



- This graph essentially depicts how competencies fit into the big picture.
- MCHWs ARE contracted to provide services to our people and our organisation's draft competencies based on the contract specifications, then employ us as MCHWs.
- When I think about this, this is what I see. Because the competencies are derived from the contracts, its like marching to the beat of someone else's drum.

- Whilst we sing to the tune of the Agenda's of the Crown and its strategies, we become a part of the system that purports to make health gains for our people. The Disparities Report clearly shows otherwise.
- Competencies therefore define what employers or contractors seek to determine what your Job will be.

- Do not think that you are here to enhance your Job Descriptions or your career prospects in health.
- If you have come to this hui because you believe that you will make a difference, then clearly we have to revise the situation and devise the plan, or go home.

COMPETENCIES DEVELOPMENT

WHY SHOULD WE DEVISE A PLAN?

1. Because it's about our mokopuna; and
2. Because we uphold the articles of Te Tiriti o Waitangi; and
3. Because we should, and want to be responsible for our own pathways and development as a people; and
4. Because we acknowledge the legacy left to us by our tupuna.

COMPETENCIES DEVELOPMENT

HOW SHOULD WE DEVISE THE PLAN?

- By Maori for Maori. "Ma te Maori mo te Maori".
- The Essence is Mana Motuhake = Taking Control of our Own: "Ka whawhai tonu matou, Ake! Ake! Ake!"
- The Strategy is Kotahitanga / United Vision - "Ehara taku toa I te toa takitahi. Engari I te toa takitini no aku tupuna" (Ta Kingi Ihaka)

MAORI COMPETENCIES DEVELOPMENT

Te Paataka – Our Baskets of Kai - The Analogy

"Na toku rourou, na tou rourou, ka kii te kete"

(Whakatauki of Ngaapuhi)

In terms of using an analogy to better explain what the plan could be, imagine that we have an empty kete. This is “Te Paataka – Our Basket of Kai”

COMPETENCIES DEVELOPMENT

- We have the smorgasbord, and we ask:
- WHAT ARE WE PUTTING INTO OUR BASKET?
- WHO'S CURRENTLY PROVIDING THE MENU?
- IS THERE A MAORI MENU?

I invite you to Imagine these things as you workshop today, and ask these questions.

COMPETENCIES DEVELOPMENT

Te Paataka – Our Basket of Kai

WHAT SHOULD WE PUT INTO OUR BASKET? – Here is the menu:

- Pre – Existing Models from other disciplines?
- Crown defined parameters and controls?
- Maturanga Maori?
- Job Descriptions?
- Organisational Visions / Mission Statements?
- Research Based Evidence of Other Success Stories?
- Other Indigenous Models?

What do I put in my kono? At the moment, here is the CURRENT menu.

COMPETENCIES DEVELOPMENT

Te Paataka – Our Basket of Kai

WHO PROVIDES THE MENU?

- The Ministry of Health?
- Training Providers?
- Providers?
- Organisations?
- Individuals?

Currently somebody else has the provided the menu, I haven't had any say. Eat it or pretty much starve. But hang on, isn't it up to me to decide what goes in my kono? Shouldn't I have a say?

COMPETENCIES DEVELOPMENT

Te Paataka – Our Basket of Kai

Choices

Isn't this about choice, we can choose to accept the current menu, that is, making the food more palatable, chewing on the leftovers and spitting out the rest or;
We can starve;

Or (continued on next slide)

COMPETENCIES DEVELOPMENT

Or (from previous slide)

We can retrieve and reclaim the paataka, the maaitai and all the other baskets of kai.
Why?

I didn't give up these things, they were pushed off the table and replaced with other kai.

(continued on next slide)

COMPETENCIES DEVELOPMENT

(From previous slide)

Let us not be responsible for continuing to perpetuate the myth that we are making a difference – the Disparities report clearly shows that as contracted health workers who are a part of a bigger system of purported health care, we are not.

**Preference
Reclaiming the Paataka**

COMPETENCIES DEVELOPMENT

Te Paataka – Our Basket of Kai

CONCLUSION

Is there a Maori Menu to satisfy my Maori Palate?
I am here because I am a part of a legacy that has been laid down by my tupuna who paved the way for a voice and a place for us to determine for ourselves better ways of working with our whanau.

I invite you to join in the hikoi of change for our people.

Is there a Maori Menu? Of course:

- I am here because I am a part of a legacy that has been laid down by my tupuna who paved the way for a voice and a place for us to determine for ourselves better ways of working with our whanau.

COMPETENCIES DEVELOPMENT

Te Paataka – Our Basket of Kai

THE MAORI MENU.....

- The delicacies from the food baskets of Ngati Porou are.....
- The delicacies from the food baskets of Ngai Tuhoe are.....
- The delicacies from the food baskets of Ngapuhi are.....
- The common denominator of all three is.....KAI!

Even though we talk about a Maori menu in terms of competencies development, in that discussion, we have to consider and recognise the different kai that comes from different regions.

Given that we recognise that a Maori menu exists, this is about acknowledging the uniqueness and the riches from our respective areas.

I come here under the marumaru of my maunga, my awa, my tupuna.

- Even though we talk about a Maori menu in terms of competencies development, in that discussion, we have to consider and recognise the different kai that comes from different regions.
- Given that we recognise that a Maori menu exists, this is about acknowledging the uniqueness and the riches from our respective areas.
- I come here under the marumaru of my maunga, my awa, my tupuna.

COMPETENCIES DEVELOPMENT

1. Consider the Questions Posed
2. Consider the Implications and Consequences
3. Ask ourselves as we workshop today – what should go in my basket of kai?
4. BON APETITE!

Accordingly, please consider the questions that are posed as you go into your workshops today.

Consider the implications and the consequences when asking our selves what it is that should go in my basket of kai?

Take heed of the messages, kia kaha tatou ma.

Minutes Taken from Main Presentations

Day One Wednesday, 1 October 2003

Setting the scene

Speakers: Ataroa Brampton, Kris Macdonald, and Riripeti Haretuku.

Mihimihi: Tere Gravenor as the chairperson of Te Whiringa trust, which began at last years hui in Te Arawa. Now there is a national body name, which is Te Whiringa Trust. The name means that we can weave each other together.

OBJECTIVES

1. It is to establish a national body or association.
2. Determine the role of a Maori Community Health Worker.
3. Devise the plan for the development of competencies

Manu Neho the facilitator or the Hui was introduced.

No Nga Puhi ia engari kei Te Arawa ia e noho ana.

Ataroa: I homai e ia etahi korero e pa ana ki tona ake Whakapapa mai I tona iwi ki tona whanau, a haere ake nei.

Their role is to work with WINZ, Housing NZ, etc. this is all to do with community health workers. They help people with asthma, Mental health etc, and to ensure that Maori health is not to bad.

This was a rough overview of what they do.

Kris: no Ngati Wai me Ngati Kahungunu.

What he wants to do in "Setting the Scene"

- Where have we come?
- Where are we going?
- Where to now?

1940-60 a lot of health community workers were successful e.g. Whina Cooper

District health boards have different types of workers; kai arahi etc. there was one international health study was pretty negative. There is a lot of evidence in this situation.

Some comments: Slaves, brown doorknockers

Some of the feedback was to help friends and community support

Where are we going in our work? Medical centres, mobile dentists, disabilities.

There are a lot of careers out there for Maori especially in health.
Unite profile our roles.

Riripeti:

She talked about last years Hui in Te Arawa.

Her and Kris were involved in writing a thesis on Maori community. She was involved in Hauora (Maori Cot Death) for the past 10-12 years.

If we keeping working this way we think that we a smart, and the reports say that we are not true in what we say.

We have to unite to show how we can work together.

It is time for us to take action, control to figure out the matter, which has been brought forward. Everybody has to watch what is going on.

Invisibility will always be there.

Unification: it is about keeping each other honest.

Tangata whenua Plan: we have to think about the reality of people situations.

Create a Vision: people leave heavier and worse then what the come with. Is to be able to talk with one another etc.

Working party: is to work towards the next Hui and the recommendations from the last hui. If you're Maori you should be a part of this work.

Advocate strongly.

Repositioning is to be seen to be a career in the Maori health.

Manu Neho: we need to converse with each other rather then talk.

Control

Influence

It happens get over it

We are the first face for Maori. We have a lot of needs for our own whanau, hapu, and iwi.

(Australian speaker) Eddie Moore:

They have 8 regions in South Australia where he is from.

The need for an aboriginal health worker is the key recommendation within this area done is start at a state level.

They have a western way work and also community work and health work is stuck in the middle.

Cultural respect

Primary health care means making sure that people hear what they have to say.
They identify health priorities within aborigines.
They have more women health workers than men (aboriginal health workers).

A 3-day workshop was held in 2001 when he came on board and he met with the health workers and asked what was going on within their community.
They applied for funding for the South Australian state and got \$167,000 but they had ask for \$200,000 so he has to keep hassling them in order to find out why they only received \$167,000 and not \$200,000.

They need an administration officer and other health workers as one person cannot do all the work.

There are 4 key result plans.

- As they are the first state to be up and going, they need to be able to get other states up and going and help one another out all their health issues.
 - Some people think that they are a union but they are not.
 - They have concerns of health and culture just like us here in NZ.
 - Advocating for Cultural Respect/Competence
-

New Presentation: Kirsten Rei, Donny Rangiaho:

He kakano ahau I ruia mai I Rangiatea, e kore au e ngaro.

Kei a tatou ano tatou ake tikanga.

Kirsten Rei: A trustee for Te Whiringa trust

Competencies:

What is it?

It is a set of behavioural structures

- Whakapapa
- Tikanga
- Te reo Maori
- Nga tikanga o nga Tipuna.

The state of our health has worsened within in the last two decades whilst others have not.
We have not made health gains. We want to responsible for our own.

Ma te Maori, mo te Maori

Who provides the menu for our kete health wise?

Is it the Ministry of health?

The hikoi of change

We have to consider the differences of each rohe or region.

Workshop: Definition of a MCHW – Minutes Taken

Facilitated by: Ripia Rountree, Manu Graham and Hoana Makiha

Kowhai Stream

Why we have an affinity with Maori? What is unique to MCHWs?

Define the role of a Maori Community Health Worker.

- Cultural Safety – Tikanga
- Empowerment of the Community, Whanau, Hapu and Iwi
- Identity – Mana as a MCHW and Tino Rangatiratanga
- Kaituitui, Interaction
- Multi tasker
- Whakawhanaungatanga and Manaakitanga
- Upskilling and training including workforce development to ensure excellence in delivery. Worker to also be a provider in education, facilitation pertaining to health issues.
- Environmental Safety – Respect and Honesty
- Mahi te Mahi, Walk the talk
- Flexibility
- Positive role models
- Trusting, Confidante, Networker
- Acceptance of change
- Transport includes costing issues
- Benchmark needed
- Tiaki Tangata, Whanau – engaging whanau support, Integrity, Whakapono
- Life skills
- Networking skills, liaison required between MOH, whanau, hapu and iwi
- Advocacy,
- Kanohi ki te Kanohi, Kaitonotono, Kaiawhina - Identify assist in education, drug/alcohol awareness and advocacy, Kaitautoko – oma oranga, Te Haa, Kaimahi – Networking
- Utilising positive role models
- 24 – 7 work, not 9 – 5.
- Promoter, Taxi driver and Budget Advisor, Educator/Creativity, Advocate/ Whanau support, Promoter/Resourceful are what we do now as MCHW
- Health Promotion – Health Educator
- Empowerment – Facilitation
- Treaty of Waitangi – Basic Te Reo
- Admin Duties, Computer skills, Reports – Training and Personal Development
- We are the first point of contact for access to information regarding Maori clients. The MCHW is a Kaimahi a Iwi.
- Multi – skilled, Holistic Approach to whanau wellness, Know your community resources, awareness of health issues, Referral agents – knowing when to refer, Ability to work with whanau, hapu and iwi and wider community, ability to work all levels, cultures and cross sectors, Confidentiality, Understanding of Health Models - Te Whare Tapa wha, Te Wheke and also models that incorporate the dynamics of whanaungatanga.
- Acknowledge limitations
- Understanding of Taha Wairua, Taha Hinengaro me te aroha.

What is unique to MCHWs?

- Non judgemental
- Awhi, tautoko, aroha, tika, Kotahitanga
- Te Reo, Karakia, Haka, Waiata, Whakapapa, Tikanga, Pono, Kawa, Nga taonga tuku iho
- Part of the community
- Hikoi te korero
- Mahi beyond the job description– 24, 7.
- Whakawhanaungatanga – all related, whenua, marae, maunga, ngahere, awa, moana
- Grassroots, whanau, whakapapa, good harmony – kia tau te rangimarie
- Maori 4 Maori, a hapu, a iwi
- Kotahitanga
- We are flexible, good sense of humour, shy/ whakama,
- No boundaries, Resourceful
- Individuality as Maori, no other race can do what Maori do, multi-skilled
- Can walk in two worlds, practice, practice, practice
- Work with Wairua, Spirituality, strength based – inner knowledge, intuition (puku ngakau)
- Not dollar driven, will do the work regardless
- Risk takers, commitment, tangata whenua
- Rereketanga, Diverse, Uniqueness, Ability to assess the need, ability to let them go, Accountability
- Cultural Assessment
- Know and understand your whanau, Always to look back to help yourself move forward, Congruence – being genuine, Ability to gain trust, Radical role model, Ability to work with all cultures, Transparent, Non judgemental, Creative thinking outside the box, whanau determining their own needs

Te ataahuatanga o te Kaimahi Maori i roto i tenei ahuatanga:

1. Maori tuatahi
2. Kia u ki nga tikanga o tena rohe, o tena rohe
3. Humour
4. Mahi-tahi (Tetahi ki tetahi, tatou me etahi atu ethnic group)
5. Taha wairua
6. Hoe tia te waka, whakaiti I nga wa katoa
7. Nga taonga (multi skilled)
8. Empathy - Compassion
9. Stretching (expanding) boundaries
10. Giving

Uniqueness, By Maori for Maori

1. Nga Whetu, Planners, Moana, Nga manu, Nga ahua o te marama
 2. Cultural Assessments – Karakia, Spiritual, Wairua,
 3. Protocols – Kawa, Holistic
 4. Awareness – Senses - Wairua
 5. Awhi – Aroha tetahi ki tetahi
 6. Empathy
 7. Kumara vine
 8. Multi-skilled
 9. Administration Responsibility
 10. Whakapapa, Whakawhanaungatanga, Nga ahua o te Ao, Poutama
-

Kawakawa Stream

1. Diverse workers, work holistic
2. Work with whanau and not individual
3. We work out of our roles: multi-skilled
4. Work from our tikanga and not from legislation
5. Acknowledge the challenges
6. Understanding our tradition practices around medicine eg. Rongoa
7. As Maori workers we are all on the same level when we work with whanau.

Workshop: Plan to Develop Competencies – Presentation and Minutes Taken

Facilitated by: Riripeti Haretuku, Angeline Tangiora, Kris MacDonald

Maori Community Health Worker

Competency Workshop

Papakura Marae
October, 2003

What are competencies?

“competencies describe the knowledge, skills and personal attributes needed for an area of work”

Competencies include all aspects of work

- Skills to perform a particular task
- Managing a number of different tasks/activities within a job
- Responding to problems & non-routine events
- Dealing with all aspects of the workplace including working with others

Competencies

- Tikanga
- Basic health knowledge
- Networking
- Consultation skills
- Structural analysis skills
- Research
- Business skills
- Te reo
- Health promotion
- Life skills
- Time management
- Communication skills
- Needs assessment skills
- Facilitation & advocacy

Competencies

- Problem solving
- Basic knowledge of technology
- Pharmaceutical knowledge
- Rongo Maori
- Treaty of Waitangi
- Health systems & models of care
- Keeping journals
- Medical records
- Privacy issues
- Coordination & integration
- Empathy, friendship & humility
- First aid

Competency Framework

Clinical care	Specific care	Community & cultural care	Management & teams	Administration	Research
CORE			OPTIONAL		

Career Structure	
Grade	Responsibilities
A	<ul style="list-style-type: none"> • Work with supervision • Part of a team • Trainee or new graduate • Limited well defined role
B	<ul style="list-style-type: none"> • Limited supervision • Part of a team • Implementing programmes

(continued on next slide)

Career Structure	
Grade	Responsibilities
C	<ul style="list-style-type: none"> • Coordinator level • Supervises teams • Broad detailed responsibilities
D	<ul style="list-style-type: none"> • Manages programmes & health services • Manages teams • Develops policy and new programmes • High levels of responsibility

Pohutukawa Stream

Competency development

Members discussed that recognition of the Treaty of Waitangi is utilized when deciding competency development. Articles of the Treaty to be acknowledged by the government and it's workers. Experience has shown that not all workers including those in the MOH acknowledge the participation of the Treaty of Waitangi in proposals.

An in-depth discussion occurred regarding the Principles of the Treaty of Waitangi known as the 3 P's and how Pakeha have defined these for their convenience but for Maori the competencies need to encompass Tino Rangatiratanga and other aspects pertinent to Maori instead of pulling out whakaaro or certain aspects only that do not in it's entirety describe the Maori viewpoint.

Competencies were defined as including knowledge, skills, life skills, attributes, values and beliefs and trust. These need to be applicable and be a living aspect throughout the workplace. In having competencies there is also a level of best practice or quality standards that need to be developed.

Maori values are not valued enough especially in the changing environment that health workers are facing today. Competencies start with whakapapa and are used as a measurement of performance.

What is it?

Questions around whether a competency is the right word to use.

A competency looks at the way we do things including quality, good and safe practices involving tika, pono, aroha and wairua for people and ourselves we work with. Tikanga is most important. Tikanga gives a framework or measurement of things, practices and processes we do.

Maori health workers endeavour to match the Pakeha to the Maori way again aspects such as best and safe practices, culturally appropriate practices and accountability, acceptability and effectiveness, equivalent with Maori kupu including the above tautoko, aroha, manaaki and awahi.

Te Reo, Tikanga, Whakapapa are values, nga ahuatanga, nga mahi a nga tupuna the values by which we should be measured and accountability about how we work as Maori for Maori, with Maori.

Important for Maori initiatives to be recognized and adopted and Maori in control ensuring a holistic approach to work and taking into account also the Maori models already in place that are Te Whare Tapa wha, Te Wheke etc.

Should we do it?

Ae. Korero involved Maori doing it for Maori. Tino Rangatiratanga and control of resources, decision making by Maori.

All things pertinent to us as Maori including mahi tahi, whakakotahitanga, hui, whakawhanaungatanga, karakia, whakaatu, kanohi ki te kanohi and waiata to be maintained and nurtured.

E whakapono matou ka oti i a matou.

He oranga kia tae ai tatou katoa ki te taumata o te oranga.

How do we do it?

With our own values as Maori ensuring a holistic approach to addressing Maori needs, with peace and good will.

Planning, Consultation, Policy Development and Networking all driven by Maori, whanau, hapu and iwi.

Hui are needed, positive role models within Maoridom to encourage the kaupapa. Kanohi ki te kanohi, whakawhanaungatanga and kaitiakitanga to ensure te mana motuhake for Maori.

Maori and generic competencies

Ka mohio te tangata ki to whakapapa, karakia, nga kawa (A health worker must acknowledge and utilize their whakapapa, prayer and protocols pertinent to their own whanau, hapu and iwi.

Ensuring appropriate people are put in place to take care of the needs of our whanau, the health worker must be adequately resourced and have the appropriate skills and knowledge to deal with any situation. Leadership to be in place and communication must be ongoing. Some discussion occurred involving the kumara process and how it started from when kuia would plant and then the stages of growth and nurturing involved, these korero encompass the tikanga and practices that make up the way we do things as Maori.

Basic training level for all to be developed. Te Reo me ona tikanga hauora certificate is a suggestion and it is encouraged that this training be driven by hapu and iwi.

In a Pakeha sense we may need to take into account things like contracts, boundaries, confidentiality, policies and procedures and a balance between Pakeha and Maori kaupapa. All the above must ensure a Kaupapa Maori, a Maori world view in what we do.

Kawakawa Stream

Competency development

We sell ourselves to the job as Maori. Competencies are all about the Maori way. But those things are not measurable therefore competencies are what? Manaaki tangata etc... Competency is what you bring to the job and what the job is offering you.

Are we going to look at health workers who are doing the mahi and not getting any adequate wages and salary to be part of the competency.

A competency must have a measurement, tikanga Maori cannot be measured and yet this comes with a Maori health worker. If you are looking at a competency it's like passion and commitment How do we measure it? Turn the competency into Maori and we might be able to move ahead. Whakamaori te kupu pea.

What is it?

WHAT IS THE WORD? Competency is a judgemental word and that is why we are having difficulty with it as Maori.

Discussion about the word competency, what is the base word to compete. Competency means compete and sets us up to compete with each other. Professionalism and competency in what my kaumatua want me to become and what we can be determines my level of competency.

What really keeps us Maori? Suggestion by the floor the word whariki as it has many patterns and hui like this are to weave our whakaaro or discussion into one, similar to the weaving for whariki. This was not agreed by a member of the workshop therefore the suggestor accepted that the word instead of Whariki needs to be changed.

Frank, Te Hiku o te Ika. – Competency means to compete with anybody. You compete with someone in your ability to do mahi, competition. Yes we should have competencies. Maori are doers, this has to be done. If we don't we are going to be made redundant as Maori health workers and other people will be doing our work, this should never happen.

How do we do it? anyway we can. There are things like the Code of Ethics etc if those will help then use it.

In all walk the talk and make it happen. Frank also acknowledged the number of Maori women who make up the majority of Maori health workers.

A lot of our work is through experience and we utilise that past experience in our work to aid us. Competency also means for Maori that we have to do the job we are hired to do.

Riripeti Jones, Tainui - Rangimarie whare named after Dame Rangimarie Hetet. When she was given the honour of having this building named after her, her korero was that she would ask her kaumatua first. The reply was that the kaumatua agreed and hence the whanau came to open this whare. The whare was designed by Rangatahi under the guidance of one of Rangimarie's students Pearl whose photo hangs below Rangimarie in the whare. This is the way learning happens with Maori, it is unique. . The room is full of competency under the mana of being Maori and being humble.

Whaitiri Amohaere, Hauraki – There are special qualities of a Maori community health worker that no other worker has. The qualities that we have that are set to address the mamae that whanau have.

We are a captured people, captured by mainstream be it in health etc and us as workers give 200% effort in our work, the lengths that we would go through to ensure whanau are cared for. Tautoko the work of our tipuna and also acknowledge the environment of today. She is supportive of a national organisation and the development of the qualities that are special to us.

Competency has to be a benchmark set by Maori. To progress this korero we need to look at what builds our benchmark and anything above that is what tauwiwi expects of us.

All health workers know their value, if we draw up a poutama then everyone will see where they sit in the competency or poutama.

Should we do it?

Another discussion asked Why are we looking at competencies? By whose standards are we going to be competent?

Bear in mind the Treaty of Waitangi as a benchmark and from that everything else follows. The TOW is alive in the hospital environment and as workers they must ensure it is working. Not agreed by a Kuia, some believe the Treaty is dead. If the Treaty is alive then we would have our lands back. Pakeha use the TOW to service Maori, whose rules do we abide by when it comes to putea we listen to the Pakeha. The TOW does not have anything to do with our wellbeing in any programmes.

We must ask also can we trust ourselves, we are asking a roopu of Maori workers to do this work, ask ourselves first are we competent in ourselves. Use the same action used with the Treaty. Te Whiringa want to write them up, send it around the country for people to look at it in their own whare and discuss it there, then bring it back to another hui like this.

Acknowledgement from Riripeti Te Whiringa of the previous speakers. The Kuia, Rangimarie spent years learning her craft same with a Maori health worker. Her teachings and the way she was taught is what is unique to us as Maori and this must be acknowledged and revived.

Group 2:

What is it

Whakapapa, te reo, nga mahi a nga tipuna,
Net working, mahitahi ki a korero mahi tahi tatou . Me korero a tahi ki nga Pakeha ki a mohio ai .

Ae me mahia I tenei kia taea atu tatou ki te manaaki whanau a wairua.

Kanohi ki te kanohi, whakawhanaunga tatou katoa kia piki te ora o te Maori, kia tiaki te mana motuhake o te Maori.

Group 3:

A competency is measurable, measurement of how we approach activity and what we believe applies to health workers and of course accountability of how we work. Also involves being in control of the situation and how you control the situation.

Maori initiatives to be recognised and adopted, the holistic approach and the Maori models must also be acknowledged.

Ae . E whakapono ana matou kia mahi a matou.

Kia mohio ki to whakapapa, karakia, kawa, appropriate people for appropriate people by appropriate people. Discussion on the later involves ensuring the right people are looking after whanau.

Discussion around the kumara process how kuia went through the kumara process from the start with planting and it's development and growth during the process.

Group 4

What is it:

Standards of practice, culturally appropriate and work safety including accountability acceptance, manaaki tangata,

How whakawhanaunga tanga, karakia, kanohi ki te kanohi, Tino Rangatiratanga as per flow chart.

Maori: Contracts, boundaries, confidentiality, Policies and Procedures. Kaupapa Maori and a Maori world view.

Group 5

Is competency the appropriate word to use? Good practice, tikanga pono aroha. A measurement of practices and things we do.

Ae: Tino Rangatiratanga, control of Maori by Maori

How: Maori to do the mahi and write the mahi and correct ourselves

Maori: Basic training level for all, te reo me ona tikanga certificates driven by hapu and iwi.

Kowhai Stream

Competency development

What is it?

Skills, Knowledge, Experience are all attributes that we have as Maori and our ability to be able to apply these in our work.

With that definition there is a certain standard that workers are expected to keep. A measurement of what? A measurement of performance, how do you measure the knowledge of tikanga, kawa and whakapapa and who measures it must also be considered.

Should Maori and generic competencies be separated? Suggested levels of competencies for Maori working with Maori only and a need for our peers to have some understanding of these. This is to ensure our own ways are safe in the way we do things. Instead of us

looking at mainstream practices competencies or standards are specific to the requirements of Maori health workers only working for Maori.

Some concerns in terms of Maori working in mainstream agencies where they need to justify their time with Maori clients and especially to attend hui for Maori. Issues such as these are what face our Maori workers in mainstream agencies and needs some addressing.

Colonisation is an issue, us as Maori are still colonized and unfortunately our health is driven by overseas and not by our own here in NZ more so us as Maori. When it comes to Maori health other people are driving the solutions..

Development around competencies for Maori can have it's benefits to ensuring Maori have some lobbying power and advocacy around the development of Maori health workers and not primarily DHB's, ministry and mainstream health providers. To ensure some consistency and adequate training is established for future development and capacity building of workers and how they operate.

A suggestion was for workers to look at how Maori workers work with whanau and what they did. Today we have tamariki ora, well child there is no reason why these cannot be one and the service provision is a collaborative effort.

Concern was expressed as to why we should be going down this road considering competencies as we are aligning ourselves with how Pakeha do things e.g. Drs, nursing standards etc. It was expressed that we do not have to go down that road if so then why?

One competency for Maori only should be considered to ensure a Pakeha whakaaro is not assimilated into our own competency maintaining all things Maori in it's development.

The word competency is an issue, what is the kupu Maori for this?

Are we all in agreement to form the group first? If yes we agree then look at what is going to make us strong as Maori.

What is important to us when we work with our whanau? and how do we move that forward and add onto that to ensure our values as Maori including tikanga and pono are maintained? These need to be considered during the development of these competencies.

There are 2 other Maori organisations that deal with social work etc. ANZASW they have an iwi and Te Kaiawhina Ahumahi. Under PHO you have to look at health, social services etc. it is an intersectoral approach and this approach may need some consideration. These organizations have some work around developing competencies or standards in these areas then we could look at the collective approach to developing these competencies.

When contracts are negotiated there are barriers before us when we have no association or structure that equates and measures, the performance and work of Maori community health workers. Some protection is needed for us; the treaty e.g. does not protect us. As health workers we need protection and we need to work as one and strengthen each other.

What are the unique things that make us Maori community health workers? Te Reo, Tikanga, Whakaaro Maori. Ka whai te tikanga ki te wairua. Kimihia te huarahi hei oranga mo tatou. Ko nga tikanga ka whai ko te wairua. (Within the protocols for us as Maori the spiritual aspect will follow. Look for the right path to benefit us as a Maori taking into account the importance of our customs and spirituality)

Riripeti shared korero regarding Rangimarie Hetet and her skills in harakeke. Her work is renown throughout the world. She learnt her skills by discipline through her kaumatua. The

tukutuku panels around us were done by youth from Whaea Pearl who was taught by Rangimarie. They were taught the skills given the teachings and discipline.

Tamati Karaka: Capture your mauri and enhance your ability to maintain your mauri in everything you do. Be strong, the older generations need to find the gifts that are in each of our rangatahi to sustain and maintain our ways and beliefs as Maori.

Workshop: Establishing a National Association – Minutes Taken

Facilitated by: Eddie Moore, Donny Rangiaho, Lorraine Kuntsen, Rita Tupe, Mate Tihema, Irene Rennie

Kowhai Stream

Donny:

The idea of this Hui is to generate the whakaaro. The competencies are related to what do we have in relation to our mahi.

Donny has been working in mental health for the past ten years. We want some competencies in our tikanga. Look at the possibility in setting up a national body for the association.

What is a model? It is a picture of how we do things. Explains our values and describes how we work. The korero and whakaaro is still ours. It helps us to understand. The powhiri is the primary starting point for korero. The conversation is what we need to know so that we know what is expected from us.

There are a lot of kaimahi that are passionate about what they do models help us to make up systems. The point is that it makes up a process or paints a picture as we have said earlier.

How do we use them? In a lot of different forms like picture form, drama form, Waiata form, and korero a waha.

What is your model that will make a difference for our rangatahi, Mokopuna, Tamariki?

We need to feel confident in how we can provide the model to the people.

Comment from the floor: Waireti Walters

Came with an open mind in setting up a national body. It may be a start if we set up a regional body then working into a National body so that there are not too many Nga Puhi, Tainui etc.

The model needs to have good representations from women and networking and also passion and being clear in what you say.

Irene:

Has been a health worker in South Auckland for 15 years. Discussions we made for the National association.

Donny: Summary

There was a feeling in forming a National body, there isn't one and how can we set one up. We can look at presenting the regional body first and begin to work into a national body.

There is a lot of concern for the national body because we don't know whether we are going regionally or nationally within our hapu or iwi etc.

What is the structure for this situation? Waireti endorses a National Body.

Who are we setting this national body up for, as Maori health workers?

Do we have a consensus whether we should have one or not? Only a few people agreed with this.

Ma wai tenei poari e whakatu? Me korero tahi tatou I te tuatahi. Is it just for community health workers? He iti awa nga korero a he hohonu te whakaputa I nga whakaaro. Me tatari ke tatou kua e kakama. People are hoha. He aha ai kei te hui tatou, a, kei te mohio ke matou ki nga mahi.

Kawakawa Stream

Te Pae mahutonga: Replaces the stars of the Southern Cross, which are Mauriora, Toiora, Waiora, Te oranga

Te whare Tapa wha: what is your process of your model.

Te Wheke: talks about Taonga tuku iho, Wairua, Whanaungatanga mana, mauri, tinana, karakia, Waiata.

Why do they exist? To provide a picture of different scenarios that occurs in health care. Helps to gather information in a way that we determine the korero.

The systems that belong to he iwi ke. Ko te mea ke me pehea to tatou waiho I tenei korero ki iwi ke. We all have an understanding of what we do, because we do it in a Maori way.

We are not here to chase the putea. Kua tae mai ke tatou ki te whakawhitihiti korero, whakaaro hoki.

What is your model?

Do you think there should be a national Body?

It is also important that the model comes from the people and we need to weigh up with them so we know where they come from. So they know what those models mean.

A national body is really what we need.

Ko te mea nui ke, ko te whakakotahi I a tatou ano. Kei te tautoko matou I tenei kaupapa hei arataki ki te ao Whanui.

We need to be sure that the body will be able to see everything we work towards. If you have the strength then you have reached the level that we want you to reach. We need a voice that will represent all of us not just one iwi. The model that we use is all there.

General Comments about Purpose or Role of National Body

- Why? Recognition
 - Challenges
 - Need iwi input
 - Levels of Training
 - Negotiation
 - Employment Disputes
 - Political Voice
 - Pay Parity
 - Cultural Standard
 - Definition of Maori
 - Issues
 - Breakdown Taiwi structures that limits our holistic approach with whanau
 - Regional Representation
 - Election process
 - Registration
 - Association
 - Crisis that we need a MCHW body to represent us all at every level of our mahi
 - Recognition of my heritage
 - Consultation
 - Regional Representation
 - Not for profit, governance Structure
 - Legal advice
 - For a Association
 - Develop policies
 - Develop a frame work
 - Develop strategies
 - Maori vs. Pakeha System
 - Iwi to be National Body
 - Grassroots
-

Pohutukawa Stream

What is a model? Paints a picture tells people how we do things, explains our value and how we work.

Where can models be used? Models can be used in Hauora, mahi, hakinakina, Education, Housing, Awhi whanau (Social Services)

When we mentioned the word marae, we all know what to do, whether it be in the kitchen preparing or the paepae greeting the manuhiri for whatever type of hui. This is a type of Maori model.

Shall we have a national body?

The national body is more to set up in advocacy. The national body has not been set up. If there were to be one, how can we set this up?

If there is a national body, it is all about the workforce development.

There are many models; they all have tikanga, whakapono, etc.

The national body has already been set up in te Wairua, but we need to set up one physically.

Maori health workers need a national body; unions can also have a play in this role.

Comments:

- Te Whiringa
- Tiaki Kaimahi
- Training and education (Pukenga) Maori skills and values not recognized.
- Putea – a) ture b) tikanga
- Whakamana - our culture and our values.
- Status and recognition

How do we set up the national body?

- Hapu, iwi, whanau (regional)
- Registration and charges
- National database of Maori community Health workers
- National survey
- Researchers
- Set up trust – should Te Whiringa carry out research? Or should, could they just be the national body?
- People at ground level representing people in the field

Do we want one?

- Ae!

Why?

- Its about time
- Recognition and to have a voice
- Pay parity
- To protect Maori health interests (cultural values and beliefs)
- Protection of Maori Community Health Workers
 - Standards of practice
 - Accountability
- Kotahitanga
- Negotiation
- To protect our whanau
- Association vs. union; National vs. government

General Comments

- Do we need one?
- Take into consideration existing relationships and how would this body fit?
- What will be the role(s) of the national Body?
- Who will participate?
- Who sits on national body?
- Will they get paid?
- Membership fees?
- How?
- Hapu, iwi, whanau (regional)
- Registrations/Changes
- National database of MCHW
- National survey
- Researchers
- Set up trust/should Te Whiringa carry
- People at ground level representing people in the field.
- Roles
- Advocacy
- Lobby – funding – crown – MOH/DHB
- Workforce Development/Training
- Competencies (Basic foundation?) – On National policies/accreditation
- Information sharing - consultation
- Support
- Contract reconfigure development
- Identifying gaps in service delivery policy development –contact tender - implantation
- Disseminate information to our communities and continue involvement in process.

the research? Or should-could they become National body?

- Evaluation

Appendix Two – Day Two Presentations, Notes and Minutes Taken

Presentation: Moana Jackson - Minutes Taken

Note: two sets of minutes were taken for Moana Jackson's presentation—both are included.

First set of minutes taken

Te whakataui i o tatou manuhiri mo tenei ra, Moana Jackson and the Treaty of Waitangi context and workforce development.

Moana opened up with a Mihi, and thanked the organizers, because he had spoken at one of the first Hui for Hauora.

He was also invited to speak on radio pacific, and he listened to the comments of people that were on the talkback show, and some said that Maori don't even know what foreshores sure. A person talked to him about how Maori change their names e.g. (Tipene/ Steven etc).

However, Moana said he is here to specifically talk about Te Tiriti o Waitangi.

He was taught a bit about his Ngati Poroutanga on his dad's side, and Takitimu on his mum's side. He was just talking about how he was at this Hui in Kawhia in 1994 where there were little Fiber Glass waka, and how each waka had a name like Mataatua, Horouta etc.

Hauora are a series of waka, but they all go the same way. The way we need to consider is not the way through the crown. The other way is how best we can do the job to make us neat, as Maori, we want to end up where our people will be physically well, non smokers.

For a number of years I lived in Wainuiomata and was on the marae committee when they decided that they should build a marae there. There had been numerous things that happened on the way. Two weeks before the opening at the Hui of the marae committee, a new debate happened, and they decided that they would talk about the issue after the opening of this whare. On the opening afternoon a person asked the Kaumatua why one side had blinds and none on the other side, and the Kaumatua said "He tikanga ano tena" and everyone was happy with the end result.

I have a concern with our health and people. A lot of our people get involved with health. We must be informed and make decisions on how we can make Maori healthy, and we have to walk together to make the health waka an exciting waka, because the health waka will not travel alone. Maori people having to deliver contracts in a Maori way to the Maori people.

The crown always has to say something when our Maori people are successful and every thing must be done in a contract.

When Maori students attended Victoria, I let them know that when you graduate you are a Maori who happens to be a lawyer, not a lawyer who happens to be a Maori.

It was history that made Maori people and they took it from there whether they should have signed the Treaty or not. It is a relationship for us about Maori for Maori, iwi for iwi, whanau for whanau etc. We will reach it in a sense that will make Maori well.

What does it mean to be well?

We treasure, as we should that uniqueness of the reo will be a part of what makes us well. If we change it, it will not make us well.

The differences in all of our Whakapapa, we have been taught, are the things that divide us. Part of being well is to unlearn what we have been taught. The resolution is to restore the Whakapapa. Because we were well as a people we had very few doubts for the way we lived and the well being of our people. We did agree to have a special relationship with the crown. We had recognised that learning another kawa was not all that bad.

One of the things for people is to see whether or not we should have a National body.

Our people began to think about new ways to befriend these new comers, ranging from kotahitanga through to the Maori government. Are there advantages in forming a National body for the competencies? The concern is what language will be used. We try to fit ourselves with in a Pakeha box. A national voice will give more for us so we negotiate with the crown.

A number of our rangatahi are beginning to give our Mokopuna Tipuna names. That seems to be a little step in the journey. It is a statement of identity. Maori identify people with their Whakapapa, and Pakeha identify people in what they do.

The challenge for health workers is will we be ready for different answers for the different questions.

Second set of minutes taken

1994, 10 years ago I was asked by the people to speak to a Health Hui. The first Hui our people had organized so there was a lot of nervous Hui / tension. There are parallels to the 1994 and the 2003 Hui.

This story is to illustrate the attitude of people towards Maori. I was asked to be on Radio Pacific. It was the foreshore issue and the first caller attacked Maori Moana "Maori did not understand or know what the foreshore was; then there are Maori who change names – Tipene O'Regan was Steve and now this Syd Jackson who has changed his name to Moana."

A Waka of wellbeing for our people

- Needs a diverse and skilled crew
- To navigate treacherous waters- winds that Buffet our waka.

There are many waka on the same journey for a common goal-Service for our people.

Some of our waka are going around in circles but that happens. We find our way in the end.

Story of Wainuiomata Marae, to illustrate many waka tribes working for a common goal and the tensions and fights involved during the process. The goal remained the same to build the whare. Two weeks before opening- whawhai about Venetian Blinds. No resolution, so people agreed to leave this kaupapa. The night before the opening, as buses were arriving, blinds were put up, more fighting. One side of whare had blinds; eastern side of whare was left until after opening. After the opening a manuhiri wandered through the wharenuui and asked "Why

have you got Venetian blinds on only one side of the whare? A Kaumatua responded "He Tikanga ano! The Western wall only to have the blinds, the eastern side must be left alone".

Outcome: Everyone was happy with the resolution and content with the explanation.

My other involvement was in the 1990's with health Poutirangi ora a papa Trust, in the Bay of Plenty. Changes were happening in the health area. It was attempt in the Bay of Plenty to have a buffer for Health care and institutions to try and improve Maori health. It was for Maori to make decisions about Maori health. The debate was simple, if we are to be a well people, we must work in a co-coordinated way. The effects on our people is we will be well if we empower ourselves, to do the things for ourselves.

The Crown becomes worried when Maori become successful. Very little differences and improvements have been made under the Tauwi systems for our people in the 150 years of colonization. The reality is our health is still declining. Our health and people still need nurturing. Today everything has to be done to a contract. The repercussions to our health workers are the constraints of the contracting regime. Lines of accountability are drowned.

TE AO MAORI

1840-----2003

There is a long history of how Maori shaped decisions. They saw the world, lived the world and survived the world around them. Our people had a brilliant intellect. Iwi, Hapu exercised their own right of our own people to make decisions.

Whakapapa was forged in a long history and the links are important. The long history is a base for our people- long before Tauwi arrived here Maori had a long history base.

1840-2003 in this brief time of colonization, the impact on our people has changed our lives, our language, our people, our beliefs and our values.

The Treaty of Waitangi gives us Tino Rangatiratanga in the legacy history has left us.

But what does it mean to be well?

To treasure our differences, our uniqueness to be well; the uniqueness of our language, tradition and customs.

When we lose our humour our differences, uniqueness we are not well.

This is a story of my brother Bill who passed away and Ngai Tahu dedicated a room at the University to him. The tohu Whakamaumaharatanga was in Ngai Tahu dialect, so Bills Maori name was written Hemoteraki (Hemoterangi). The Koroua commented, "Boy seen the plaque"? Called your brother a "Dead Duck". Maori Humour - means we are well.

Whakapapa binds us not divides us. Part of us being well is to unlearn that differences are not negative. The positive sign of wellness is to rebuild and to restore our whakapapa - UNITY OF DIFFERENCES.

Long history of wellness where Maori had a few doubts of our rights for our land. Iwi made decisions for their own iwi.

Colonisation

What does colonisation's do?

Makes indigenous people believe they no longer have the right to make decisions for themselves.

Should we form a National Body? Should we form our own Maori competencies?
Historically Maori had clear guidelines, for competencies, they have always been there.

Maori had to find new ways of relating to newcomers, to explore new alliances. There have been previous attempts to form a national body – “Te Kotahitanga” By our Tipuna were made

We are continuing that same journey today. To build upon whakapapa that bound people.

There are advantages in forming a national body

- National Association to have lobbying power
- Unify our people
- BEDROCK
- Maori decisions for Maori. The wellspring of what is well in Maori times.

Competencies

Be clear of what the word competencies mean. Define them in a way that talks to the source of wellness for our people, to fit ourselves in a Pakeha world but to maintain our mana.

Christopher Columbus

Claimed land
Shopping
Renamed land

Cook came to New Zealand

Claimed land
Shopping
Renamed land
Renamed us Maori

A part of colonization renames and the key part of being well is to reclaim names. An observation today is that rangatahi are giving tipuna names to their children. Some research shows that this began about 1987 through to today in 2003.

The wellness of our people in giving tipuna names to our tamariki is to:

- Reclaim, respect mana of our Tipuna
- Making a statement of identity
- Where they are from
- Whakapapa strengthens identity

Becoming confident in te Reo nga tikanga when these young children are named after Tipuna become and they become adults, they will have questions and challenges put to them and they will be ready with the answers!

Presentation: Tilly Reedy - Minutes Taken

Introduction to her workshop,

She gave her Whakapapa, with a little mihi.

Te Taura O Te Whariki.

Ahako ko te reo Maori tona reo tuatahi, ko tona hiahia kia puta nga whakaaro mo ake tonu atu, no reira ko tona hiahia ke ko te korero I roto I te reo Pakeha.

Te Whariki is a tangata whenua tapestry; its unique value goes back in time. It is based on our systems, Whakapapa, iwi. What it does is stretch it back so we can find our own ways. Understanding what it means is a must because you need to walk the talk, talk the walk, otherwise it may not work.

Te Whariki is a model for Maori development, when you work with this you work with everything. Unless you take hold of it you cannot continue with what you do. You are caring for others; unless you are strengthening yourself you are not strengthening others.

The base of Te Whariki is to love ourselves, because if we can't how can we help others that don't care about them selves. How can we empower others?

Human development, Tinana, Hinengaro, Wairua.

The Tinana and Wairua were very strong, but the Hinengaro was important. We use 7% of our roro, while the other 93% is doing nothing.

Your whole body is the brain. Kia tupato ratou ki te Whatumanawa o te Mokopuna, te tamaiti nohinohi ranei.

HINENGARO

This dimension deals with the power of the mind
Embrace Maori Philosophy.

WAIRUA

This dimension deals with the spirit of the person, wherever you go whether it be the moana, te Ngahere you are a part or it

WHATUMANAWA

The commitment is not based around the physical and the spiritual ways it is also done through emotional feelings.

You go out and help people with what they need, this is done with generosity. No matter what you do it would be find here at this Hui, you can decide what you want to do.

Presentation: Dr. Bruce Gregory - Minutes Taken

Introduction to his workshop

He opened up with a mihi.

He would like to start with a karakia as he said the people from up north always start with a karakia.

We need to understand the beginning. Do we know if we move into the future backwards, we need to know our past to go into the future; we don't need to move into the future if we work into the past accurately.

Do we really know about the Atua Tangaroa? When we look at that picture of the takutai moana who of the gods is the boss.

If we are to look at the case of the court for the foreshores you may not be entitled to the foreshores. We have a lot of situations that are taking place at the moment.

We should be looking at progression on whanau and hapu by looking at that particular structure to see how we can do things.

We are the only ones that can save ourselves. You are best suited to do the job. Your whakapapa is you. It is in our Whakapapa that we grew up; we know our iwi, hapu marae and so on.

We all have a responsibility for our younger generation. If your health is good everything else is good from whanau to

What was kai to the Maori?

It was a reflection of our mana and what we feel.

We try to keep our cultural values. We have to stop having 10 meals a day. If you look at all the old pictures of our Maori they were quite slim. So we think that they had one or two meals a day.

Remember what your parents did, and those who provided for you, where we learn a lot of habits when we are young.

“Ko te kai a te Rangatira he korero”

We are talking about the basic whakapapa.

Some young people don't know who they are because we haven't taught them, we need teach them so they know who they are.

Kia kaha ke tatou ki te Awhina I o tatou rangatahi.

We have been taught to whakaiti (Humble) ourselves.

He tino tapu te whakapapa, it has its own place.

Workshop: Tilly Reedy - Minutes Taken

To show a model – to strengthen ourselves and to help ourselves.

You have the power to help yourselves, to empower yourself and therefore others. If you do not believe in yourself how can you help others?

Our young, our people have systems in place to help them in education in the health etc We do not have a system to help strengthen us to empower us to help ourselves. This is what Te Whariki attempts to do.

When approached by Ministry of Education to do a curriculum Tamati and I decided to develop one that empowered Maori. Whakamana was developed and clothed in a Maori way – Mana Tinana, Mana Hinengaro, Mana Wairua, Mana Whatumanawa.

All schools are focused on the Hinengaro e.g. literacy, writing.

- Ā Tinana – rugby
- Ā Hinengaro – counselling

But no one is focused on Wairua except church schools. It was important to focus on the whole and not just one or the other.

Only Kohanga Reo followed Mana Wairua. There was much discussion and debate before Mana Wairua was accepted.

Mana Whatumanawa was important to add. Why? Ko Te patai? Why did we have such a high rate of suicide? Drugs! Alcohol! Abuse! Sex. We must instil in our young people mana atua that they are unique, sacred.

He aha kia koe te mana atua?

You are unique, sacred. You have to believe your own idea of mana atua is right for you.

It doesn't have to belong to your brother, to anyone else. What does it mean? Get out of listening to systems, which say you are wrong.

What for you is Mana Whenua?

You belong! You are part of Papatuanuku, Mother Earth. Mana Whenua tells you who you are. For me it is my mountain, my Ngati Poroutanga is very important. No one can take them away from me. "I am so proud to be Ngati Porou."

What ever you think, all the mana are interchangeable, they are all linked.

Te Whariki was first written in Maori. All the ideas, the research, the concepts, the values, the songs are Maori. The English is an Interpretations of ideas.

The strong theme coming out of this Hui, all morning has been "well being."

What is mana atua in terms of Tinana? All these taumata Whakahirahira mana

Concepts – you can weave them all into yourself, your brain, your body, your soul, and your spirit.

- Intellectually
- Physically
- Mentally

- Spiritually

You cannot feed only a few parts of your development- you must nurture all, a Tinana, a Hinengaro, and a Whatumanawa.

Mo Te Ao Maori nga korero, nga Mana.

Children development- (Handout sheet)

To show what we eat, drink, think has some effect on the baby in the womb (te Whare tangata)

Development of voice. Brief mention of the left and right brain.

Kare e taea e te Tangata te tango I to mana engari kia kaha koe ki te whakapakari ia koe ano ia taea ai e koe te whakamana I etahi. 4 Dimensional – strengthen yourself in every dimension.

YOU HAVE THE MANA!

Kowhai Stream

There are about twenty families that are not able to send their children to school. How can we go and teach our children.

I come here to suggest a way that we can help ourselves, in order to help others. Some are doing drugs, having babies when they are babies themselves. If you haven't got that in your mind how are we going to help those who really need our help.

We learnt what Tauivi wanted us to do. In the end your empowerment is for yourself.

All the schools I visited just wanted to talk about Tinana and Hinengaro and never touched base on WAIRUA. If we could not get Wairua in you we could teach anything else. Some people said that Wairua is at church, but Wairua can also be the trees outside the kararehe and so on.

Young people are committing suicide, and the way they try and forget about doing this is, taking drugs, do other things, this is where we have to prevent them from even think about this, but you must remember you need to help yourself before you can help others.

What is Mana Atua to you?

What is Mana Whenua to you?

It is a part of what you are they cannot take away; your Tuhoetanga, Ngati Poroutanga etc.

Te Whariki was first written in te reo Maori, when they put it together they went back into te Ao Maori, all their rangahau and everything was done by going back to te Ao Maori. There will never be another person like you.

What was mana Atua in terms of Tinana?

Mana Tangata is sitting in the opportunity of control, in helping you to do what you need to do to help others. Our Tinana are our temples why do we put poisons into our Tinana, it would be nice if we went for a walk it helps some of us to think and it may also clear our Hinengaro.

The development of a Mokopuna:

Physical development is also the development of the mouth and everything else. There is a left-brain and a right brain. In the end the challenge is for the self as a person to go back to the ahuatanga of our Tipuna.

Kawakawa Stream

Gave a brief overview on what was mentioned in her introduction earlier this morning.

The ideas of Te Whariki were done in Te Reo Maori. The Pakeha back in Te Ao Tawhito actually sat down with the Kaumatua and write everything that was said, and analysed what had been said.

Te Whariki started from the base of Maori. You cant just feed one area of what you want to tell people. In Te Whariki you have to find out what you know about Mana Tangata, Mana Atua, me te Wairua.

Everyone was put into five groups to talk about what they think Mana Atua and so on means to them.

Mana Atua

Pakiwaitara is unique to us,
Whakapono
Waiata

Mana whenua

Papatuanuku,
Without the whenua we are lost
Gives us our food, our rongoa
It is our Awa, Moana, Roto, Wai for ou Oranga
It is Our kaha

Mana Reo

Communication
Whakaaturanga, Manawa
Ngakaunui,
Korero, Whakatauaki
Tumanako, Whakapono, Aroha

Mana Tangata

Whakapapa, Wairua
Whenua,
Being at peace with one another
Strong believes
Challenge

Mana Ao Turoa

If you go back to Harakeke this is a way of how we relate to one another, we have to be patient when you want to cut a piece of harakeke, otherwise you will never finish your whariki, and once you are finished you will be proud of ourselves.

When you look at it these are our competencies.

Ko etahi o nga Tangata karekau e taea kite korero engari ka taea ke ratou ki mahi ringa.
Kei te titiro ki te ahua o te Tane me te Wahine.

Pohutukawa Stream

We are here basically to empower ourselves.

All the aspects are entirely in te reo Maori, about Maori strength, Maori kaupapa and Maori tikanga.

You need to have the composite for yourself to help others, the most important thing is don't be too shy. Say what you want to say there is no wrong or right answer, it is what you think no what other people think.

Everyone was put into 5 groups

Mana Reo

Tupuna whare
Te Mahi kapahaka mo nga tamariki, rangatahi
Tihei Mauri ora
Whaikorero
Karanga

Mana whenua

He aha te mana whenua e pa ana kia matou?
Turangawaewae
Kaitiaki
Awa
Hapu
Iwi
Ko te wahine te Whare Tangata
Te Whanau
Nga Whakatauki

Mehemea kahore he whenua, kahore he iwi,
But with our mana whenua we are tumeke.

Mana Atua

Whanau
Whare Tupuna whakapapa
Foundation can be found
Karakia
Rangimarie
These all can be connected to Mana Atua

Mana Aoturoa

Nga tamariki a Ranginui me Papatuanuku

Mana Tangata
Manaakitanga
Tohutohu
Nga Patai Korero
Confidence
Power
Wisdom

I Waiata te Katoa nga roopu I muri I o ratou mahi.

“We have to have the sun to keep us warm
We have to have the rain to keep us moist
We have to have the water to keep healthy and clean
We have to have air to breathe”

“Ma te ra tatou e whakamahana
Ma te ua tatou e...
Ma te wai
Ma te ha tatou e ora

He mihi atu tenei kia koutou e tokoruru na koutou nei I korero ki te iwi nei.

Group Reports

Kawakawa group report

Kawakawa entertained us with a excellent entrance before they started their report, with toia mai te waka,

In going backwards we need to look at establishing in forming an National body.

We need to look at making decisions to form this body, and to make our waka all our community workers because there is a lot of mana from the past.

In setting up this time we need to set up a time frame for this situation within the crown and the roopu itself.

Then we make long term plans, but not to hurry but be patient in what we do to help Aotearoa.

Get the papa or the foundation right. We will row our own boat and no turn back.

Pohutukawa group report

We just tautoko the group before us.

We make it and we correct one another in everything we do.

In the last programme we done the Mana workshop, and there were five groups and the group that done Mana Aoturoa put a Waiata together with the calendar girl tune.

Kowhai group report

Protection, partnership, and participation.

Ko a tatou nei tama tane I homai to tatou whenua. I te wa I hara mai a Ngati Pakeha ka korero ki nga Tane Maori, ka timata ratou ki te patupatu I o tatou nei wahine.

Ki te kahore he wahine karekau o tatou tamariki e whiwhi oranga.

We are really happy with our Hui this week, I like how we are as Maori and thank ourselves. This is how unique we are.

Ko te ia o te kaupapa.

Kia kaha tatou ki te whiriwhiri I nga korero kua korerohia I tenei po.

It is during any Hui that we come together and blend as he “iwi kotahi”

Thank you everyone for all the hard work everyone done today. We have enjoyed each other's company.

Te Waiarani closed our day with an inoi.

Workshop: Dr. Bruce Gregory - Minutes Taken

Kawakawa Stream

Bruce

The beauty about being on the marae is to speak off the cuff. You are the teachers of our Tamariki in te ao Maori, in tikanga. Why go to the school to learn this? Training comes through living with it – in rural areas. People moved into urban to get employment. Generations are missing out on this learning. Maori in towns are missing out on this. If our Tamariki in town can't find their roots – claim them back. This enforces hapu, iwi.

Waipareira talk Maori – not hapu, iwi. Tauwiwi support this as it causes the break-up of iwi. We know the hapu, iwi structure. How do we develop a relationship, by delving into whakapapa? By gathering them into hapu, iwi.

Our biggest illness is cultural dislocation. Our young people are searching for the reo, tikanga. When Bruce was young he returned home, he was put onto the cemetery committee, research occurred and found information that was detrimental to the church.

The position of a MCHW, Government have become frustrated with Maori health and are throwing it (the problem) back into the community. MCHW know their communities, by family and hapu.

Children are being given Maori names again and these children have the ability to grow up and be whom they are named. We have the ability to take on the traits of whom we are named after. When we think of tikanga this is how this can also be passed on.

Basically getting across that the MCHW are the ideal to deliver services by using whanau, hapu structures. They are tried and tested, proven. In the 1900s other models were pushed on us. We are no longer allowed to chastise our children, etc. We have a nation of creative children. Where are they now? Kaumatua/Kuia use to be able to direct young people in a certain direction. In past times you could tell which whanau a person came from by their name.

Kia kaha! The use of Maori (whanau) names is coming back. Our young people are coming into their own. They need to eat regular, good types of meals. They also need to learn to fish, to feed the whanau not the city! An example – red Indians smoke as a tradition of the culture. NZers should learn to respect these cultural differences.

Question: Korero about whakapapa – this morning shed a light on and focussed on ways of getting (into whanau) without delving into whakapapa. How could you as an elder see or suggest how we can approach families whose whakapapa are not known so we can connect to them. The question gets asked about how we go about finding out a persons whakapapa. How can Bruce see a solution for us as MCHW?

Answer: What you do. I would like to be able to direct them in the right direction to find out what their links, their whakapapa is. We usually know someone from that area and linking that person to him or her.

It was suggested to us we do our whakapapa from the Mokopuna back to yourself. Sometimes visiting the cemetery or Mormons, you can be assisted. Learn to ask even through the Pakeha systems.

A MCHW from Tauranga moana has come in contact with many people who are disconnected. They have formed a roopu through Ngati Ranginui services to help these young people – babies, having babies. They are involving many other services to assist with this.

It was raised about the John Hapi's debate about those in prison who don't know who they are as Maori.

Bruce feels it is better to stay to our own traditions of finding out who we are. A lot of our young people are starting their own traditions by forming gangs so they have a sense of belonging. Forming a new tikanga.

Na I pohiri te takuta – he maha ona nei matauranga. Ka mihi ia ki te whakaminenga. He penei te ahua i runga I te marae engari he tikanga teera ki te tuu i roto i te whare runanga ka taea. Ko taku mahi he tapiri atu i te kaupapa, Ko koutou nga Kaiako i nga Tamariki. Te Kura Kaupapa Maori i te ako i te Ao Maori ko koutou anake ka mohio ki nga whanau, i nga tikanga – kore e taea e tetahi i akongia i roto i te ao Pakeha. He aha te kiko o te haere ki te ako? Kei te mohio koutou i tipu tuturu ake koutou mai i reira. Ta koutou mahi he ako i nga tauwiwi ki enei ahuatanga. Kei te matau koutou ki nga kai, ki nga manu, ki nga waahi kai. Ko enei nga ahuatanga kaare i te mohio a tatau Ngai Maori o te taone.

Kaare e mohio i ahu mai ratau i hea? Mehemea koinei te raru ana tahuri ki te whakatika, tahuri ki te kii haere mai hei ngapuhi.

Te Poari o Waipareira – e korero ana Ngai Maori kaare e paa ana ki te waka, ki te iwi. Ki a tauwiwi he kaute noa iho mo nga pooti. Ko te rongoa kapotia atu ma tatau hei poipoi.

Ko ta tatou mahi he tapiri atu ki aua tangata kaore he whakakahore. Me pehea?

Ma te whakapapa pea hei kimi haere i nga herenga tangata, ma tenei ahua kua whakapiritia tetahi ki tetahi

Ki taku titiro he nui nga tamariki kei te kimi, kaare pea etahi I te mohio ki nga whakautu.

2: Ma te hoki pea ki nga urupaa ki te kooti Maori, ki nga whare karakia. Ka kitea te rereke o te ohiti tupapaku kore e taea te hunga i te pono mo ake tonu atu. Mo inaianei ko te tuu o tenei ropu kua kite tonu i roto i te whanau ma nga ingoa ka taea e taua te kuhu atu ki te ao o te tipuna. Ka mau i te iwi hei tauira o taua tangata wahine ranei. Mehemea ka tino uu te whakaaro ka tino rite ki taua tangata i tapaina ra ia.

Pera e paa ana ki te Putaiao me ata ako ki te mahi i tetahi mahi. Te Titiro ki te tikanga ko tenei ano tetahi ahuatanga hei tiroiro.

Hei haere whakamua mau ano koe e ako i a koe ano. Kumea mai nga rauemi hei Awhina i a koe ano. Ko te tauira a tena a tena ka ahua putea he porearea tae atu ki te aitua o ta tatou kore e pai ki te pa ki a tatou Tamariki.

3: Mehemea kaare i te matau i te mohio ka waiho tonu hai poraruraru nga mahara i roto i nga Tamariki nohinohi e kitea ana i roto i nga pikitia e tahia ana.

I mua ma te Kanohi o te Kuia/Koroua hei titiro i a ratau nga Pukenga ka kitea tonu i roto i nga reanga whakaheke.

Me whangai nga tamariki nohinohi i nga kai tika. Me kaha tonu kia mau ki nga whakarite mo te wa kai.

Akongia nga ture nga tikanga
Ako mai i etahi atu iwi
Me pehea te ako it e whakapapa?
Me haere au ki hea?

Kei te hiahia aha ki te mohio i taku whakapapa!!

Kua taura heretanga tangata. He roopu ka whakatuuhia anei e whai ake nei nga patai.
Ko wai au?
I ahu mai au I hea?
E haere ana au ki hea?

Kei te pai ki au ki te tautohetohe e paa ana ki te whakapapa akene ma tenei ka puta te hua.

Pohutukawa Stream

He mihi ki te huihuinga.
Tukuna nga korero kia rere - E hoki ana
Ki te timatanga o aku korero i roto i te whare ara ki te atua. kei te mohio ahau he wai pokarekare, I roto i aku uiui kei roto i nga tuhituhi o TTOW

Ka puta mai te pihopa katorita. I korerotia engari kaare i tuhia ki roto i te tiriti.
Ka noho taukumekume – he aha tenei moa te tikanga – Kore i ea taku korero a nga kaumatua – Me hoki mai tatau ki te Ao Maori – he kokiri tenei ki a koutou – kaare ahau i te huri i o koutou whakapono hahi ranei e hoki ana nga korero mo te takutai moana – Ko Tangaroa te atua.
Mai I tenei ka kuhu atu te tikanga.
Me aha me pehea mehemea i hara i whati tetahi o te whanau,
He takuta koe? He aha te panga o to mahi takuta Ki nga ahuatanga tupapaku
He korero ana e pa ana ki ana mahi – Kaare e taeae au te whakautu i to patai
Akehe he turanga mo te TOHUNGA: i roto i nga hohipera.
Te ture takahi I nga tohunga I whakakoretia nga painga me nga makutu i taua waa

Te whakapapa- he ahuatanga nui tenei ko tenei te muka here i a tatau te whanau te hapu te iwi, te waka aa ki etahi ki te atua: Nga kore a roto he mea nui i etahi kaare e tukuna o ratau whakapapa.

Ma te raranga i enei whenu ka tuituia te maha o te tangata. Te ira tangata me he mea nui – a me nga momo tangata o roto to whakapapa, Ka kore e tika to tina tena te kore e hoki ki Hawaiki. Ka korero ia mo te ahua o etahi takuta ki te tapu o te Tinana me etahi o nga wahanga:

Kua oti ke o whakaaro mo etahi tangata i reira ano
Nga Kaupapa Here (controls) o ia ra i te wa o nga matua .
Tera pera i te whanaungatanga, engari kua ngaro haere, Kei te penei katoa nga tamariki o inaianei (Ehe) Ka kore he kai I nga wa o mua ana kua haere tatau ki te kimi kai, hei kai..

Te ika tuatahi i whakahokia atu ki te atua.

Ma nga MATAURANGA MAORI KATOA hei awhina i a koe ki te awhina i to tatau hapu iwi hoki.

PATAI;

Terina – i kii nga rangatahi kaare i te noho pai ratau i te marae
Haumarua kore . He aha i penei ai?

Whakautu?

He mate ahurea tenei ? kaare i te mahi tika i aua tikanga.

Kei roto i a koe te tikanga - kei a tatau tera,

He rerekau ano tera he rereke ano tena.

Kua ngaro ke tera ahuatanga.

Me pehea to ako i o Rangatahi
Me titiro ki nga ture o te marae
Me pehea nga mea/taiohi kei te tino matatau kaare tonu e hiahia haere ki te marae,

He waiata – a ka mutu ai

GROUP 2

Let the korero carry on
Go back to korero in the wharehenui Talk about the gods.

There was talk in the last group about using the Mormon connection to find out about whakapapa. You are going to have to think about it hard.
When I asked my tipuna about my whakapapa (Maori)
Pompellier/Hobson agreed to freedom to express.
His korero - was where do I find my tikanga?

You must believe in Io in order to learn and know your tikanga.
Bruce talked about not separating Gods-re Tangaroa / Papatuanuku etc.
The judiciary system are taking the Foreshore issue to court, what does that have to do with Tangaroa (i.e. the Maori land court)

We have to be careful how we do things. When tipuna pop up into issues How have we digressed in order for these things to happen When people within our whanau are being affected by some of our tipuna.

The question was asked that as man of the medical profession how could Bruce believe in things that affect people spiritually.

Bruce suggested that it would be a good thing to re-look at the tohunga within our society.
That we need to realise the power of the mind.

Whakapapa –this hui has had it threaded throughout about the importance
Whanau - hapu – iwi .

Many people have realised the importance sharing whakapapa so many people traditionally do not do that. By making those links we interweave to each other. We have so many different aspects of genetics.

Whenua means the land and the other important thing that women carry around .

One of the lessons in medicine is that Maori do not like to be operated on. Because people had and still have a fear of not going in tact to Hawaiikinui, that we like to stay whole. There has to be respect of how tapu our body parts are.

Having looked at our world who best is there to look at Maori issues. We are the best. We know over communities. We pick up knowledge locally. You are good at it because you have learnt it thru experience. Controls were within the community through recognition. People were kept on the ball, honest. That was whanaungatanga. This is being lost.

If we return to our youth we will remember these things. When we were young we used to look for our own kai. Our young people don't know how to do this, we need to take them back and teach them. It used to be said that kai has a god. In some areas it was practised that a little bit of kai was put to the side of the plate for the god.

Everything has a mauri and should be acknowledged and respected.

MCHW are important because we awhi tamariki, we are the parents. Awhi each other in our mahi. We don't need education we need to pass things on.

A woman from Opotiki spoke about rangatahi in her area feeling unsafe about the marae. It seems youth are mentally afraid of the marae because they cannot speak the reo. They do not understand tikanga because they don't understand they turn elsewhere.

Some people who control tikanga wield it like a taiaha and maybe they really don't actually know tikanga.

In some areas even tangihanga does not take precedence over functions that are dollar driven.

Rangatahi need to be taken back and taught tikanga. Our youth are getting double messages. Just because it doesn't work doesn't mean you have to throw it out.

A resolution offered from a rangatahi present was that we hold wananga with rangatahi, kaumatua, kuia to resolve some of these issues.

We were a people who were orators, the passing over of our knowledge has been lost. We need to relearn, take things back to the old way of sitting down and learning. We need to learn mihi, waiata etc. Even if we don't know the reo, sit, look, listen, learn.

Kowhai Stream

Nga kaimahi Maori o te Hapori. He aha ratou? Te roa o ratou i roto i o ratau turanga. He whakautu a etahi i hoatu ki te whakaminenga. Mai o tou turanga takuta mai i to kitenga i a ratou me ahu pehea ratau, me pehea te whai awhina, pehea to titiro ki tenei turoro a ka tae mai ai ki a matou. Me timata penei pea au.

I timata au i nga tau 1960 engari aku tirohanga ko tauwi ano nga rangatira nga horopaki he Pakeha katoa. Ko te whanau me te marae pea nga ahuatanga Maori I tua atu iti noa iho te kore tino kore nei.

Inaianei kua nui ake nga kaimahi Maori engari kaare tonu I te ora to tatou iwi engari kei raro tonu tatau i te hotaka a tauwi kaare tonu i te kitea he oranga mo tatau, he nui ake te wa whakakii pepa kaare i te tukuna tatau ki te mahi i nga mahi o nehe ra.

Ma te wa ka taea te ako i a tatau neehi i raro i te ako a te Maori ake. Ae e tika ana o korero ahakoa na tauwi au i ako engari ko aku kanohi hei Maori tonu ka takataka tonu mai nga aukati engari kua huhua tatau hei whawhai i te whawhai ko te mea nui ke kei a tatou nga taonga. Ko nga takuta kua ahua rite tonu atu nga neehi ki a ratau. E ono tau te takuta e ako ana ko te neehi anake kei te roanga i te taha o te turoro ka tae mai te takuta kua kaha ia ki te korero kei te mohio au ki te turoro nei.

He wahine mo te tahutahu pepe whakatahee kaare ia i mahi ka hoki ki te takuta kaare tatau e tino whakarongo. Korero te takuta mo nga PHO me nga DHB kei te tautohetohe tonutia te takoto o enei ahuatanga i roto i te tiriti.

Ko koutou - kei a koutou nga matauranga, nga pukenga, nga mohiotanga kaare i akohia e te kawana o koutou whaea, wa kainga ke koutou i ako. I tipu mai koutou i roto i aua ahuatanga mohio katoa koutou ki nga whanau o to koutou waa kainga. Kua mohio ke koutou kua taa keetia he pikitia ko nga tumomo horopaki katoa kua mahia e koutou.

Kua matatau ke koutou neke noa atu i era i akona e nga tari kawanatanga. Ko koutou hai tiaki i te taha Maori kokiritia!!

E kore ana etahi mo te mate Maori. Kei te mohio koutou ki a tauwi kaare e tino whakapono engari kua paa kee ki etahi atu.

Ko te puhaehae tetahi tino mate! Ko enei etahi mahi tino kino. Tapu, Noa mehemea i te waa ka aromatawaitia enei ka puta mai nga whanonga me etahi atu ano pukenga. I roto i etahi mahi o enei ra he mahi nui ke whakataumahi i nga mahi.

Me here ratau e tatou ki te Treaty of Waitangi. Me patai he ahai i haina o tatau tipuna i te tiriti. He aha te tiriti? Koinei pea i hainatia he kore e hinga no taua no te Maori. Akene i hainatia kia homaitia te wa hei whakakaha mo te Maori i a ratau ano.

I tenei wa kua nekeneketia nga taiapa o te kaupapa. He aha te take i hainatia he kore no te patu me te taiaha ki nga puu me nga mataa a Pakeha.

Me kaha tatau ki te hanga i tetahi atamira/kaupapa mo nga kaimahi. Na te kawana kee te whare I te tii, he wa i puta nga korero mo te tii me te whare i Waitangi.

Me kaha ki te whakatu i te papa a ka tuu ai te whare. Me kororerero ano ki te tikanga o nga kupu pea i mua i te whakamahitanga ki roto i tetahi kaupapa.

GROUP 3

MCHW – Who they are? What does their future hold for them? What is their role? According to Mason Durie this year will be 100 yrs of Maori health workers

Question: How did you (Dr Gregory) see what would happen in your position as a doctor to your patients after they left your care

In the 1960 he had to work within the Pakeha system. So with Maori, he depended on the whanau to care for his patients (Maori)

Speaker: Since the resurrection of the TOW. There has been a huge influx of Maori as health workers. Because of the policy constraints Maori workers are bogged down with paper. How can we change it? Is there a possibility that doctors can be trained within tikanga Maori.

Dr: First I am a Maori and then a doctor. It was because I am a Maori that I got into medicine. However politics were a lot more difficult.

Roles within health have changed markedly with nurses being able to prescribe now. We need to also learn to question more when we don't understand what a doctor or nurse is explaining to us.

With PHO's and DHB's the health system changes again. Bruce believes the Treaty is important as it is the document that keeps the government accountable and the relationship to continue.

He considers MCHW are the key to Maori health, because we have the tikanga. We haven't had to go to school, we sat with our mother, kuia, kaumatua, dad's boot, to learn all of this.

Our school of learning has been our homes, our communities. We are the eyes and ears. We know the whanau, the tamariki. We know who is doing what, the different families etc.

Bruce trusts/trusted the MCHW to be his eyes and ears also. We need to get back to this way of doing things.

What has happened is the Pakeha system has broken down and have therefore passed the work back to MCHW. We are looking after the Maori dimension. We need to challenge, evaluate about what our communities are about.

There are incidences where makutu is affecting not just our Maori but some Pakeha people as well.

The Tohunga Suppression Act has been abolished. Maui Pomare was one of those who encouraged enactment of this Act.

When we look at these situations we need to look at the time in which they happened, times are very different these days.

A concern was raised about the PHO's that because Dr's and nurses times have been reduced, MCHWs are being pressured within their work. PHO's are being put into place, for some there have been some positive aspects for Maori but the government have moved the goal posts and the floodgates have opened.

Speaker: Their was sharing of a family experience of how some family members were dying they would see those who had passed before them. This often gives family peace.

Dr: We have to do our own things. There are obstacles in the way, the biggest is government funding or putea.

Unless we try somewhere to change the situation it won't change. As long as we have the Treaty of Waitangi we will have to retain that link, even though they are trying to get rid of us.

Why did our tipuna sign it? The English knew they needed us, the Maori knew more English would keep coming. Dr Bruce believes the Maori signed so as we could retrench and get ready to fight again.

Let us be firm in what we formulate and let them come to us. Looking at the future for a MCHW Association it is suggested that tikanga be the base of such an association.

What does tikanga mean? It can mean different things to different hapu and iwi.

Workshop: Moana Jackson - Minutes Taken

Pohutukawa Stream

I want to frame the korero of a national body and the competencies within the treaty of Waitangi. I think the MCHW should seriously consider establishing a body. Every Maori health provider is either a trust or an Inc Soc. or a corporate entity. These are the structures the crown states must exist to get funding.

For this association I suggest that you try not to be a Pakeha structure and instead work to meet the needs of us and our people and then it is up to the crown to work out how or what it has to do to work with us.

There are precedents for this. The Maori parliament is one such structure. It was an attempt long ago to work with Pakeha. This was based on whakapapa. The structure is

Worked with Hohepa Kereopa and others to set up a structure Maimoa was the name Hohepa gave it. The trap to capture the moa – the purpose was to attract the putea. This is another way that our people work to overcome the crown's stipulations.

There are hundreds of MCHWers and so you may not need to set up a maimoa to (trap) capture the putea. In setting up a national assoc what do you want it to do? This is important and must be debated.

A Pakeha assoc is HCA and I think that Maori health providers should pull out of this as they are strong enough now to do the same or similar. For well health and our wellness we must be clear, set a timeframe that suits us. Maori time is not negative it is merely our own timeframes and is therefore of our own choosing. Sometimes this takes time. Don't worry if it takes time, the waka will only sail if everyone is clear, if you are not clear it will not sail; "it may not happen overnight but it will happen", a year to 18 months. Get funding to call smaller Hui the when we all come together again we will all be included.

The treaty of Waitangi is only in relation to the crown. Between us this is whakapapa. We therefore function differently at different levels and amongst ourselves.

Korero

Tourism used to have an association that was based on putea. It was wound up and now we are basing our reestablishment on a whakapapa level with hapu and iwi first. We are also at an international level with other indigenous. One dilemma is the putea that we are entitled to that we do not always get and yet we must continue to work as we have always done.

At our last Hui in 2002 the process was to select people from the hui to move this forward to establish an association. A mix of people came of the floor for all sorts of reasons, so who should the people be. Before we think who? We need to work out what the mahi is to be done. Time, interest, skills are all needed.

You can't turn back the clock but you can change the time" Matiu Rata.

If a national association doesn't work to support our people then it shouldn't exist. It should also be more than a support. It must do something about the mamae of our people. How do we deal with the issues our kaiawhina face? It should be a reflection of the concerns of our

people and then act on those. If it is established and strong then it should form a lot of relationships and this is our right as tangata whenua. Do we want it to form strategic alliances? We need to work through all of this.

I envisage the association to be a professional body for our workers, to advocate for our needs. We are still grieving back in our rohe within our humble communities. The assoc must help our people move along through our mamae so again I say we must work out what it is we want it to do.

I see the assoc as a coordinating body across the nation as an overarching vision.

Competencies – what does this word mean?

Tikanga (the base) what is tika that's is what I think it is. Too often we go back to Pakeha frameworks. Why don't we develop a tikanga of Maori competencies and then Maori evaluations and then Maori accreditation policies. It must come from our people.

We need to monitor be aware of the skills we must use, but we establish the base. I was part of an accreditation process for a mihimihi roopu. They were to be monitored by a Pakeha group of doctors. They were accorded a powhiri etc and then it was a Pakeha process. Over time we could be come the Maori accreditation body in health.

It is about standards in everything we do, so the standards and the measures are amongst our people. There is difference among us that we acknowledge – kapa haka is one example

We tend to mix the worlds, we don't have a problem with this but we have to always tell the Pakeha what it is that we are doing. It is about keeping things Maori and those other things Pakeha.

In health how do we put all of this in a framework that tells all of our people that what we do is tika or not and what we can do to translate all of this and provide support.

Kowhai Stream

Radical –the word is Greek and means change and all Maori want change.

Where our people are going to in health is going backwards. We started looking for new structures that coped with new people (Pakeha) many years ago so a national assoc of us is not a treaty issue, it is not an issue of us with the crown it is first Maori to Maori and then following that it is the crown if we go us to crown then

A national assoc must get the *papa* right first.

First we must understand what a national body is for. Is it to awhi one another, which is a crucial one for a national body? However, it must also have mechanisms in place to act on the mamae of our people.

Some of the other issues that it might do are:

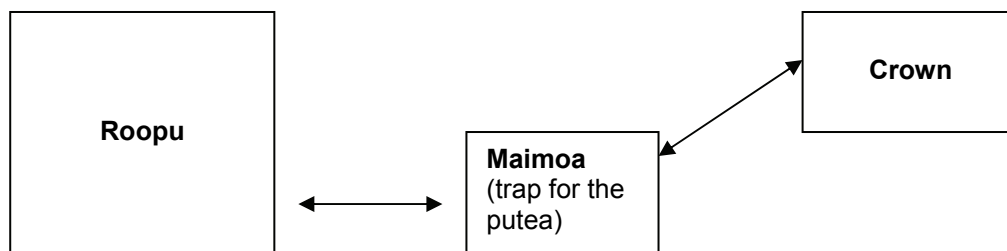
- Kaupapa
- What it is to do?
- Time (our time to do it)

Issues of what must be built from how?

A national association must work very hard not to be pulled into any constraints. We should not be hurried and harried by time; at least by the crown, we should take our time.

Funding – does this come from any other place other than the crown? When the whole structure is in place then we need to look at how this is funded? This is always debated further down the track and we need to look at more than one source of funding.

Some Maori structures do not want to be beholden to the crown. There is a need for some independence and not to be defined by the crown. We need to reclaim our waka.



An interim step but not long term.

Competencies

The ability to do the work you are supposed to do to satisfy the requirements of ones job and sometimes it means what you are contracted to do.

Competencies means doing what is tika, what is right. Today we must translate what we know is tika into our framework. Too often it is Pakeha driven and dictated, we need to reclaim our own ground.

Call upon all of the skills of MCHWers to build competencies ...we must develop evaluative and accreditation tools.

Today we have been taught to be excellent is to practice in Pakeha terms.

Korero

We always have to justify ourselves to Pakeha clinicians who don't understand or appreciate what we do.

What about our own whanau? Many know what our role is.

We never have to justify anything we do as Maori to any Pakeha. This is much easier to do with the clout of a national body. Maori workers alongside of Pakeha clinicians are about keeping them safe in their jobs.

National standards for us all.

One concern of having a national body is that it would try to take over mana whenua.

Nation has to have a recognised area, shared culture and language this is us not as Pakeha mean by using tribe etc

Where I think we were going 1840 was as united nations and so the mana whenua of each nation cannot subordinate mana whenua, but it give mana whenua a place to come together to pursue topics that people come together on common issues.

Iwitanga and haputanga for our old people did not mean that they did not think they could not look at other structures to work for us as people.

Some of the worst pressures on our people are in health and this is the added pressure of politics over and above our work. This is probably because of some of the competitive aspects that divide us as we fight over putea and causes such unhealthy occurrences.

Perhaps the association could help us settle our own disputes among us as providers.

Do crown laws bind us? Only to the extent that we buy into them. The laws of the association are bound to the laws of the land. Take your time to develop a kaupapa-based association.

Kawakawa Stream

National Association

A good idea to have an association, it is an inevitable journey that our people should go on. Our people are trying to find new ways of working that do not trample the mana of the whanau and hapu but rather add to the work and the way we do things.

Most Maori providers are either trusts or incorporated societies or corporate entities to obtain putea. When different sectors have formed a national assn they have also tried to fit into that position as a trust etc. Suggestion build a stand alone Maori association that will affirm our Maori way that encourages our Maoritanga.

What about putea, if the structure is right and we have identified what the structure is to do then that's what will lead us and encourage us. At one conference the suggestion was to be like the medical assn whose putea comes from the doctors, then the relationship does not become one of dollars with the crown it actually becomes a relationship of policy and negotiation. Don't get a high paid lawyer to form a trust.

If we get to the stage where we are self-funding and not sustainable and the crown says we have to become an Incorp. Society then fights it. A Maimoa could be the preferred option. It becomes a post office between the roopu and the crown, give it a set time and then get rid of it so you could still retain the autonomy of the national assn, this gives you breathing space.

Take 18 months to answer core questions, what is it we would want the national assn to do? The assn needs o be a mechanism to deal with the mamae, the assn will go to the problem roopu and sort the mamae out, to me it must be more than a place of awahi. There must be a process to deal with the hara so it doesn't happen again.

Suggestion that MCHW assn can do the equivalent of Healthcare NZ in 5 years. More korero required as to what it is the assn should do, don't leave it too long but a reasonable time needed.

Every iwi has to have a rohe, governance and a shared culture and language. Iwi is a tribe derived from the Latin word tribulus meaning lower class, it is a Pakeha term or word for us. Moana prefers the word nation taking the national assn into consideration the assn will include our mana whenua building a solid foundation for things to happen and follow.

Question from the floor: Are there are two ways to run an assn, - tikanga Maori with the wellbeing of our people and the constraints for what legislation and Pakeha expect of us?

Answer: If we set up an assn in Maori terms to address specific Maori needs then the Pakeha side is left to the side and the Maori way is retained and prominent.

Appendix Three – Day Three Presentations, Notes and Minutes Taken

Introduction to Day Three

We opened with a Himene (Te Atua/Majesty)
Then a Kaumatua from Papakura had an inoi for us, and then he explained about the poupou in and around the Wharepuni.

I tuku ia he mihi paku ki te hunga I tae mai nei.

He spoke about Mana, e.g. like how much mana he has got within the Papakura Marae.

Hone Heke carved this whare.

All the timber comes from Taupo/Turangi area.
All the carvings were carved in Manurewa.

All the seven waka are here in this whare.

Out side on the right is Mataatua, and on the left is Tainui.
At the far left hand corner you can see a tekoteko which is a Rangatira from Takitimu, on the far right hand corner is a Rangatira from Te Arawa (Tamatekapua) you can see these tekoteko when you walk in to the whare.

There are a lot of traditional and contemporary items around this Marae.

Manu Noho

Gave the Notices for today.

We also had a review of yesterday's workshops.

Hopefully everyone enjoyed the speakers yesterday, and learnt a lot.

Today we have another accurate day

There is going to be a debate, and a few more speakers.

Presentation: Hohepa Kereopa - Minutes Taken

The Journey

He aha he reo korero ma tatou? He reo Maori, Pakeha he aha ranei?

Maori people were the least in ill health. How come Maori are the least in this and that?
Members of PAPS asked this question.

John Rangihau was the voice for Tuhoe.
Haere rapua kia tekau Anei taku kotahi noa iho.
The pay John asks?

We are not to sure what work he did.

John said ring the Pakeha and we will discuss a job description.

He aha te Wairua o te Tangata he whakawhanaunga.

Kua whakapauhia nga moni o te Māori ki roto I nga hohipera.
Ka whakatutu matou I tetahi roopu hou.
Na ka taka ki te putea, we need to teach our people skills in filling out contracts. We taught our people how to apply.

If our people come we want to be able to give a chance.
They are very clear in what they are doing the Pakeha said.

If we have a partnership you bring the legal and I will bring my people.

He spoke about his journey, when he became a community worker, and how he became one, and all the issues that he had to put up with.

Even though he has finish community work, he still helps out any way.

Hohepa is going back to South Africa to see Mandela, to speak about the animal parks, and how they are running the parks over there.

Ko koutou nga wahine nga pumanawa o nga iwi. Ki te kahore he wahine ka kore he Maori.

Presentation: Waireti Walters - Minutes Taken

Hinerangi Goodman was the first health worker for te iwi o Ngai Tuhoe.

She went into the health department, at that time there were not any Maori health workers then, and she was fired over and over again. But the Pakeha had to put up with what Waireti does and that is to promote health in order to keep our people healthy.

Innovation
Respect
Creativity

We cannot treat the sick, we operate on the Wairua.

What we do in terms of Maori community health?
Te Rarawa has a lot of awesome programmes in health for Maori.

She has done a lot of things in the health department for Maori. Before there were no contracts etc, now there are we even have job descriptions, interviews etc.

Relationships, as soon as she sees Tauiwai, she goes wild, and gives them a hard time.

She explained about the poster she showed the rest of the iwi, it was about Te Wai u.

Hohepa highlighted that you need to go to where the people are, not let the people come to you.

Ma te toto me te Wairua.....

Both speakers spoke about their journey, and how they become health workers. Be careful in what you say and what you think.

Comment from Dr Gregory

I paku mihi ia ki te hunga, a whakaputa ia I ona whakaaro mo tenei o a tatou hui. I ki ia he Ataahua nga korero, nga whakaaro, o nga Tangata I tae mai ki tenei hui. The future of our people lies in our hands. I mihi hoki ia ki nga Kaumatua o tenei marae.

Debate: Education vs. Experience - Minutes Taken

Experience speakers: Irene, Rongo, Mereko

Education speakers: Bryan, Riripeti, Wiremu

EX- experience ED- education

EX- Irene was brought up in Taumatakuku.

She said that she has real experience, and learnt very important rules. She always refers back to her Tipuna for experience.

ED- Bryan talk about education. You have to receive education before you can become what you want to be. You need to start from mid section and make your way up, not start from the bottom and stay there.

EX- Rongo we talk of experience it began at her mothers breasts and that she had two mummies. She experience a lot when she young. Her father asked her if she know the Lords Prayer, and this is where competencies come out with experience. Thru her schooling learning te reo was an awesome experience. We all got competency. She didn't realise that she had all these experiences when she was young until now.

ED- Riripeti we are here in the joys of education, she cannot ride a horse but she can drive a fast car. You do what you have to do. The whole thing about the reo is awesome. (You have to learn to play the Guitar)

EX- Mereko we were taught how to go to the toilet. We listen to the Pakeha and talk away all our experience. Why are the Pakeha researching the Maori when they should research themselves?

ED- Wiremu I went to university to get an education on how to become a Maori community Health work, it took him 2 yrs to research about (the centre of the world) Te Teko. The late Hirini Melbourne sent him to a Hui for Hauora.

EX- Irene you spend more we you work harder. It has helped to shape you. We spoke about the experience we had when we were young. The uniqueness about Maori is what we are.

ED- Bryan you need to have education to ride a horse or doing anything that you want to do, we don't want people to have a lot of experience and less education. Health workers need education to get experience, and make sure all the tamariki go to get their education before their experiences.

Each group was marked out of 10

The experience group talked mostly about their whakapapa, and that experiences they had when they were young.

The education group said that education is the savior of people, Manu said that Christ is the Savior, she also mentioned about Riripeti not being able to ride a horse but being able to drive a fast car, even about Nanny Flea market, and her good friend Woolworth's.

Experience won the debate.

Presentation: Ria Earp - Minutes Taken

She opened with a small mihi.

She said it was interesting when she walked into the whare. She enjoyed listening to Hohepa, and how he explained about his experience with what he did as a community health worker.

She also mentioned how Waireti is a good community worker. She thanked the working committee for setting up this Hui.

One of the keys for being a community health worker is that they offer the ability to understand where whanau are at how to work around them. Tikanga is equally important to Maori.

When look at the strategy on how we work with whanau ora.
The concept of looking at a whanau group is how we work with one another.

Maori health workers work in one system.

She touched on the base of competencies.
Competencies is really about what we have learnt about our day to day life, as with books, stories etc.

How do we address career pathways?

When Pakeha came they did a lot of things to us. They got a lot of people to gather information.

Kia whiriwhirihia nga Tumanako o te Tangata.

With all the korero that has been said, where to from here?

What do you want this committee to do from now?

There has been a lot of discussion about the proceedings of this Hui. In terms of selecting the roopu for this Hui to continue the mahi. Should this group carry on to do the mahi for this Hui and the rest of the Hui to come? We will have to make a decision.

If you don't want to make a National body we need to have a korero about it.

"We must help ourselves, to help others" this has been the korero for the past few days.

Presentation: Hon. John Tamihere - Minutes Taken

We had a Whakatau for Hon. John Tamihere.

He was delighted to come and speak to the people.

He does hesitate to make a challenge.

NZ economic institute provided us with a ten-year platform for the next few years to see where we can go and how far we are going.

75% of our community is under 35yrs old.

Over the last ten years????

Our greatest employment income has come out of the health sector, coming from our Maori women.

The reality is that the way we bought up is that we thought the freezing works was going to stay open etc.

He looks forward to the Maori women leaders in what they come up with and the solutions they come up with.

We are good managers for our people and by our people.

The challenge for the health sector is that we are growing.

A few years back we won Maori radio, (Media) etc.

You are more then just community health workers.

Again he acknowledge the people that were at the hui, and that participation for each community is awesome, especially for the Maori men folk because we have less men community health workers then women.

The new era that he is looking at is new legislation.

He accepts the Model.

We have to understand what the model is and be patient with what we want to do for our people.

Love and lust is really the bottom line.

He has a lot of all challenges that he going to take up for his people.

Discussion from the Floor - Minutes Taken

The National Committee.

Should we form one or not.

Rongo: she wants to make a resolution that we form a National Body. (Community workers). We need to have a consensus if we do need one or not.

Do we want one or Not?

Waireti: there is still a bit of unclear business for the national body.
This national body is way overdue.

Mangu: mai te timata nga ia I whakarongo ia ki tenei kaupapa a kai te whakaae au ki nga korero kua korerohia.

Maisy: I am very supportive of having a national body and can help us network with other rohe Iwi Hapu, and maybe Te Whiringa may be able to help put one together. Then we can move, and work the taumata together as one.

Jack: Yes I tautoko the thought of having a National body and that we do our own thing

If we were to form a National body I will be most happy to join. I am 100% for the national body. But also think WE SHOULD HAVE A REGIONAL to connect with the national.

!!! I agree also with the national body.

Karen: This is long over due and I'm passionate about having a national body, and I recommend that we have a regional body, and we form these groups that we meet once a month or once every two months. Ten years ago you would not see a Maori Hui this big. I thank the committee for this year.

Mangu: I support the first one and the committee that operated the kaupapa. Na te Whiringa nei au I tu ki te tautoko.

Waireti: When we were in Rotorua it was put together very quickly. But for me the roopu whakahaere has done some great work. My concern is that there is a lot of people understand what was going on at the last Hui. Why is not more here then from last year. I tautoko the National committee. Lets not form another Hui to talk about another Hui. Today is the day the day we choose.

Riripeti: I understand that we need people in the Taumata to form this body. We should form a national committee, and regional committee so that all the waka come into shape and that it may look good for our Mokopuna. Those of you who stood up I hope that you will be guides for the waka of the national body. Please don't forget the kaupapa.

Mangu: Kei te tika nga korero o Riripeti. Have a Kaumatua to tautoko your mahi. I was sad to see that there were no Kaumatua in the older groups.

We need to identify what it is that committee workers would do.

The National body has been formed.

Can we expect an application for funding?

Te Whiringa trust would be the body unless you want to change the Name

How many regions do we want to represent on the National Body?

There is a Taumata and National Body and Regional.

We are going to have a lot of people agreeing.

If it is too big then don't worry about it.

You decide what the timeframe should be.

Go back and have at least one regional Hui in your region.

We have come to an end of another Hui; we have enjoyed everything that happened here at the Hui, from the workshops to the kai, to the entertainment and so on.

Thank you to the Hau Kainga of this Marae, for the hospitality, and for hosting our Hui this year at Papakura Marae.

Me hoki pai tatou ki o tatou kainga maha I raro I Te maru o to tatou nei Atua.

1. Forming a National body
2. Competencies
3. The role of the community health worker

The next Hui will be held in Tairawhiti/Ngati Porou.

2.20pm the Hui ends with a karakia from the Kaumatua of the Marae.

Appendix Four – List of Attendees

This is a list of those that registered.

	Name1	Name2	Organisation	Job Title
1	Hoki	Aperehama	Auckland District Health Board	MCHW
2	Te Waiarani	Harawira	Tuhoe Maturanga Trust	
3	Hana	Harawira	Tuhoe Maturanga Trust	Kaiwhakahaere
4	Melissa	Wong	Raukura Hauora o Tainui	CHW (Public Health)
5	Lionel	Hotene	Raukura Hauora o Tainui	CHW (Public Health)
6	Jude	Manuel	Raukura Hauora o Tainui	Senior Team Leader for Whanau and Community Health
7	Richard	Schuster-Te Uira	Raukura Hauora o Tainui	CHW (Rangatahi Nutrition)
8	Pori	Tumahai	ADHB Community Child Health & Disability Service	MCHW
9	Taupiri	Ashby	ADHB Community Child Health & Disability Service	MCHW
10	Ngaurere	Maiava	ADHB Community Child Health & Disability Service	MCHW
11	Maggie	Kemp	Te Ha o te Oranga o Ngati Whatua	Health Promotor
12	Donald	Paratene	Te Whare Puawai o te Tangata Trust	Manager
13	Dallas	Hikaka	Te Whare Puawai o te Tangata Trust	Crisis Nurse
14	Te Rina	Moke	Whakatohea Iwi Social and Health Services	Health Promotions Team Leader
15	Theresa	Walker	Whakatohea Iwi Social and Health Services	Health Coordinator
16	Marama	Parore-Katene	Kahui Tautoko Ltd	Principal Director
17	Ranui	Hapi	Waikato District Health Board	
18	Karen	Semmens	Waikato District Health Board	
19	Ani	Petera	Te Roopu Taurima o Manukau	Awahi Whanau Services
20	Julie	Warren	Te Roopu Taurima o Manukau	Kaiwhakahaere
21	Repeka	Houkamau	Poumanawa Oranga	Health Service Advisor
22	Martha	Korewha	Waitemata DHB	Kaiawhina Maori Health
23	Rosie	Houghton	Waitemata DHB	MCHW
24	Christine	Tamarua	Waitemata DHB	Social Worker, Maori Health
25	Margie	Kemp	Korowai Aroha Health Centre	Community Health Programmes Coodinator
26	Kathy Kataraina	Nahi	Te Roopu Taurima o Manukau	Awahi Whanau Services
27	Hine	King	Te Runanga o Te Rarawa	Home Support Coordinator
28	Irene	Walker	Midland Auahi Kore/Smokefree Advisory Service	Advisor
29	Alice	Doorbar	Taranaki District Health Board	Maori Health Worker
30	Thelma	Mason	Taranaki District Health Board	
31	Peka	More	Te Ha o te Oranga o Ngati Whatua	Community Health Worker
32	May	Pivac	Te Ha o te Oranga o Ngati Whatua	Community Health Worker
33	Cherrie	Christy-Hita	Te Ha o te Oranga o Ngati Whatua	Community Health Worker
34	Terri	Cassidy	Lakes District Health Board	Tumuaki, Te Whakaruruhau
35	C/- Terri Cassidy	C/- Terri Cassidy	Lakes District Health Board	C/- Terri Cassidy
36	C/- Terri Cassidy	C/- Terri Cassidy	Lakes District Health Board	C/- Terri Cassidy

	Name1	Name2	Organisation	Job Title
37	Ngahona	Savage	Tuwharetoa Ki Kawerau Health, Education and Social Services	Youth Health Worker
38	Rita	Costar	Tuwharetoa Ki Kawerau Health, Education and Social Services	Iwi Development Worker
39	Mary-ann	Rua	Tuwharetoa Ki Kawerau Health, Education and Social Services	Kaumatua Coordinator
40	Margie	Jones	Tuwharetoa Ki Kawerau Health, Education and Social Services	Mama & Pepi Coordinator
41	Emmy	Fox	Tuwharetoa Ki Kawerau Health, Education and Social Services	Tamariki Ora/Well Child Worker
42	Romie	Haylings	Tuwharetoa Ki Kawerau Health, Education and Social Services	Family Start Supervisor
43	Jane	Shaw	Tuwharetoa Ki Kawerau Health, Education and Social Services	Family Start Whanau Worker
44	Tania	Te Riini-Ratu	Tuwharetoa Ki Kawerau Health, Education and Social Services	Family Start Whanau Worker
45	Alison	Collier	Tuwharetoa Ki Kawerau Health, Education and Social Services	Family Start Whanau Worker
46	Mahes		Tuwharetoa Ki Kawerau Health, Education and Social Services	Initial Assessor
47	Merani	Davis	Porirua Union and Community Health Service	CHW
48	Te Whare Tiaki Trust		Te Whare Tiaki Trust	Te Whare Tiaki Trust
49	Bruce	Wikitoa	South Canterbury District Health Board	Kaumatua/Cultural Advisor
50	Sheryl	Stacey	ProCare Health	CHW
51	Te Kaanga	Skipper	ProCare Health	MCHW
52	Limaono	Kingi	ProCare Health	MCHW
53	Christian	Mere	Te Hauora o Te Hiku o Te Ika	Home Support Coordinator
54	Vicki	Greeks	Health Rotorua PHO	Manager, Maori Health Development
55	Alison	Carston	Te Ika Whenua Hauora	Tamariki Maori Programme Coordinator
56	Ripia	Rountree	Counties-Manukau District Health Board	MCHW
57	Robert	Martin Jrn	Counties-Manukau District Health Board	MCHW
58	Ataroa	Brampton	Counties-Manukau District Health Board	MCHW
59	Jamie	Davis	Ki a Ora Ngatiwai	CHW
60	Atarangi	Kask	Ki a Ora Ngatiwai	CHW
61	Awhi	Wyllie	Te Hauora Turanga Health	Kaiawhina
62	Sarah	Brown	Te Hauora Turanga Health	Kaiawhina
63	Te Atarangi	Walker	Ngati Ranginui Iwi Health Services	Admininstrator / Service Coordinator
64	Natalie	Kini	Ora Toa Health Unit	CHW
65	Shailo	Emery	Maraeroa Marae Health Clinic	CHW
66	Lianne	Orsmbly	Maraeroa Marae Health Clinic	Tamariki Ora Nurse / Clinic Manager
67	Merana	Parkinson	Te Runanga o Te Whanau Apanui	Manager, Hauora

	Name1	Name2	Organisation	Job Title
68	Ramari	Porter	Te Manu Toroa	Mental Health Advocate - Community Worker
69	Hilda	Ririnui	Te Manu Toroa	Child & Adolescent Community Worker
70	Wharangi	Waetford	Tipu Ora Well Child	Kaitiaki
71	Rose	Pinka	Tipu Ora Well Child	Kaitiaki
72	Joyce Makere	Gardiner	Tipu Ora Well Child	Well Child Kaitiaki
73	Henrietta Te Amohia	Warren	Tipu Ora Well Child	Kaitiaki
74	Pohuturoa	Te Kaawa	Hinepukohurangi Trust	CHW
75	Alice	Tawa	Hinepukohurangi Trust	CHW
76	Alamein	Tawa	Hinepukohurangi Trust	CHW
77	Tangiora	Tawhara	Hinepukohurangi Trust	CHW
78	Patrick Thomas	Mendes	Auckland District Health Board - Kari Centre	Cultural Advisor
79	Tiaki	Tume	Raumano Health Trust	Consumer Advocate
80	Mark	Ross	Nga Ringa Whakahaere Mo Te Iwi Maori Incorp Society	1
81	Moana	James	Nga Ringa Whakahaere Mo Te Iwi Maori Incorp Society	1
82	Jack	Smith	Whaioranga Trust	Mental Health Community Needs Assessor
83	Aroha	Karaitiana	Te Kupenga Hauora - Ahuriri	Administration Support
84	Lilian	Aranui	Te Kupenga Hauora - Ahuriri	Kaiatawhai
85	Lexia	Puna	Te Kupenga Hauora - Ahuriri	
86	Donna	Mete	Te Kupenga Hauora - Ahuriri	Kaiatawhai
87	Charmaine	Burnett	Whaioranga Trust	Counsellor
88	Kuini	Puru	Ringa Atawhai	CHW
89	Mary	Toia	Ringa Atawhai	CHW
90	Mona	Beckett	Ringa Atawhai	CHW
91	Rongo	Curry	Ringa Atawhai	CHW
92	Camron	Muriwai	Ringa Atawhai	CHW
93	Louisa	Muriwai	Ringa Atawhai	CHW
94	Grace	Kereopa	Ringa Atawhai	CHW
95	Cecelia	Manual	Ringa Atawhai	CHW
96	Mere	Kool	Ringa Atawhai	CHW
97	Nellie	Para	Ringa Atawhai	CHW
98	Pani	Kemp	Ringa Atawhai	CHW
99	Maisie	Taylor	Ringa Atawhai	CHW
100	Millie	Neho	Ringa Atawhai	CHW
101	Norman	Booth	Ringa Atawhai	CHW
102	Hlne	Maxted	Ringa Atawhai	CHW
103	Ringa	Atawhai	Ringa Atawhai	CHW
104	Ringa	Atawhai	Ringa Atawhai	CHW
105	Ringa	Atawhai	Ringa Atawhai	CHW
106	Ringa	Atawhai	Ringa Atawhai	CHW
107	Ringa	Atawhai	Ringa Atawhai	CHW
108	Joanne	Brown	Ngati Whatua Community Health Services	Dental Health Educator
109	Nina	Oakes	Ngati Whatua Community Health Services	Tamariki Ora CHW
110	Marion (Maff)	Tamariki	Ngati Whatua Community Health Services	CHW
111	Tui	Cherrington	Hauora Whanau	Enrolled Nurse
112	Patricia	Rabe	Hauora Whanau	Enrolled Nurse
113	Janie	Lawakeli	Auckland District Health Board	Kaiatawhai
114	Mary Anne	Thompson	Auckland District Health Board	Kaiatawhai
115	Frank	Wiki	Auckland District Health Board	Kaiatawhai
116	Joe	Tipene	Auckland District Health Board	Kaiatawhai
117	Tautoko	Witika	Auckland District Health Board	Kaiatawhai
118	Manaaki	Poto	Auckland District Health Board	Kaiatawhai

	Name1	Name2	Organisation	Job Title
119	Mana	Peita	Auckland District Health Board	Kaiatawhai
120	Sharon	Franks	Auckland District Health Board	Kaiatawhai
121	Denise	Puhi	Turuki Health Care	Community Health Care Advocate
122	Hazel	Kaiawe	Turuki Health Care	Community Health Care (Clinical)
123	Aotea	Maipi	Raukura Hauora o Tainui	Tamariki Ora Facilitator
124	Whaitiri	Mikaere	Auckland District Health Board	Maori Consultant
125	Koromiko	Richards	Northcare Trust	Kaiwhakahaere
126	Richard	Pehi	Northcare Trust	Community Support Worker
127	Rosie	Edmonds	Northcare Trust	Community Support Worker
128	Daphane	Marshall	Te Oranga Kaumatua Kuia Disability Support Service	Specialist Cultural Needs Assessor
129	Whetu	Tuhaka	Te Oranga Kaumatua Kuia Disability Support Service	Kai Awhina - Support Person
130	Sarah	Sykes	Ngati Porou Hauora	Kaiawhina
131	Te Atakura	Forrester	Ngati Porou Hauora	Kaiawhina
132	Mereana	Chambers	Ngati Porou Hauora	Administrator/Kaiawhina
133	Marina	Ngatai	Ngati Porou Hauora	Kaiawhina
134	Teo Arani	Wilson	Ngati Porou Hauora	Kaiawhina
135	William	Aston	Ngati Porou Hauora	Kaiawhina
136	Keita	Hapi	Te Taiwhenua o Heretaunga	Kaiawhina
137	Traci	Tuimaseve	Te Taiwhenua o Heretaunga	Hauora Supervisor
138	Raiha	Smith	Te Taiwhenua o Heretaunga	CHW
139	Templey	Armitage	Te Taiwhenua o Heretaunga	Rehabilitation Coordinator
140	Chris	Henare	Te Hauora o Te Hiku o Te Ika	Kori Kori-a-iwi-Helath Promotions
141	Vanessa	Papalii	Raukura Hauora o Tainui	Community Health Advocate - Mokopuna Ora Team
142	Kathy	Tarawa	Hapai Te Hauora Tapui	
143	Ruth	Herd	Hapai Te Hauora Tapui	
144	Ruby-Jane	Dick		
145	Jean	Taunoa		
146	Subre			
147	Darby	Dick		
148	Wikitoria	Tupe		
149	Maudy	Tupe		
150	Tamiti	Clarke		
151	Maraea	Ruri		
152	Moehau	Kutia		
153	Colin	Tihi		
154	Katarina	Tupe		
155	Moana	James		
156	Jonas	Malmanche		
157	Katarina	Tuhaka	Problem Gambling Foundation of NZ	
158	Donna	Walker	Wai Health and Social Services	
159	Sandy	Tamainu	Wai Health and Social Services	
160	Tawai	Arama	Wai Health and Social Services	
161	Frances	Smiler-Edwards	Te Roopu Huihuinga Hauora	
162	Riripeti	Joyce		
163	Ada	Wanoa-Armstrong		
164	Angeline	Smith	R.H.O.T	
165	Rawiri	Doorbar	Mahia Mai	

Appendix Five – List of Speakers

Name	Organisation
1. Ataroa Brampton	Counties-Manukau District Health Board
2. Kris MacDonald	Hauora.com and Auckland District Health Board
3. Riripeti Haretuku	Maori SIDS
4. Eddie Moore	The Professional Aboriginal Health Worker Association South Australia Inc.
5. Kirsten Rei	Tipu Ora
6. Donny Rangiaho	Mahitahi ki Puawai Trust
7. Moana Jackson	
8. Tilly Reedy	Reedy Holdings Ltd.
9. Dr. Bruce Gregory	Te Hiku o te Hika
10. Hohepa Kereopa	
11. Waireti Walters	Te Runanga o te Rarawa
12. Hon. John Tamihere	Member of Parliament
13. Ria Earp	Ministry of Health
14. Brian Joyce	Papakura Marae
15. Wiremu Manaia	Auckland District Health Board and the University of Auckland
16. Irene Rennie	Counties-Manukau District Health Board
17. Rongo Currie	Ringa Atawhai
18. Mereihi Kool	Ringa Atawhai

Appendix Six – List of Te Whiringa Trust and Working Party

Name	Organisation
1. Tere Gravenor	Ringa-Atawhai
2. Phyllis Shepherd	Te Hauora o Te Hiku o te Ika
3. Kirsten May	Tipu Ora
4. Rita Tupe	Puao-Te-Ata-Tu A Tuhoe Ki Waiohau
5. Nell Paenga	Ngati Porou Hauora
6. Mate Tihema	Te Tapenakara Mo Te Iwi
7. Lorraine Knutsen	Community Child Health & Disability
8. Irene Rennie	Te Kaha O Te Rangatahi Trust Tamariki Ora
9. Wharangi Waetford	Tipu Ora
10. Riripeti Haretuku	Maori SIDS
11. Angeline Tangiora	Te Roopu Huihuinga Hauora
12. Brigham Anderson	Hauora.com
13. Ataroa Brampton	Middlemore Hospital
14. Eriata Peri	Hauora Whanui
15. Ripia Rountree	Vision and Hearing
16. Lorraine Fox	ADHB, National Audiology Centre
17. Manu Graham	Maori SIDS and Waipereira
18. Hoana Makiha	Waipareira

Appendix Seven – Hui Programme

DAY ONE: 1 October, Wednesday

8 to 9AM	Registrations		
9:00	Powhiri		
10 to 10:15	Kaputi		
10:30 to 10:45	Introduction – Tere Gravenor – Chair, Te Whiringa Trust		
10:45 to 11:15	Ataroa Brampton, Kris MacDonald & Riripeti Haretuku “Setting the scene”		
11:30 to 12:15PM	Keynote: Eddie Moore – Aboriginal & Torres Strait Island CHW Association and Competencies		
12:30 to 1:15	Kirsten Rei - Te Whiringa Trust, Donny Rangiaho - Mahi Tahī - MCHW Competencies		
1:30 to 2:15	Lunch and registrations		
2:30	Workshops – Streams Application of morning topics		
	Kowhai	Pohutukawa	Kawakawa
2:30 to 3:15	1) Establish a National Association <ul style="list-style-type: none"> Eddie Moore, Donny Rangiaho, Lorraine Knutsen, Rita Tupe, Mate Tihema, Irene Rennie. 	2) Plan to develop competencies <ul style="list-style-type: none"> A plan to have competencies Qualification implications Kris MacDonald, Riripeti Haretuku, Angeline Tangiora 	3) Definition of a MCHW <ul style="list-style-type: none"> Why we have an affinity with Maori What is unique to MCHWs. Ripia Rountree, Manu Graham, Hoana Makiha
3:30 to 4:15	2) Plan to develop competencies	3) Definition of MCHW	1) Establish a National Association
4:30 to 5:15	3) Definition of MCHW	1) Establish a National Association	2) Plan to develop competencies
5:30	Dinner and entertainment (non-alcoholic/smoke free) Tapua Hohaia		
8:30PM	Bus leaves for Manurewa Marae		

DAY TWO: 2 October, Thursday

8:00AM	Bus leaves from Manurewa Marae (accommodation)		
8:45	Bus arrive at Papakura Marae		
9 to 10:15	Karakia and Review of Day One – Manu Noho		
10:30 to 10:45	Kaputi		
11:00 to 12:00PM	Keynote: Moana Jackson Treaty of Waitangi context and workforce development		
12:15 to 1:00	Tilly Reedy and Dr. Bruce Gregory – Introduce their workshops (20 minutes each).		
1:15 to 2:00	Lunch		
2:15	Workshops - Streams		
	Kowhai	Pohutukawa	Kawakawa
2:15 to 3:00	1) Tilly Reedy <ul style="list-style-type: none"> Models of care Application of models 	2) Moana Jackson <ul style="list-style-type: none"> Application of the Treaty 	3) Dr. Bruce Gregory <ul style="list-style-type: none"> Te reo me ona tikanga
3:15 to 4:00	2) Moana Jackson	3) Dr. Bruce Gregory	1) Tilly Reedy
4:15 to 5:00	3) Dr. Bruce Gregory	1) Tilly Reedy	2) Moana Jackson
5:15	Hakari and whakangahau (non-alcoholic/smoke free). The Legendary Dennis Marsh		
9:30PM	Bus leaves for Manurewa Marae		

DAY THREE: 3 October, Friday

8:00AM	Bus leaves from Manurewa Marae (accommodation)
8:45	Bus arrive at Papakura Marae
9 to 9:45	Karakia and Review of Day Two – Manu Noho
10:00	MCHW Journey: Hohepa Kereopa
10:15	MCHW Journey: Waireti Walters
10:30 to 11:30	Debate
11:30	Keynote: Ria Earp
12:30 to 1:00PM	Keynote: Hon. John Tamihere
1:15 to 2:15	Lunch
2:45PM	Bus leaves for Manurewa Marae

Appendix Eight – Hui Evaluation Summary

Evaluations Collated: 77

Objectives of the hui – were they appropriate and did they meet your expectations?	Very Good	OK	Could have been better
Formation of a National body	45	27	4
The plan to write up competencies	20	26	7
The role of the Maori CHW	43	25	3

Comments:

Positives:

- Agreed for Regional rep and National body to be set up, more so after M. Jackson speech
- All speakers on first day excellent
- Good open forum
- Hurry up, let's start moving
- Good ideas put forward
- Awesome hui, learning place, understanding

For discussion:

- Discussed in Rotorua need to move ahead
- Discuss/dissect, should of come from Te Whiringa first
- Consolidate & prioritise main themes from workshop
- Debating too much, need speakers that are inspiring
- Something solved from this 2nd hui?
- Could have been done with CEO & MANAGEMENT, more their level
- I would question competencies given that this was never part of our world view
- Ata tirohia he kaupapa me nga kupu iroto i te reo rangatira iroto i te wairua Maori ka hiahia tia
- Tiakitanga gaurdianship of taumata to sit beside the National body
- Would like to see MCHW role-standards of practice, guidelines
- Essential to have an association

Workshops – Were the workshops informative and did they allow good participation	Very Good	OK	Could have been better
Day One	44	16	6
Day Two	52	12	4

Comments

Positives:

- Workshops have been informative
- Mihinui ki nga kaikorero me Te Whiringa

- This was our whakawhanaungatanga, tumeke, kia ora
- Awesome, very good participation, very innovative, creative, formative
- Sharing ideas/korero with other MCHW very inspirational
- Loved M. Jackson's korero
- Excellent debate, korero, waiata and katakata
- Food for thought to add to our kete

For discussion:

- Have longer workshops
- Maybe smaller groups
- Not enough time/participation for workshops too short felt rushed, confused
- Committee members should not dominate korero
- Wharekai not appropriate for workshop
- Day 2 better than 1st all speakers should have presented at beginning of hui to have better understanding of competencies and direction
- Need to start on kaupapa straight away to give more time for ideas

Keynote Speakers – Were they appropriate and informative	Very Good	OK	Could have been better
Australian Speaker	31	34	5
Moana Jackson	71	3	0
Dr. Bruce Gregory	54	18	3
Tilly Reedy	51	18	1
Ria Earp	31	18	1
John Tamahere	64	17	0

Comments:

Overall: Excellent Speakers

Workshops

- More breaks
- People speaking couldn't hear speakers, very rude
- Bruce Gregory couldn't hear him, difficult at times, yet an honour to be with him
- Eddie Moore, he manaaki and awhi the kaupapa thru' the hui, his own presentation was too long
- Ria Earp, same old
- John Tamahere, late, song was the best part
- Moana Jackson awesome speaker summarised in a simple way, enjoyed his session especially
- Invite Rose Pere to the next hui
- Hohepa and Waireti were not included on the evaluation form and they should have been as both are long time MCHW. Whilst not key speakers they were brilliant
- Balance of both Maori and pakeha speakers
- Manu Noho, wonderful
- Riripeti, wahine toa

Overall Organisation	Very Good	OK	Could have been better
Timekeeping	33	8	2
Marae stay	26	5	4
Kai	39		
Facilitation	43	2	
Transport	26	1	2
Entertainment	24	4	4

Comments:

Positive:

- Congratulations, excellent, enjoyable, tena koutou mo te hui tino pai rawa, one of the nicest. Best conference I have been to in years
- Manu Neho, what an awesome facilitator, was the reason for the success tumeke he wahine tino toa kia kaha kia manawanui
- Have expanded on the knowledge of the role of the MCHW
- Caterers were excellent and need to be congratulated, well fed, kai kapai at venue
- Kia ora Te Whiringa Trust ringawera, kuia kaumatua, Maori sense of humour alive and well
- Acknowledge Lil Joyce and the Marae at Papakura, beautiful
- Facilitations, no problems

For Discussion:

- Lack of info about the group (Te Whiringa) improve on the network of informing to other roopu, kia kaha
- Korekore tinana would be helpful between speakers
- Get rid of chairs
- Collared tee-shirts for everyone
- Time to reflect would be useful
- When do Maori keep to time
- Cell-phones on very disrespectful
- Dennis Marsh very disappointing
- Whakapapa on marae should have been at the beginning of the hui
- Who are the steering committee should of introduced them at beginning
- Marae accommodation to far away
- No housekeeping?
- First day entertainment good, second day could have been better
- Better planning for last day so we can have full participation from all participants