

ARTICLE

Kaumātua mana motuhake in action: developing a culture-centred peer support programme for managing transitions in later life

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Abstract

New Zealand's ageing population and health inequities for Māori (Indigenous peoples) have prompted calls for innovative, culturally based approaches to improving health and wellbeing, and managing transitions in later life. This is particularly important for *kaumātua* (Māori elders) who, despite cultural strength and resilience, carry a significant burden in health, economic and social inequities. This paper describes the culture-centred development of a 'tuakana-teina' (elder sibling-younger sibling) peer support education programme designed to help *kaumātua* support other *kaumātua* experiencing transitions in later life. Taking a strengths-based approach that highlights '*kaumātua mana motuhake*' (elder independence and autonomy), the study used *kaupapa Māori* (Māori approach, knowledge, skills, attitudes and values) and community-based participatory research methodology, to develop and pilot a culture-centred *tuakana-teina*/peer education programme. Methods included establishing two advisory groups (one of *kaumātua* and one of sector experts); holding five focus groups with *kaumātua*; and running a pilot programme with 21 *kaumātua*. The findings demonstrate the value in a strengths-based approach that centralises Māori culture and *kaumātua* potential, capacity and ability, and recognises the continuing value and contribution of *kaumātua* to society. The study helps shift the focus from dominant stereotypes of ageing populations as a burden on society and shows the value of *kaumātua* supporting others during transitions in later life.

Keywords: older adults; *kaumātua*; culture-centred; peer education; life transitions; ageing

Introduction

Positive ageing and innovative approaches to health, wellbeing, and the valuing of older people in the context of structural ageing and increasing individual longevity, are a critical focus for New Zealand Government strategies, and research funders

(Office for Senior Citizens, 2014; Associate Minister of Health, 2016; Ageing Well National Science Challenge, nd). In addition, recognition of the need for culturally based interventions, particularly within Indigenous communities, continues to grow internationally; various researchers have argued for and engaged with Indigenous and minority groups to better develop and deliver culturally based health and wellbeing interventions (Ramsden and Spoonley, 1993; Dutta, 2007; Minkler *et al.*, 2010; Peterson, 2010; Wallerstein and Duran, 2010). One critical driver for such developments is health inequities between Indigenous and other cultural groups (Dwyer *et al.*, 2013; Anderson *et al.*, 2016), including between Māori¹ (New Zealand Indigenous peoples) and non-Māori (Ministry of Health, 2016).

In Aotearoa New Zealand, Māori, and especially *kaumātua* (elders), have experienced negative outcomes stemming from ‘distal effects of colonisation’ (Dulin *et al.*, 2011: 1420). Such outcomes include health inequalities, disproportionate levels of chronic and acute illness, and poor social determinants of health (Dulin *et al.*, 2011; Ministry of Health, 2016). *Kaumātua* are likely to be more disadvantaged and negatively impacted in their potential to age positively than non-Māori elders (Baker *et al.*, 2016). These health and social factors impact on the capacity to manage life transitions experienced in older age such as changes in employment, independent living, mobility and losing a spouse (Hayman *et al.*, 2012; Kendig *et al.*, 2014). Critically, as New Zealand’s population ages, health inequities experienced by Māori will impact on population health (Dulin *et al.*, 2011).

Despite such inequities, Māori draw on strength and resilience to maintain culture and work tirelessly to resist non-Māori categorisation (*e.g.* Durie, 2003). In this context, within *te ao Māori* (‘the Māori world’), or Māori epistemic knowledge, *kaumātua* are ‘carriers of culture, anchors for families, models for lifestyle, bridges to the future, guardians of heritage, and role models for younger generations’ (Ministry of Social Development, 2010: 14). As *kaumātua* age, they pass on *mātauranga* (knowledge; Kēpa *et al.*, 2014) and often experience increased expectations, roles and responsibilities within *whānau* (kin), *hapū* (subtribe) and *iwi* (tribal group; Durie, 2003). Such participation contributes to *kaumātua* ageing well, even when they experience ongoing health problems (Kēpa *et al.*, 2014). For older people across cultures, healthy ageing includes personal growth, age-related adaptations, spirituality and outlook (Hung *et al.*, 2010). Similarly, ageing well for *kaumātua* means maintaining *tino rangatiratanga* (self-determination) and *mana motuhake* (identity, autonomy). Yet, the dominant culture fails to recognise such aspirations and roles, and prevents *kaumātua* from reaching their full potential (Hokowhitu, 2003).

The dynamics of cultural, health and ageing factors for *kaumātua* call for innovative, culture-centred approaches to meet their health and wellbeing needs during life transitions. *Culture-centred* approaches start within the culture, working with people to identify and develop responses to issues of most concern to members. In this way the *status quo* is interrogated rather than adapted to (Dutta, 2007). In regard to Māori *kaumātua*, culture-centred approaches privilege their voices in identifying health, wellbeing and life transition-related issues.

The purpose of the study is to describe the culture-centred development of an intervention involving *kaumātua* working as peer educators for other *kaumātua*

Table 1. Glossary of Māori language terms used twice or more within the article

<i>Te reo Māori</i>	English approximation
Aotearoa	Māori name of New Zealand
<i>aroha</i>	an all-encompassing quality of goodness
<i>hui</i>	meeting(s) or gatherings
<i>kairangahau</i>	researcher(s)
<i>karakia</i>	invocation; prayer
<i>kaumātua</i>	elders 55 years and over for the purpose of this study
<i>kaupapa</i>	focus, topic, approach, task
<i>kaupapa Māori</i>	Māori approach, knowledge, skills, attitudes and values
<i>kete</i>	basket, kit
<i>kōrero</i>	talk/speak
<i>koroua</i>	older man/men
<i>mana</i>	standing, status, prestige, authority
<i>mana motuhake</i>	identity, autonomy
<i>manaakitanga</i>	showing respect, generosity, kindness towards others
Māori	indigenous peoples of Aotearoa New Zealand
<i>marae</i>	Māori community setting, meeting place, ancestral home
<i>mātāpono</i>	principles, values
<i>mātauranga</i>	knowledge especially Māori cultural
<i>pūrākau</i>	stories
<i>tautokotanga</i>	providing assistance or support
<i>te ao Māori</i>	the Māori world
<i>Te Ao Mārama</i>	world of day; the light
<i>Te Korekore</i>	world of potential, the void
<i>Te Pō</i>	place of becoming, the darkness
<i>te reo Māori</i>	the Māori language
<i>teina</i>	junior to <i>tuakana</i> ; younger, or less experienced
<i>tikanga</i>	customary values and practices
<i>tino rangatiratanga</i>	self-determination
<i>tuakana</i>	senior to <i>teina</i> ; older, or more experienced
<i>tuakana–teina</i>	older and younger, same-sex sibling or cousin relationships
<i>wairua</i>	spirit
<i>wairuatanga</i>	spiritual connectedness
<i>whaikōrero</i>	formal speech making usually at <i>pōwhiri</i> ; speakers
<i>whakapapa</i>	lineages, genealogy

(Continued)

Table 1. (Continued.)

Te reo Māori	English approximation
<i>whakataukī</i>	proverb/s
<i>whakawhanaungatanga</i>	making connections and establishing relationships
<i>whakawhiti kōrero</i>	deliberation, negotiation
<i>whānau</i>	closely connected kin group
<i>whanaunga</i>	extended kin, relation
<i>Whanaungatanga</i>	building, maintaining and enhancing relationships

using Māori concepts of ‘*tuakana*’ and ‘*teina*’ (elder sibling and younger sibling). Taking a strengths-based approach to highlight the potential of ‘*kaumātua mana motuhake*’ – *kaumātua* independence and autonomy in self and collective determination (Hokowhitu, 2010) – the study expands understandings of wellbeing for *kaumātua* by having them adopt peer educator roles.

Literature review

To explore how to develop a culture-centred Māori *tuakana-teina*/peer support programme with *kaumātua*, we introduce the culture-centred approach and then Māori epistemic knowledge as expressed within dimensions of *te ao Māori*. We then discuss *tuakana-teina*/peer relationships and peer education.

Culture-centred approaches

Culture-centred approaches are more than ‘cultural sensitivity’ and ‘cultural competence’ (Kearns and Dyck, 1996; Dutta, 2007). *Cultural sensitivity* emphasises adapting evidence-based interventions, developed elsewhere, to fit the cultural values and behaviours of a community (Kearns and Dyck, 1996; Resnicow *et al.*, 2002). *Cultural competence* emphasises the ability of health workers to communicate in ways that are culturally appropriate and effective (Tervalon and Murray-García, 1998). Both approaches have been criticised for trying to fit outside knowledge structures to given communities and for ignoring issues of unequal power relations and racism (Dutta, 2007). Thus, both approaches impose an external agenda that may not be sustainable once the outsiders leave, and fail to change health inequities (Dutta, 2007).

In contrast, culture-centred approaches privilege the experiences, voices and agency of those impacted by a health issue. Community members are able to understand and develop local solutions informed by their own cultural world-views and everyday experiences (Basu and Dutta, 2009; Peterson, 2010; Dutta *et al.*, 2013). Lived experiences and participation are at the heart of culture-centred approaches; experience informs problem definition and helps to identify key information that can explain problems (Ramadurai *et al.*, 2012). Participation involves researchers listening to local voices and seeking local understandings of health and health

problems, so that together the parties co-construct interventions in line with local logics (Taylor, 2003; Smith, 2009; Masters-Awatere, 2015).

Culture-centred approaches share common ground with *cultural safety* (Ramsden, 2002) which takes a health service user's perspective (Ramsden and Spoonley, 1993). It aligns with culture-centred approaches by showing 'Māori resistance to dominant western ways of thinking, seeing and carrying out health care' (Kearns and Dyck, 1996: 371), and concerns rethinking and transforming approaches to health needs of marginalised groups so that the 'we' talk more with and less about 'them' (Kearns and Dyck, 1996). For health service users to feel culturally safe, health workers need to engage reflexively with dimensions of power and privilege in their role, and adopt new practices (Ramsden and Spoonley, 1993; Ramsden, 2002). Such culture-centred initiatives in Aotearoa New Zealand include Whānau Ora (Ministry of Social Development, 2010) as well as the work of urban Māori authorities, non-governmental organisations and local *marae* (community setting, meeting place) which actively support *kaumātua* in ageing well.

Just as cultural safety uses reflexivity to question hidden dimensions of power and privilege within health-care provider practice, culture-centred approaches use reflexivity to question taken-for-granted understandings of power and privilege of outsiders in the assessment of health problems and the development of solutions (Dutta, 2007, 2008). Reflexivity is critical to ensuring that those most impacted by given health issues partner in the co-construction of interventions to address those issues.

Culture-centred approaches emphasise local determination and ways of knowing that enable greater community voice, that challenge power imbalances, and fundamentally change the way in which health interventions are developed and implemented (Dutta, 2007; Dutta *et al.*, 2013). This is consistent with the importance of Māori self-determination and *mātauranga* (knowledge) in defining problems and developing solutions (Ramsden, 2002; Mane, 2009). This knowledge is addressed in the next section.

Māori epistemic knowledge

Taking a culture-centred approach to health and wellbeing of *kaumātua* in Aotearoa New Zealand means accounting for and engaging Māori epistemic knowledge. Three domains of Māori epistemic knowledge relevant to the current study are: *te ao Māori* in shaping change, *mātāpono* (principles, values) and communication.

Te ao Māori and the creation story are integral to shaping change. All spiritual and material being comes from *Te Korekore* (world of potential, the void), with *wairua* (spirits) travelling from there to *Te Pō* (place of becoming, the darkness), to *Te Ao Mārama* (world of day, the light) and back again after death (Marsden, 1992: 130–134). When Tāne, the god of forests and birds, stood on his hands and pushed up with his feet to separate his mother, Papa-tū-ā-nuku (earth mother), and his father, Rangi-nui (sky father), he not only brought into being *Te Ao Mārama*, he also connected the three realms (Marsden, 1992). These three realms form the woven world (Marsden, 1992) with their relationships offering

an engaging cultural resource to approach processes involved with learning, development and significant life transitions: *Te Korekore*, acknowledging *kaumātua* knowledge and its *potential*; *Te Pō*, engaging *kaumātua* knowledge and *mana* (charisma, power, authority or status) in *becoming tuakana*; and *Te Ao Mārama*, *kaumātua being tuakana* and providing peer support.

Te ao Māori is woven into *tuakana-teina*/peer support relationships through *mātāpono Māori*, the principles or values that guide interactions and inform outcomes. Several *mātāpono* are identified within Māori *tuakana-teina*/peer mentoring models from education (Rawlings and Wilson, 2003; MacFarlane *et al.*, 2007; Winitana, 2012) and work contexts (*e.g.* Hook *et al.*, 2007; Ratima and Grant, 2007). One example of *mātāpono* is *wairuatanga* (spiritual connectedness) which acknowledges the spiritual aspect of wellbeing that is enacted through various *tikanga* (practices) including *mihimihi* (greet, pay tribute) and *karakia* (invocation, prayer), as well as *whakataukī* (proverbs). Another example is *mana* (status) which is central to all relationships in *te ao Māori*. *Mana* is maintained for givers and receivers through *manaakitanga* (generosity), *utu* (reciprocity) and *aroha* (love). Any event, process or activity involving people is ‘geared towards the preservation and the uplifting of the mana of participants’ (Ratima and Grant, 2007: 2). Within mentoring relationships, this concerns the *mana of teina* and *tuakana*.

Thirdly, *te reo Māori* (the Māori language) and *kanohi ki te kanohi* (face-to-face) *kōrero* (talk) are fundamental communication elements to a Māori epistemology (Mead, 2003). Less than 25 per cent of Māori and 4 per cent of all New Zealanders can speak *te reo Māori* in a conversation about everyday things (Statistics New Zealand, 2013). However, Māori communication preferences and concepts remain practised and understood. Therefore, using *te reo Māori* and Māori concepts is critical to a culture-centred approach to communication. Using Māori communication forms is critical in health settings involving Māori (Levack *et al.*, 2016), *kaumātua* (Oetzel *et al.*, 2015) and research (Elder and Kersten, 2015). Three such forms important to a *tuakana-teina*/peer support intervention are: rituals of *hui* (meetings), *whakawhiti kōrero* (exchanging ideas in talk) and *pūrākau* (stories).

Rituals of connection are key in *hui* because *whanaungatanga* (relationships) are fundamental in Māori culture (Mead, 2003). *Hui* protocols promote engagement with the *kaupapa* (focus, topic, approach or task) through the process of *whakawhanaungatanga* which makes connections to establish relationships (McClintock *et al.*, 2012). *Whakawhiti kōrero* (the exchange of ideas in discussion and deliberation) has been used as a cultural tool to increase ease of Māori participation in health research (Elder and Kersten, 2015). *Pūrākau* reflect the interconnectedness of people with *te ao Māori*, the natural environment and each other (Lee *et al.*, 2005). *Pūrākau* reflect the holistic approach of Māori to wellbeing (Durie, 1985).

Tuakana-teina/peer support: concepts and roles

The *tuakana-teina* (senior-junior) connection is an important cultural relationship between older and younger, same sex, sibling and cousin relationships (Mead, 2003). Within education, where *tuakana-teina*/peer support has been

used extensively (Rawlings and Wilson, 2003; Hook *et al.*, 2007; MacFarlane *et al.*, 2007; Kensington-Miller and Tatima, 2015), the *tuakana* is the senior and ‘experienced person’, and *teina* is the junior ‘in-experienced person’ (Winitana, 2012: 34). Critically the focus is on creating meaningful relationships and enhancing *mana* of both *tuakana* and *teina* (Winitana, 2012). *Tuakana-teina*/peer support relationships differ from everyday *whānau* and community support networks, where people help each other because of existing relationships, and from organisation-driven, para-professional support (Dennis, 2003). Finally, parties need to enable individuals to retain ‘peer-ness’ to establish effective peer relationships (Dennis, 2003), even where peer support relationships are created by third parties.

While younger people may seek and give support among their peers informally, as well as formally through education-based peer support programmes, support exchange opportunities for older people centre largely on their families and inter-generational relationships (Antonucci *et al.*, 2011). Older people without family or informal peer networks may be disadvantaged – especially at points of transition such as the loss of a spouse (Isherwood *et al.*, 2015). These situations suggest that older people may value and benefit from support exchange opportunities offered by formal peer support programmes.

In regard to older people, peer support and education programmes have been used successfully for transitions in later life, as well as health and social issues (Kocken and Voorham, 1998; Layne *et al.*, 2008; Erickson, 2009; Seymour *et al.*, 2011; Khong *et al.*, 2015; Stevens *et al.*, 2015). In addition, peer support/education programmes have been used with success with different minority and Indigenous communities (Pérez-Escamilla *et al.*, 2008; Philis-Tsimikas *et al.*, 2011).

The many studies show that peer support programmes differ widely in orientation, kinds and levels of intervention, and organising (Dennis, 2003). One definition of peer support or education is assistance given by someone who possesses *experiential knowledge* of a health or social situation and shares this with another who is going through a similar experience, where both *share characteristics* such as age and culture (Dennis, 2003). The extent of peer-to-peer similarity is critical to improving wellbeing outcomes (Layne *et al.*, 2008).

Even though research is slim in relation to Māori *kaumātua* and their wellbeing, Māori (Levack *et al.*, 2016) and other Indigenous approaches (Rowan *et al.*, 2014) to managing health issues demonstrate the potential of culture-centred peer support programmes. The value of *tuakana-teina*/peer support for *kaumātua* is found in health interventions where attending to cultural factors positively improves participation rates and programme effectiveness for adult Māori (Levack *et al.*, 2016). Thus, a culture-centred, *te ao Māori*-driven *kaumātua tuakana-teina*/peer support programme may improve *kaumātua* wellbeing through promoting cultural connections.

In summary, this paper discusses the development of a culture-centred, Māori *tuakana-teina*/peer support programme involving *kaumātua* approaching transitions in later life. The research question was:

- What makes for a culture-centred approach to developing *tuakana-teina*/peer support intervention for *kaumātua* experiencing life transitions?

This meant identifying critical cultural concepts, processes and factors that informed the intervention.

Methods

The development of the *tuakana-teina*/peer support programme integrated *kaupapa Māori* methodology and community-based participatory research (CBPR). *Kaupapa Māori* research normalises Māori perspectives, principles and practices (Kennedy and Cram, 2010) and creates space for building relationships, establishing trust, and empowering Māori to focus on issues important to them and their experiences (Hokowhitu, 2010). This study's *kaupapa Māori* approach centralised *kaumātua mana motuhake* so that *kaumātua* simultaneously had value and responsibility (Wyeth *et al.*, 2010). This approach is captured in the for-*kaumātua*-by-*kaumātua* principle that recognises the value of *kaumātua* contributions to society.

CBPR is a collaborative approach to research that concerns something that matters to a given community, and is driven by the community's self-determination, working together with others and co-designing the research. Self-determination enhances research quality because all ways of knowing are respected, learning is expansive and strengths are built together (Wallerstein and Duran, 2010). In this study, integration of *kaupapa Māori* and CBPR is a function of a long-term relationship, based on trust, care and knowledge sharing, between Rauawaawa Kaumātua Charitable Trust (Rauawaawa), and Te Whare Wānanga o Waikato/The University of Waikato Māori studies and health communication researchers.

Kaupapa Māori research and CBPR are attuned to ethics of promoting human rights, informing methodology, and ensuring the integrity of both research and researchers. This position ensures a commitment to a *kaumātua*-centred approach: that is, *kaumātua mana motuhake kaupapa* guides the *mātāpono* in developing a *tuakana-teina*/peer support programme. Critically, the research is co-led by Rauawaawa which is a for-*kaumātua*-by-*kaumātua* urban Māori community agency and, therefore, *tino rangatiratanga* remains in the hands of *kaumātua* themselves.

Project procedures and data sources

This study reports on the development of an intervention to illustrate how culture-centred processes were adopted. These processes included three key elements: (a) establishing the foundational systems; (b) developing the Tuakana Orientation Programme (TOP) and supporting systems; and (c) running a pilot of the TOP.

The foundational systems began with university researchers and Rauawaawa agreeing to go into partnership to undertake joint research. Rauawaawa provides health and social wellbeing services for *kaumātua* within a Māori cultural framework. The foundational systems comprised Board and Expert Advisory Groups (BAG and EAG), the research team and TOP development team meetings and processes. The research began with the research team meeting to discuss ways of working with a specific focus on culturally appropriate and ethical processes of *kaupapa Māori*. Consistent with *kaupapa Māori* and CBPR principles, in January 2017 we set up the BAG and EAG. The BAG comprised ten trustees (nine aged over 70

years) who gave oversight, guidance and input into research methods, procedures, data collection, analysis processes and the TOP development, via eight monthly, minuted meetings (30–120 minutes). The trustees had previously served in this advisory role in research and applied for-*kaumātua*-by-*kaumātua* principles.

The EAG comprised 12 members (aged 55–70 years) from government departments, and specialist health, social and Māori services for older people, and offered advice and feedback to ensure the TOP aligned with best practices in life transitions for *kaumātua*. The EAG and team met four times (60–120 minutes each) with recorded minutes.

The TOP development team met 12 times (February to August 2018) and comprised seven *kairangahau* (researchers): Māori community Co-Principal Investigator; Maori community researcher; two Māori university researchers; one Pākehā university researcher (who had collaborated with Rauawaawa before); and two Māori doctoral candidates associated with the project. Members took part in all meetings, *kaumātua* focus groups and research training.

The TOP development team's first task was reviewing the *tuakana-teina*, peer education and health literature related to ageing, Māori and Māori *kaumātua*, as well as simultaneously consulting *kaumātua* and community health workers. The second was developing a TOP manual that incorporated the Culture, Health and Safety plan (CHS plan), and resources for *kaumātua* to use during and after the TOP.

To support the development of the TOP, the *kairangahau* held five 50–65-minute focus groups to hear *kaumātua* insights about life transitions and key elements to be included in a TOP. The focus groups were organised around the five life transitions identified at the research outset by *kaumātua*: loss of a spouse, change in health, loss of independence (e.g. moving into care), loss of driver's licence and adjusting to retirement. Each group focused on two life transition topics and was facilitated by one or two researchers, of whom at least one was Māori and one a Māori community health worker. *Kaumātua* chose their focus group, with three to five taking part in each. In all, 21 *kaumātua* (58–79 years) took part, of whom 19 identified as Māori, seven as *koroua* (older men) and 14 as *kuia* (older women).

Five focusing statements guided the discussions and centred on: key life transitions *kaumātua* had faced; information they wanted before facing transitions; what people should know before they talk to someone facing a life transition; what to include in a training programme about life transitions; what *kaumātua* may find hard when acting as *tuakana* in this situation; and ideas they wanted to offer. All of these focus groups were audio recorded (287 minutes).

The TOP manual, resource *kete* (basket, kit) and CHS plan were created in setting up the pilot. The TOP manual included *te ao Māori*-informed rationale for choices, overall structure of the programme, and detailed components and instructions for each *wānanga* (session), and was trialled in the pilot. The resource *kete* used in the pilot was a booklet of information and available services developed in response to the five *kaumātua* focus groups. The CHS plan was a legal requirement and drew on Rauawaawa's Health and Safety plan and the university's guidelines for ethical research. Feedback was sought from the BAG and EAG.

Running the TOP pilot

In order to run the pilot, the team had first to identify a group with a good number of *kaumātua* (20 or more), suitable facilities and the infrastructure to support organising the pilot. Rauawaawa has a long-standing relationship with another Māori community agency, which we term Pilot Agency, in another area. Rauawaawa had helped them to set up a *kaumātua* programme seven years previously. This second agency offered health and social wellbeing services, including those for *kaumātua*, and therefore was an ideal pilot partner.

The TOP pilot was held over three days with sessions of four hours each. The *kaumātua* were aged 57–81 years with 18 women and three men. The first day involved recruiting as well as a *wānanga* (meeting with information), and *kaumātua* completed a draft pre-test questionnaire (in *te reo Māori* or English). Of the 21 engaged, 18 took part in all three days, with three taking part in two days. To recognise their contribution to the TOP, all received grocery vouchers.

The programme began with a *pōwhiri*: a formal welcome following Māori protocol and rituals to uphold the *mana* of the hosts. This was particularly important for the research team, as it was the first visit to the Pilot Agency for most of them. The TOP team was led by a Rauawaawa trustee and BAG member *kaumātua*. The TOP pilot ran from 10 am to 2 pm each day, with morning tea and lunch being offered. The *wānanga* finished with *kaumātua* talking about the day and ended with *karakia*: a closing prayer acknowledging the *kaumātua* and their contribution to the *wānanga* and blessing all in their return home. Participants completed an evaluation at the end of the third day (N = 21).

Six members of the TOP development team were involved in the pilot (the community Co-Principal Investigator was not present). The two Māori researchers were the main facilitators with others in support roles such as connecting with *kaumātua*, writing observation notes and creating visual records (e.g. whiteboard, paper, photographs). The TOP team held debriefing sessions (30–60 minutes) after each *wānanga*, with follow-up face-to-face and email conversations each week.

Data analysis

The data-set included BAG, EAG and TOP team meeting minutes; *kaumātua* focus group recordings and notes; TOP pilot observation and debriefing notes; the CHS plan; and TOP participant documents. Data analysis combined two approaches: thematic and culture-centred analysis.

Firstly, the BAG, EAG and TOP meeting notes and *kaumātua* focus group data were analysed thematically (Braun and Clarke, 2006) with one Māori and one Pākehā researcher coding independently. With regard to the *kaumātua* focus groups, thematic analysis helped to organise *kaumātua* insights about transitions in later life and the elements to include in the TOP. The coders overlapped with eight of the initial 12 themes; each coder identified two themes which the other did not. The initial themes were then discussed and clarified with eight overarching themes resulting. With regard to the BAG, EAG and TOP minutes, the thematic analysis focused on documented key points and discussion summaries taken during meetings. All themes were reviewed by the coders, research team and both

advisory groups. This first analysis was followed by an explicitly culture-centred approach that attended to cultural concepts, constructs, relationships and practices within the identified themes.

Secondly, for analysing the TOP pilot observation and debriefing notes, the CHS plan and the TOP participant documents, we adopted a culture-centred approach. This approach incorporated Māori concepts such as *mātāpono* and practices that focused on Māori communication protocols (e.g. Simpson *et al.*, 2016) and emphasised relationships (Mead, 2003). Also included were principles of *kaumātua mana motuhake* and *tino rangatiratanga*, and of *tuakana-teina*/peer support: *wairua-tanga*, *whanaungatanga*, and so on (Hook *et al.*, 2007; MacFarlane *et al.*, 2007; Rawlings and Wilson, 2003; Winitana, 2012). The approach concentrated on themes and critical moments related to *te ao Māori* from across the data that (a) showed immediate effects and whose fuller meaning(s) became clearer on reflection; or that (b) initially appeared minor, but were symbolically important in terms of larger issues (Patton, 2002). Our culture-centred analysis meant we attended to *kaumātua* voices, the nature of feedback and recommendations from advisory groups, and ways the research team responded to critical moments and emerging issues.

Findings

The purpose of the study was to investigate the culture-centred development of a Māori *tuakana-teina*/peer support programme involving *kaumātua*. This section addresses the research question: what makes for a culture-centred approach to developing *tuakana-teina*/peer support intervention for *kaumātua* experiencing life transitions? The presentation and discussion is structured around three stages: (a) foundation of BAG and EAG; (b) the process of the TOP pilot; and (c) the outcome of the TOP model. The findings map to each of these stages, and centre on: (a) *te karanga me te paepae*: the call and guidance of the *kaupapa*; (2) *he kaupapa hei ārahi i TOP*: a pilot to guide the TOP; and (3) *he pou tarāwaho*: a Māori culture-centred framework for *tuakana-teina*/peer support. Within each stage, where applicable, the critical moments are discussed first, followed by the main themes identified in our analysis.

Te karanga me te paepae: the call and guidance of the kaupapa

The Board of Trustees made the initial *karanga* (call) for, and *whaikōrero* (formal speeches and speakers) about, the research to focus on *kaumātua* life transitions. The analysis revealed two critical moments and two themes: *kaumātua mana motuhake* and inclusiveness.

The first critical moment concerned naming the TOP itself (BAG-05; EAG-05²). During the proposal phase the working name had been ‘Tuakana Training Programme’. BAG and EAG members questioned the word ‘training’, which in their view implied new learning for *kaumātua*. Instead they suggested ‘orientation’ as it offered a new way for *kaumātua* to apply their lifetime of skills and knowledge. In this way, the advisory groups wanted the programme to recognise the *mana* of *kaumātua* in the lifetime of skills they had, and therefore to ensure that the

programme was *mana* enhancing. To be *mana* enhancing meant paying attention to words and phrasing when talking about key ideas. One example that illustrates this comes from the EAG: 'It is appropriate that our language acknowledges that *kaumātua* come with *mana*; that we're supporting their knowledge in a way that they can express it' (EAG-05). The name 'Tuakana Orientation Programme' was therefore adopted.

The second critical moment centred on use of the term '*tuakana*' within the TOP. At the beginning, the *tuakana-teina*/peer support idea was adopted from the Māori cultural concept of senior-junior relationships (e.g. Winitana, 2012). In response to questions during the pilot TOP about the term '*tuakana*' (TOP-122 to TOP-130), the TOP team identified four alternatives not previously considered. These four alternatives were presented to the BAG and EAG (TOP-06 to TOP-18): (a) *whakaruruhau*, which as a noun means protector, advisor or mentor; (b) *kaimanaaki*, which links to one of the primary values for the programme, *manaakitanga*; (c) *kaitautoko*, which recognises the centrality of *tautoko-tanga* (providing assistance or support) to the role of a mentor; and (d) *mata whakahau maru*, which means urging or providing instruction in order for others to be safe, risk-free or sheltered. The EAG recommended 'Mata whakahau maru ... if the term [was] used in place of *tuakana*'. However, the BAG (BAG-08), in its role as host speaker or *whaikōrero*, determined that '*tuakana*' should remain in use where the TOP used the definition of *tuakana* as an 'experienced person' working with a *teina* who was 'in-experienced' (Winitana, 2012: 34). In this decision, the BAG stressed the need for simplicity and inclusiveness of language, and 'ease of use by all *kaumātua* in the project' (BAG-08). In this way, the needs and *mana* of *kaumātua* were privileged.

The first main theme centred on privileging *kaumātua mana motuhake* was evident across BAG and EAG deliberations. Both groups emphasised the importance of acknowledging the different kinds of *mana* of *kaumātua*, and ensuring the TOP used *mana*-enhancing processes and practices. For instance, 'Acknowledging types of *mana* allows us to have a platform to enhance *mana* in our communication processes e.g. *mana whakatō* [that] has been placed on you, [and] *mana tuku iho* [that] is inherited through *whakapapa*' (EAG-05). It was expected that *kaumātua* would have one or more kinds of *mana* (see Mead, 2003), and both BAG and EAG offered *mana*-enhancing processes and practices to the TOP.

One such practice centred on framing the idea of retirement as opportunity more than as loss and negative ageing. The BAG offered that: 'retirement needs ... to be acknowledged for the benefits (i.e. time spent with *mokopuna* [grandchildren], *whānau* activities ... as well as the challenges' (BAG-09). This may be seen as focusing on enjoyable aspects of later life that link to Durie's (2003) comment that *kaumātua* cultural and *whānau* roles and responsibilities increase with age. In addition, the advisory groups asked for headings in the TOP document to better reflect 'becoming' so that the focus shifted from 'being in the state of retirement, to having tools to move forward in retirement' and 'to allow *kaumātua* to anticipate moving forward, getting prepared and expecting to be able to handle the life transitions' (EAG-05). Both requests were *mana* enhancing in that they offered choice to *kaumātua*, and positioned *kaumātua* as being able to develop and grow in later life.

The second main theme, centred on the value of inclusiveness, was evident across the BAG and EAG deliberations. Both groups stressed that the TOP needed to be inclusive of those who were fluent speakers of *te reo Māori*, and those who were not. This was to ‘ensure [*kaumātua*] don’t lose confidence, feel isolated, or hold back trying to help less knowledgeable *kaumātua* participate’ (EAG-05). While inclusiveness was at first about *tuakana-teina* pairing in the implementation phase, it also applied in the design of the pilot. Finally, inclusiveness was seen in the advisory groups’ request that the TOP team ask *kaumātua* for feedback on resources, and check for understanding so as to encourage ‘them to share what they bring to the kaupapa’ (EAG-05) and to enable the TOP team to adapt sessions to meet *kaumātua* needs and aspirations.

He tauira hei arahi i te hōtaka whakangungu tūturu: a pilot to guide the programme

The second set of findings feature two critical moments, and two themes emerging during the TOP pilot that illustrate culture-centredness in the process. The themes centred on the importance of *tikanga* and the role of *pūrākau* (stories) in building inclusiveness. The strength of the relations between Rauawaawa and the university, and Rauawaawa and the Pilot Agency, was foundational to the culture-centredness in the pilot processes and outcomes.

The first critical moment concerned *kaumātua* completing the pre-test survey (DB-1). First, during completion of the survey, the TOP team members offered support by way of reading the questions out loud, or assisting in writing responses to the questions. Approximately half the *kaumātua* were assisted in writing the answers for them. Comments made by *kaumātua* to the TOP *kairangahau* suggested that ‘writing the answers themselves, was an additional chore to thinking about the questions and answering them’ (DB-1). In addition, *kaumātua* commented that the questions did not represent their daily lives because their ‘lives were not static’ (WA-1). The outcome was that the TOP team resolved to explain the survey purpose more carefully for *kaumātua*, and to modify the pre-test survey to take account of the feedback.

The second critical moment for the TOP team centred on their use of the term ‘*whakawhiti kōrero*’ (TOP-91, TOP-122, TOP-130, TOP-132). The TOP team started using this term to capture the talking and listening between *tuakana* and *teina*/peers. However, pilot participants questioned the term, saying it was ‘a reciprocal conversation between two people where both participants engage in conversation and discussion’ (TOP-122) and ‘where people actually exchange ideas’ which was ‘not quite what we were doing’ (TOP-125). The TOP *kairangahau* (TOP research team) was using the term to promote open-ended conversational questions in *tuakana-teina* conversations – in part to avoid *tuakana* offering direct solutions for *teina*. This situation led to the TOP team asking themselves the question: ‘What was the point of *tuakana* having prior experience if we [say] “don’t give solutions”?’ (DB-2). This led to a change by the team.

As one TOP *kairangahau* said, ‘this made me reflect on what we were doing in the pilot and the terminology in the pilot because what we’re wanting to do was for the programme to be *kaumātua*-led. We want *kaumātua* to lead’ (TOP-126).

Similarly, another offered, 'What we were doing in the pilot was to use a particular communication tool rather than allowing *kaumātua* to determine the nature of the role and the type of communication they would use' (TOP-129). The team resolved to develop a model which was much more inclusive of different communication modes, and one that 'better reflects *kaumātua mana motuhake* in terms of enabling *kaumātua* to engage and relate with their peers' (TOP-135).

The first theme of the pilot process was the importance of *tikanga* (values and practices). This was reflected in *kairangahau* comments about the *tikanga* of the pilot such as: one TOP *kairangahau* acknowledged '[*Kaumātua A*] for his invaluable contribution to *tikanga* being upheld' (TOP-54) and '[*Kaumātua B*], in his position as ... foundation *kaumātua* coordinator, enhanced the cultural safety of the pilot in ways to which we [TOP] could only aspire. He was the go-to in heart for both the *kaumātua* and ourselves' (TOP-105). The words 'go-to in heart' capture the *wairua* (spirit) that this particular *kaumātua* brought to the pilot.

Kaumātua comments also supported the notion of *tikanga* making the experience culturally safe: '[the] *wairuatanga* [spirituality] was good' (WA-150); 'the *whanaungatanga* is powerful because it allows you to hear yourself and after that *whanaungatanga* it is very comforting and needed at the start' (WA-1); and the 'the beautiful *whakataukī* [proverb]' and '*Ka āwhina koutou i a mātou* [you help us all]' (WA-2). Each of these comments captures the cultural and spiritual comfort, and feelings of safety and support within the experience.

The second theme, which connected to the desire to develop a more inclusive model, was the observation that *kaumātua* used *pūrākau* in responding to topics raised in the TOP. As one TOP *kairangahau* noted: '*kaumātua* often told their own story of health before ... talking about the topic or issue or concept that was the focus of that moment ... *kaumātua* seemed to need to link the new thing with their own experience first' (TOP-138, TOP-139). *Kaumātua* comments illustrate this point: 'listening to different people who have different issues, ways of doing things. Thank you everyone' (WA-3); and 'we don't get the opportunity to partake in this kind of *kōrero*' (WA-3). In sharing their stories, the *kaumātua* participants connected with the content and with each other, as they heard others tell stories of their experiences.

As a result of being challenged in using *whakawhiti kōrero*, seeing the importance of *tikanga*, and noticing how *kaumātua* used their own stories to connect with new information and each other, the TOP team reviewed practices and understandings of genuine exchange of ideas in talk and other modes of communication within *te ao Māori*. The team identified alternatives, supported by *tikanga* that offered a better fit for different communication styles and roles of *kaumātua* within the *tuakana* role, and promoted inclusiveness (TOP-132).

He pou tarāwaho: a culture-centred framework

The final set of findings concern developments within the process of working up to and running the pilot: the outputs of the CHS plan, TOP manual and resource *kete*, and the conceptual model of *tuakana-teina*/peer support. Together these components comprise a culture-centred framework for a programme of *tuakana-teina*/peer support.

Cultural health and safety plan

Aotearoa New Zealand law (<https://worksafe.govt.nz/>) requires organisations to have health and safety plans. These plans commonly focus on identifying hazards and actions and procedures to remove, manage and minimise the potential impact of those hazards. The purpose of the CHS plan was to ensure the safety of all involved in the programme. The plan was initially informed by Rauawaawa's Health and Safety plan and the university's guidelines for ethical research, and drew on the research design and commitment to *kaumātua mana motuhake*, and on the vision and values of participating organisations. It identified potential cultural, health and safety risks associated with recruitment and participation, and managing potential hazards for *kaumātua* and researchers.

The TOP team viewed health and safety as 'holistically [inclusive] of cultural, emotional, social etc well-being' (TOP-152), and therefore aimed to keep *kaumātua* front and centre of the plan in attending to cultural, legal, ethical and practical dimensions of health and safety. Critically, cultural safety for *kaumātua* and researchers was made evident in the CHS plan in three clauses that ensure: (a) *tikanga* is followed; (b) cultural safety of participants and programme staff; and (c) *kaumātua*-led processes. These clauses show that the CHS plan was more than managing hazards, and instead attended to the core value of cultural safety by focusing on *kaumātua* perspectives (Ramsden and Spoonley, 1993).

The initial plan for the TOP pilot incorporated risk management plans of both Rauawaawa and the Pilot Agency, as well as risks identified in the application for ethical approval lodged with the university. The revised CHS plan (after the TOP pilot) incorporated additional safety procedures stated in the original application for ethical approval, and identified, more explicitly, areas to address to ensure cultural, emotional, social and physical safety of *kaumātua* and researchers.

One addition was the potential hazard identified in the ethics application: 'that *kaumātua* may experience some discomfort as the research covers changes that occur in later life [and] some people may [be] uncomfortable to talk about' (EAG-02). Another addition was a new procedure: to recognise that 'possible referral to Rauawaawa should situations arise that may benefit from support, services, or other intervention' (TOP-109).

TOP manual and resource *kete*

Going into the pilot, the TOP manual comprised three sessions: *Te Korekore*: acknowledging the potential of *kaumātua*; *Te Pō*: engaging the knowledge and *mana* of *kaumātua* in becoming *tuakana*; and *Te Ao Mārama*: *kaumātua* as *tua-kana-teina*/peer educators in action. The programme and session plans were based on *hui* protocols including *karakia* and *whakawhanaungatanga*, and used *whakataukī* and *pūrākau* to guide the session, promote engagement, and enable *kaumātua* to draw on and share their own experiences in relation to each topic. It became apparent in the pilot that *kaumātua* needed more time at the beginning to learn about the programme, and more chance to engage with each other and the researchers (DB-1 to DB-3).

To support the *kaumātua* to participate, the team prepared handouts and gave out notebooks and pens, and the resource *kete*. The resource *kete* was well received by participants. One *kaumātua* described the resource *kete* as 'all-inclusive of what

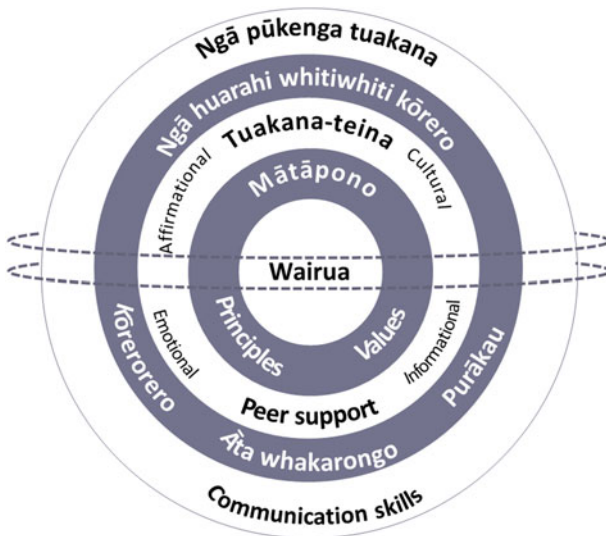


Figure 1. Conceptual model for *tuakana-teina/peer support*.

there is out there for all of us' and 'I would find benefit [using it] in support and conversations with *kaumātua* about life transitions' (WA-157).

Conceptual model for tuakana-teina/peer support

The model (Figure 1) takes a culture-centred, *kaumātua*-focused approach to depicting connections visually between Māori concepts and values, and practical communication skills, of *kaumātua tuakana-teina/peer support*. Each of these aspects is outlined below.

First, 'wairua' (spirit) was spoken of frequently in *kaumātua* focus groups, advisory group and TOP meetings, and the pilot. The BAG discussion (BAG-05) of the penultimate version of the model resulted in *wairua* being central and all-encompassing and infusing all other dimensions. *Wairua* is both the heart of the *tuakana-teina/peer support* relationship and the 'wrap-around' (TOP-21 and TOP-11) protection of the relationship.

Second, 'mātāpono' were seen as the *pou* (poles) of the relationship to guide the *tuakana-teina/peer support* relationship. *Wairuatanga* acknowledges the spiritual aspect in relation to wellbeing, and is enacted through various cultural practices including *karakia* and *whakataukī* (proverbs). *Manaakitanga* is enacted through showing respect, generosity, kindness and support, with *whanaungatanga* being connected with others and building, maintaining and enhancing relationships, through the practice of values such as *manaakitanga*. *Mana* is central to all relationships in *te ao Māori*, with an activity being concerned with maintaining and uplifting of the *mana* of those involved. *Aroha* means having a genuine interest in others and acting in ways that support their wellbeing. *Rangatiratanga* (self-determination) directly aligns with *kaumātua mana motuhake* as foundation in this intervention. *Kotahitanga* concerns solidarity and unity of purpose, and within

tuakana-teina/peer support means having shared goals and acting to promote unity and harmonious relationships. *Tautokotanga* concerns providing emotional, informational, cultural or other support as needed. Importantly, *tuakana* and *teina* identify their own values and principles to connect them with, and guide them in, the role and purpose of *tuakana-teina*/peer support. This then enables them to connect with the *wairua* of the role and *mahi* (work) as *tuakana*, and use their skills in a way that best supports *teina*.

Third, '*tuakana-teina*/peer support' embodies the relationship. The four kinds of support offered by *tuakana* are affirmational, emotional, informational (see Dennis, 2003) and cultural support. Together, these different kinds of support fulfil and realise the *tuakana-teina*/peer support relationship.

Fourth, '*ngā huarahi whitiwhiti kōrero*' (communication skills) bind the *tuakana-teina*/peer support relationship. The TOP pilot experience with '*pūrākau*' and '*whakawhiti kōrero*' resulted in the inclusion of more forms of communication to better support the *tuakana-teina*/peer support relationship. Four different ways of talking, listening, sharing and conversing that facilitate and enable the relationship were identified. First was '*kōrerorero*': the conversation, talking together, understanding and checking. Second was '*pūrākau*': sharing stories, experiences, knowledge and feelings. Third was '*āta whakarongo*': listening with reflective deliberation (Pohatu, 2004). '*Āta*' is a cultural concept that helps to set boundaries and create safe spaces for respectful relationships. '*Whakarongo*' helps to focus the *tuakana* and *teina* on listening. Thus, *āta whakarongo* helps to remind *tuakana* and *teina* how to act and be in the *tuakana-teina*/peer support situation, and to guide their perceptions within that relationship.

Finally, '*ngā pūkenga tuakana*' comprise a set of specific communication tools that strengthens the skills, knowledge and experience that the *tuakana* and *teina* each brings to the peer support relationship. These include the *tuakana* checking their understanding of what the *teina* says, asking permission and asking inviting questions.

In summary, *kaumātua tuakana-teina*/peer support relationships are guided by *wairua* and supported by *mātāpono*, which are foundational to the four support roles (affirmational, cultural, emotional and informational). The four *ngā huarahi whitiwhiti kōrero* offer *tuakana* choices in how to enact peer support, and *ngā pūkenga tuakana* offer specific conversational tools for *tuakana* to use.

Discussion

The purpose of this study was to describe the culture-centred development of an intervention involving *kaumātua* working as peer support for other *kaumātua* through the Māori concepts of '*tuakana*' and '*teina*'. The *tuakana-teina*/peer support programme focused on *kaumātua* experiencing life transitions and was co-designed with *kaumātua*-centred approaches that privileged *kaumātua mana motuhake*. The findings demonstrate how this strengths-based approach relies on clear culturally founded processes comprising central Māori cultural concepts and communication processes and *kaumātua* centredness.

The first set of findings centred on the source and guidance of the TOP. This set demonstrates the criticality of responding to health and wellbeing issues identified

by the group for whom an intervention is desired (see Dutta, 2007, 2008). In working with advisory groups and *kaumātua* themselves, the TOP *kairangahau* were able to engage with local Māori understandings of health and wellbeing and transitions in later life. They were also able to explore understandings and application of Māori concepts, principles and values to support meeting the needs of *kaumātua*. Consistent with calls for greater community voice in such interventions (Dutta, 2007; Dutta *et al.*, 2013), *kaumātua* self-determination and ways of knowing enabled a strong community voice in the TOP development. *Kaumātua* and advisory group leadership in the TOP development is an example of researcher–community partnership that is consistent with calls for better ways to build community capacities in decision-making, advocacy and self-determination in community interventions (Dutta *et al.*, 2013; Wallerstein *et al.*, 2018).

The second set of findings centred on the TOP pilot. These findings demonstrate the importance of the ability and responsibility to respond culturally, in the development of an intervention, and reflexivity of those involved in that development. In acknowledging, encouraging and responding to cultural input and preferences of *kaumātua* during the pilot, the programme developers ensured that the TOP retained its culture-centredness in the present and therefore for the future. Reflexivity is embedded in culture-centred approaches (Dutta, 2007, 2008) and was evident in the TOP *kairangahau* interrogating their role in their initial use of the concept *whakawhiti korero*, and their subsequent changes.

In noticing that they had got stuck on a particular communication tool, and needed to allow *kaumātua* to determine the nature of communication, the TOP *kairangahau* acknowledged the taken-for-granted nature of power in their position (see Dutta, 2007, 2008). This change in stance aligns directly with calls from advocates of cultural safety to rethink approaches to needs of marginalised groups (Kearns and Dyck, 1996: 374) so as to ‘speak less about and more with “them”’. In engaging reflexively with dimensions of power and privilege (Ramsden and Spoonley, 1993; Ramsden, 2002) in their role, and by re-evaluating and expanding understandings of communication, the TOP *kairangahau* rebalanced power towards the *kaumātua* and the necessary Māori cultural knowledge for developing interventions (Ramsden, 2002; Mane, 2009).

The third set of findings highlights the outcomes of a culture-centred framework comprising the CHS plan, resource *kete* and the (visual) conceptual model. The framework is the result of researcher–community partnership and an example of what can happen when researchers work with community members to develop culture-centred and life-stage relevant interventions. Specifically, in working with *kaumātua* for *kaumātua*, at the various stages throughout the period of developing the TOP, the *kairangahau* privileged and engaged Māori epistemic knowledge.

The team envisioned *tuakana-teina*/peer support through the Māori woven world (Marsden, 1992) where *kaumātua* knowledge and its *potential*, and the *mana* of *kaumātua* and their knowledge, are engaged together to facilitate *becoming tuakana*. The outcome was that *kaumātua* could *be* tuakana and give peer support to other *kaumātua* in the lived world. The significance of *tuakana-teina*/peer support as different from everyday *whānau* and community support networks became evident in *kaumātua* comments about the TOP giving them the chance to take part in this kind of conversation, and their engagement with Māori

concepts, *tikanga*, *mātāpono* and *pūrākau* during the pilot. The outcome was a co-constructed framework informed by cultural world-views and everyday experiences of Māori *kaumātua*. The process and outcome aligns with calls for local solutions to locally identified needs (Ramsden, 2002; Basu and Dutta, 2009; Mane, 2009; Peterson, 2010; Dutta *et al.*, 2013).

Together the findings suggest that culture-centred programmes such as the TOP may help to counter for *kaumātua*, the negative health outcomes that stem from ‘distal effects of colonisation’ (Dulin *et al.*, 2011: 1420) such as unconscious bias and discrimination at structural and interpersonal levels. The for-*kaumātua*-by-*kaumātua* approach in the programme design, *kaumātua* partners within the BAG, and input from experts in health and social services for *kaumātua* and other older people more widely, helped to surface the cultural and experiential knowledge of those most impacted by the TOP: *kaumātua*. The TOP programme appears to enable *kaumātua* to pass on *mātauranga* (Kēpa *et al.*, 2014) to other *kaumātua*, and increase support exchange opportunities (Antonucci *et al.*, 2011) especially at points of life transitions (Isherwood *et al.*, 2015). In this way, the programme supports *kaumātua* to continue to contribute within *whānau*, *hapū* and *iwi* groups (Durie, 2003), as well as non-traditional collectives such as urban *marae* and community agencies, in explicitly peer-to-peer ways. This culture-centred programme supports *kaumātua* aspirations to maintain *tino rangatiratanga* and *mana motuhake* so that they may reach their full potential, and be able to experience culture-centred ageing well.

In summary, the findings show that the key components for a culture-centred approach to develop *tuakana-teina*/peer support intervention for *kaumātua* experiencing life transitions are partnership and communication processes that support that partnership. It is within those components that the Maori concepts, processes and factors that inform the intervention are sought out, offered, explored and applied.

Conclusion

The purpose of this study was to describe the culture-centred development of an intervention involving *kaumātua* working as *tuakana-teina*/peer support educators for other *kaumātua*. The study has implications for theory, practice and future research.

In terms of theory, the study highlights the benefits of applying Indigenous epistemic knowledge to a critical issue affecting Māori *kaumātua*: that is, engaging Māori epistemic knowledge and the experience of *kaumātua* as carriers of cultural knowledge (Ministry of Social Development, 2010; Kēpa *et al.*, 2014) in a programme to help with managing transitions, health and wellbeing in later life. In this way, the study extends what is known about culture-centred approaches to issues of health and wellbeing in older age, and offers a response to calls for Indigenous and minority groups to be partners in the development and delivery of culture-centred health and wellbeing interventions (Ramsden and Spoonley, 1993; Dutta, 2007; Minkler *et al.*, 2010; Peterson, 2010; Wallerstein and Duran, 2010) to help address health inequities experienced by, in this case, Māori *kaumātua* (Ministry of Health, 2016).


In terms of practice, the full study once completed has the potential to offer a published manual, resource *kete* and CHS plan. As we go into the implementation phase, these resources will continue to be refined and developed. The TOP is offered as an example of how culture-centred approaches to health and wellbeing in later life may be developed; it is not a prescription. Thus, within the context of structural ageing and increasing individual longevity in society, the study offers a theoretical framework comprising values and practices that value and engage the knowledge, experience and cultural world of not only Māori *kaumātua*, but also potentially older people of other cultures. Engaging *kaumātua* as co-designers of the TOP may help to improve their potential to age more positively than is currently the case when compared to non-Māori elders (Baker *et al.*, 2016).

The study's limitations are largely related to the small number of participants. However, the study was designed to be illustrative of what is possible in taking a culture-centred approach to developing an intervention. While we have been able to demonstrate some value in taking this approach, the implementation process will help to gauge the full value of the approach. Furthermore, in terms of future research, our study offers theoretical and practical approaches that may be interrogated further.

Finally, the study demonstrates the value in a strengths-based approach that centralises Māori culture and *kaumātua* potential, capacity and ability, and recognises the continuing value and contributions of *kaumātua* to society. In this way, the study helps shift the focus from dominant stereotypes of ageing as a burden on society, with evidence of a culture-centred intervention that shows the value of *kaumātua* supporting *kaumātua* during transitions in later life. The proverb, 'Nāu te rourou, nāku te rourou, ka ora ai te iwi; With your basket and my basket the people will live', underpins the principle of culture-centredness. In relation to Māori *kaumātua*, and other older people, this proverb speaks to valuing their knowledge and experience in finding collaborative ways to address needs associated with health and wellbeing in later life.

Notes

- 1 Māori language terms used twice or more within the article are listed in the glossary in Table 1. For first or single use, the English approximation is given in the text.
- 2 Referencing conventions: BAG-# and EAG-# refer to topics or quotes from the BAG and EAG meeting minutes that month; DB-# refers to comments from TOP debriefing sessions after the pilot; TOP-# refers to quoted comments from meetings and email; and WA-# refers to comments from *kaumātua* either during the pilot or in their written evaluations.

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References

- Ageing Well National Science Challenge (nd) *Ageing Well National Science Challenge Kia eke kairangi ki te taikaumātuatanga*. Available at <https://www.ageingwellchallenge.co.nz/>.
- Anderson I, Robson B, Connolly M, Al-Yaman F, Bjertness E, King A, Tynan M, Madden R, Bang A, Coimbra C, Pesantes M, Amigo H, Andronov S, Armién B, Obando D, Axelsson P, Bhatti Z, Bhutta Z, Bjerregaard P, Bjertness M, Briceno-Leon R, Broderstad A, Bustos P, Chongsuvivatwong V, Chu J, Deji J, Gouda R, Harikumar T, Htay A, Htet C, Izugbara M, Kamaka M, King M, Kodavanti M, Lara A, Laxmaiah C, Lema A, Taborda T, Liabsuetrakul A, Lobanov M, Melhus I, Meshram J, Miranda T, Mu B, Nagalla A, Nimmathota A, Popov A, Poveda F, Ram H, Reich R, Santos A, Sein C, Shekhar L, Sherpa P, Skold S, Tano A, Tanywe C, Ugwu F, Ugwu P, Vapattanawong X, Wan J, Welch G, Yang Z, Yang L and Yap L (2016) Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study. *The Lancet* **388**, 131–157.
- Antonucci TC, Birditt KS, Sherman CW and Trinh S (2011) Stability and change in the intergenerational family: a convoy approach. *Ageing & Society* **31**, 1084–1106.
- Associate Minister of Health (2016) *Healthy Ageing Strategy*. Wellington: Ministry of Health.
- Baker M, Zhang J, Blakely T, Crane J, Saville-Smith K and Howden-Chapman P (2016) Collaborating with a social housing provider supports a large cohort study of the health effects of housing conditions. *BMC Public Health* **16**. doi:10.1186/s12889-016-2730-9.
- Basu A and Dutta MJ (2009) Sex workers and HIV/AIDS: analyzing participatory culture-centered health communication strategies. *Human Communication Research* **35**, 86–114.
- Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**, 77–101.
- Dennis C-L (2003) Peer support within a health care context: a concept analysis. *International Journal of Nursing Studies* **40**, 321–332.
- Dulin PL, Stephens C, Alpess F, Hill RD and Stevenson B (2011) The impact of socio-contextual, physical and lifestyle variables on measures of physical and psychological wellbeing among Māori and non-Māori: the New Zealand Health, Work and Retirement Study. *Ageing & Society* **3**, 1406–1424.
- Durie M (1985) A Māori perspective of health. *Social Science and Medicine* **20**, 483–486.
- Durie M (2003) *Ngā Kāhui Pou: Launching Māori Futures*. Auckland: Huia.
- Dutta MJ (2007) Communicating about culture and health: theorizing culture-centred and cultural sensitivity approaches. *Communication Theory* **17**, 304–328.
- Dutta MJ (2008) *Communication Health: A Culture-centered Approach*. Malden, MA: Polity Press.
- Dutta MJ, Anaele A and Jones C (2013) Voices of hunger: addressing health disparities through the culture-centered approach. *Journal of Communication* **63**, 159–180.
- Dwyer J, Boulton A, Lavoie JG, Tenbenschel T and Cumming J (2013) Indigenous peoples' health care: new approaches to contracting and accountability at the public administration frontier. *Public Management Review* **16**, 1091–1112.
- Elder H and Kersten P (2015) Whakawhiti Kōrero, a method for the development of a cultural assessment tool, Te Waka Kuaka, in Māori traumatic brain injury. *Behavioural Neurology* **2015**, 1–8.
- Erickson D (2009) Learning in retirement peer instructors: in over their heads or swimming comfortably? *Educational Gerontology* **35**, 393–408.
- Hayman KJ, Kerse N, Dyall L, Kepa M, Teh R, Wham C, Wright-St Clair V, Wiles J, Keeling S, Connolly M, Wilkinson T, Moyes S, Broad J and Jatrana S (2012) Life and living in advanced age: a cohort study in New Zealand – Te Puawaitanga o Nga Tapuwae Kia Ora Tonu, LiLACS NZ: study protocol. *BMC Geriatrics* **12**. doi:10.1186/1471-2318-12-33.

- Hokowhitu B** (2003) Te tāminga o te mātauranga Māori: colonisation in education. In Ka'ai T, Moorfield J and Reilly M (eds), *Ki te Whaiao: An Introduction to Māori Society*. Auckland: Pearson, pp. 190–200.
- Hokowhitu B** (2010) Indigenous studies: research, identity, resistance. In Hokowhitu B, Keremoal N, Andersen C, Reilly M, Rewi P and Petersen A (eds), *Indigenous Identity and Resistance: Researching the Diversity of Knowledge*. Dunedin, New Zealand: University of Otago Press, pp. 9–22.
- Hook G, Waaka T and Raumati LP** (2007) Mentoring Māori within a Pākehā framework. *MAI Review* 3. Available at <http://www.review.mai.ac.nz/index.php/MR/article/view/70>.
- Hung LI, Kempen G and De Vries N** (2010) Cross-cultural comparison between academic and lay views of healthy ageing: a literature review. *Ageing & Society* 30, 1373–1391.
- Isherwood LM, Luszcz MA and King DS** (2015) Reciprocity in material and time support within parent-child relationships during late-life widowhood. *Ageing & Society* 36, 1668–1689.
- Kearns R and Dyck I** (1996) Cultural safety, biculturalism and nursing education in Aotearoa/New Zealand. *Health and Social Care in the Community* 4, 371–380.
- Kendig H, Browning CJ, Thomas SA and Wells Y** (2014) Health, lifestyle, and gender influences on aging well: an Australian longitudinal analysis to guide health promotion. *Frontiers in Public Health* 2, 1–9.
- Kennedy V and Cram F** (2010) Ethics of researching with whānau collectives. *MAI Review* 3. Available at <http://www.review.mai.ac.nz/MR/article/view/381/560.html>.
- Kensington-Miller B and Tatima M** (2015) Māori in partnership: a peer mentoring model for tertiary indigenous staff in New Zealand. *Race, Ethnicity and Education* 18, 813–833.
- Kēpa M, Kēpa CA, McPherson B, Kameta H, Kameta F, Port W, Loughlin H, Smith P and Reynolds L** (2014) E kore e ngāro ngā kākano I ruia mai i rangiātea: the language and culture from Rangiatea will never be lost in health and ageing research. *AlterNative: An International Journal of Indigenous Peoples* 10, 276–287.
- Khong L, Farrington F, Hill K and Hill A** (2015) 'We are all one together': peer educators' views about falls prevention education for community-dwelling older adults – a qualitative study. *BMC Geriatrics* 15, 28. doi:10.1186/s12877-015-0030-3.
- Kocken PL and Voorham AJ** (1998) Effects of a peer-led senior health education program. *Patient Education and Counseling* 34, 15–23.
- Layne J, Sampson S, Mallio C, Hibberd P, Griffith J, Krupa D, Flanagan W and Castaneda-Sceppa C** (2008) Successful dissemination of a community-based strength training programme for older adults by peer and professional leaders: the people exercising program. *Journal of the American Geriatrics Society* 56, 2323–2329.
- Lee J, Hoskins T and Doherty W** (2005) Māori cultural regeneration: pūrākau as pedagogy. Paper presented at the Centre for Research in Lifelong Learning Conference, Stirling, UK, 24–26 June. Available at http://www.rangahau.co.nz/assets/lee_J/purakau%20as%20pedagogy.pdf.
- Levack WM, Jones B, Grainger R, Boland P, Brown M and Ingham TR** (2016) Whakawhanaungatanga: the importance of culturally meaningful connections to improve uptake of pulmonary rehabilitation by Māori with COPD – a qualitative study. *International Journal of Chronic Obstructive Pulmonary Disease* 11, 489–501.
- MacFarlane A, Glynn T, Cavanagh T and Bateman S** (2007) Creating culturally-safe schools for Māori students. *Australian Journal of Indigenous Education* 36, 65–76.
- Mane J** (2009) Kaupapa Māori: a community approach. *MAI Review* 3. Available at <http://www.review.mai.ac.nz/MR/article/view/243/282.html>.
- McClintock K, Mellsop G, Moeke-Maxwell T and Merry S** (2012) Pōwhiri process in mental health research. *International Journal of Social Psychiatry* 58, 96–97.
- Marsden M** (1992) God, man and universe: a Māori view. In King M (ed.), *Te Ao Hurihuri*. Auckland: Reed, pp. 117–137.
- Masters-Awatere B** (2015) *'That's the Price We Pay': Kaupapa Maori Programme Stakeholder Experiences of External Evaluation* (PhD thesis). University of Waikato, Hamilton, New Zealand.
- Mead H** (2003) *Tikanga Māori: Living by Māori Values*. Wellington: Huia.
- Ministry of Health** (2016) *Health Loss in New Zealand: A Report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 1990–2013*. Wellington: Ministry of Health. Available at <https://www.health.govt.nz/#system/files/documents/publications/health-loss-in-new-zealand-1990-2013-aug16.pdf>.
- Ministry of Social Development** (2010) *Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives*. Wellington: Ministry of Social Development. Available at <https://www.msd.govt.nz/>

documents/about-msd-and-our-work/publications-resources/planning-strategy/whanau-ora/whanau-ora-taskforce-report.pdf.

- Minkler M, García A, Williams J, LoPresti T and Lilly J** (2010) *Sí Se Puede*: using participatory research to promote environmental justice in a Latino Community in San Diego, California. *Bulletin of the New York Academy of Medicine* **87**, 796–812.
- Oetzel J, Simpson M, Berryman K, Iti T and Reddy R** (2015) Managing communication tensions and challenges during the end-of-life journey: perspectives of Māori kaumātua and their whānau. *Health Communication* **30**, 350–360.
- Office for Senior Citizens** (2014) *2014 Report on the Positive Ageing Strategy*. Available at <http://www.superseniors.msd.govt.nz/documents/msd-17470-2014-ageing-strategy-report-final.pdf>.
- Patton MQ** (2002) *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.
- Pérez-Escamilla R, Hromi-Fiedler A, Vega-López S, Bermúdez-Millán A and Segura-Pérez S** (2008) Impact of peer nutrition education on dietary behaviors and health outcomes among Latinos: a systematic literature review. *Journal for Nutrition Education and Behavior* **40**, 208–225.
- Peterson JC** (2010) CBPR in Indian country: tensions and implications for health communication. *Health Communication* **25**, 50–60.
- Phillis-Tsimikas A, Fortmann A, Lleva-Ocana L, Walker C and Gallo LC** (2011) Peer-led diabetes education programmes in high-risk Mexican Americans. *Diabetes Care* **34**, 1926–1931.
- Pohatu TW** (2004) *Āta*: growing respectful relationships. *He Pukenga Kōrero* **8**, 1–8.
- Ramadurai V, Sharf BF and Sharkey JR** (2012) Rural food insecurity in the United States as an overlooked site of struggle in health communication. *Health Communication* **27**, 794–805.
- Ramsden I** (2002) Cultural safety: implementing the concept – the social force of nursing and midwifery. In Whaiti PT, McCarthy A and Durie M (eds), *Mai I Rangiatea*. Auckland: Auckland University and Bridget Williams Books, pp. 113–125.
- Ramsden I and Spoonley P** (1993) The cultural safety debate in nursing in Aotearoa. *NZ Annual Review Education* **3**, 161–174.
- Ratima M and Grant B** (2007) Thinking about difference across and within mentoring. *MAI Review*, **3**. Available at <http://www.review.mai.ac.nz/index.php/MR/article/view/71/89>.
- Rawlings C and Wilson K** (2003) *Tuakana-Teina E-belonging Report*. Wellington: Ako Aotearoa.
- Resnicow K, Braithwaite RL, Dilorio C and Glanz K** (2002) Applying theory to culturally diverse and unique populations. In Glanz K, Rimer B and Lewis F (eds), *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco, CA: Jossey-Bass, pp. 485–509.
- Rowan M, Poole N, Shea B, Gone JP, Mykota D, Farag M, Hopkins C, Hall L, Mushquash C and Dell C** (2014) Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study. *Substance Abuse Treatment Prevention and Policy* **9**, 34. doi:10.1186/1747-597X-9-34.
- Seymour J, Almack K, Kennedy S and Froggatt K** (2011) Peer education for advance care planning: volunteers' perspectives on training and community engagement activities. *Health Expectations* **16**, 43–55.
- Simpson ML, Berryman K, Oetzel J, Iti T and Reddy R** (2016) A cultural analysis of New Zealand palliative care brochures. *Health Promotion International* **31**, 839–848.
- Smith PC** (2009) *Everything You Know About Indians is Wrong*. Minneapolis, MN: University of Minnesota Press.
- Statistics New Zealand** (2013) *Māori Language Speakers*. Available at http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Culture%20and%20identity/maori-lang-speakers.aspx#info.
- Stevens Z, Barlow C and Iliffe S** (2015) Promoting physical activity among older people in primary care using peer mentors. *Primary Health Care Research and Development* **16**, 201–206.
- Taylor R** (2003) An indigenous perspective on evaluations in the inter-cultural context: how far can one throw a Moree boomerang? *Evaluation Journal of Australasia* **3**, 44–53.
- Tervalon M and Murray-García J** (1998) Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved* **9**, 117–125.
- Wallerstein N and Duran B** (2010) Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *American Journal of Public Health* **100**, S40–S46.

- Wallerstein N, Duran B, Oetzel JG and Minkler M** (2018) *Community-based Participatory Research for Health: Advancing Social and Health Equity*, 3rd Edn. San Francisco, CA: Jossey-Bass.
- Winitana M** (2012) Remembering the deeds of Māui: what messages are in the tuakana-teina pedagogy for tertiary educators. *MAI Journal* **1**, 29–37.
- Wyeth E, Derrett S, Hokowhitu B, Langely J and Hall C** (2010) Rangatiratanga and Oritetanga: responses to the Treaty of Waitangi in a New Zealand study. *Ethnicity and Health* **15**, 303–316.

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