Takarangi Competency Framework

Workshop Resources

Matua Raki
National Addiction Workforce Development

TAKARANGI COMPETENCY FRAMEWORK

He Mihi

E piki ana taku pikitanga ki ngā maunga kōrero,
Ka tū, ka mihi, ka toro mātakitaki ake atu ki uta, ki tai, ki runga, ki raro,
Ki ngā tihi whakataratara e tū whakatahuri ai i te hau mātao i whea kē!
Ngā homaitanga i ngā kete o te wānanga,
i te tēpu kōrero o te wā iti nei,
Koutou tē kitea o naianei rangi, kā mihi!
E te tākohatanga i te puna ō! Mauri Ora ki a koutou!
Tātou te pātōtōtanga i te tatau ki apōpō
Maranga ake ra!

He kohinga kete, He kohinga wānanga, He kohinga moemoeā
Nei ra e takoto ana… E ***huri***!

This carving is from the Auckland Māori Mental Health Service Whare, Manawanui. It depicts the Ngāti Whatua tupuna Kawharu. The Takarangi spirals on either side represent balance.

Welcome to the Takarangi Competency Framework

The Takarangi Competency Framework (TCF) was initially a Māori practitioner competency framework. Starting from work for the Alcohol Advisory Council of New Zealand (ALAC) by Ngā Manga Puriri in Te Tai Tokerau it was carried on beyond the contract by those involved. Ongoing discussions and hui in 2004/2005 between members of Ngā Manga Puriri, Dr. Paul Robertson (National Addiction Centre), Te Puea Winiata (Auckland DHB Māori Mental Health), Moe Milne and Terry Huriwai led to the evolution of this framework based on the expression of mātauranga Māori within a context of practice. These individuals were the first Roopu Kaitiaki. They developed the framework, its systems and structure and now maintain its intellectual and cultural integrity.

Matua Raki as the National Addiction Workforce Programme has supported the development this Māori-centric competency framework and is approved by the Roopu Kaitiaki for its implementation. As an operational group within Te Pou o Te Whakaaro Nui, Matua Raki continues its support. The TCF is "bridge" between knowledge and works at the interface different knowledge's and is able to move between disciplines, roles and sectors. The Framework complements vocational oriented frameworks such as the Addiction Practitioners Association Aotearoa New Zealand (DAPAANZ), requirements of the Health Practitioner Competency Assurance Act and skill sets such as *Let's get real* (Ministry of Health). Currently, the TCF is utilised in a variety of health and social services, and by a range of practitioners. It also provides a pathway to develop cultural competence, enhance cultural fluency, analyse workforce needs, and monitor quality assurance.

The TCF makes three key assumptions. First, the primacy of culture - thus the framework is Māori-centric, based in healing and transformative kōrero rather than disparities; second, competence acknowledges the equity of indigenous knowledge's alongside clinical insights so the TCF is the fusion of Māori values and practice with other 'clinical' input; and third, competence is demonstrated practice rather than only knowledge and qualification.

The Framework represents many hours of hui, wānanga and workshops held throughout Aotearoa, New Zealand during the last decade. The evolution of the training, training manuals and related resources would not have been possible without Wayne Blisset (Yesterday, Today and Tomorrow Ltd.), Jenny Kaka-Scott and the late Tony Scott (Klub Ngaru Ltd) and ongoing resourcing by Matua Raki. The important contribution from Kaumātua and practitioners to the evolution of the Framework cannot be underestimated. The following photo gallery shows the range of services and practitioners engaged.

The introductory workshop, which for many is the first step on the framework, is an educative intervention that can influence and shape practice. It focuses on reflexive practice and service delivery shaped by informed and deliberate practice. The Takarangi Competency Framework is more than just a one off workshop and is a powerful tool to stimulate learning and the development of a culture of competence. This resource gives workshop participants and those already engaged with the Framework additional information to familiarise them with the Framework and its application.

Terry Huriwai

Matua Raki

National Addiction Workforce Programme

Pilot Implementation Team

Kaumātua Hui, Owahata 2007

Pilot Workshop, Te Pounga 2007

Pilot Workshop, Oruawharo 2007

Whatu Kaimarie 2008

Owhata, Jan 2009

Waitematā and ADHB, 2009

Pilot Assessors Workshop, 2009

Maketu, 2009

Owhata, 2009

Champs and Evaluation Lakes/ BOP, 2010

Tokomaru Bay, 2009

Kirikiriroa, 2010

Tairawhiti Champs and Evaluation, 2010

Aotearoa, 2010

Tunohopu, 2010

Hawkes Bay, 2011

Waipahihi, 2011

Tomairangi, 2011

Central Health, 2011

Kairau, 2011

Te Poho o Rawiri, 2011

Hukanui, 2011

Pou-Tu-Te-Rangi, 2011

Ruth Choudharey and Haehaetu Phillips

Midland Assessors, 2011

Taumarunui TCF and CEP, 2011

Anamata Coexisting Course, 2011

Kotahitanga Whānau Ora Collective Managers

Owhata, 2011

Ngāti Hine Assessors, 2011

Kotahitanga Collective – cohort 1, 2011

Kotahitanga and Te Atea Marino, 2012

Tomairangi, 2012

Lakes Assessor Booster, 2012

Ngāti Hine at Te Tī, 2012

Owhata, 2012

NPH Assessor Booster, 2012

Taranaki Assessor Booster, 2012

Tunohopu, 2012

Kauwhata (NGO), 2012

Kotahitanga Cohort 3, 2012

Kauwhata (DHB), 2012

Anamata CEP, 2012

Kotahitanga Assessors, 2012

Tauranga, 2012

Te Tai Tokerau Whānau Ora Collective, 2012

Te Kotahitanga Whānau Ora Collective, Nov 2012

Te Hau Awhiowhio o Otangarei Whānau Ora Collective, Nov 2012

Train the Trainers Pilot, Owhata Dec 2012

Roopu Kaitiaki Dec 2012

Care NZ and Hamilton colleagues 2013

Tai Tokerau Whānau Ora Collective – Awanui Feb 2013

Hawkes Bay 2013 – Te Poho o Tangiianui

Lakes Mar 2013

Te Kotanhitanga Whānau Ora Collective March 2013

Paihia – April 2013

Lakes – April 2013

Ngāti Hine (Otiria Marae) – August 2013

Anamata - 2013

Lakes Assessors - 2013

Kotahitanga – Nov 2013

St Dominics Nov 2013

Fundamental Knowledge – Foundations for the Takarangi Framework

The Takarangi Competency Framework is Māori centric and centres its content on being Māori not just knowing and having a Māori world view[1]. This has meant the development of the framework and the workshops, has required understanding of Māori notions of knowledge, wisdom and competency development.

For many Iwi, the ascension of Tāne[2] to the heavens for the kete of knowledge set the codes and guidelines for wānanga and how things are to be taught and learnt. In the wānanga, accumulated facts or knowledge is processed so it can be integrated into one's being.

Marsden[3] describes wisdom as a thing of the heart and goes on to suggest that at ones centre are the things that transcend facts. They are the convictions that give inner clarity of vision and thought. This, he goes on to say, is wisdom. How is this movement from knowledge to wisdom achieved? The movement from chaos to order?

Knowledge and Wisdom: A Māori perspective

Tāne received the three baskets of knowledge and two stones – one white and the other red, in the 12th heaven. The name of the white stone was Hukatai ('Sea foam') and the other Rehutai ('Sea spray'). Travelling back to the 7th heaven Tāne, who takes on the name Tāne-nui-a-Rangi, deposits the two stones and the 'baskets' in Wharekura - the first wānanga. In the Tāwhaki traditions, these stones are the mauri of the whare wānanga – the mauri of learning.

Tangaere (1997) utilises the imagery of the poutama to describe the learning process which involves time for any task to be understood and integrated, before advancing to the next step. He likens the steps of the poutama to the journey of Tāne through the heavens. Each heaven brought its own tasks and learnings. Tangaere reminds us that the responsibility of imparting and using knowledge is a gift from Tāne-nui-ā Rangi.

Marsden describes a process whereby people entering and graduating the learning institution (whare wānanga) would symbolically ingest the mauri of the wānanga by placing the mauri stones in their mouth.

When entering the wānanga students would place Hukatai in their mouth acknowledging that knowledge was to be nurtured and treasured. It was also a reminder that they were embarking upon a search for wisdom. This often involved collecting and making sense of information and unorganised sets of ideas. He goes on to say that when 'students' graduated they took Rehutai and symbolically swallowed it. Swallowing the whatu, the mauri in them was taken into the stomach, establishing the conditions whereby mana in the form of knowledge and learning could come into the person. This was an acknowledgement of the transition of knowledge to wisdom through a process of integration of knowledge with life experience to bring enlightenment and understanding.

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[1] The TCF does not preclude taking a tikanga a Iwi perspective on knowledge or practice

[2] In some Iwi histories it is Tāwhaki who ascends the heavens for the kete of knowledge. See Royal (1996).

[3] Marsden, M and Henare, TA. (1992). *Kaitiakitanga: A definite Introduction to the Holistic World of View of the Māori*. Unpublished report 1993

Royal (1996) describes *nohopuku* as the practice of dwelling inwardly on the mauri that resides there (ingesting of Hukatai). This means silencing the exterior in order to stimulate the interior.

Tuakana-Teina and the concept of 'Ako'

The Takarangi Competency Framework and the introductory workshop promote a learning space congruent with the notion of ako. Metge[4] describes *ako* as "education through exposure". Ako is underpinned by cultural practices, relationships, context, knowledge and the resources of a group. It is not constrained by specific methods or techniques. The collaboration between content, process and the *space* is crucial in the transmission of knowledge into practice.

Tangaere indicates that the concept of tuakana-teina is derived from the two principles of Whanaungatanga and ako. Ako has a dual nature – to teach and to learn. In Māori learning and education, the idea of the learner being the teacher is an acceptable reciprocity. He goes on to point out its similarity to the notion of educational scaffolding.

Macdonald (2011) reinforces the importance of a number of factors to teaching. These include *hononga* or relational aspects that emphasises connectedness and relationships; *ako*, that locates students and teachers in the same place working collaboratively and dynamically so everyone learning something new; and *whanaungatanga* as a social concept of ako that embodies cooperative learning.

Progression through the levels of the TCF is best achieved not only through self-reflexive practice but as part of a group where a tuakana-teina[5] model of working can be utilised to learn, reflect, influence and shape practice. There is also an element of accountability for practice within this process which is potentially difficult for some.

Even within its assessment process the Takarangi Competency Framework formally recognises the importance of ako and tuakana-teina methodology through the Whaiaro Whakaaro and Whakawhitiwhiti processes (Explored in more depth in the workshop).

Building a culture of competence

Research continues to recognise the importance of cultural context to recovery and wellbeing[6, 7, 8]. The development of cultural competency frameworks has often been a response to health and/or social disparities of indigenous or ethnocultural minorities. It mostly focuses on the dominant culture becoming more culturally responsive.

From the late 1980's, the mental health profession in the USA introduced a new approach to care - 'cultural competence'. Cultural competence was defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among

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[4] Cited in Pihama, Lee, Taki and Smith. (2004).

[5] http://tereomaori.tki.org.nz/Curriculum-guidelines/Teaching-and-learning-te-reo-Maori/Aspects-of-planning/The-concept-of-a-tuakana-teina-relationship

[6] Sheik, S. & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry and Psychiatric Epidemiology*. 35: 326-334.

[7] Kirmayer, L.J., Macdonald, M.E. & Brass, G.M. (Eds.) (2000). The mental health of indigenous peoples. *Proceedings of the Advanced Study Institute, MacGill Summer Program in Social and Cultural Psychiatry and the Aboriginal Mental Health Research Team, May 29-31, Montreal, Quebec. Culture & Mental Health Research Unit. Report No.10.*

[8] Huriwai, T., Sellman, J.D, Sullivan, P., Potiki, T. (2000). Optimal treatment for Māori with alcohol and drug problems: An investigation of the importance of cultural factors in treatment. *Substance Use and Misuse*. 35(3): 281-300.

professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.[9, 10]

In 2001, the US Surgeon General defined cultural competence in the most general of terms as '*the delivery of services responsive to the cultural concerns of racial and ethnic minority groups, including their languages, histories, traditions, beliefs, and values'*.[11]

A number of different terms seem to be used almost interchangeably with cultural competence including *Cultural sensitivity*, *responsiveness*, *effectiveness*, and *cultural humility.* They are all different, are a response to disparities and built around the dominant culture working with indigenous or minority populations.

More recently, Betancourt and colleagues (2003) have described "Cultural competence" in health care as: understanding the importance of social and cultural influences on health beliefs and behaviours; considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making); and, finally, devising interventions that take these issues into account to assure quality health care delivery. In essence Culture is 'medicine' and provides both protective and a therapeutic value contributing to transformation but also resilience.

Cultural competence in New Zealand

Durie[12], in his address to the Boards and Council Conference, noted cultural competence and cultural safety are similar in they are both about the relationship between the 'helper' and the 'client'. Cultural safety centres on the experience of the client while cultural competence focuses on the capacity of the practitioner to contribute to whānau ora. They do this by the integration of 'cultural and clinical' elements within their practice.

Jansen expands on this, saying that cultural competence requires providers to have a willingness and ability to draw on Māori values, traditions and customs and work with Kaumātua and other knowledgeable Māori to communicate and develop responsive interventions[13].

The New Zealand Health Practitioners Assurance Competence strategic documentation recognised the importance of the workforce and service competence - particularly cultural competence[14]. One of the additional provisions for health regulatory authorities introduced under the Health Practitioners Competence Assurance Act 2003 (HPCAA) **www.moh.govt.nz/hpca** is that of setting the standards of cultural competence to be observed by health practitioners. This is included under section 118(i) of the Act. Professional registration bodies for the health and disability workforce in New Zealand have included cultural competence in the expectations of their membership.

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[9] See *Co-occurring Disorders: Integrated Dual Disorders Treatment. Implementation Resource Kit.* SAMHSA, 2006

[10] Huriwai T. (2002). Re-enculturation: culturally congruent interventions for Māori with alcohol- and drug-use-associated problems in New Zealand. *Substance Use Misuse*. Jun-Aug;37(8-10):1259-68

[11] U.S. Department of Health and Human Services. (2001). Mental Health: culture, race, and ethnicity. A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration,

[12] Durie M. (2001). Cultural competence and medical practice in New Zealand. Address to the Australian and New Zealand Boards and Council Conference. Wellington, New Zealand

[13] Jansen, Dr Peter, *Culturally Competent Health Care,* NZFP, Vol 29, No 5, Oct 5 2002

[14] Health Practitioners Competence Assurance Act and the Disability Mental Health & Addictions Sector, 2005, p7

Takarangi Competency Framework

The Takarangi Competency Framework is a Māori-centric competency framework that privileges Māori thought and practice. Developed from kōrero about what works rather than disparities, Ngā Pūkenga Ahurea as developed by the members of the Roopu Kaitiaki describes a dynamic Framework that supports ongoing skills and knowledge development. The Framework is predicated on the idea that competency is the fusion of clinical and cultural elements thus challenging practitioners to explore paradigms of Māori knowledge and apply them in a contemporary context to evolve their practice. It is this interface that positions the Takarangi Competency Framework to be a bridge between roles, disciplines and sectors.

The Takarangi Competency Framework takes a practice based evidence approach and unlike other competency frameworks, was designed to focus on demonstrated practice, not only qualifications or categories of knowledge.

The Takarangi Competency Framework has 14 competencies. Each competency has an essence statement, four domains of knowledge (Whakaatu, Mōhio, Mātau and Marama) within which there are three levels of practice (Papatahi, Papatuarua and Taumata).

Competency is assessed at three levels: Whaiaro Whakaaro or reflective/ reflexive practice; Relational reflection or Whakawhitiwhiti involves reviewing evidence of practice with peers and finally Arotake where an Approved Takarangi Competency Framework Assessor reviews the evidence of practice against the Framework. Assessment of competence against the framework is important, however, assessment is merely a tool of reflexive practice and is one way to track the progress of ongoing development. The Roopu Kaitiaki continue to ensure integrity of their framework by setting the criteria for approved assessors, moderating assessments and its training.

Timeline of events contributing to the Framework development

The following timeline outlines some events that have been important in the shaping of the Takarangi Competency Framework. There was also much work being carried out in nursing, social work, psychology, education and even Corrections. These developments also added to the eventual shape of the Framework as it exists now.

2000 – Alcohol and Drug Summit, Manu Ariki; Kaumātua Wānanga, Waitangi

2001 – Tikanga Toitika consultation (Moe Milne), commissioned by the Ministry of Health

2003 – Te Aka Roa o Te Oranga (Robertson et al..)

2004 – Hui Whakakotahi, Rotorua;

Ngā Manga Puriri competency project

2005 – Te Piringatahi: Cultural Concepts Framework published (ALAC)

2006 – Moe Milne and Wayne Blisset commissioned to move kōrero to paper

2007 – Pilots at Te Pounga and Oruawharo; Kaumātua Hui at Owhata

2008 – Klub Ngaru (Tony Scott and Jenny kaka-Scott) redevelop resources and workshop

2009 – Implementation begins with Matua Raki formally being the vehicle for roll-out

2009 – First assessor training

2011 – First Whānau Ora Collective workshops;

Midland Mental Health and Addiction Network Regional roll-out

2012 – Train the Trainer pilot workshop

2013 – Evaluation of Knowledge Transfer and Exchange

Takarangi: The symbol

Takarangi is an intersecting spiral pattern used in whakairo and often seen on whare and on waka. To some the open spiral represents the entry of light into the world and depicts the linkage of man with wairua through the never-ending spiral.

For others, the spirals represent past knowledge and experience linking through time and space with the present. Takarangi on the sternpost of a waka helped to stabilise the waka and maintain its true course as the spaces between the spirals allowed wind and wave passage.

Takarangi is characterised by bold intersecting spiral patterns which are joined by frequent short links between the independent spirals. The spaces separating the spirals and the interconnecting links are equally as important to the pattern as the solid spirals themselves.

Without space between the solid spirals the Takarangi could not exist or be seen: it would have no form. The spaces bring the vision of the changing landscape behind the spirals and provide a context for the spiral to sit and be seen. The solid (positive) parts represent structured or tangible things, the spaces (negative) the unstructured and intangible things.

The kōrero between the original Roopu Kaitiaki and Tukaki Waititi was integral to the adoption of the Takarangi as a symbol for the framework.

Key linkages

As with all practice domains, this competency framework does not stand in isolation. It lends itself to a number of other key competency innovations in the sector and across professional domains. The Takarangi Competency Framework is developmental has utilised, in essence, a beginner-to-expert pathway.

Progression through the Framework is developmental and based on the integration of mātauranga and mōhiotanga. For those who are DAPAANZ accredited or are maintaining registration as part of their professional body, the framework sets out a pathway for progressing cultural fluency or Māori responsiveness under those frameworks.

Given it was one of the sources for setting expectations for working with Māori in the Real Skills, it is not surprising that it also has synergies with the *Let's get real* framework. If a practitioner undertakes assessment in some of the competencies in the Takarangi Competency Framework they are likely to be able to confirm achievement of a number of the Working with Māori knowledge sets in Real Skills or the Addiction Intervention Competencies. However, because of the depth and breadth of measurement in the Takarangi Competency Framework, achieving a Real Skill is not likely to lead to advancement against many of the competencies.

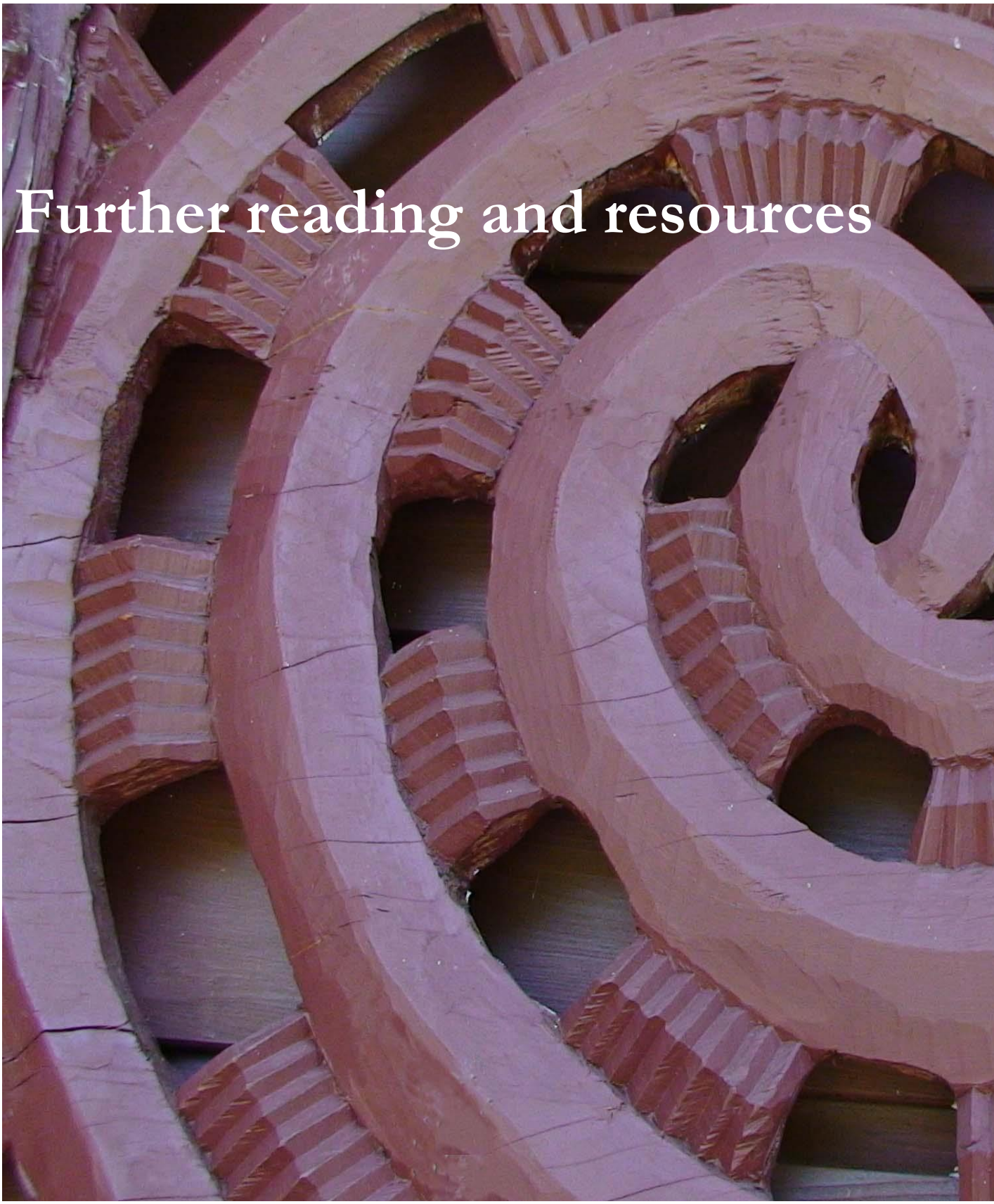
National drivers

The Service Development Plan (MOH, 2011) and the Blueprint II for the Mental Health and Addiction Sector (Mental Health Commission, 2011) are expected to continue to focus on responding to the needs of Māori and reducing inequalities. The current national polices of relevance include

- The New Zealand Health Strategy (2000) states - *"Government is committed to ensuring all health providers deliver high quality and culturally appropriate services"* (Pg. 19)
- New Zealand Disability Strategy (2001)
- He Korowai Oranga: Māori Health Strategy (2002)
- Te Tāhuhu – Improving Mental Health (2005). Cultural competency and responsiveness is identified within leading challenges 3, 4 and 5[15].
- Te Puāwaiwhero – The Second Māori Mental Health and Addiction National Strategic Framework 2008−2015 (2008)
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan (2012)

Regional Service Plans and DHB Māori Health plans are expected to have goals and targets that meet the expectations in these national strategies.

[15] Leading Challenge 3: Responsiveness; Leading Challenge 4: Workforce Culture and Recovery and Leading Challenge 5 :Māori Mental Health



Further reading and resources

Further reading

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Video Clips

www.**youtube**.com/watch?v=lyvzCz9MQGo

http://www.youtube.com/watch?v=VDul-omdI9w

http://www.youtube.com/watch?v=cLmiTW2WgTU&feature=relmfu