

Whaikorero

Tihe Mauri ora

Ka tangi te titi,
Ka tangi te kaka,
Ka tangi hoki ahau,

Nga mihi nui ki te Atua,
Nga mihi nui kia Papatuanuku kia Ranginui, tena korua
Nga mihi nui ki te whanau, o Te Ariki nui
Dame Te Atairangikahu me te iwi o Wikitoria, Ngati Koorie.

Te whare waananga Deakin tena koe,
te whare e tu nei tena koe,
E nga mate, haere haere haere
Kua mihia, kua tangihia waiho ratou kia ratou
Ngo mana, Nga reo, Raurangitira ma,

Tena koutou, tena koutou, tena tatou katoa.

Waiata

Te Aroha ki Te Iwi e
Te Taura here Tangata
Nga Marae e tau nei
Me nga Whare Tipuna
Mihia, mihia e nga Iwi
Nga Awaawa e tere.
Nga Maunga korero
e karanga nei
Nga Reo
Nga Mana
Tena koutou katoa
Kia Ora; Kia Ora; Kia Ora; Kia Ora ra.

No reira, Kia Ora

Tatou Katoa

Project MIHI had part of its origins in the formation of the Special Education Service (SES) in New Zealand in late 1989 when the support and advisory services of speech-language therapy, educational audiology, psychology and early intervention were restructured as one service. This

restructuring facilitated the development of transdisciplinary teams and made clear the necessity for the formulation of policy. The SES policy Services to Maori People (1990) further clarified the particular obligations of the SES as a State agency in respect of the Treaty of Waitangi (Tauroa, 1989). The chief executive was personally involved in the drafting of this policy which contained four principles which underpinned the intended outcome of providing quality services for Maori people. They were :

Partnership:

ensuring genuine Maori participation at all levels within the organisation

Participation:

that is, active Maori participation in the development of policies, and in the provision of services that is meeting Maori clients'/whanau (family) needs.

Choice:

ensuring a range of professional styles are developed which include services that are consistent with other aspects of Maori development. (Especially Tino rangitiratanga: embracing the concepts of self determination, dignity and the centralising of land and language to Maori development in the future.)

Cultural Affirmation:

ensuring barriers to culturally appropriate education are removed by ensuring the right of every child to a culturally relevant education.

With this strength of policy support a transdisciplinary team from the Waikato SES district in the central North Island of New Zealand, collaborated with health professionals working on the management of Otitis Media with Effusions, Glue Ear, taringa pirau, as it is variously known, in the under five population of Maori children. Health statistics, collected mainly from four year olds in the fifty or more Maori language nests, kohanga reo, in the area revealed that the incidence of glue ear among Maori children was between 40 - 80% of the under five population. In non-Maori children the level was on average about 30%. I introduce these figures as one illustration of the challenge that then lay before SES to work with Health practitioners in our local Maori communities.

It is not the purpose of this paper to focus on the medical aspects of the management of OME. This is the subject of a separate paper for another time. However, it is important to stress the high levels of collaborative activity at policy, planning and implementation stages of the MIHI project and to state that without the co-operation of Waiora Waikato, the district health authority, this project would have been incomplete, unbalanced, contrived and wholly unsuccessful. Our joint goals were to identify:

- 1) areas in the district where the incidence of glue ear was highest,

- 2) consult with local iwi to determine areas for implementation of the programme,
- 3) co-ordinate resources to reduce hearing screening failure rates, on entry to school to 8% or less by 1995 and to 5% or less by 2000, and
- 4) develop a self care community based educational and health management programme,

(Laurensen, 1990)

and

- 5) develop an effective parent education intervention to complement the above Health goals.

The Special Education Service, New Zealand, undertook the challenge to address the results of "glue ear" in children of Tangatawhenua (indigenous people of the land) descent. Research had shown that there were an unacceptably high number of young Maori children, tamariki or mokopuna, who had the clinical symptoms of glue ear. Research was also showing that tamariki or mokopuna who had glue ear were showing language delay. These delays, especially if they occurred during early infancy through to age five correlated significantly on enrolment at school with significant gaps in language development. Glue ear may result in the delayed emergence of high frequency sounds, the arrested development of vocabulary and the late emergence of linguistic structural milestones.

The maximum effect of glue ear would result in a hearing impairment of a moderately severe level (i.e. 60 dB H.T.L., Katz, 1978). The relationship between hearing loss and language learning is a relatively simple one and well understood by researchers and educators working with hearing impaired learners (Ling, 1976). In essence the more normal the child's listening experience, the more normal its language development will be, or, if a child cannot hear all the sounds of language consistently over its early years, it will be at risk for not developing them into normal patterns of language usage.

Chronic, bilateral glue ear typically had more deleterious effects on the child who entered school than did a unilateral condition. Learning difficulties, parenting difficulties and behavioural difficulties were frequently observed.

When parents of young children with the glue ear condition sought direction and guidance about what they wanted for their children they told us this.

They wanted:

- their children receiving the opportunities to access quality education,
- their children's hearing needs addressed,
- their own needs as parents addressed.

They told us :

- how they wanted these needs met,

- where they wanted these needs met.

Our role was to listen, to hear what was being said, to interpret the message, to talk through the interpretation of the message we had received from the parents, to see if the significance of the message we had received from Health professionals and educationalists was the same as the message the parents delivered to us. Having confirmed that the messages delivered and the message received were synonymous we then set about formulating the package to meet the needs of these young parents. What was important and significant was, that the hui, the meetings and gatherings together, were done in environments which the parents choose as being comfortable for them. For both the training and evaluation meetings they chose Maori settings such as kohanga reo or marae.

What was important too, was that all of us knew where we each fitted in and that we were on the same plane. There was no hierarchical structure with one set of knowledge being more important than any other.

It is not possible in this paper to explore the complexities of consultation that took place within Tainui tribal structures. However the MIHI concept and our credibility were thoroughly explored, with us, and without us. Tainui ensured we worked to the priorities of the iwi (people) and not vice versa, and it took Tainui three months before they advised us that they were ready to proceed, in partnership, as the founding iwi to embrace the MIHI programme.

If our preparation was addressed from a Manager's perspective, the following questions would be asked:

Did we have the community backing?	YES	
Did we have the resources?		YES
Did we have the right team?		YES
Was our team bilingual?	YES	
Was the Board and CEO behind us?		YES

What then is MIHI? The programme can be defined in two, or possibly more, unique cultural contexts. In the western world traditions it is, as our title says, a Multiple Intervention for Hearing Impaired. The intervention involves a two to three day training phase, a ten week field based implementation phase and an evaluative phase. Later follow-up, of either a medical or an educational nature is available on request by the family/whanau.

A mihi (greeting) in the cultural context of the Maori people of New Zealand, is the recognised and traditional way that Maori people greet friends and visitors, family and colleagues across space and time. A mihi is achieved with sensitivity and dignity. One's own significance is acknowledged as is also that of those being greeted.

A mihi may be shared with a place, a mountain, a river, an ancestor, an

individual or a group. To mihi, is to stop oneself in space and time to fully acknowledge and greet another party. In the Maori context the essential elements of a mihi are contained in the educational strategies shared in project MIHI that parents/caregivers can use in their daily interactions with children.

In project MIHI the elders of Kirikiriroa Marae of Tainui saw an opportunity for the restatement of those skills their elders practised. They saw a process through which Maori values could be shared again with young parents. The MIHI process and strategies addressed the tapu (sacredness) of the child. One strategy used which acknowledged the child's tapu was addressing the child by its given name. That name with which it was raised is tapu to that child and its family. Each time the child's name was used it was a celebration of the child's identity. This educational strategy was at its most effective when the content of the message came after the child's attention had been gained, usually through using the child's given name.

The significance of taihoa (wait time) in this context, was discussed and practiced by parents. They learned the value of waiting for the child to attend to the mother's use of a child's name as one feature of a positive mother-child interaction which enhanced and reinforced the care and love they both shared. By often praising the child for attending, the parents could begin dialogue with their now responsive child.

Tikanga (Maori values) and Te Reo (Maori language) were vital components of project MIHI. They were highly valued by the parents, especially in the language nest hours of the child's life. In respecting the Mauri (life force) of the child through skilful use of contingent natural encouragement in naturalistic play settings, or in the course of daily routines, the interests of the child were recognised, valued and seen as building blocks made from the child's own natural energy.

Project MIHI provided an opportunity for the parent/caregiver to become confident in his or her ability to use effective childcare skills while practicing Te Reo. As parents gained in confidence they learnt how to be more effective in redirecting, in disciplining, and in loving their child. Through spoken language and body language and with patient but consistent practice day after day, using normal and natural voice patterns with melodic, modulating pitch, they made their communications with all children more effective. As parents valued each child, other children were seeing and learning to value each other and parents were modelling on each other's effective learnings. They refined and practiced their skills and built the mauri of both the children and themselves.

The mother and child shared fun together and enjoyed each other. They developed further that essential essence of bonding. They respected each other, learned language and tikanga in a natural and friendly manner. Trust and reassurance were built through consistency and a predictable

framework of routines known to adults and children.

By speaking in a normal voice the speakers and the receivers of shared messages both maintained, an attendance to courtesy and to good manners, an attendance to self control, an attendance to tolerance, an attendance to developing shared meaning and an attendance to dignity. Parents told us it is a privilege to be spoken to and with, but it is also a responsibility for them to affirm and maintain the communication norms of their own language community.

Rangimarie (peace) also is an adjunct of practising speaking in a normal voice for it acts as a discipline in that when necessary, speaking in a normal voice, the choice is consciously made not to yell, lose one's temper, swear, hit, hurt or trample the child and the precedent is being set and the parent/caregiver becomes the child's model for life.

Gaining and using eye contact is another strategy that was shared during training. Eye contact is not, we agreed, a process of fixing the adult and child to each other, but rather a reciprocal process of checking and sending additional layers of communication beyond the actual language involved in any communication exchange.

Through eye contact a feedback system between parent/caregiver and child is built up so that learning and teaching can occur simultaneously.

Ako (to learn is to teach as to teach is to learn) is the Maori concept that addressed the strategy of reciprocity between partners in communication.

Parents and children helped each other and together took their next shared steps. They learned together that through love (aroha) the talk that continued to develop ensured the steady but sure growth of the child's competency towards literacy, and of the parent's growth in confidence and self-esteem as he/she heard the child's language develop.

Amazingly my elders drew attention to the fact that MIHI was reawakening and reminding them of the very tactics that had ensured the survival of our ancestors for over a thousand years.

They had learned the ability to observe and read the skies, the waters, the land, the trees, the birds, the fish, the insects, and the plant life. Their ability to read people, to interpret body language, to listen with keen discernment and understand what was heard were all strategies for survival. The ability of my ancestors to commit to memory fine detail and to recall and recite complex codes of nature or genealogies were strategies developed to ensure learnings were learnt and handed on for the future. Language that began between a parent and a child was the start of this chain of learning. These abilities were rekindled as they saw and worked at activities which relied upon natural environmental materials being used to illustrate communication strategies. They saw a progression of activities beginning with three dimensional materials (real objects)

progress to two dimensional materials (picture forms of the real) being used in conjunction with language. Abstractions in the form of alphabetic letters and the printed words were introduced with children from about age five onwards. My elders saw MIHI as a means of learning the techniques for survival in the 1990's and endorsed its conception.

The strategies focused on during the training days phase were mastered by the trainees. The people who did the work, did the communicating with our target families and target children with OME, were the people who cared (kaiawhina). There were seven kaiawhina at the first hui, working with on average ten out of fifteen target children. The kaiawhina were all, later to tell us that their own whanau each demanded a training hui of their own, and that each of their whanau, in their own way, but without exception, decided all fifteen of the average fifteen families in each kohanga reo should receive the MIHI training. Our kaiawhina, did just as their whanau demanded and taught them the MIHI strategies using the bilingual materials provided (SES, 1992).

To summarise the strategies shared so far. They are one, saying the child's name first, two, speaking in a normal voice, three, gaining and maintaining eye contact. In the MIHI project several additional strategies were shared but now I want to restate these three in terms of what the literature tells us.

1. Saying the child's name first

Parsons (1987) and Ewing and Ewing (1964) worked with hearing impaired learners and found this strategy to be highly successful.

Acoustic engineers have also established the inverse relationship between distance and sound intensity. Come closer by half and sounds are twice as loud, come closer by half again and sounds are twice as loud yet again. Closeness, especially of the mother's voice to the child's ear is in most cases sufficient to overcome the sound deadening effects of glue ear, and thereby allow for more normal language reception. This would be so when children have a normally functioning inner ear mechanism.

2. Speaking in a normal voice

Video recordings clearly demonstrate that when we yell we not only distort the acoustic characteristics of our message, but we dramatically alter the physical characteristics of our articulators. Indeed the pragmatic behaviours of a communication act can be in contradiction with our intended message.

Donaldson (1978) argued that all preschool learning occurs in a human situation. Children's awareness of language develops so they can separate what is "said" out from what is done or what is salient in any particular situation. To reach this stage, so important for the successful transition to the development of abstract thinking necessary for schooling, the child must not only be able to control and direct its own thinking, he

must become conscious of it. Choice is the central notion here and both parent/caregiver and child can choose to speak in normal voice patterns, but the parent is clearly the more responsible and influential of the two. Hart and Risley (1980) observed language interactions in preschool children and using behavioural methods showed interventions could be applied to expand children's language usage. Strategies to maintain natural communication, extend conversation length, expand conversational structures or to maintain a conversation topic can all be taught and applied by parents or caregivers after training.

3. Eye Contact

We know that infants from about six weeks of age, can demonstrate reciprocal eye gaze, and that turn-taking is involved. The parent can start this turn taking sequence and so can the baby. Eye gaze develops quite naturally for nearly all children. Lipreading, or more accurately, speech reading does too, so that normally hearing children are more capable speech readers than hearing impaired learners. The skill of speech reading is easily and incidentally learned by children when direct eye contact is a feature of the first few seconds of communication in any dyad. This skill could be mastered by children, including those with glue ear, when parents extended eye contact routines to include speech reading acquisition.

The magical thing about these three examples was this;

- they are universals of learning
- they apply wherever and whenever two people interact
- they apply in any language
- they apply to any two people communicating, and
- they are most powerful in a natural interactive context when the two people respect, and love each other.

In project MIHI these universals were stated by both our academically trained field staff, and by our elders. Our kuia and kaumatua, and the kaiawhina, saw that the learnings of the old people were in harmony with the learnings of our university trained field staff. We all learned something very precious during the training phase when we saw how two distinct traditional bodies of knowledge, that of the field staff with their degrees and that of the Maori elders, were compatible, complementary, and both effective in changing the behaviours of parents and children. Our young kaiawhina, could embrace both sets of learnings at the same time and they and their children, and their families, would benefit through their refined and refocused communication skills.

However, MIHI was more than this. It was a vehicle on which new ideas were borne. Old ideas were resurrected and retried. Steps were retraced and new learnings and old learnings shared. Through training and practice skills were demonstrated, worked at and worked through.

MIHI provided the opportunity for everyone to be a learner. Everyone was a

teacher and power was shared. Control was returned to the people. They redirected their own destinies and anything that they wanted to know about happened.

So what skills do we expect of our own SES staff in this context? Who is in a MIHI team?

People who are:

secure in their own knowledge, in their area of deep knowledge.

People who are :

secure enough in themselves to wait until their contribution is called for.

People who are :

secure, even when they "don't know" and can say it.

People who are:

prepared to get involved in a community problem solving process, if that is what is top of the community's list, and let our agendas wait for the new day.

Those were the people in a MIHI team.

They were, like the kaiawhina in training committed to at least an overnight Marae stay, often more. They were into dialogue and not lecturing. They were able to build on what parents or elders said without being didactic, and they were, above all, open to learning how to do their job better. It could be as simple as using only those natural environmental materials from the bush or the garden or the seashore as teaching aids, or as complex as finding your place as a content specialist in, say, educational audiology, amongst three generations of a whanau wherein you would be called upon to demonstrate your skills, use them with children, and talk about them with parents. You may even have elders challenge or reframe them.

I need to add that after the training hui, kaiawhina delivered two weekly interventions in home settings and one in the kohanga reo as a group session over a period of ten weeks. At the end of this period we reconvened with another one day hui to evaluate our efforts. It was at this point that Ted Glynn joined us once more, and although MIHI has had at least ten incarnations throughout New Zealand, he looked at the outcomes of one of the MIHI programmes, and at the wider question of;

How do we evaluate a programme such as MIHI?

Where do we go from here?

What does it mean to be effective?

How do we assess costs and benefits?

What is the mana of MIHI?

Ted Glynn:

Kia ora te whanau e huihui mai i tenei ahiahi
nga tangata whenua o Ahitereiria, nga iwi Maori o

Aotearoa, nga tauwi o Aotearoa, o Ahitereiria hoki
Tena koutou, tena koutou, tena ra tatou katoa.

What is an academic educational psychologist doing in this presentation about MIHI? What is a pakeha professional doing in the midst of a Maori initiative involving SES and Tainui iwi?

I received an invitation from the MIHI team to be present at two hui at Kirikiriroa. One hui was early on in the sequence of negotiating MIHI with Tainui, and of enskilling Maori community workers to take this package of health and education out to the people. The second hui was at the stage when community workers were reporting back to SES and to Tainui iwi on their implementation of the package and its reception by the people.

I have long been a supporter of Maori educational initiatives. Almost all of the effective educational developments over the last 150 years since the Treaty, have been Maori initiated. The current educational crisis affecting Maori is being addressed through initiatives such as kohanga reo, kura kaupapa Maori and Wananga Maori, all of which embody the principle of tino rangatiratanga. MIHI appeared as a further important intervention strategy aimed at addressing the crisis in which Maori find themselves. MIHI appeared to address both Health and Educational issues together. MIHI appeared to be aiming at providing direct input of information and skills to Maori parents whose children suffered both hearing difficulties and their consequent impact on language learning and on the parent-child relationship. MIHI appeared to offer a way to capture some of the critical health and educational skills held in the main by pakeha professionals, as well as a way to share those skills with Maori community workers. MIHI appeared to offer high quality training materials, developed by Maori and presented in a culturally appropriate and competent manner. Finally, the hui context appeared to offer an excellent setting and a methodology in which MIHI could be evaluated by Maori people. I found the invitation to participate too powerful to resist.

It is important to note that my invitation came in the context of my offering skills in evaluation. From the outset, SES staff and Tainui iwi, and as it turned out, Maori people attending the hui were clearly seeking to evaluate the MIHI package. However, in view of the long history of research conducted by non-Maori in Aotearoa functioning to belittle Maori, I was concerned to look at my possible "research" or "evaluation" role in the context of empowering Maori (Bishop and Glynn, 1992).

Adopting this stance required me to first assume that I fully understood the kaupapa of MIHI, of the SES Maori staff involved, and of the Maori people attending the hui. These included the three original community workers chosen by their Tainui and Maniapoto iwi, as well as kaumatua and kuia from Tainui, and from other groups represented by SES Maori staff. Getting to understand the kaupapa also required me to appreciate the range of formal and informal structures and process operating within the hui, and to participate at appropriate times to the best of my limited skills via

the medium of te reo. It was also important for me to appreciate and practice those ako (learning is teaching and teaching is learning) Maori principles of learning through listening and observing. From this participation I became aware that the hui itself embodied and expressed various principles of valid and reliable evaluation of initiatives undertaken, such as MIHI.

Present and participating at those hui were three generations of Maori, kaumatua/kuia, matua/pakeke and tamariki/mokopuna. MIHI strategies were both demonstrated and evaluated in this context. Concepts and practices had to be acceptable to the kaumatua/kuia, had to be seen as feasible and non--threatening by matua/pakeke and had to be seen to "work" with tamariki/mokopuna.

This was indeed a strong test for cultural, social and construct validity of the ideas involved in MIHI. Reporting back by various different community workers on their implementation of explicit strategies with parents and their children, and their presentation of their own use of MIHI materials, pointed to the reliability of those strategies and their effects.

Although pakeha professionals attended these hui, their participation was governed by the Maori control over the agenda and the processes. They needed to follow the kawa of Tainui and the instructions of the kaiwhakahaere, to stand and contribute information or comment in response to questions or comments raised by Maori participants. They needed to present their information in a culturally appropriate manner, acknowledging the mana (prestige) of Tainui and offering a mihi (greeting) to those present. From their point of view this might have been seen as restrictive or constraining. However, from the point of view of Maori present, their tino rangatiratanga and indeed the mana of Tainui was being respected by this process. Non-Maori technical and professional advice and information was heard and acknowledged within this framework, and Maori were enskilled but on their own terms. Viewed through the eyes of a pakeha educational psychologist, hui are complex, interactive social contexts (Glynn 1985, 1987; Wheldall, 1989) in which a great deal of learning and teaching take place. Hui embody plentiful opportunities for valid and reliable assessment of the effectiveness of initiatives such as MIHI.

Of course the process of evaluation is not confined to what takes place within hui. However, informed participation at hui certainly affords a major opportunity for non-Maori to contribute skills to the evaluation process. Hui also provide a way for an outside evaluator to negotiate entry to the research process in a culturally appropriate manner.

One model in which non-Maori researchers might contribute to the evaluation of Maori educational initiatives is for the researcher to become part of a "whanau or interest" (Bishop and Glynn 1992). This research model resembles that of Action Research in that the research question is one of problem solving or evaluating actions taken for the betterment of the

group, and in that the researcher works along with members of the group contributing specific research skills. However, the whanau of interest model proposes in addition that the researcher takes on full and responsible membership of the whanau so that the research process remains under the control of the whanau from the initiation of the research question, through the evaluation of data gathered to answer that research question, and the presentation of conclusions back to the whanau. This does not preclude or preempt the collection of any particular kinds of data, whether quantitative or qualitative but rather allows the whanau to retain control of the entire process. Participation in such a process calls for researchers to have achieved a degree of cross-cultural competence, as suggested above, and as discussed by Bishop and Glynn (1992).

Project MIHI then offers an important challenge. It is a Maori initiative, addressing Maori health and educational needs, and working for the betterment of Maori. MIHI has made effective use of hui to provide a context in which professional skills of non-Maori have been shared in culturally appropriate ways.

Hui have also provided an efficient means for a non-Maori researcher to identify with the kaupapa of Maori parents and Maori staff for the delivery of specific information and skills to Maori parents and with their desire to evaluate this delivery. The challenge ahead will be for the non-Maori researcher to contribute research and evaluation skills from outside of the whanau, while still remaining a full and responsible participant in that whanau of interest. That is my challenge, as our MIHI whanau turn our attention to the need for evaluating the effectiveness of our materials and practices, in the contexts of parents and children learning together.

This then, was MIHI.

Multiple Intervention Hearing Impaired
Mana, Ihi, Ha, Inoi
Maori Intervention - Home-based Initiative

We offer you MIHI as a gift.

Engari

Tena koutou

Tena koutou

Tena tatou katoa

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