Clinical Insights from Research with New Zealand Māori

Author: Karen M Brewer

Author's affiliation: Te Kupenga Hauora Māori, The University of Auckland, Auckland, New Zealand

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Abstract:

There are many challenges facing Māori families who require speech-language pathology services and the speech-language pathologists who work with them. This article offers practical suggestions for clinical practice, gained from undertaking qualitative kaupapa Māori research (research undertaken within a Māori worldview) with Māori families with communication disorders in New Zealand. The focus of the article is not on the findings of the research but on the research practices that could also be applied in clinical practice. These include the centrality of relationships, being decolonising and transformative, and listening to clients' stories. While they will not resolve all inequities in service provision for Māori, when applied to clinical practice these promise to be a step in the right direction.

There is no need to begin with a litany of the disparities in health and education for Māori (the indigenous peoples of New Zealand), the difficulties facing Māori whānau (families) who require speech-language pathology services, or the challenges for the speech-language pathologists (SLPs) who work with them. Any clinician who has worked with a Māori, or Aboriginal, or Torres Strait Islander family without having sufficient cultural or linguistic knowledge, appropriate therapy resources, or sufficient support will be familiar with these issues.

Some clinicians are already investing a large amount of good will and hard work into working with Māori clients, whānau, and colleagues. This is recognised by the Māori whānau who have reported positive therapy experiences, greatly helped by positive relationships with their SLP (McLellan, McCann, Worrall, & Harwood, 2014). However, many problems remain. While there are success stories, there are also stories of whānau who had terrible experiences of speech-language pathology (Faithfull, 2015; McLellan et al., 2014). From the clinician's perspective, SLPs have demonstrated that they want to provide a culturally safe, accessible, and relevant service for Māori clients but face many barriers to providing such a service. These include being acutely aware of their lack of knowledge when working with Māori, difficulty connecting with Māori clients, whānau, and colleagues, and limited time and resources for tailored service provision (Brewer, McCann, Worrall, & Harwood, 2015).

In light of this, this article offers some practical suggestions for clinical practice, gained from undertaking qualitative kaupapa Māori research (defined below) with whānau with communication disorders in New Zealand. The findings of the research are not the focus of this article, rather the kaupapa Māori research practices that could also be applied in clinical

practice. In particular, the centrality of relationships, being decolonising and transformative, and listening to clients' stories.

Kaupapa Māori Theory and Research

Kaupapa Māori could be translated as "Māori ideology". The concept is not easily grasped and does not lend itself well to definition or short summary. "Kaupapa Māori theory is shaped by the knowledge and experiences of Māori. It is a theoretical framework that has grown from both mātauranga Māori [Māori knowledge] and from within Māori movements for change" (Pihama, 2015, p. 8). Kaupapa Māori research applies kaupapa Māori theory. It began in the education sector in the 1980s. The genesis of kaupapa Māori research is linked to the development of kura kaupapa Māori (Smith, 2011). Kura kaupapa Māori are Māori primary schools that not only have te reo Māori (the Māori language) as the sole language of instruction but employ Māori philosophy and pedagogy. Kaupapa Māori research has been undertaken in a variety of health areas including traumatic brain injury (Elder, 2013), stroke (Harwood, 2012), and aphasia (Brewer, Harwood, McCann, Crengle, & Worrall, 2014). It is now well established as the most appropriate research approach for issues related to Māori health (Health Research Council of New Zealand, 2010; Pūtaiora Writing Group, 2010).

Relationships

> For indigenous and other marginalized communities, research ethics is at a very basic level about establishing, maintaining, and nurturing reciprocal and respectful relationships, not just among people as individuals but also with people as individuals, as collectives, and as members of communities, and with humans who live in and with other entities in the environment

(Smith, 2005, p. 97)

As explained in the above quote, relationships are an essential ethical requirement in kaupapa Māori research. Relationship building takes place before the research starts and relationships are maintained long after the project finishes (Pihama, 2011). Similarly, good relationships are essential in education and health service provision for Māori (Bishop & Berryman, 2006; McLellan et al., 2014; Ministry of Education, 2013). Relationships are not only between the SLP, patient, and extended family, but also the collectives and communities that individuals are part of, and Māori colleagues in the SLP's workplace. There is possibly a greater impetus to persist with relationship building in research than in clinical practice. It is often necessary to build relationships with gatekeepers in order to undertake research, be it to gain a signature on an ethics application or to recruit participants. These relationships are no less important in clinical practice, although they may be on a different scale, with different timeframes and less funding.

Relationships require time and dedication. There is a Māori expression "he kanohi kitea" or "the seen face". It means that it is important to be present in person, helping out with humble tasks, and making your requests to the right people in the right ways. This helps a person to build credibility within Māori communities (Bishop, 1992). Relationships with key people don't just happen. They require persistence, humility, and lots of time spent kanohi ki te kanohi (face-to-face). There are financial costs in time and travel. At times it can feel like the effort and expense is wasted, but in the long run the benefits outweigh the costs.

How to build relationships

The following section offers some suggestions for building relationships with Māori colleagues and communities. These relationships provide the foundation for relating to clients and families.

Who can I collaborate with in my workplace (or beyond) to provide a better service for Māori clients and family? This will vary greatly from area to area. Most SLPs working in education in New Zealand are employed by Ministry of Education Special Education. Their offices have kaitakawaenga who are employed to provide cultural support and liaison. For public healthcare funding New Zealand is divided into 20 districts. The Ministry of Health funds disability support services and some health services nationally but the majority of health services (including speech-language pathology services) are provided or funded by 20 district health boards (DHBs). DHBs have staff in positions equivalent to kaitakawaenga but their roles vary from place to place. Some DHBs emphasise the relationship between the Māori health professional and the allied health professional and the two working together with the patient and whānau. Other DHBs do not have sufficient staffing for that level of Māori health involvement and emphasise upskilling allied health professionals so they are able to proceed alone. With the latter it would be worthwhile cultivating a relationship so that, even if the SLP carries out day-to-day clinical work independently, there is someone from whom to seek advice as needed.

What do we talk about? Interactions with Māori colleagues may be less direct or business-like than interactions with other allied health professionals. Do not expect to arrive with a list of questions and leave with a list of answers. Start by listening to what is important to your colleague. Consider discussing:

- Your respective roles, approaches, specialisations
- Understanding of rehabilitation/education
- Aims for the therapy process
- How you can work together for the patient and family

Approach as a learner rather than an expert. Think “they could show me how to work with Māori whānau” rather than “I could show them how to work with people with communication disorders”. Be prepared to hear a perspective totally different from your own and potentially change therapy goals and priorities based on the content of the discussion.

When There is No-One with Whom to Build a Relationship

If there is apparently no-one with whom to build a relationship, try looking more widely. The receptionist, doctor or technician might be a member of the local Māori community and have their finger on the pulse of what is happening for Māori in your workplace. While staff in such positions are under no obligation to provide support for working with Māori whānau, they might be happy to facilitate introductions with the right people.

In some places there genuinely is no-one with whom to build a relationship. This is often the case for SLPs working for smaller organisations or in private practice. For service providers who work with a significant number of Māori clients, cultural support is essential. It may be necessary to plan long-term and allocate funds to employ a cultural support person. An alternative for businesses and organisations that only see Māori clients occasionally is to seek support from outside of the organisation. Places to look include Māori health providers, Whānau Ora services, universities, Māori research groups, Māori medical and allied health groups (e.g. Te ORA or Ngā Pou Mana), night classes (e.g. Te Wananga o Aotearoa), online professional development (e.g. mauriora.co.nz), and professional associations (e.g. New Zealand Speech-language Therapists’ Association).

Decolonising and Transformative

An important aspect of kaupapa Māori research is that it is decolonising and transformative (Pihama, 2011). Colonisation, past and present, disrupts Māori knowledge, beliefs, language and world views (Pihama, 2011) as well as producing health inequities that affect Māori communities (Reid & Robson, 2007). Decolonisation involves recognising where this modern-day colonisation is occurring, and "interrupting" it using traditional knowledge and thought brought forward into the contemporary context (Pihama, 2011, p. 51). Transformative means that the research has to make a positive change for Māori (Pihama, 2011). These two concepts have a direct application to clinical practice. It is likely that SLPs have no intention of perpetuating colonisation, and "client-centred practice" aims to make a positive or transformative change for clients. However, before we become too self-congratulatory as a profession, there are a few things to consider.

The resources and language used in therapy can perpetuate colonisation and result in therapy that is not transformative. Informing the design of a kaupapa Māori speech-language therapy package (currently in progress), Tawhai[1], a Māori stroke survivor, explained his experiences of speech pathology, "They've got American books. Scientist or whatever you call them, like you [SLPs], they're using American books and they're trying to fix my brain with American words". There are very few New Zealand-specific therapy assessments and resources, no Māori-specific resources for adults, and many challenges involved in making them (Brewer, McCann, & Harwood, 2016). We are largely reliant on imports from the US and Britain. Therapists tend to use these with acknowledgement of their limitations, but possibly without sufficient thought to the impact they might have on the client.

[1] In keeping with kaupapa Māori research, and approved by the University of Auckland Human Participants Ethics Committee, participants quoted in this article are referred to using the name by which they asked to be identified. In most cases this is their real name.

Tawhai's experience did not stop with the use of "American books". He described a system that was colonising and, sadly, he placed some of the blame on himself, saying "I s'pose I was asking them the wrong questions of them I s'pose, I don't know. Because it wasn't helping, it was a Pākehā [non-Māori] system and it wasn't working on me, it wasn't working".

Similarly, regardless of whether an SLP speaks te reo Māori, their attitude towards the language can be colonising or decolonising and result in therapy that is transformative or not. McLellan et al. (2014) reported the experiences of a woman with aphasia whose SLP, who did not speak te reo Maori, did not recognise when she was correctly using te reo Māori to answer questions. This contributed to a poor therapeutic relationship and the woman resisting therapy. Parents and teachers in a kōhanga reo (Māori immersion preschool) reported an SLP assessing a child only in English when his first, and strongest, language was te reo Māori. They contrasted this with the experiences of another child whose SLP, who did not speak te reo herself, incorporated te reo Māori in therapy and the child had a beneficial therapy experience (Faithfull, 2015).

So how does an SLP deliver therapy that is decolonising and transformative when they do not speak te reo Māori and there are few New Zealand-specific resources? As for any client whose language the SLP does not speak, the use of appropriate interpreters is paramount. It is important to consider that it may not just be words that need to be interpreted but Māori concepts (McLellan et al., 2014). One way of making sure that resources are suitable is to use age-appropriate resources from the client's own whānau and community. E.g. local newspapers, magazines, books, photos, stories, games, or toys. Because they come from the community they will be relevant to the community. At times it will be necessary to undertake

formal assessment, although the value of this is questionable if the assessment was not designed for, or normed on, a Māori, or even New Zealand, population. In these circumstances it would be wise to discuss the assessment with Māori colleagues in advance and seek their advice about any items that might cause confusion or offence. Then decide whether these items can be removed from the assessment or need to remain. The SLP can then thoroughly prepare the client and whānau for what to expect from the assessment and debrief with them after it has been completed.

Decolonising therapy is also about creating the right atmosphere for therapeutic engagement. Parents and teachers interviewed by Faithfull (2015) reported a situation where the SLP was repeatedly invited to come to the kōhanga reo, the setting in which the child would have been most comfortable, but the SLP continued to push for home visits, to the detriment of the therapeutic relationship. While it can be difficult to create the right atmosphere in a hospital or clinic setting, this has an impact on the transformative potential for the therapy (McLellan et al., 2014). SLPs, managers, and funders need to consider where the client is most comfortable ahead of where policy dictates that therapy can take place. Even if the therapy location is inflexible, there are small ways in which people can be made to feel more at home, such as the artwork that is on the walls, the cleanliness of the environment and the provision of water, tea, and coffee.

The decolonisation and transformation emphasised in Kaupapa Māori research is not only for the good of the individual but the good of the whole community. While speech-language pathology strives to be client-centred, we must also consider not just being transformative for individuals and whānau but for communities. What do overall patterns of Māori health and education tell us? Who is missing out on therapy? Who has been discharged because they

"DNA'd" too many times? Who has shifted house so many times that we have lost track of them? We cannot say that our service is decolonising and transformative if it does well for the families we see for therapy but fails to deliver for others.

Qualitative Researchers Listen to People's Stories

The final research element to guide clinical practice is not from kaupapa Māori research per se, but from qualitative research. Qualitative research often investigates people's experiences of a health condition or a health/education provider. Following the example of qualitative research, clinicians will be equipped to provide a better service for whānau if they allow for more listening and reciprocity. This will give clients the opportunity to share their experiences and hopes for therapy. While such listening may be time consuming, it provides for a better outcome in the end. Mrs Iraani Paikea, a stroke survivor, explained this:

> Listen to the background of that person. They'll just speak it out anyway from their mouth. And you just listen to what they are saying. And then you'll be able to relate back to them... It makes them open up their mouths and give you more, more information that you require from that person

The benefit of listening to clients is illustrated in the following anecdote, from my PhD research (McLellan, 2013). Several years ago I interviewed Latimer, a Māori man with aphasia who lived on his marae (traditional meeting place) in a rural area. Latimer had no family nearby, but a good relationship with his SLP, so he asked if the SLP could be his support person for the interview. After the interview the SLP commented that during the interview I had stayed quiet much longer than she normally does in a therapy session. She observed that Latimer resumed talking after a pause, telling stories that would not have been told if I had spoken too soon. Four years later I was back in the area, meeting the same SLP.

She mentioned the time we had interviewed Latimer, remembering that I had shared some of my background with him, and he had formed a relationship with me quickly and told me things that he had never told her. This was salient enough for her to remember four years later.

This SLP is not Māori but she grew up in the area, is very well connected in the community, and goes far beyond the call of duty for her clients. Unsurprisingly, she is also exceptionally good at relationship-building. Yet she still felt that she learned from my practice, as a visitor to the area. Why was this the case? It is possible that Latimer warmed to me so quickly because I am Māori. That is something that can't be changed. It is also possible that it was to do with how I approached him. I shared of myself and found commonalities through which we could connect (Lacey, Huria, Beckert, Gilles, & Pitama, 2011). I took with me a book including family photos, maps, and photos of places that are important to me. This enabled us to share something without the need for words. Finally, because I was bound by conventions of qualitative research, I listened to Latimer without interruption and allowed long periods of silence. Those are all practices that anyone can adopt to enhance clinical practice.

Conclusion

Kaupapa Māori and qualitative researchers have a lot to learn from clinical practice but they also have a lot to offer. This article has focused on three research practices that can inform clinical practice – the centrality of relationships, being decolonising and transformative, and listening to people's stories. While they will not resolve all inequities in service provision for Māori, when applied to clinical practice these, and other kaupapa Māori practices, promise to be a step in the right direction.

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Glossary

He kanohi kitea	The seen face
Kaitakawaenga	Mediator, arbitrator
kanohi ki te kanohi	Face-to-face
Kaupapa Māori	Māori ideology
Kura kaupapa Māori	Māori immersion primary school
Māori	The indigenous peoples of New Zealand
Marae	Traditional meeting place
Mātauranga Māori	Māori knowledge
Ngā Pou Mana	Māori Allied Health Professionals of Aotearoa
Pākehā	Non-Māori, usually used to refer to New Zealand Europeans
Te ORA	Te Ohu Rata o Aotearoa - Māori Medical Practitioners Association
Te reo Māori, te reo	The Māori language
Te Wananga o Aotearoa	A Māori university
Whānau	(Extended) family
Whānau Ora	Healthy family. The New Zealand government's current approach to education, health and social service delivery

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