



**He  
Maunga  
Pakohe  
Rautaki  
Hauora**





Title: Tūkūtu Panel  
Location: Te Hora Marae, Canvastown



Artist: Frank Wells  
Medium: Pakohe and rope  
Titled: Hook, Line, and Sinker<sup>®</sup>



**Author / Researcher**  
*Madi Williams*  
(Ngāti Kuia, Ngāti Koata,  
Rangitāne, Ngāti Apa Kī te Rā tō)

**Project Editor / Researcher**  
*Vicky Thorn*  
(Ngāti Kuia, Ngāti Apa Kī te Rā tō,  
Rangitāne, Ngāti Koata, Ngāi Tāhū)

**Ngāti Kuia Trustee Sponsor**  
*Rebecca Mason*  
(Ngāti Kuia)

**Rōpū Hauora**  
*Carol Hippolite*  
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*Christine Hemi*  
*John Hart*

**Copy Editor(s)**  
*Dr Peter Meihana*  
(Ngāti Kuia, Ngāti Apa  
Kī te Rā tō, Rangitāne)  
*Bella Warner*  
(Bachelor’s Degree in Health Science  
- Psychology and Forensic Science,  
Bachelor of Psychology Honours)  
*Julian Vesty*  
(Master of Library and Information  
Science – Victoria University,  
Masters (History) with Distinction  
– Canterbury University)

**Cultural Advisor(s)**  
*Huataki Whareaitu*  
(Ngāti Kuia)  
*Kereopa Rātapu*  
(Ngāti Kuia)

**Photographer(s)**  
*Melissa Banks*  
(Ngāti Pākehā)  
*Keelan Walker*  
(Ngāti Kuia, Ngāti Apa  
Kī te Rā tō, Rangitāne)

**Graphic Designer**  
*Daniel Marchbank*  
(Ngāti Kuia)

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This report is the voice of our Ngāti Kuia tipuna who have gone before us and our parents that stand alongside of us, they are the heroes of this report, they have endured and overcome adversity to give us the opportunity to strive for higher achievement.

For those that have passed before the report was completed;

*Ngā mihi, ngā mihi.*

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# He mihi

**Rangitāmiro te taukaea ki  
ngā kāniuniu taiooreore,**

**Ko te whiwhinga o te  
whenua ki a koutou,  
ka ngaro I te ao**

**Matawaia ana ngā karu,  
tukitukia tonutia te ngākau  
nui, te ngākau roa,**

**Mō koutou e āku Manu  
whiti tua**

**E āku whakateitei ki te  
whenua, aku tamarahi ki  
te rangi,**

**Koutou e noho poto mai nei,**

**e ngā tapu o tuawhakarere,  
E moe,**

**Moe mai rā, okioki I roto  
I te ringa nui o te mate.  
Ngaropoko ana!**

**Kua hau mai te rongo, he  
ao hou kei te waihangatia  
e tātou.**

**Arā, he ao hou e toko ake ko  
te whānau e tino ora ana, ko  
te hauora te tino aronga.**

**Nei te mihi kau ake o Te  
Rōpū He Maunga Kōrero  
Rautaki Hauora, e whai  
kawenga ana mō tēnei  
hāraunga.**

**Tāuteute wheako hauora  
mai i a koutou ki ngā Kai-  
hāraurau, hei whai raraunga  
mō tātou,**

**kia mārakerake ana te  
rautaki hauora anāmata  
te take.**

**Nau mai e te whānau ki  
tēnei Tikanga a te Pūrākau,**

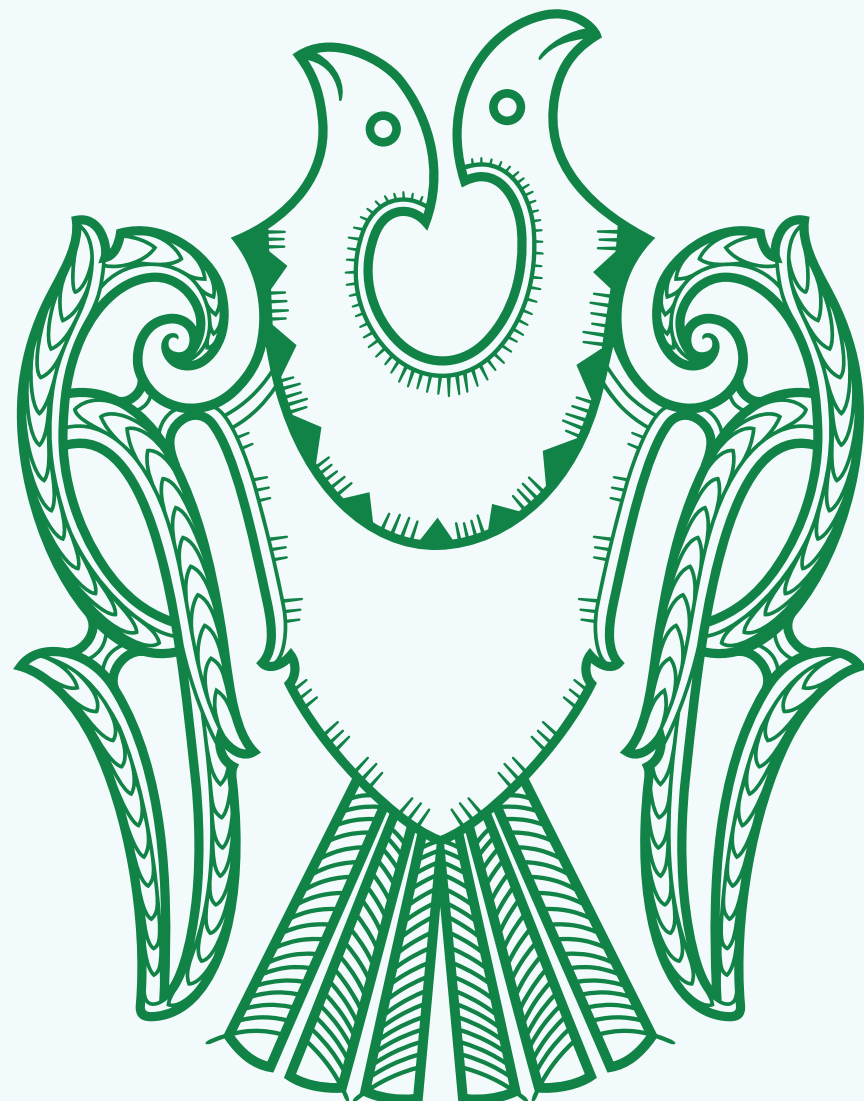
**Mā mua, ka kite a muri,  
Mā muri, ka ora a mua!**

# Contents

<b>He Maunga Pakohe Rautaki Hauora</b>	<b>5</b>	<b>Hauora Tinana</b>	<b>55</b>
• <i>Historical Context</i>	9	• <i>Cancer</i>	56
• <i>Research Context</i>	13	• <i>Cardiovascular Disease</i>	56
<b>Tikanga Rangahau</b>	<b>15</b>	• <i>Diabetes</i>	57
• <i>Hauora Framework – e Whare Tapa Whā</i>	16	• <i>Weight Management</i>	57
• <i>Kaupapa Māori</i>	16	• <i>Preventative Approaches – Genetic Testing</i>	57
• <i>Pūrākau</i>	17	• <i>Solutions</i>	59
• <i>Wānanga</i>	19	<b>Tāngata Whaikaha</b>	<b>59</b>
• <i>Recruitment</i>	24	• <i>Diagnosis</i>	60
• <i>Whānau Kōrero – Gathering the Pūrākau</i>	25	• <i>Support</i>	61
<b>Hauora Perspectives and Experiences (Part I)</b>	<b>27</b>	• <i>Accessing Services</i>	61
• <i>Lifestyle</i>	29	• <i>Funding</i>	62
• <i>Kai</i>	29	• <i>Whānau Whakaaro</i>	65
• <i>Physical Activity</i>	31	<b>Conclusion (Part I)</b>	<b>67</b>
• <i>Faith and Spirituality</i>	32	<b>The Health System</b>	<b>71</b>
<b>Socio-Economic Factors</b>	<b>32</b>	<b>Access and Navigation</b>	<b>72</b>
• <i>Environments</i>	34	• <i>Pushing vs. Passiveness</i>	72
• <i>Housing</i>	35	• <i>Mental Health Services</i>	73
• <i>Education</i>	37	• <i>Financial Barriers</i>	73
• <i>Employment</i>	39	• <i>Trust</i>	74
• <i>Economic</i>	41	• <i>Advocates</i>	74
<b>Connection and Identity</b>	<b>43</b>	• <i>Whānau Support</i>	77
• <i>Marae</i>	43	<b>Kaupapa Māori Services and Approaches</b>	<b>77</b>
• <i>Te Reo</i>	44	• <i>Self-Determination</i>	78
• <i>Practices of the Ancestors</i>	44	• <i>Prevention</i>	79
• <i>Connection to Place</i>	45	<b>Conclusion (Part II)</b>	<b>83</b>
• <i>Mātauranga</i>	46	<b>Kupu Whakamutunga – Concluding Words</b>	<b>87</b>
• <i>Disconnection</i>	47	<b>References</b>	<b>89</b>
• <i>Community and Connection</i>	48		
• <i>Iwi Divisions</i>	49		
<b>Hauora Hinengaro</b>	<b>49</b>		
• <i>Mood Disorders</i>	49		
• <i>Suicide</i>	50		
• <i>Treatment</i>	52		
• <i>Whānau Whakaaro</i>	53		
• <i>Substance Abuse and Addiction</i>	55		



# He Maunga Pakohe Rautaki Hauora



This research project arose from the need to investigate the underlying reasons for the inequities facing Ngāti Kuia whānau in hauora. During the 2018 Ngāti Kuia Trust Board series of roadshows around Aotearoa, whānau highlighted “the need to examine our health and social economic wellbeing of us as people.”<sup>1</sup> This call from whānau sowed the seed for this research, and from the beginning there was a strong emphasis on by Ngāti Kuia whānau, for Ngāti Kuia whānau.

For whānau health and wellbeing to be improved in an effective manner, the wellbeing wants and needs of Ngāti Kuia whānau needed to be identified. Hence, the approach of this research was to gather Ngāti Kuia whānau pūrākau to enable us to identify these needs. The primary aim of this research was to: “Explore the stories of the history and lived realities of Ngāti Kuia as a basis for developing appropriate well-being related support to Ngāti Kuia whānau.”<sup>2</sup>

This will then allow Te Rūnanga o Ngāti Kuia to develop an accurate and relevant overarching hauora strategy for the future. One of the crucial roles of iwi as a kaupapa Māori organisation is to improve hauora outcomes for whānau and hapū and to enhance their overall wellbeing. As a post-settlement iwi entity Ngāti Kuia are in a prime position to affect positive change on the hauora of Ngāti Kuia whānau.

A major focus for Ngāti Kuia is supporting whānau to direct the change they wish to see as opposed to a prescriptive approach. This can be seen in the Strategic Plan of the Rūnanga which

encompasses four pou inclusive of factors that influence hauora such as social, cultural, environmental, and economic:

- Ngāti Kuitanga
- Te Tāngata
- Te Taiao
- Te Putea

There were a range of approaches which could have been utilised for this research. However, it was acknowledged early that:

We know that in seeking answers to how we improve and enhance the health of our people we need to begin with the knowledge within our whānau, hapū and iwi. The answers we are seeking therefore require having real conversations that are underpinned by Kaupapa Māori approaches, the methodology of pūrākau.<sup>3</sup>

This approach ensures that the outcomes of the research and the subsequent hauora strategic plan will have direct relevance to the needs and desires of Ngāti Kuia whānau. It provides the opportunity for whānau voices to be heard on what matters for them and for their pūrākau to then influence change in service provision and development. The emphasis on needing whānau voices was identified in the Whānau Ora Taskforce Report, which stated:

*The relationship of whanau to hapū and iwi has also assumed greater significance this century, partly in response to iwi delivery of health and social services and also as a consequence of Treaty of Waitangi settlements. The relationship has mutual benefits.*<sup>4</sup>

<sup>1</sup> Leonie Pihama et al., “He Maunga Pakohe Rautaki Hauora’ Research Methodology Report To Kaikaiawaro Charitable Trust,” Te Kotahi Research Institute, 2018, 5.

<sup>2</sup> Ibid., 6.

<sup>3</sup> Ibid., 5.

<sup>4</sup> Mason Durie et al., “Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives,” 2010, 17.



With this in mind, to begin this report, some of the hauora aspirations of Ngāti Kuia whānau are shared as these were fundamental in framing the direction of this research

*“That [we] are healthy enough to be here for our little girl, and that she grows up with a healthy lifestyle that’s not based on other people’s ideals, but just on being healthy, just being well as a family.”*

*“Especially for us as a family, just general calmness...that there is a sense of calmness and balance, I think is the word.”*

*“I want my kids and my mokos to have...I want them to have the ability to cope, I want them to be resilient. I want them to be able to have access to being able to learn methodologies... so that they’re knowledgeable to be able to look after themselves, whatever it is in their world they have to cope with.”*

*“Hauora means for us is just living comfortably and happy.”*

On a broader level, one whānau member summarised their aspirations for Māori hauora:

My aspirations for Māori wellbeing, I think is to not really even have to have discussions like this. I want us to be at a stage where we’re thriving in all aspects of our wellbeing, not just hauora, but socially, financially; everything needs to be met...My aspiration is just for Māori to be thriving and to be happy, and to not have to experience any disadvantage in their lives.

Te Hoiere,  
Pelorus River.





# Historical Context

Despite a wealth of existing research into Māori hauora there is a gap in the literature of iwi specific hauora. Parts of Ngāti Kuia history are unique and provide insight into why there are still hauora inequities for whānau today. Therefore, what follows is an historical analysis of hauora specific to Ngāti Kuia and Te Taiuhu.

It is well-acknowledged in existing literature that historical factors and influences have played, and continue to play, a key role in the state of hauora in Aotearoa New Zealand. Research in 2011 noted that as well as socio-economic factors and discrimination, inequities in hauora also stem from “the effects of colonization and land confiscations.”<sup>5</sup> Māori hauora was negatively impacted post-contact by the introduction of new diseases, land dispossession, associated poverty, and the banning of traditional healing practices. The ramifications of these historical influences are still being felt in 2021 and this is well-accepted and acknowledged in existing research.<sup>6</sup> In a report on Māori health inequities from 2019 it was written that “it is impossible to understand Māori health stats or intervene to improve it without understanding our colonial history.”<sup>7</sup>

Captain James Cook wrote of how Māori were “a Strong rawboned, well made Active People, rather above than under the common size...They seem to enjoy a good state of Health, and many of them live to a good old age.”<sup>8</sup> By the mid-nineteenth century, this changed for the worse

and there was a commonly held belief that Māori were a dying race. This is best illustrated by the quote from Dr. Isaac Featherston, who was both a physician and a politician, who stated Europeans should “smooth down” the “dying pillow” of the Māori.<sup>9</sup>

The link between colonisation and its effects on Ngāti Kuia was outlined most clearly by tipuna Teone Hiporaiti in 1884. Hiporaiti petitioned the House of Representatives to look into Ngāti Kuia claims, writing:

*The very small portion of land reserved to us, for that reason we wish to make it clear, so that Members of Parliament and those that have charge of affairs might be clear, so that the condition of ourselves and descendants might be ameliorated. There fore [sic] we pray for an extra portion of land to be given to us, that we and also our descendants might be enabled to live. The cause of our trouble and distress mentioned in the petition is on account of so little land being reserved to us, the tribe of Ngatikuia, during the time the land was sold. We are the poorest tribe under the heavens.*<sup>10</sup>

In 1856, the Ngāti Kuia and Rangitāne Deed was signed on the premise of adequate reserves, access to the growing economy, health care, and education. In an all-too-familiar tale, however, these promises largely failed to eventuate. The Deed allocated 983.25 acres of reserved lands at Te Hoiere and Kaituna. These

Reserves did not encompass all areas requested by Ngāti Kuia and some sites were later repurchased from the Crown. The land allocated was insufficient and Ngāti Kuia whānau became increasingly penned in to limited Reserves as a result of Pākehā leases and purchases.

Adequate access to health care and education did not occur severely impacting on the hauora of Ngāti Kuia whānau. Since 1868 whānau reported hauora issues which increased during the depression of the late nineteenth century. In 1883 the Native Land Court had its first session in Nelson with seven of the ninety-eight claims being lodged by Ngāti Kuia. Most of these claims were dismissed and no redress occurred for Ngāti Kuia. The Nelson Tenths fund was created with the aim of assisting Māori with capital and welfare, but Ngāti Kuia was excluded from the Tenths fund and the subsequent claim was dismissed by the Native Land Court in 1892.

During the 1880s Ngāti Kuia whānau petitioned for assistance. In 1894 four reserves were allocated to Ngāti Kuia by Alexander Mackay in response to the significant landlessness of Ngāti Kuia. In 1888 Mackay wrote:

*...their requirements are much greater than in former days, and the possiblity of gaining a livelihood being much less, owing to their food supplies being cut off, or considerably interfered with by the occupation of the surrounding lands by the Europeans, it would be a considerate act towards these people if an additional area could be allotted them.*<sup>11</sup>

Once again, these reserves were insufficient and of poor quality. An advocate commissioned by Ngāti Kuia wrote at the time:

*Certain lands very poor in quality have been allotted to the natives but these are useless and impracticable considering the smallness of the area which would be only fit for persons with capital possessing large holdings. The only communication is by boat from Havelock or Picton. There is no road communication and it costs £10 to get a doctor and such are the difficulties of obtaining medical assistance that practically it can only be obtained at the risk of the life of the patient. The Natives can obtain no work at these isolated and inaccessible places.*<sup>12</sup>

In response to the hauora issues facing their people rangatira from Ngāti Kuia, Teone Hiparaiti and Hemi Whiro, as well as Rangitāne rangatira Teoti Makitanara, wrote to H.K. Taiaroa in 1885 for assistance in looking after the kaumātua. Whānau were unable to look after the kaumātua properly due to their economic circumstances. The circumstances of six of kaumātua of Ngāti Kuia and Rangitāne, Mere Pokiki, Kerenapu, Kehaia Ihairaira, Kerehi Reweti, Mere Te Kanae, and Ruihi Meihana were investigated. Ruihi Meihana resided with her husband and Mere Te Kanae lived with her brother, but neither of the men could work due to old age and illness.<sup>13</sup> Mere Pokiki had gone blind but had no one to care for her. Another list of Ngāti Kuia and Rangitāne people in need of assistance was sent to Taiaroa in 1890. These included Pirimona Pokiki, Hohepa Pokiki, Paora Te Piki, Riria Kahoa (Hamuera), Eruera Kaipara (Wirihana), Meihana Kereopa, and Hopa Te Ranghiroa. Taiaroa advocated for these whānau, writing “I believe that these people are in great want and distress seeing their land was taken away from them by the Government and the money for it paid to Ngatitoo, Ngatiawa and Ngatiraru.”<sup>14</sup> These pleas were largely ignored.

<sup>5</sup> Patrick L. Dulin et al., “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 and Society 31 (2011): 1420.  
<sup>6</sup> Helen Moewaka Barnes and Tim McCreanor, “Colonisation, hauora and whenua in Aotearoa,” Journal of the Royal Society of New Zealand 49, sup1 (2019); John Reid, Karyn Taylor-Moore and Golda Varona, “Towards a Social-Structural Model of Understanding Current Disparities in Maori Health and Well-Being,” Journal of Loss and Trauma 19 (2014); P. Reid and B. Robson, “Understanding health inequalities,” in Hauora: Māori standards of health IV, ed. B. Robson and R. Harris (Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare, 2007).  
<sup>7</sup> Reid and Robson, “Understanding health inequalities,” 4.  
<sup>8</sup> Cook 1770 referenced in Moewaka Barnes and McCreanor, “Colonisation, hauora and whenua in Aotearoa,” 20.  
<sup>9</sup> Isaac Featherston quoted in John Stenhouse, “‘A disappearing race before we came here’ Doctor Alfred Kingcome Newman, the Dying Maori, and Victorian Scientific Racism,” New Zealand Journal of History 30, no. 2 (1996): 135.  
<sup>10</sup> Petition 32/1884 of Teone Hiporaiti and 20 others, 7 July 1884. MA 1892/2222 referenced in Cybele Locke, “‘The Poorest Tribe Under the Heavens’ Ngati Kuia’s Socio-Economic Circumstances 1856-1950,” A report commissioned by Crown Forestry Rental Trust, WAI 785 L1, 2002, 38.

<sup>11</sup> Judge Mackay to Native Department, 9 May 1887, AJHR, 1888, G-1A, pp. 1-2 referenced in Locke, 38.  
<sup>12</sup> J.B. Blaine to Richard Seddon, Native Minister, 1895, Assistance for Maori Pelorus Sounds 1891-1896, J 1 1895/967 referenced in Locke, 63.  
<sup>13</sup> Locke, “‘The Poorest Tribe Under the Heavens,’” 40.  
<sup>14</sup> H.K. Taiaroa to the Minister, 6 August 1890, J 1 1893/1499 referenced in Ibid., 41.



Any assistance given by the government had to be paid as Civil List pensions as Ngāti Kuia had been excluded from the Nelson Tenths and its associated benefits. Even when small relief was granted - potatoes, flour, and sugar - figures such as the Havelock constable inhibited its delivery until such a time when the potatoes had rotted and were of no use. This was due to prejudice and the blaming of Māori for their circumstances. When asked to investigate in 1895, the Constable stated:

*It is pretty generally known that all the Pelorus Maoris are inveterate drunkards, but whether their children should be allowed to starve in consequence is more than I should care to commit myself to say. There can be no doubt that both drunkenness and laziness are great factors in the cause of their poverty. The Maoris here have very little land worth anything. When divided it certainly seems to little for each family to live on.*<sup>15</sup>

At the turn of the twentieth century, Ngāti Kuia whānau were still living at a subsistence level, with crop failure creating significant hardship and poverty.

The socio-economic situation was dire and had significant negative impacts on Ngāti Kuia hauora. Reserves were often in flood-prone, unhealthy environments and had negative impacts on the health and wellbeing of whānau. An estimate from the 1872 Medical Return in Te Taiuhi indicated that 820 of 920 Māori were suffering from illnesses. The Medical Return also showed high rates of respiratory illnesses, which are often the result of poor living conditions.<sup>16</sup> The living conditions of Ngāti Kuia whānau were highlighted by Taimona Pakeke who resided at Whangarae. Pakeke wrote to the Public Trustee of his conditions:

*When Mr Pomare was here he said my nikau whare was not fit to remain standing and that it was to be burnt at once. Since his visit Haimona Patete, the delegate from the Maori Council came here and said the same thing. Well sir, if that is done, I shall have no home at all? So perhaps you can arrange for me to have another place of residence erected in place of it.*<sup>17</sup>

This request was denied by the Public Trustee who argued that a “whare would cost very little, and surely [the] applicant could get one built with the assistance of the other Natives.”<sup>18</sup>

Once again in 1904 Ngāti Kuia tipuna, Kipa Whiro and Maaka Kiharoa of Ngāti Koata petitioned the government, this time for medical services. The petition is a clear indication of the state of Ngāti Kuia hauora during this time:

This is a petition from the remnant of the hapu of Ngati Kuia resident at Okoha and extending throughout the Pelorus and Kenepuru districts, praying that the Government will take us into consideration with regard to the services of a medical man for our needs at Havelock just in the manner that medical aid is granted by the government to the hapus resident at Waikawa, Wairau, Motueka and Whangarae. We and our children suffer from many ailments; but in as much as we have no doctor provided by the Government we feel it is a very heavy burden to pay for both medical aid and the conveyance of our sick by launch to Havelock – and you will understand that we are 47 miles by sea from Havelock. Thus we feel heavily the expense incurred in taking our sick to Havelock together with the actual cost of healing and maintaining the patients so much so that we are afraid to take our sick to the doctor lest we should be unable to meet the costs of his services and medicines.<sup>19</sup>



| Photo Credit: Okoha / Anakoha Native School. Nelson Provincial Museum, N Baigent Collection: 327775.

Although a doctor was appointed as medical officer for Ngāti Kuia, he was not expected to go outside Havelock and made no contribution to Ngāti Kuia hauora. From 1913 to 1921 a more effective doctor was appointed and - importantly - was subsidised. Dr. Williams believed no fees should be collected from Māori in the district due to their circumstances. Following his resignation, a new doctor was appointed in 1922, and permitted to use his discretion on who had to pay. Unfortunately he chose to charge Ngāti Kuia whānau.

There were further issues in accessing medical care, such as a lack of suitable accommodation for those travelling to receive medical care. In 1904 there was a petition by Ngāti Kuia for a hostel at Havelock to house those seeking care. Tahuariki Meihana wrote of this to the Pelorus Guardian explaining how his whānau were forced to sleep in a boatshed with a sick tamariki: “I have always understood that hotel-keepers were obliged to find accommodation for bona fide travellers, without regard to race or colour.”<sup>20</sup> Following this, a hostel was established in Havelock.

A clear link between the living conditions, socio-economic circumstances, and hauora is the tuberculosis incidences in the first half of

the twentieth century. Tuberculosis was in large part due to poverty and poor living conditions. In 1929, the mortality rate for Māori from tuberculosis was 35.27 per 10,000. This was in stark contrast to Pākehā mortality rates, which were only 4.46 per 10,000. For Ngāti Kuia, the 1920s were influenced heavily by this disease and its effects. At Okoha, eight people died from tuberculosis in the 1920s. One whānau, of Tiemi Waaka and Ina Hemi, was particularly hard hit by tuberculosis. Seven whānau members died in the space of six years, five of whom died in 1928 alone.<sup>21</sup>

The rationale for this research was identified early on. There is a paramount need to investigate and analyse the reasons for the disparities that exist for our iwi and whānau. The historical experiences of Ngāti Kuia whānau, including the dispossession of lands and resources and the right to self-determination within our rohe, has impacted heavily on hauora. The iwi is now in a post-settlement phase and “at a place where our aspirations are to put in place understandings and processes that will support the health and wellbeing of our people within a holistic framework.”<sup>22</sup>

<sup>15</sup> Williams to Allen, 10 July 1895, J 1 1895/967 referenced in Ibid., 70.

<sup>16</sup> Locke, ““The Poorest Tribe Under the Heavens,”” 46.

<sup>17</sup> Ibid., 80.

<sup>18</sup> Ibid., 80-81.

<sup>19</sup> Kipa Whiro, Maka Kiharoa to the Government, 22 October 1904, J 1 1904/1619.

<sup>20</sup> Pelorus Guardian, 19 May 1905 referenced in Locke, ““The Poorest Tribe Under the Heavens,”” 85.

<sup>21</sup> Ibid., 121.

<sup>22</sup> Pihama et al., 5.



# Research Context

The health and wellbeing of Māori has been the subject of much research. Inequities are well-established, acknowledged, and yet still exist in 2021. Health inequities have been defined as “differences which are unnecessary and avoidable, but in addition are considered unfair and unjust.”<sup>23</sup> Māori are acknowledged to “have on average the poorest health status of any ethnic group in New Zealand.”<sup>24</sup> Māori experience higher rates of disability, mental health issues, and premature death from a variety of health issues such as diabetes, cancer, and cardiovascular disease.<sup>25</sup> Statistics utilised in the 2019 “Hauora Report on Stage One” by the Waitangi Tribunal highlight these inequities. For example, Māori not only “experience a disproportionate burden of cancer”, but also have “a higher risk of dying from their cancer than non-Māori.”<sup>26</sup> Similarly, cardiovascular disease rates of mortality for Māori are double those of non-Māori.<sup>27</sup> These are just two examples of the inequities affecting Māori in hauora.

These inequities persist despite research and investment into the health system. This suggests that the right approach is not being taken and the investments being made are not effective or being sufficiently engaged with. Between 2000 and 2019 the Crown put approximately \$220 billion towards the health system, but there “appears to be little measurable improvement to Māori health outcomes.”<sup>28</sup> There has been increasing acknowledgement of the influence

of socio-economic factors on hauora. Socio-economic factors include: education, housing, financial circumstances, employment status, and environments. An important factor is also the stress socio-economic influences put on whānau. It is acknowledged that these have “both direct and indirect impacts on health, as well as having interrelated and cumulative effects over lifetimes.”<sup>29</sup> There is a wealth of evidence highlighting that those with greater levels of the aforementioned factors tend to have better hauora and live longer lives.

The fair and equitable distribution of socio-economic resources has a significant impact on the hauora of the population. There has been increasing recognition of the fact that differences in hauora for various groups is largely the result of “inequalities in the way in which the determinants of health are distributed in society.”<sup>30</sup> Bridget Robson noted that in an Aotearoa context “there is clear evidence of the differential distribution of social, economic, environmental and political determinants of health for Māori and non Māori.”<sup>31</sup> These inequities must be addressed for positive hauora gains to be achieved.

An additional factor with impacts upon hauora is discrimination. There is a clear and established link between racial discrimination and poor health outcomes.<sup>32</sup>

In a national survey on the topic, 34 per cent of Māori had experienced more racial discrimination than any other cultural group.<sup>33</sup> The impact of discrimination on hauora is therefore a very pertinent issue for Māori. The combination of socio-economic factors and discrimination are well-acknowledged and identified in the existing literature.

There has been scarce research and data collected on the state of hauora in Te Taihū for Māori. In 2015, Nelson Marlborough District Health Board conducted research into health needs of the region. They found that “Māori and Pacific populations have poorer health outcomes than other population groups suggesting that there is a need for additional targeted health service resources.”<sup>34</sup> There is evidently a need for more culturally appropriate health services to assist in changing these statistics and outcomes for whānau.

Although there is existing research relevant to Māori in Te Taihū, it is limited and does not account for iwi, hapū, and whānau groupings. The research conducted thus far has tended to be from entities such as local and national government and district health boards.<sup>35</sup> The data collected is then often amalgamated into national or regional level ‘Māori’ hauora research which does not account for the significant differences in iwi, hapū, and whānau hauora.<sup>36</sup> This is part of a wider trend in Māori research – the creation of a pan-Māori identity and therefore pan-Māori solutions. However, there is not a one-size fits-all-approach and a significant gap remains in the literature regarding iwi-specific hauora research.

The existing research provides a solid base from which to work, but more research is needed on iwi-specific hauora to enable more targeted and relevant support. As will be seen throughout the report, the pūrākau of Ngāti Kuia whānau echo the themes of existing research. Furthermore, unique, new insights have been gained through the pūrākau shared for the purpose of this research. This project fills a gap in the hauora research for Ngāti Kuia and will act as a strong base for the iwi to institute hauora-enhancing projects and solutions for Ngāti Kuia whānau.



<sup>23</sup> M. Whitehead, “The concepts and principles of equity and health,” *International Journal of Health Services* 22 (1992), 431.  
<sup>24</sup> Director General of Health Dr. Ashley Bloomfield quoted in “Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry,” Waitangi Tribunal Report, WAI 2575, 2019, 24.  
<sup>25</sup> “Hauora Report on Stage One,” 23-24.  
<sup>26</sup> *Ibid.*, 23.  
<sup>27</sup> *Ibid.*  
<sup>28</sup> *Ibid.*, 25.  
<sup>29</sup> Bridget Robson et al., “Social and Economic Indicators,” in B. Robson and R. Harris (eds.), *Hauora: Māori standards of health IV* (Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare, 2007), 21.  
<sup>30</sup> *Ibid.*  
<sup>31</sup> *Ibid.*  
<sup>32</sup> Reid and Robson, “Understanding Health Inequalities,” 7.

<sup>33</sup> *Ibid.*  
<sup>34</sup> “Nelson Marlborough Health Needs and Service Profile,” Nelson Marlborough District Health Board, 2015, 10.  
<sup>35</sup> Pihama et al., “He Maunga Pakohe Rautaki Hauora,” 7.  
<sup>36</sup> *Ibid.*



# Tikanga Rangahau



To achieve this goal, a Kaupapa Māori approach was utilised. It is a by Ngāti Kuia, for Ngāti Kuia project. The research was framed using Te Whare Tapa Whā model combined with an overall Kaupapa Māori methodology and was then conducted through the gathering of whānau pūrākau and a series of wānanga. The aim being to hear Ngāti Kuia voices and for the pūrākau shared to guide the Ngāti Kuia hauora journey.

## Hauora Framework – Te Whare Tapa Whā

One of the outcomes for this research is the creation of a holistic Ngāti Kuia hauora model that encompasses all facets of wellbeing. The aspects of wellbeing are those outlined in Mason Durie's Te Whare Tapa Whā model: taha tinana (physical health), taha hinengaro (psychological health), taha wairua (spiritual health), and taha whānau (family health).<sup>37</sup> This model was created in the 1980s as a way to understand hauora and is still widely used nearly forty years on. An integral part of the model is its holistic approach, as all four aspects of hauora need to be addressed. If one aspect (or wall of the whare) is unstable, then the entire whare feels the effect. Therefore, there needs to be a focus on the holistic hauora of individuals and whānau to ensure the whare is well overall. This was deemed the most suitable framework for this research and the hauora strategy as it reflects Ngāti Kuia world views and enables the clearest picture of the overall hauora of whānau.

## Kaupapa Māori

The essence of Kaupapa Māori approaches is that the research is “by Māori, for Māori.”<sup>38</sup> An integral aspect of this type of research is that the outcomes have positive impacts for Māori.<sup>39</sup> The flexibility and fluidity of Kaupapa Māori is a strength that enables it to be applied to a wide variety of research.

It has been argued that Kaupapa Māori methodology is that it should have its “roots in mātauranga-ā-iwi.”<sup>40</sup> Therefore, this research has employed an umbrella approach of Kaupapa Māori, utilising pūrākau and wānanga methodological approaches as well. Central to kaupapa Māori approaches are their “decolonising intent.”<sup>41</sup> Jenny Lee-Morgan described it as:

*by Māori for Māori, in a Māori way and view - and something that we lead a lot with is the political dimension of kaupapa Māori, which is hard and courageous and exhausting, but it is absolutely critical. I think any kaupapa or kaupapa Māori method or methodology that we want to develop has to have that decolonizing intent at the very heart of it.*<sup>42</sup>

An expectation of Kaupapa Māori research is that it has Māori participation and control. This project was developed with Kaupapa Māori at its heart and importantly is by Ngāti Kuia, for Ngāti Kuia.

<sup>37</sup> Mason Durie, *Whaiora: Maori health development* (Auckland: Oxford University Press, 1998), 68-74.

<sup>38</sup> Leonie Pihama, “Kaupapa Māori Theory: Transforming Theory in Aotearoa,” in Leonie Pihama, Sarah-Jane Tiakiwai, and Kim Southey, *Kaupapa Rangahau: A Reader A collection of readings from the Kaupapa Rangahau Workshop Series, Second Edition* (Te Kotahi Research Institute, 2015), 10.

<sup>39</sup> Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (Dunedin: Otago University Press, 1999), 193.

<sup>40</sup> Wiremu Doherty, “Mātauranga Tūhoe: The Centrality of mātauranga-ā-iwi to Māori Education,” PhD Thesis, University of Auckland, 2009, 3.

<sup>41</sup> Pihama et al., “‘He Maunga Pakohe Rautaki Hauora,’” 15.

<sup>42</sup> *Ibid.*, 31.



# Pūrākau

*Nau mai e te whānau ki tēnei Tikanga a te Pūrākau.*

A vital part of the Kaupapa Māori approach is the pūrākau methodology.

Pūrākau is generally used to mean story or myth, but is now also a legitimate research methodology. The term itself emerges from the term pū, which refers to the source or beginning, while rākau refers to a tree or plant.<sup>43</sup> Each rākau needs the pū, or roots, to be able to grow and thrive.<sup>44</sup> Traditionally, pūrākau were used to retain and transmit knowledge over time.<sup>45</sup> Pūrākau do not have a set structure or pattern and contain a wealth of information on how to be and live as Māori.

Pūrākau methodology is a Kaupapa Māori form of narrative inquiry that is relevant and culturally appropriate for Māori research. Lee-Morgan developed this methodology in her doctoral research and has continued to write extensively on the topic. Story-telling is an intrinsic need for human beings and has been a vital part of ensuring Indigenous knowledge is retained and protected.<sup>46</sup> The important role of story-telling was highlighted by Indigenous Canadian scholar Leanne Simpson who wrote that “Storytelling is an important process for visioning, imagining, critiquing the social space around us, and ultimately challenging the colonial norms fraught in our daily lives.”<sup>47</sup> For Māori, pūrākau are vital for identity as they contain a wealth of knowledge. Arguably

the best summary of the role of pūrākau is: “Pūrākau are a traditional form of Māori narrative, containing philosophical thought, epistemological constructs, cultural codes and world views.”<sup>48</sup>

Pūrākau in this context are understood as narratives which are “experiences, knowledge and teachings that form the pū, which people need in order to live healthy, productive and safe lifestyles.”<sup>49</sup> The pūrākau approach enables whānau to co-produce outcomes for their own hauora through sharing their experiences. The sharing of stories about past experiences can also be a therapeutic and healing process. Whānau are best placed to know what they need in terms of hauora. This research therefore creates the space needed for the pūrākau of whānau to impart their knowledge regarding hauora. It also provides a path to move away from external research and what has been described as a “colonial deficit models that tell us we require state ‘interventions’ in order to be well and healthy peoples.”<sup>50</sup> Pūrākau from whānau provide the perfect opportunity to create a hauora framework that is whānau led and therefore will be highly relevant for those it aims to support and develop.

This approach also enables a deeper understanding of the experiences of Ngāti Kuia whānau in both a historical and contemporary context. This includes the impact of the socio-cultural context of contemporary society and how these impact on Ngāti Kuia whānau. To

gain this level of understanding “we need to have knowledge about traditional ways of being as our ancestors operated within ways that promoted balance and interacted with their physical world.”<sup>51</sup> Therefore, this methodology links the knowledge of Ngāti Kuia tīpuna and their pūrākau with that of contemporary whānau and their aspirations for future generations of Ngāti Kuia. The knowledge held in these pūrākau have been described as “gems” that contemporary whānau can then use to “make meaning of and include in our day to day lives to make change and healing pathways.”<sup>52</sup> This will also assist whānau in gaining further

understanding of their own Ngāti Kuia identity and how historical influences continue to have effects today. These facets of pūrākau mean it is the ideal vehicle for driving “both a reflective practice on those stories of old and an exercise in visioning a future more akin to our ancestors.”<sup>53</sup>



<sup>43</sup> H.W. Williams, “A dictionary of the Maori language,” 7th ed. (Wellington: GP Publications, 1992); Pihama et al., 14.  
<sup>44</sup> Pihama et al., “‘He Maunga Pakohe Rautaki Hauora,” 15.  
<sup>45</sup> Rebecca Wirihana, “Ngā pūrākau o ngā wāhine rangatira Māori o Aotearoa The stories of Māori women leaders in New Zealand,” PhD Thesis, Massey University, 2012, 212.  
<sup>46</sup> Adrian Woodhouse, “Pūrākau: Embracing our Indigenous Identity and Recognising the Equality of the Implicit Other,” Scope: Kaupapa Kāi Tahu 5 (2019): 13.  
<sup>47</sup> Leanne Simpson, Dancing on our Turtle’s Back Stories of Nishnaabeg Re-Creation, Resurgence and a New Emergence (Winnipeg: Arbeiter Ring Publishing, 2011), 34.  
<sup>48</sup> J. Lee, “Decolonising Māori narratives: Pūrākau as method,” MAI Review 2 (2009): 1.  
<sup>49</sup> Pihama et al., “‘He Maunga Pakohe Rautaki Hauora,” 15.  
<sup>50</sup> Ibid., 16.

<sup>51</sup> Ibid., 12.  
<sup>52</sup> Ibid., 13.  
<sup>53</sup> Ibid., 16.



# Wānanga

The other component of this kaupapa Māori approach is wānanga. As a methodology, wānanga enables collective engagement with pūrākau, both historical and contemporary. Wānanga provide the space needed for collective engagement and knowledge creation. Through employing this particular methodology a process of intergenerational knowledge transmission can occur.

The space created through this approach is controlled and defined by Ngāti Kuia whānau to share their pūrākau and experiences. It is vital that wānanga were held throughout the research process rather than simply at the conclusion to ensure that it is guided by the concerns and priorities of Ngāti Kuia whānau. One of the great aspects of this approach is that wānanga were able to occur as part of other mahi and projects which was a more efficient and effective way to engage whānau.

The methodological approaches taken in this research have wider impacts than the research itself. The process of simply gathering and sharing pūrākau is “an act of wellbeing in and of itself because the physical act of coming together within our traditional lands reinforces the web of relationships and keeps the home fires burning.”<sup>54</sup> It brought whānau together and created new connections, whether through wānanga participants, or through the research team with whānau who shared their pūrākau. It also enabled the collective production of knowledge by Ngāti Kuia whānau.

For this research five wānanga were held, some of these were specifically for this research kaupapa, and others were existing wānanga that incorporated elements of hauora. This approach

enabled flexibility and importantly made it easier for whānau to attend. It is important to note that this is not a new approach or methodology - it is how Māori have always produced knowledge and this methodology simply validates that. These wānanga for pre-existing kaupapa presented an opportunity for the research team to engage with whānau and hear their pūrākau.

The Ngāti Kuia annual general meeting held in late 2019 was the official launch of the He Maunga Pakohe Rautaki Hauora research. Initially, the research team focused on introducing the intention of the research and kōrero around the concept of hauora to ensure whānau were well-informed of the project before any further steps were taken such as recruiting whānau to share their pūrākau. This was achieved through kanohi-ki-te-kanohi communication at iwi events, the kūmara vine (word-of-mouth), social media, and iwi pānui.

## 1. Whakapapa o Ngāti Kuia Te Tangata

The Friday evening of the October 2019 Ngāti Kuia weekend whānau engagement event at Te Hora was the first of the wānanga. Whānau gathered in the whare for a whakapapa kōrero and history of Te Hora marae by Ngāti Kuia historian and scholar Dr Peter Meihana. There was kōrero around the Ngāti Kuia Treaty Settlement claims process and how the research conducted during this time helped illuminate why Ngāti Kuia whānau were experiencing certain health conditions and the socio-economic status of whānau.<sup>55</sup>

## 2. Whānau Whenua and Whakapapa Wānanga

The second wānanga was an intergenerational whānau wānanga that was combined with the hauora kaupapa. The whenua in question is multi-land ownership, and the wānanga was an opportunity for whānau to gather and learn about their whakapapa. Tribal knowledge-holder, and lead negotiator for the claims process Mark Moses gave a kōrero to the rōpū regarding their whakapapa. There was kōrero and pūrākau around how whakapapa and identity ties into hauora. There was also kōrero surrounding the role of whenua and how it can be used to build a sustainable entity for the future through a collective economic approach and capacity building.

## 3. Education Strategy Wānanga

One of the existing wānanga that was combined with the hauora kaupapa was an education focused wānanga. Education was a major theme of hauora throughout this research, making it a fitting kaupapa with which to combine. This wānanga had kōrero with Ngāti Kuia whānau about mainstream education, how mātauranga does and does not fit within the system, and the effects of this on the wellbeing of Ngāti Kuia whānau.

Whānau identified that learning starts within the whānau first and identified how important the hauora of the whole whānau is, as it is all

interconnected. Whānau spoke of the role of the marae in education and hauora, as well as the role of the kōhanga. There was also kōrero around mātauranga and hauora encompassing the spiritual as well as the intellectual. It resulted in the Mātauranga Strategy Ngā Toki Pākohe.<sup>56</sup> This is linked closely to the strategies that will emerge from this research.

## 4. Wairau Whānau Wānanga - Socio-economic Influences

The fourth wānanga was held with whānau in the Wairau and was focused on hauora. There was kōrero around what hauora means to whānau and what contributes to wellbeing. The key message of this wānanga was that Ngāti Kuia need to look after their people in a way specific to them and have as much self-determination as possible. Whānau spoke of needing a strong economic strategy to support whānau through education and employment and to nurture them. The outcomes for this wānanga are best summed up as: educate our own, build our own, and employ our own.

<sup>54</sup> Ibid.  
<sup>55</sup> Peter Meihana, *Kōrero at Ngāti Kuia Weekend, 2019*.

<sup>56</sup> “He Toki Pakohe Mātauranga Strategy for Ngāti Kuia,” 2020.



# 5. Nelson Whānau Wānanga - Hauora Issues and Possibilities

The fifth and final wānanga for this research was held with Nelson whānau. During this wānanga whānau shared kōrero about the disparities facing Māori in health and some of the difficulties facing whānau. There was also kōrero around the values of Ngāti Kuia whānau and what these mean for hauora. Whānau shared their whakaaro on the ideas and possibilities for hauora moving forward. The key message from this wānanga was that there needs to be more whānau engagement and there should be a focus on building their own and employing them. A desire for greater ownership of hauora through reach out services was also discussed.



*Kaumātua morning tea at  
Ngāti Kuia Head Office, Whakatā.*





# Recruitment

To gather whānau pūrākau the research team presented at the Ngāti Kuia 2019 Annual General Meeting (AGM). Follow up communications were then provided to all registered Ngāti Kuia whānau to inform them of the project and attract interested whānau. Some whānau volunteered at the AGM and said they would like to share their pūrākau. Others were recruited through the kūmara vine as word got out. Whilst the researchers wanted to ensure there was a range of groups (kaumatua, rangatahi, tāne, wāhine) and geographical locations represented, recruitment was a somewhat organic flowing process. Through word-of-mouth, other whānau were identified as possible participants who were then asked if they would like to share their pūrākau. Through this process there was regular monitoring to ensure that there was a mix of gender and age groups sharing their pūrākau.

The age and gender breakdown of the pūrākau are depicted in the following graphs. However, it is important to note that this does not include the wānanga participants unless they also shared their pūrākau.

It was important for this research that a wide range of Ngāti Kuia whānau were able to share their pūrākau, particularly whānau voices that had not been previously recorded. The initial focus was on kaumātua and the importance of this approach was brought home to the team when one of our esteemed kaumātua passed after sharing their pūrākau. The whānau who shared their pūrākau all whakapapa to Ngāti Kuia, but also to various other iwi including Rangitāne, Ngāti Koata, Ngāti Rārua, Ngāti Raukawa, Ngāti Whātua, Ngāpuhi, Ngāti Kahungunu, Ngāti Tama, Ngāti Ranginui, Muaūpoko, Ngāti Maniapoto, Ngā Puhi and Ngāi Tāhū.

# Whānau Kōrero – Gathering the Pūrākau

Whānau determined the location for sharing their pūrākau and the research team travelled around the rohe and country to gather these pūrākau. The areas covered include Christchurch, Wairoa, Levin, Palmerston North, Wairau, Blenheim, Nelson, and Wellington. Whānau in Australia also shared their pūrākau. Most of the interviews were conducted kanohi-ki-te-kanohi, although as a result of Covid-19 some were conducted using Zoom. This platform enabled the researchers to continue with the research during the lockdown period through having digital kanohi-ki-te-kanohi. The in-person pūrākau were gathered in whānau homes, workplaces, or in accommodation such as hotels, depending on the situation, convenience, and comfort of whānau.

The whānau were given an information sheet prior to sharing their pūrākau. This supported the ethical guidelines and gave context to why the research was being undertaken, interview requirements and process, research team, disclosure notice, and consent form. At the beginning of each interview and up to the publication of the research report, whānau were given the opportunity to opt out.

The process of gathering the pūrākau was semi-structured and utilised open-ended questions which allowed a free flow of dialogue and enabled whānau to guide the process how they wished. Some questions were asked and the kōrero flowed organically as whānau shared their experiences.

The pūrākau were voice recorded and video recorded depending on the preference of the whānau. Some were only voice-recorded. These were then transcribed with the transcriptions reviewed by the whānau. In total, thirty pūrākau were collected from Ngāti Kuia whānau members. However, as whānau members were sometimes present during the pūrākau, there were more than thirty voices heard. One of the outcomes of this approach was whanaungatanga and connections created with whānau. The research team also took registration forms for whānau members that may not be registered already.

# Ngāti Kuia Locations of Interest

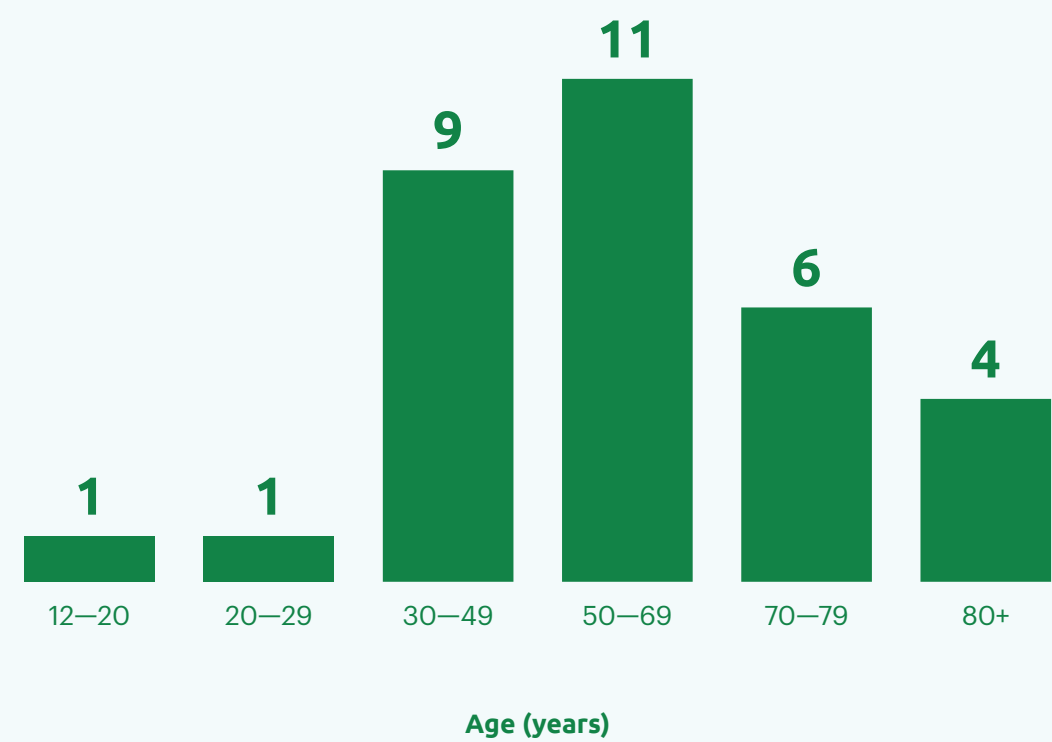


# Te Tauihu

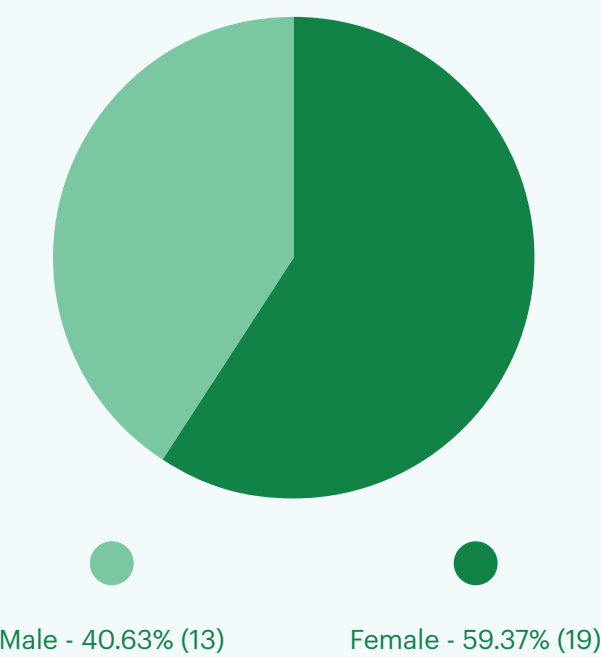
- 1. **Ngāti Kuia Head Office**  
Whakatū
- 2. **Te Hora Marae**  
Canvastown
- 3. **Ngāti Kuia Office**  
Wairau (Blenheim)



### Ngāti Kuia Interviews - Age



### Ngāti Kuia Interviews - Gender

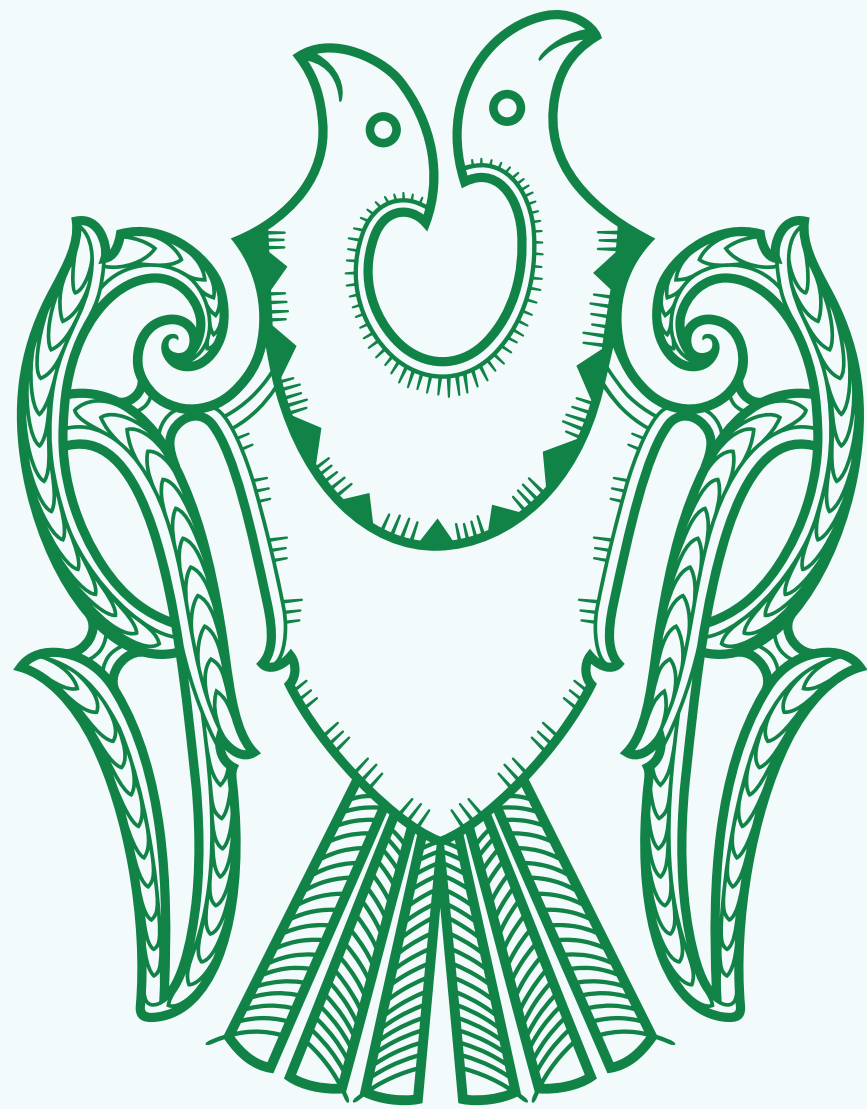


### Pūrākau Research Locations





# Hauora Perspectives and Experiences (Part I)



## Pūrākau o Ngāti Kuia

The remainder of this report is focused on the pūrākau and experiences that whānau shared during the research. It aims to portray the experiences of whānau regarding all aspects of hauora, from their perspectives.

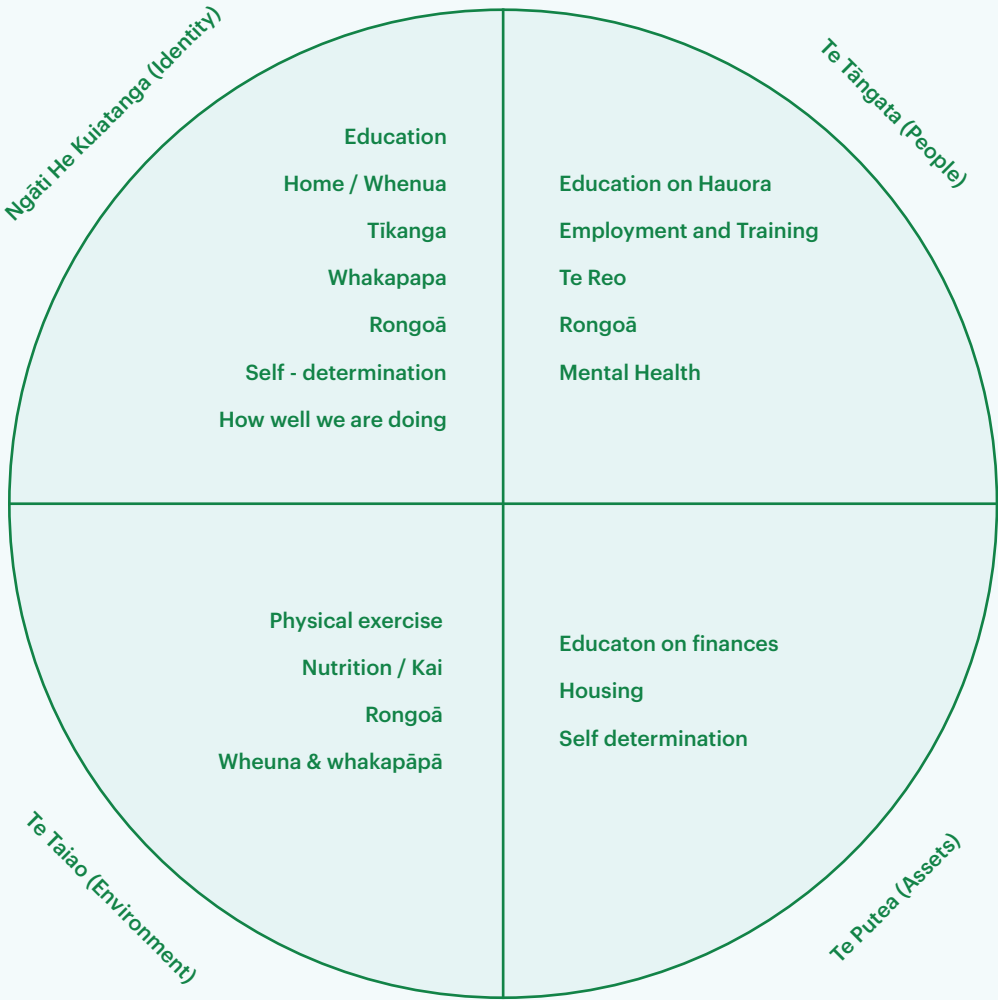
Some broad key themes emerged from the pūrākau were:

- Lifestyle
- Socio-economic factors
- Te Āo Māori
- Mental Health
- Physical Health

Within these broad themes are sub-themes that are often overlapping, reflecting the holistic nature of hauora.

Part I outlines and discusses the perspectives and experiences of whānau regarding hauora. Part II is focused more specifically on the existing health system. The primary aim is to depict Ngāti Kuia whānau voices. These voices framed the themes of this research and where applicable literature and outside evidence is included to strengthen the voices of whānau.

## Whānau Hauora Voice





# Lifestyle

One of the most consistent themes to emerge from the whānau kōrero was the importance of lifestyle factors. These factors included, more active lifestyles, less processed kai (food), community support, manaakitanga, and self-sufficiency particularly in relation to gathering and producing kai.

In particular, kaumātua reminisced on the benefits of their simpler, more self-sufficient lifestyles growing up and living off the land. They spoke of how they lived “a fairly simple life” and “didn’t have much” so they “lived off the land.” Whānau who were largely self-sufficient, such as those with farms, were able to withstand change and times of struggle. They would hunt, gather, fish, and garden to provide for their whānau.

There was discussion around how lifestyles have changed for the worse. Self-sufficiency is now further out of reach for many whānau. Contemporary lifestyles are “less active” and more complex with people for instance “taking pills and vitamins to keep healthy instead of eating good food.” There was a strong desire in the pūrākau shared by whānau to get back to basics, become more self-sufficient, and live healthier lifestyles.

To some extent the crucial role of kai and exercise in hauora was acknowledged in the 2019 Wellbeing Budget outlined by the Sixth Labour Government. In the budget it was stated how the “Evidence shows that children’s nutrition and physical activity are linked to academic achievement and improved physical and mental health.”<sup>57</sup> Subsequently, a \$47.6 million programme is currently being developed as part of prioritising child wellbeing and promoting healthy lifestyles in schools.

<sup>57</sup> The Wellbeing Budget. 30 May 2019. ISBN 978-1-98-858042-5, 50.

<sup>58</sup> Brittani S. Beavis, Christina McKerchar, Juanita Maaka and Louise A. Mainvil, “Exploration of Māori household experiences of food insecurity,” *Nutrition and Dietetics* 76 (2019): 344.

<sup>59</sup> *Ibid.*, 349.

<sup>60</sup> *Ibid.*

<sup>61</sup> *Ibid.*, 348.

# Kai

A significant theme within lifestyle was the importance of kai and nutrition for hauora. Whānau expressed concern about modern day diets, the cost of healthy kai, and the quality of kai available. This is essentially about food security which is the ability to have access to and the means to obtain nutritional kai. The opposite being food insecurity which encompasses inadequate levels of fruit and vegetables, negative dietary patterns, processed food consumption, all of which contribute to higher risk of obesity and cardiovascular disease.<sup>58</sup> Food insecurity is known to have effects on hauora and is “strongly related to psychological distress.”<sup>59</sup>

Kai-gathering was spoken of by whānau as contributing towards healthier lifestyles. They discussed how they “were always living off the sea” growing up and “I think we were a lot healthier then”, compared with now when we just have to go “down to the supermarket.” Self-sufficiency and the ability to produce healthy kai was acknowledged as critical for creating healthy lifestyles. In particular, having a home garden was spoken of as highly conducive to wellbeing. However, whānau spoke of not having sufficient time to be able to do this and a lack of knowledge around gardening.

Other research has shown that whānau who had māra kai had more food security and were also able to offer manaakitanga to other whānau through this.<sup>60</sup> They then had more available money for other needs and the practice of gardening helped foster kaitiakitanga and connection to the whenua. It was concluded that “gardening contributed positively to the expression of hauora.”<sup>61</sup>

In terms of purchasing kai, whānau spoke of how the cost of healthy, nutritious kai is too high. A whānau member asked, how are whānau meant to prevent illness “when you can’t afford to live healthy?” One of the issues with readily accessible and affordable kai is that it is often processed and unhealthy. There was a desire expressed for less processed food and changing kai habits. Research has shown that one of the vital factors which determines food security is household income.<sup>62</sup> A 2018 study showed that a healthy diet following the current guidelines is not more expensive but it is more expensive when the energy equivalents are taken into account.<sup>63</sup> The Otago Food Cost Survey worked out the cost of a household diet that meets the Guidelines set by NZ Eating and Activity as over five hundred dollars a week.<sup>64</sup> It was noted that if the Goods and Services Tax (GST) was removed from healthy kai options this would make a significant difference in the affordability and accessibility of nutritious food.<sup>65</sup>

The role of kai in manaakitanga was spoken of as both a positive and negative, because “we do show love with food” but it is “not always the right food.” Related to this, the role of the marae in creating healthy lifestyles was talked about. A current initiative at Te Hora marae when kai is being provided is to “not have sugary drinks” and was spoken of as “working really well”, with more whānau carrying water bottles with them. One whānau member outlined what manaakitanga means when it comes to kai:

*Manaakitanga, for me, means that we give our manuhiri the best kai, the healthiest kai grown from our own whenua to increase their mana and their tapu when they leave our marae, as we are*

<sup>62</sup> *Ibid.*, 344.

<sup>63</sup> Sally Mackay et al., “Cost and Affordability of Diets Modelled on Current Eating Patterns on Dietary Guidelines, for New Zealand Total Population, Māori and Pacific Households,” *International Journal of Environmental Research and Public Health* 15 (2018): 1.

<sup>64</sup> *Ibid.*, 7.

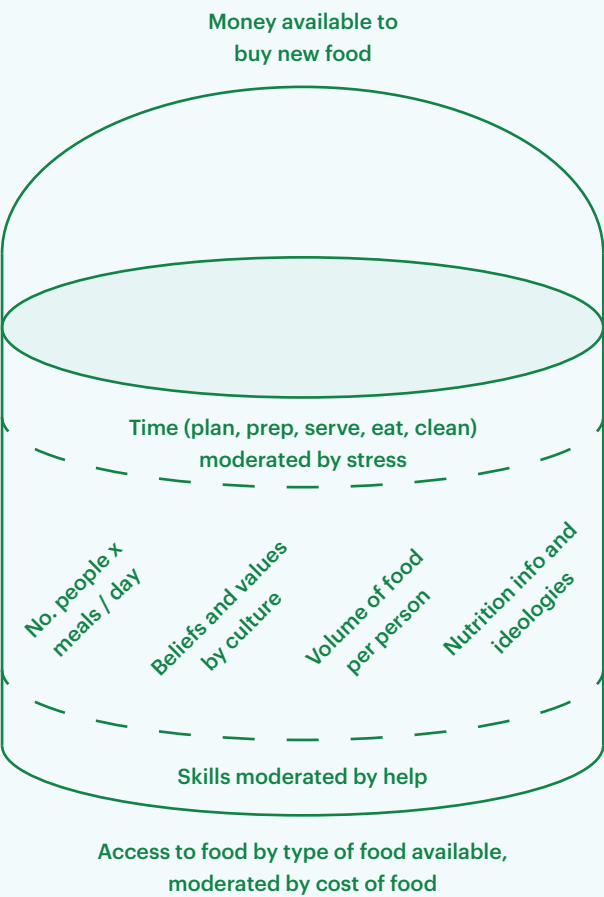
<sup>65</sup> *Ibid.*, 8

<sup>66</sup> Beavis et al., “Exploration of Māori household experiences with food insecurity,” 350.

<sup>67</sup> Marewa Glover et al., “The Complexity of Food Provisioning Decisions by Māori Caregivers to Ensure the Happiness and Health of Their Children,” *Nutrients* 11 (2019): 4.

*being fed from that same mana and tapu from the kai that we’re able to access, either grow or harvest.*

Current research confirms this notion and discusses how an inability to provide manaakitanga through kai can have negative impacts on whānau hauora.<sup>66</sup> The factors influencing kai provision have been depicted in the following model.<sup>67</sup>



Marewa Glover et al., “The Complexity of Food Provisioning Decisions by Māori Caregivers to Ensure the Happiness and Health of Their Children,” *Nutrients* 11 (2019): 4.



Recent research has argued that adopting an individual approach to managing nutrition and exercise is not sufficient. The individual approach is based on an information deficit model which is the idea that if whānau simply have the information they will be able to change their lifestyle. This fails to acknowledge the other barriers to adopting healthy lifestyles such as cost. This was described in the research as “a middle-class position which does not take into account the socio-economic requirements.”<sup>68</sup> Similarly, other research has identified the key barriers for whānau accessing nutritional kai as “time, money, preferences, and information.”<sup>69</sup> Therefore, any initiatives need to include such factors in planning and help remove barriers for whānau. Initiatives discussed in existing research identified that programmes that teach key skills such as budgeting, recipes, growing kai, meal planning, etc. were helpful but in order to appeal to whānau and support engagement need to be free and interactive, as well as providing childcare or involving tamariki in the programme.<sup>70</sup>

## Physical Activity

The other key facet of healthy lifestyles identified by whānau was physical activity. This was identified as encompassing exercise and sport, as well as mahi and generally active lifestyles. Whānau acknowledged how exercise and nutrition are interrelated and impact on overall hauora. Research has shown that over half of Māori adults get the recommended amount of physical activity (thirty minutes, five days a week) and emphasised the negative role

of poor diet, with Māori being less likely to have the recommended vegetable and fruit intake.<sup>71</sup>

Physical activity was spoken of by some whānau as critical for their hauora while also noting that as they have gotten older they have become less active. Whānau shared how their lifestyles as children were active whereas in adulthood lifestyles have become more sedentary. This was reflected in the literature which acknowledged that modern lifestyles are sedentary and physical activity levels tend to decrease in the late twenties and early thirties.<sup>72</sup>

Incidental forms of exercise such as walking rather than driving and generally active lifestyles were spoken of as contributing to positive hauora. The importance of a healthy lifestyle and exercise was also emphasised in research on the mental health of Te Taihū Māori, where whānau emphasised the “benefits of physical exercise including the direct synergy with their mental health wellness, their overall physical wellbeing and the wider inclusion of physical activities that incorporate their whānau.”<sup>73</sup> This was reflected in other research that examined levels of physical activity for tāne, where accountability to a collective was shown to be an important factor as well as physical activity including mahi on the farm, kai gathering, and other physically demanding tasks.<sup>74</sup>

One of the issues raised was the need for education and support for whānau to learn how to exercise safely and effectively. This is particularly pertinent for whānau with health conditions where if not done correctly the exercise can exacerbate issues. Increased

physical activity has been shown to “reduce cardiovascular disease, diabetes, obesity, osteoporosis, and symptoms of depression as well as improve quality of life.”<sup>75</sup>

The importance of physical activity for hauora is well-acknowledged and discussed in the literature. It is particularly crucial for tamariki and rangatahi, and has been linked to improved mental health, self-esteem, and the prevention of type 2 diabetes and obesity.<sup>76</sup> Another study that analysed lifestyle behaviours and hauora showed that exercise “increased [the] likelihood of being in the optimal wellbeing group.”<sup>77</sup>

## Faith and Spirituality

The last lifestyle factor that arose in the pūrākau was the role of faith in hauora. Whānau shared how their faith has had a positive impact on their wellbeing and resilience. Whānau spoke of how joining a church or faith had given them greater “empathy” and resilience to not dwell in the negative. One whānau member described how her faith and being Māori are “the two things” that have helped her to face life’s challenges. While another explained how a daily practice of whakamoemiti “helps with the wellbeing because...it paves your way and it helps if a situation comes up, you can handle it.”

## Socio-Economic Factors

The major, consistent theme throughout the whānau pūrākau was the role of socio-economic factors in hauora. These factors are all interrelated and include:

- Environment
- Housing
- Education
- Employment
- Economic and Financial

These factors are vital and whānau will not be able to experience positive hauora unless these basic needs are being met. The role of these factors in hauora was summed up by a whānau member who works in health promotion:

*Our role in health promotion is to create environments where health can thrive, so it’s treating health as not just the absence of illness and disease but we talk about the determinants of health, that housing has an impact on health, that education has an impact on health, employment, income and culture. ... if those things are working right, people are more likely to be healthy and that’s why we see the inequities for Māori and non-Māori in Aotearoa as being the most influential factor of the disparities.*

It is well-acknowledged in existing research that the disparities in hauora, such as high statistics of preventable conditions, “are strongly associated with broader socio-cultural/political determinants of health and illness such as income, housing, and education.”<sup>78</sup> In stage one of the Waitangi Tribunal’s hauora inquiry it was agreed and “accepted that Māori health inequities are not only caused by health issues but influenced by a wide range of factors, including income and poverty, employment, education, and housing – termed the social determinants of health.”<sup>79</sup>

<sup>68</sup> Lena Rodriguez et al., “An inconvenient truth: why evidence-based policies on obesity are failing Māori, Pasifika and the Anglo working class,” *Kōtuitui: New Zealand Journal of Social Sciences Online* 12, no. 2 (2017): 195.  
<sup>69</sup> Glover et al., “The Complexity of Food Provisioning Decisions,” 11.  
<sup>70</sup> Ibid., 9.  
<sup>71</sup> Denise Wilson et al., “Physical Wellbeing of Māori,” in *Routledge Handbook of Indigenous Wellbeing*, ed. Christopher Fleming and Matthew Manning (London: Routledge, 2019), 80.  
<sup>72</sup> Isaac Warbrick et al., “Provider, father, and bro – Sedentary Māori men and their thoughts on physical activity,” *International Journal for Equity in Health* 15, 1 (2016): 5; Lena Rodriguez and James Rimumutu George, “Is Genetic Labeling of “Risk” Related to Obesity Contributing to Resistance and Fatalism in Polynesian Communities?” *The Contemporary Pacific* 26, no. 1 (2014): 78-79.  
<sup>73</sup> Lorraine Eade, “Te Taihū Māori Mental Health outcomes and tangata whaiora experiences in Te Wahi Oranga (Nelson Acute Mental Health Inpatient Unit). An exploratory study,” PhD Thesis, Massey University, 2014, 124.  
<sup>74</sup> Warbrick et al., “Provider, father, and bro,” 8.

<sup>75</sup> Felicity Goodyear-Smith, “Lifestyle screening: development of an acceptable multi-term general practice tool,” *The New Zealand Medical Journal* 117, no. 1205 (2004): 2.  
<sup>76</sup> Elizabeth Craig et al., “The Health of Māori Children and Young People with Chronic Conditions and Disabilities in New Zealand Series Two,” *Te Ohonga Ake series for the Ministry of Health* (Dunedin: NZ Child and Youth Epidemiology Service, University of Otago, 2014), 144.  
<sup>77</sup> Kate B. Prendergast et al., “Associations between lifestyle behaviours and optimal wellbeing in a diverse sample of New Zealand adults,” *BMC Public Health* 16, 62 (2016): 8.  
<sup>78</sup> Warbrick et al., “Provider, father, and bro,” 2.  
<sup>79</sup> “Hauora Report on Stage One,” 24.





## Environments

The theme of environments came up in the pūrākau in two senses; the natural environment and kaitiakitanga, and contemporary environments and society. The type of interaction whānau have with the environment has been identified consistently in existing research as crucial for hauora. This has been attributed to the close relationship Māori have to the environment as well as the impacts the environment can have on physical hauora, such as kai-gathering and clean waterways.<sup>80</sup>

There was concern expressed about the state of the environment and in particular the impact this has on whānau ability to gather kai. There is a creek in Nelson where whānau could at one time gather a “big feed of eels” in twenty minutes; however nowadays if you go there “you get nothing out of it.” There is some mahi being done towards the improvement of waterways already, such as the Te Hoiere/ Pelorus Restoration Project. This project is a collaboration, known as Kotahitanga Mō Te Taiao Alliance, between the councils of Te Taihu, five Te Taihu iwi, including Ngāti Kuia, and the Department of Conservation. It involves conservation projects aimed at restoring Te Hoiere and its environment. These projects are intended to have environmental benefits as well as economic, social, and cultural ones.<sup>81</sup>

In contemporary environments, whānau explained how institutions such as supermarkets contribute to environmental issues and “in and of themselves are unhealthy environments.” Part of this is related to the cost of kai, such as “selling fizzy drinks for less than water” or “having alcohol readily accessible when you walk straight in.” There was frustration about a lack of power to change these types of environments despite it being essential for encouraging hauora. This echoes previous

research that showed communities want more say and self-determination over things that impact the hauora of the community, such as the number and location of liquor stores.<sup>82</sup>

Whānau spoke of how modern-day environments impact on lifestyle. There is an expectation of being busy nowadays. This is a contrast to how things used to be where “a certain time at night on Friday, everything shuts. Saturday and Sunday was family time.” This environment of constant busyness has contributed to whānau becoming “time-poor” for hauora increasing activities such as whānau time, gardening, and other hauora enhancing activities. Whānau who shared their pūrākau following the outbreak of Covid-19 shared how the lockdown period was beneficial in terms of whānau time. Whānau said “it’s been awesome to be with each other and actually talk to each other and not have to go anywhere.”

An interesting whakaaro was shared on how tikanga can inform part of the solution to modern day environments and the issues affecting whānau. Tikanga has the “power to change the way we’re thinking.” One of the ways it can do this is “change the way we’re thinking about how we’re interacting with our environment from a tikanga perspective.” Tikanga can provide the base for whānau “to choose not to engage with the toxic environment that we have to live in from a tikanga perspective” because it provides “the rationale and that gives us our foundation” to make healthier choices. The example provided in this kōrero was that even when there are readily accessible unhealthy options such as fizzy drinks and alcohol, “tikanga tells me I shouldn’t and tells me that’s not conducive to my physical state and spiritual state.”

<sup>80</sup> Mason Durie, *Ngā Kāhui Pou Launching Māori Futures* (Wellington: Huia Publishers, 2003), 161.

<sup>81</sup> “Te Hoiere/Pelorus Catchment Restoration Project,” Marlborough District Council, <https://www.marlborough.govt.nz/environment/te-hoiere-pelorus-catchment-restoration-project>

<sup>82</sup> “He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction,” 2018, WAI 2575 B27, 43.



# Housing

A theme closely linked to environments was housing. Whānau identified good quality, affordable housing as crucial for hauora. There were some key themes spoken of within housing such as how poor housing has negative impacts on hauora, the struggle of purchasing a home now, and a strong desire for home ownership.

Research shows that housing quality and accessibility has significant impacts on peoples’ mental and physical hauora.<sup>83</sup> One key way identified to affect mental wellbeing was the strain of finding adequate and stable housing. A shortage of housing and instability contribute negatively to mental health outcomes. Whānau shared how poor housing when they were growing up led to health issues and how important quality housing is for hauora. One whānau member put it succinctly, saying how their “illnesses come from poverty and housing, from being a kid.” There was disappointment expressed as for many this is still the case and housing needs to be prioritised.

The shortage of housing in Aotearoa New Zealand is well-acknowledged. Housing deprivation is five times higher for Māori than it is for other ethnicities.<sup>84</sup> This was also reflected in a specifically Te Taihū context. In the Māori health plan for the region housing was reported to be a major issue for Māori in Nelson-Marlborough. Some of the issues reported were heating, repairs, dampness, size, and pests. There were also far higher rates of Māori in renting situations than other ethnicities, with “half of all Māori households” renting, “twice the proportion of non-Māori households.”<sup>85</sup>

There was a strong desire in the pūrākau for home ownership. However, a key barrier to this goal for whānau is the cost of housing. Whānau said that the cost has “priced us out” and that the houses they could possibly afford in the future are not of great quality. Older whānau spoke of how it is much harder to afford a house now than it was when they were raising their families. Whānau spoke of a previous ballot system scheme from State Advances (now Housing New Zealand) where a number of families in an area were chosen to take part in a lottery and if their number was picked they won the remainder of their deposit to help them buy a house. Another initiative whānau spoke of as helpful was set rent rates that could not be changed for a certain number of years.

Recent research into Māori housing in Tāmaki Makaurau noted that between the 1960s and 1990s Māori had greater access to state housing as well as tailored assistance schemes.<sup>86</sup> This was during the period of mass urbanisation. As Māori had greater access to quality housing there were also “improvements in health and social outcomes.”<sup>87</sup> There were higher rates of Māori home ownership during this period enabled by quality government housing policies and programmes. This research showed that home ownership has been on the decline since the mid-1980s accompanied by declining health and social benefits associated with housing.<sup>88</sup> The conclusion from the research was that periods of improvement in quality housing for Māori also brought about improved health and social outcomes and that these were due to “very large and sustained state interventions in the housing market.”<sup>89</sup>

Whānau spoke of how the cost of a house deposit is a key barrier to home ownership for them. Although whānau could pay mortgages and the associated costs of home ownership, they are often not in a position to have the full deposit in the initial stages to be approved for a mortgage. The possible role of iwi in assisting was also mentioned and another whānau suggestion was rent to own schemes.

There have been some steps towards this for Māori in the Far North. In 2017, He Korowai Trust started a rent to own scheme for Māori in Kaitaia, “Whare Ora.”<sup>90</sup> The land is owned by the Trust and whānau can live in the homes, pay no deposit, and work towards purchasing the homes in a rent to own scheme. The whānau

living in these homes are required to attend financial literacy courses and on-site courses.

An example of an existing initiative for iwi housing support is the Shared Equity Housing initiative that Te Rūnanga o Ngāi Tahu began in 2016.<sup>91</sup> It was first run as a pilot scheme in Ōtautahi and involved the iwi assisting whānau into home ownership by contributing up to 30 per cent equity so that whānau only needed to contribute 70 per cent for the deposit. The programme also supplies kaupapa Māori support from Mokowhiti, which includes assistance with financial literacy.<sup>92</sup> This support extends to going to the bank with whānau and setting up accounts.



<sup>83</sup> Karen J. Hayman et al., “Life and Living in Advanced Age: A Cohort Study in New Zealand – Te Puāwaitanga o Nga Tapuwae Kia Ora Tonu, LiLACS NZ: Study protocol,” *Aquatic Biosystems* 12, 33 (2012): 3.

<sup>84</sup> John Ryks et al., “Cities and Indigenous Communities The Health and Wellbeing of Urban Māori in Aotearoa New Zealand,” in *Handbook of Global Urban Health*, ed. Igor Vojnovic, Amber L. Pearson, Gershim Asiki, Geoff DeVerteuil and Adriana Allen (New York: Routledge, 2019), 285-286.

<sup>85</sup> “Te Taihū Māori Health Plan 2016-17,” Nelson Marlborough District Health Board, 2016, 4.

<sup>86</sup> Matthew Rout et al., “The Impact of Housing Policy on Māori in Tāmaki Makaurau,” Ngāi Tahu Research Centre: Contemporary Research Division, 2020, 2.

<sup>87</sup> Ibid.

<sup>88</sup> Ibid., 3.

<sup>89</sup> Rout et al., “The Impact of Housing Policy on Māori in Tāmaki Makaurau,” 3.

<sup>90</sup> “Whare Ora,” He Korowai Trust, <https://akau.co.nz/studio/whare-ora>

<sup>91</sup> Kim Victoria, “Home is where the heart is,” *Te Karaka Kana/Spring* 83, 2019, 24-26.

<sup>92</sup> Ibid.



# Education

The importance of education was spoken about by various whānau members. There was kōrero around how society now prioritises education more than it used to. Education is now viewed as “the key to creating a better life for whānau because it gives the ability to work and provide an income.” Whānau who were unable to complete their own education spoke of how they have instilled the importance of education in their children and wider whānau.

Whānau shared mixed experiences of their time in the education system with some experiencing discrimination and an unpleasant experience. Other whānau had largely positive experiences but acknowledged this was not always the case and spoke of times they witnessed instances of discrimination and negative experiences. A particularly powerful pūrākau was shared about one whānau member’s early experience in the education system:

*My early years of education was tough because of my te reo and I had to learn how to speak English. I was treated differently to the other children in the class, “Wash your mouth out with soap” cos I spoke a different dialect in our language, Te Reo Māori. Having to stand in the corner of the room while the other kids laugh at you cos you spoke Māori, getting strapped, disciplined...for speaking Te reo...They were horrendous years. I was disciplined every day.*

Whānau who had a positive experience of education spoke of school as a “safe haven” for them. However, they also spoke of how other Māori students were treated and an “obvious divide between Māori students and non-Māori students.” They spoke of how school should be for all tamariki, saying that for them “school was like a real cool place, a safe place, I enjoyed going.”

There was kōrero around the “boxing” of Māori students into a stereotype that they were not as able to succeed as other students. This is acknowledged to affect attitudes towards education and future prospects. A 2019 report on Māori students in the education system confirmed this, showing that Māori are being disproportionately and unfairly streamed into the lower-level classes. This results in low expectations and students not feeling valued, resulting in disengagement. Once students are put into low streams, it is difficult to get back out and into a higher level making it harder to succeed with the NCEA system. This has flow-on effects of restricting further education and career prospects.<sup>93</sup>

There were insightful comments and whakaaro about the education system and its weaknesses. One of these points was that the system tends to cater for one form of learning which does not work for everyone. It primarily serves Pākehā interests as this is who it was built to serve. An idea that emerged through the research was a Ngāti Kuia kōhanga and greater iwi involvement in educating Ngāti Kuia tamariki in cultural matters.

In the pūrākau, whānau spoke of how education does not only occur in the education system and shared that some of their most meaningful experiences of education occurred outside the classroom. In particular, Māori cultural groups such as kapa haka and rangatahi groups were spoken of as crucial to their learning and overall hauora. Whānau shared that the fact there is nothing “like that running at the moment, which is really sad. That was a huge part of my education.” Although there is kapa haka available, it is often school based, whereas the programmes whānau spoke of were iwi-based and for retaining tribal knowledge.<sup>94</sup>

These groups taught them about their Māoritanga and identity as they were able to go around the rohe and marae learning in the process. This links to a point made regarding cultural knowledge and expertise now being a path into further education and employment. Whānau explained how their knowledge of Te Reo Māori and tikanga expertise “put the bread and butter on my table” and led to opportunities in employment.

There have been some iwi-led programmes around the country aimed at improving the experience of tamariki and rangatahi in the education system. One such programme is Te Puna Mātauranga led by Ngāti Toa in the Porirua region since 2015.<sup>95</sup> In this programme Ngāti Toa works with schools to identify whānau that could do with some extra support through tutoring. Students are able to attend an after-school programme weekly which incorporates learning about reading, maths, Te Reo, and science. Secondary school students also have a weekly tutorial night that includes kaiako and peer support. They have also established a relationship with Victoria University of Wellington and now have access to training teachers wanting to gain work experience.<sup>96</sup> This is just one example of what is happening in the iwi space regarding the enhancement of education.

Another key point raised was that education is for all ages, not just for tamariki and rangatahi. Whānau who have been adult students spoke of how there are a variety of ways and times in life to participate in education. However, barriers to gaining further education were identified such as whānau responsibilities and dynamics, as well as cost and time. Supportive, flexible employers and mahi were identified as factors that can support education.

Supported training programmes were identified as important for some whānau members to gain their education and later employment. One such programme was being a wage worker, which was described as “such a great concept.” It was funded by the government and was where you got paid a wage to train and learn. A previous participant of this explained that it had a positive impact on the hauora of them and their whānau: “It actually is better for your mental health because then you’re not having to constantly worry about everything...You can plan. When your main issues are taken care of, you can focus on the future.”



<sup>93</sup> “He Awa Ara Rau A Journey of Many Paths. The Journey of our Rangatahi Māori Through Our Education System,” 2019, 15.

<sup>94</sup> “Kapa haka blooming in Te Taihū,” Waatea News, 23 October 2014, [https://www.waateanews.com/waateanews/x\\_news/MTgzOA/National%20News/Kapa-haka-blooming-in-Te-Tau-Ihu?story\\_id=MTgzOA](https://www.waateanews.com/waateanews/x_news/MTgzOA/National%20News/Kapa-haka-blooming-in-Te-Tau-Ihu?story_id=MTgzOA)

<sup>95</sup> “Iwi-based kaupapa supports learning,” Ministry of Education, <https://www.education.govt.nz/news/iwi-based-kaupapa-supports-learning>

<sup>96</sup> Ibid.



# Employment

It was widely acknowledged in the whānau kōrero that employment is a vital determinant of hauora. It is closely linked to education in its various forms and the key theme to emerge was the importance of gaining skills through training or life experience conducive to employment. Some of the skills spoken of were Te Reo and tikanga.

Another key skill was identified as work ethic. Whānau shared how they had work ethic instilled in them and how they have passed this on to their children. For one whānau their father’s whakataukī was “Mahi i te mahi”, “Hard work pays in the long run”, and they “followed his example.” A whānau who raised and cared for a number of children spoke of how they looked after them and “showed them how to work” and that now they are adults “they’re doing that. They’re all well” because they were given a skillset and work ethic.

Two of the vital components of employment contributing positively to hauora were identified as good working conditions and pay. This enables whānau to balance their work and home commitments and live healthy, thriving lifestyles.

There were some ideas proposed by whānau to assist with employment of Ngāti Kuia whānau. It was discussed how “the opportunities that are out there for Māori are huge” and that these centre on “our whenua.” What is needed to grow this is further support, “whether that be financial or just connecting somebody that knows how to do that. The whenua and community development of it has been identified as crucial to hauora in the literature.”<sup>97</sup>

The other primary suggestion was to “educate our own, build our own, and employ our own.” This consists of Ngāti Kuia supporting whānau through education, support, training and growing them into employment positions within the iwi. Whānau said how there needs to be a “building up [of] the capacity within the iwi or the organisations too, so that if they are hiring, it’s conscientious that they hire within.” But if the skills do not currently exist within the iwi, they then need to help “develop a career pathway for them.”

Employment will be a significant issue as Aotearoa New Zealand, and the world, heads into a recession following the impacts of Covid-19. Infometrics has forecasted that around 40,000 Māori jobs will be lost in the next two years which would push the Māori unemployment rate over 15%.<sup>98</sup> Māori are overrepresented in particularly vulnerable industries such as accommodation, transport, retail, and food services.<sup>99</sup> Both education and training are vital to negating the impacts of the recession.<sup>100</sup> Now is the time to upskill whānau to enable them greater access to opportunities both within the iwi and outside.



Ngāti Kuia beekeeping student at Tititaukawa Bee Apiary.



Drying of Kānuka leaves (Kunzea species) for export as tea.



<sup>97</sup> Ruakere Hond et al., “The role of Māori community gardens in health promotion: a land-based community development response by Tangata Whenua, people of their land,” *Global Health Promotion* 26, supp. 3 (2019): 44.

<sup>98</sup> Rob Heyes, “COVID-19: An Opportunity for Māori to Close the Gap?” *Infometrics*, <https://www.infometrics.co.nz/covid-19-an-opportunity-for-maori-to-close-the-gap>

<sup>99</sup> *Ibid.*

<sup>100</sup> *Ibid.*





## Economic

Economics and financial factors were identified as critical to whānau hauora. Whānau raised issues of financial strain, expensive modern-day lifestyles, and barriers to accessing support. Some of the key things that contributed to positive financial hauora included iwi and whānau support.

Despite being employed many whānau are struggling financially. It was said that current lifestyles and environments are more expensive than they used to be, even as wages remain low. Whānau spoke of how despite earning two incomes and working hard, yet “we only get by.” This has a negative impact on their wellbeing, as it is a major stressor. Whānau discussed how a major barrier to accessing support when struggling was feeling too whakamā and proud to ask for help. Whānau spoke of witnessing their family members not seeking help despite deserving it and being entitled to it.

It was suggested that iwi can play a greater role in assisting whānau with some financial challenges. Now that the iwi is in a post-settlement phase of growth, there are greater resources available. Whānau emphasised the importance of hauora for Ngāti Kuia whānau above other considerations. This journey was mentioned in the pūrākau and the position of the iwi now compared to before and during settlement:

*We were selling boil ups to make money to try and run our claims, and raffles. Those days are gone as far as I’m concerned, they’re not going to be back because I’ve got the confidence that we’ve got the ability to do what we wanna do for ourselves.*

Whānau spoke of when they were in need and were provided financial support this made the world of difference. This is linked to the housing section regarding deposits. A common theme highlighted was that whilst whānau may initially need additional support, they will then be able to thrive and not require future assistance.

It is well-acknowledged and evidenced throughout the research that hauora is strongly influenced by socio-economic conditions.<sup>101</sup> Factors that can mitigate socio-economic disparities have been found to be quality housing and employment, social support, healthy natural environments, and attachment to place.<sup>102</sup> Without sufficient income whānau are unable to provide healthy kai and housing meaning that hauora outcomes suffer. Further to this, there are also significant mental health impacts from financial hardship.<sup>103</sup> Reports for the Tribunal’s hauora inquiry have discussed the above and argued that the solutions lie in engagement with “social and economic sectors in the promotion of health and wellbeing”, alongside government facilitation, and community leadership.<sup>104</sup> When searching for solutions these factors should be considered.

One component of this is financial literacy, the “ability to make informed judgements and make effective decisions regarding the use and management of money.”<sup>105</sup> Research shows that financial literacy is strongly linked to lower socio-economic status as well as poorer educational outcomes, this is particularly so for rangatahi.<sup>106</sup> Therefore, any initiatives to

improve financial outcomes need to include some education around financial literacy to ensure gains are long-term and sustainable. This same research showed that encouraging and supporting whānau into tertiary study in particular areas, such as economics, can play an important role in this goal. Some of the steps towards this were the provision of scholarships and employment opportunities.<sup>107</sup>



Lewis Smith, Ngāti Kuia  
Pakohe carver.

<sup>101</sup> Ken Judge and Iain Paterson, “Poverty, Income Inequality and Health,” New Zealand Treasury Working Paper, No. 01/29, New Zealand Government, The Treasury, Wellington; Prendergast et al., “Associations between lifestyle behaviours and optimal wellbeing in a diverse sample of New Zealand adults.”  
<sup>102</sup> Andrew M. Waa et al., “Premature mortality resilience and wellbeing within urban Maori communities,” *Health and Place* 43 (2017): 50.  
<sup>103</sup> K.N. Carter et al., “What is the association between wealth and mental health?,” *J Epidemiol Community Health* 63 (2009): 221 and 226.  
<sup>104</sup> “He Ara Oranga,” 85.  
<sup>105</sup> L. Whitney et al., “PISA 2012: New Zealand financial literacy report,” (Wellington: Education Counts, Ministry of Education, 2014), 7.  
<sup>106</sup> Carla A. Houkamau and Chris G. Sibley, “Cultural Connection Predicts Perceptions of Financial Security for Māori,” *Soc Indic Res* 133 (2017): 397.  
<sup>107</sup> *Ibid.*, 408.



# Connection and Identity

Connection to Te Ao Māori and Ngāti Kuitanga was one of the most prevalent themes to emerge from the pūrākau. It was discussed as being incredibly important for hauora. This was evidenced by whānau saying that “It is 100% paramount in my eyes. Culture, Te Reo and... tikanga. It is the greatest taonga our tipuna have ever left us.”

The importance of cultural identity for hauora has been well-acknowledged in the existing literature for Indigenous peoples globally. It has been shown that there is a correlation between deculturation and poor hauora, and acculturation with good hauora.<sup>108</sup> The 1996 “Te Hoe Nuku Roa” study found that Māori with a stronger cultural identity had better general hauora than those who did not.<sup>109</sup> Key indicators of cultural identity were proposed in “Te Hoe Nuku Roa”; self-identification, whakapapa, marae engagement, whānau associations, access to tribal lands, connections with Māori, and Te Reo. Durie wrote that a “secure identity is a necessary pre-requisite for good health and well-being.”<sup>110</sup> More recently, a 2018 study found that cultural embeddedness is related to adaptive coping mechanisms and these mechanisms contribute to positive hauora.<sup>111</sup>

# Marae

The role of the marae in hauora was identified as important. An interesting point was made in relation to marae having “a whare tipuna on there who is the epitome of a health promoter. They want the best for us.” Whānau mentioned some existing initiatives in their kōrero, such as the supply of water and healthy kai at Te Hora marae. Another example of the role marae can have in hauora is Whakatū marae which has been a community health and service provider since 1993.<sup>112</sup> The services available include counselling, smoking cessation support, diabetes support, heart health, and social work services.<sup>113</sup>

Whānau spoke of how they often feel a sense of responsibility emerging from the collective nature of Māori society such as on the marae. This sense of responsibility motivates them to work towards collective goals for whānau, hapū, iwi, and Māori. However, whānau also acknowledged that this inclination towards collectivity needs to be harnessed or it can be wasted on negative pursuits such as “alcohol and drugs.”

A barrier to the role of the marae was identified as disconnection. It was noted that marae will not hold the same role for all whānau. For some the marae is not a comfortable space and this could then act as a barrier to engagement with hauora initiatives there.

# Te Reo

Te Reo Māori was identified throughout the pūrākau as an important factor for whānau hauora and identity. Whānau spoke of their regret not learning, or not having the opportunity to learn, their language. While whānau who were raised speaking Te Reo or have learned later in life talked of its importance to them. According to the 2013 Census results, 21.3% of Ngāti Kuia were able to hold a conversation about everyday things in Te Reo. Of those people, 24.6% were under fifteen.<sup>114</sup> A 2018 report into Māori mental health, “Te Oranga Hinengaro,” also acknowledged the importance of cultural identity and noted that Te Reo Māori “especially, has a strong relationship with this connection.”<sup>115</sup>

# Practices of the Ancestors

One of the ways whānau have been able to develop their sense of identity and connection is through engaging with the practices of the ancestors. Some of these practices include weaving, carving, and tā moko. They spoke of how through engaging in practices, such as weaving, enabled them to develop their identity as Ngāti Kuia and Māori, but also got them outside and moving to harvest the harakeke, and was something the whole whānau can participate in, creating strong connections. It was spoken of as having positive impacts on mental health. One whānau member shared how weaving can positively influence hauora because:

*it's including not excluding. Everyone's got a job and that's what we do at wānanga. It you're there, but you're...[not good] at stripping muka or you don't want to pluck a bird...there's always a role and that could be cooking or cleaning up after people...so in a sense that's hauora as well.*

Regarding tā moko, whānau spoke of wanting to “normalise the practice” of our tipuna. It was also spoken of as “a way of connecting us to the past and it's a way of saying you're proud to be Māori, you're proud of your culture, you're proud of your family.” Importantly, whānau spoke of it being a birth right of Māori, as some feel they are not entitled to engage in this practice.

Ngāti Kuia are known as He Iwi Pākohe and whānau spoke of working with and learning about pākohe as a way to create connection and positively influence identity. Ngāti Kuia have a unique relationship with pākohe, and wānanga on topics such as pākohe would be beneficial for whānau. Whānau shared that learning the practices of the ancestors leads to learning more about who they are and their identity and that this creates “big wellbeing improvement.”



<sup>108</sup> Mason Durie, “Te Pae Māhutonga: a model for Māori health promotion,” *Health Promotion Forum of New Zealand Newsletter* 49.  
<sup>109</sup> “Te Hoe Nuku Roa,” in *Maori profiles: An integrated approach to policy and planning, a report prepared for Te Puni Kokiri*, ed. M.H. Durie, T.E. Black, I. Christensen, A.E. Durie, E. Fitzgerald, J.T. Taiapa, E. Tinirau and J. Apatu (Palmerston North: Massey University Press, 1996).  
<sup>110</sup> Durie, Ngā Kāhui Pou, 68.  
<sup>111</sup> Ririwai Fox et al., “Tū Māori Mai: Māori Cultural Embeddedness Improves Adaptive Coping and Wellbeing for Māori Adolescents,” *New Zealand Journal of Psychology* 47, no. 2 (2018): 20.  
<sup>112</sup> “Te Toi Hauora-Nui Achieving excellence through innovative Māori health service delivery,” A report prepared for the Ministry of Health by Mauriora-ki-te-Ao/Living Universe (MKTA) Ltd, 2009, 47-50.  
<sup>113</sup> “Services,” Whakatū Marae, <http://www.whakatumarae.co.nz/services.html>; “Whakatū Marae,” Ministry of Health, <https://www.health.govt.nz/your-health/services-and-support/health-care-services/maori-health-provider-directory/south-island-maori-health-providers/nelson-marlborough-maori-health-providers/whakatu-marae>

<sup>114</sup> “Iwi individual profile: Ngāti Kuia,” 2013 Census.  
<sup>115</sup> L. Russell, “Te Oranga Hinengaro – Māori Mental Wellbeing. Results from the New Zealand Mental Health Monitor and Health and Lifestyles Survey,” Wellington: Health Promotion Agency, 2018.



# Connection to Place

An interesting point to arise out of the pūrākau was connection to place, specifically Te Taihu. Whānau shared a wide range of experiences in this regard. Some whānau who were raised in Te Taihu they spoke of their struggle to settle elsewhere and a longing for home. Other whānau have gone back and forth from Te Taihu, which they described as “home”, depending on the needs of their whānau at the time. Some of the factors influencing this were employment, earthquakes, and education choices.

There were also whānau who relocated to Te Taihu for a time to gain greater connection to their identity, acknowledging how this positively impacted their hauora. In one case, whānau spoke of not necessarily wanting to move to Te Taihu, but once they were there saying:

*It’s one of the most beautiful places I’ve ever lived in my whole life. Here, I found peace. Here, I was able to rest. My years of journeying and being stuck between heaven and earth, wandering, has come to an end and I was able to settle here. There’s a mauri here in Te Taihu*

Connection to place is an important part of cultural identity and has been found to have hauora benefits. There have been some studies on the notion of “place-based” wellbeing that acknowledge cultural and environmental facets of wellbeing. The relationship between Māori culture and the environment, accompanied by customary responsibilities can provide

opportunities to support hauora.<sup>116</sup> It also noted that the relationships are iwi and rohe specific. The relationship with the environment and place is based on whakapapa and encompasses whenua, cultural identity, along with mental and spiritual facets. This means that “tribal land is an extension of a sense of self and collective cultural being.”<sup>117</sup>



# Mātauranga

Connected to the practices of the ancestors is mātauranga. Whānau spoke of the importance of this for their hauora, particularly rongoa mātauranga. They also mentioned the loss of much mātauranga and their strong desire to regain this knowledge and to pass it onto the next generations. Some whānau have maintained rongoa practices such as growing, harvesting, and making rongoa treatments which have been identified as important for their hauora.

There has been growing interest in rongoa mātauranga in recent years. The reasons for this vary, but include a growing interest in Te Ao Māori and Māori knowledge, a desire for greater levels of self-determination for Māori in hauora, and a recognition that the mainstream system fails to account for the spiritual elements of hauora, the taha wairua.<sup>118</sup>

Rongoa mātauranga has the potential to be a significant focal point for some of the strategies implemented following this research. Rongoa wānanga would enable whānau to gain cultural knowledge which can then be implemented in their daily lives and benefit the hauora of the whānau. There would also be elements of physical activity and engagement with whānau creating connections and contributing to physical and mental hauora. Research conducted in 2019 reported a desire for greater levels of support for rongoa from iwi. This is now seen as possible in the post Treaty Settlement era where “iwi entities possess both influence and resources, and are a key part of Māori social, political and cultural landscapes.”<sup>119</sup>



<sup>116</sup> Ruth Panelli and Gail Tipa, “Placing Well-Being: A Maori Case Study of Cultural and Environmental Specificity,” *EcoHealth* 4 (2007): 446.

<sup>117</sup> *Ibid.*, 452.

<sup>118</sup> M.H. Durie et al., *Traditional Māori healing: A paper prepared for the National Advisory Committee on Core Health and Disability Support Services*, Palmerston North, Massey University, 1993 referenced in Annebel Ahuriri-Driscoll and Amohia Bolton, “Traditional Healing and Indigenous Wellbeing in Aotearoa/New Zealand,” in *Routledge Handbook of Indigenous Wellbeing*, ed. Christopher Fleming and Matthew Manning (London: Routledge, 2019), 59.

<sup>119</sup> Ahuriri-Driscoll and Bolton, “Traditional Healing and Indigenous Wellbeing in Aotearoa/New Zealand,” 66.



# Disconnection

The importance of a connection to Te Ao Māori was a major theme throughout the whānau pūrākau. One whānau member powerfully described it as “absolutely crucial...there’s nothing stronger than attachment than that sense of belonging and whakapapa is part of that belonging. I think it’s absolutely paramount.” Older whānau spoke of being the “lost generation” and how this has affected their hauora. Many have gone on their own journeys of discovering their identity. There is a need for greater support for whānau undertaking these journeys.

The importance of connection for hauora then begs the question of how disconnected whānau can be re-connected and also enjoy this sense of connection. Whether it be physical or otherwise. The pūrākau gathered for this research identified some existing initiatives and some innovative ideas to help connect whānau.

One of the ideas from the pūrākau was social media platforms and the role they can play in contemporary connection. Whānau acknowledged that this is even more pertinent in the current international climate with Covid-19. “Even if a lot of the people can’t get home, some sort of social media platform to get those stories out and building that connection and that pride in Ngāti Kuia, especially the ones who weren’t brought up there” in addition to the iwi pānui that whānau already engage with.

Wānanga were identified throughout the pūrākau as crucial and desired by whānau to increase connection and mātauranga. Some existing wānanga that were identified as helpful were the likes of Kura Reo and the Te Taihu sports tournament, as well as being involved in Kapa Haka and the related wānanga. Whānau expressed a desire for more, and more regular, wānanga. They spoke of how they wished there

was more access when they were growing up to point them in the right direction and a desire for the upcoming generations to have this.

Research in 2011 found that events such as inter-iwi sports tournaments can play an important role in strengthening Māori identities.<sup>120</sup> Sports events are able to support and grow cultural identity while also assisting in physical and mental hauora. An example given was of the Waipareira Challenge, a two-day sporting event run by the urban Māori authority Te Whānau O Waipareira Trust. It was held annually from 1998 to 2004 and had thousands of participants. The event was then used to promote hauora and healthy lifestyles. Te Ipukarea is the annual Te Taihu Inter-Iwi Sports Day. It began in 2017 as a revamped Pā Wars (which started in the 1990s) and was first hosted by Ngāti Koata in Nelson. Since then, iwi of Te Taihu take turns hosting the event.

A key group to focus on was identified as rangatahi and tamariki, which will also benefit the wider whānau. Connected to this, parents expressed a desire to learn more about their culture and identity to then pass onto their tamariki. One suggestion was “more family opportunities to go to the marae with your children...It takes a village to raise children, so maybe opportunities like that to come together and support each other and learn new things together.”

Ideas about succession planning were raised in the kōrero, to develop the younger generations and the possibility of a rangatahi representative on the Ngāti Kuia Trust Board. Succession planning is not just important for the Trust Board but also for all aspects of the iwi, such as the marae. Literature on Māori leadership shows that succession planning “needs to be well-managed with an orderly process of identifying

and grooming replacement leaders. Leadership development programmes, mentoring, and regular performance evaluation audits help develop and maintain leadership capability.”<sup>121</sup>

To conclude this section on connection is a particularly powerful quote from a whānau member who shared that in the eighties she learned her whakapapa:

*From then on I had that important blueprint of who I am, reaching back to Kupe. I know that had a profound effect on my sense of belonging and well-being. I’d like to suggest that people having guidance and access to their whakapapa would be fundamentally beneficial. Especially those whose whanau have become dislocated from the main locus and life of the Iwi.*

# Community and Connection

Closely connected to the theme of connection and identity was the theme of community that emerged strongly in the pūrākau. Whānau shared their experiences growing up and how there was a greater sense of community which had positive impacts on their hauora. They also noted how there has been a drift towards the individual and that there is a need to rebuild a sense of community to increase hauora.

Whānau pūrākau told of communal living and how the support structures were beneficial to wellbeing. Whānau spoke of how their communities used to be closer, both in distance and connection. This meant that they were able to support each other and “If one whānau struggled a bit, the others would pick up.”

In their kōrero, whānau spoke of a lack of connection in modern day society and increasing loneliness. Retirement was noted as a particularly important time when this can occur. Whānau raised the ideas of community events and greater connection. There was mention of how events such as Saturday sport used to fulfil some of this connection or even just chatting to the person at the local post office. But nowadays there are “a lot of people who are surrounded by people but are very alone.”

Whānau was spoken of as the most important form of community but this can be in different forms. Some of the rangatahi in particular spoke of the role of strong friendships for their wellbeing and as a support system because they are going through the same experiences. The community and whānau were also spoken of as important for accountability. In particular the older generations giving advice and direction. A desire to “try and revert back to that family nucleus, where the village takes responsibility for their own” was expressed.

In a survey conducted in 2013 relationships and whanaungatanga were identified as being the “most important contributor to life satisfaction for Māori.”<sup>122</sup> Other research into Māori mental health has shown that being able to rely on whānau and friends means that whānau are “less likely to experience symptoms of physical distress.” Similarly, it showed that strong relationships help to prevent loneliness and isolation.<sup>123</sup> Another interesting factor that was identified as preventing isolation was

the ability to provide manaakitanga with people “who find it easy to provide help to others in need are significantly less likely to report feeling socially isolated.”<sup>124</sup>

<sup>120</sup> Wiremu Te Kehukehu Mato, “Inter-Iwi Sport Can Strengthen Cultural Identity for Urban Māori,” Masters Thesis, Auckland University of Technology, 2011.

<sup>121</sup> Selwyn Katene, “Modelling Māori leadership: what makes for good leadership?” MAI Review 2 (2010): 9-10.

<sup>122</sup> Russell, “Te Oranga Hinengaro,”

<sup>123</sup> Ibid., i.

<sup>124</sup> Ibid.



# Iwi Divisions

A key barrier to a greater sense of community was identified as iwi divisions and identity. Whānau shared how when they were growing up there was less emphasis on iwi - everyone was just seen as cousins. Whānau described how over time it has become more “iwi-fied” which has led to division. It was acknowledged that there is intergenerational mamae but that there needs to be a collective approach to move forward. Whānau mentioned the role of the Treaty Settlement Claims process as playing a key role in these divisions. They also spoke of how “Covid-19 created a situation which was so intense, we had to come together.” There was kōrero around harnessing the collective power of iwi: “If we can get past the individualised and come back together, we will go forward. If you look at us as a collective, I’m talking eight (even the nine) iwi of Te Wai Pounamu, we’re huge in assets and experience to be fair.”

# Hauora Hinengaro

One of the most significant themes to emerge through this research was mental health. This was to be expected as research has shown that “over half of Māori become mentally ill during their lifetime, and just under a third will have been diagnosed with a mental illness within the past 12 months.”<sup>125</sup> There are strong links between socio-economic issues and mental wellbeing which contribute to the high rates of Māori mental illness.<sup>126</sup> Within the theme of mental health the key sub-themes that emerged were mood disorders (such as anxiety, depression, and bipolar disorder), suicide, counselling and treatment, as well as substance abuse and addiction.

# Mood Disorders

Whānau spoke of the prevalence of mental health issues in their whānau and communities. The most common mental health issue that arose in this research was mood disorders. These include anxiety, depression, and bipolar disorder among others. There was kōrero around the co-existence of these disorders and how they can affect the whole whānau. There was acknowledgement and discussion around the holistic nature of hauora and the need for approaches that take that into account. The other key factor spoken of by whānau experiencing mental health issues was an accurate diagnosis, which is often not the case. Following this, there is a need to gain an understanding of ones’ own mental health and how they can manage it.

Some of the ways that whānau have managed their mental health include finding healthy escapes such as art and learning about their identity. Cultural identity has been shown to have a positive effect on hauora and that strong cultural identity can help “protect against the development of mental health disorders such as depression and anxiety.”<sup>127</sup> Durie wrote of how mental health is linked to identity and explained the need for access to Te Ao Māori to create a sense of belonging which can improve mental health. Ways of achieving this can be language, whenua access and utilisation, and establishing connections with whānau.<sup>128</sup> These are proven methods that are directly correlated to hauora. This was evidenced in “Te Hoe Nuku Roa” which “found health, well-being and education standards were worst where access to land, language and other Maori resources were least available. Health was best and identity most secure where resources were more plentiful.”<sup>129</sup>



# Suicide

One of the most devastating impacts of mental illness are the suicide rates that accompany it. Māori have higher suicide rates than other ethnic groups. In 2013 it was found that suicide rates were highest for Māori living in the most deprived areas.<sup>130</sup> This issue was brought home during this research when a whānau member was lost to mental illness. As was shared during the pūrākau: “Mental health and depression is huge and I think it’s bigger than what people realise. I’ve just recently lost a brother to suicide because of the layers of mental health.”

Whānau shared their personal experiences, which provided powerful insight into this all-too-common issue. They shared how when someone is in that state it can be incredibly hard to reach them and help them because they feel like “people would be better off without me” and they just want “all the pain to stop, pain from the past everything”, and they then “hide behind stuff.” They also discussed how to help, “I think the support just needs to be there and getting rid of the stigma. It’s not

funny, it’s not a joke.” Research indicates that stigma, both internal and external, can stop people from accessing help.<sup>131</sup> The 2014 study into Māori mental health outcomes in Te Tau Ihu noted that “reducing the level of stigma and discrimination” was a consistent theme for improving mental health outcomes for both Aotearoa New Zealand and overseas.<sup>132</sup>

Cultural ties and whānau relationships have been identified as important in mental hauora and specifically in suicide prevention.<sup>133</sup> This has been identified globally for Indigenous peoples.<sup>134</sup> Research has evidenced that suicide prevention factors from a cultural perspective include strong cultural identity, access to resources that assist cultural identity development, and reconnection or maintaining connections to culture and community.<sup>135</sup> Additionally, whānau and community support are crucial, and can help to negate the negative effects of poor socio-economic circumstances.<sup>136</sup>

<sup>125</sup> Reid et al., “Towards a Social-Structural Model of Understanding Current Disparities in Maori Health and Well-Being,” 515. 125 Reid and Robson, “Understanding health inequalities,” 4.  
<sup>126</sup> Russell, “Te Oranga Hinengaro,” 12.  
<sup>127</sup> Erin Ebbett and Dave Clarke, “Maori Identification, Alcohol Behaviour and Mental Health: A Review,” Int J Ment Health Addiction 8 (2010): 215.  
<sup>128</sup> Ibid., 214-215.  
<sup>129</sup> Te Hoe Nuku referenced in Ebbett and Clarke, 215.

<sup>130</sup> “An overview of suicide statistics,” Ministry of Health, <https://www.health.govt.nz/system/files/documents/pages/data-story-overview-suicide-prevention-strategy-april2017newmap.pdf>  
<sup>131</sup> Marita P. McCabe and Loriane Leas, “A qualitative study of primary health care access, barriers and satisfaction among people with mental illness,” Psychology, Health and Medicine 13, no. 3 (2008): 309; Eade, “Te Tauihu Māori Mental Health outcomes,” 37.  
<sup>132</sup> Eade, “Te Tauihu Māori Mental Health outcomes,” 83.  
<sup>133</sup> “Submission to the Government Inquiry into Mental Health and Addiction,” Health Promotion Agency, 2018.  
<sup>134</sup> Russell, “Te Oranga Hinengaro,” 13.  
<sup>135</sup> “He Hauora Wairua Māori Mental Health,” Best Practice 28 (2010): 38. 136 Ibid., 38.  
<sup>136</sup> Ibid., 38.





Mānuka (*Leptospermum Scoparium*). Mānuka leaves are larger and more ovoid and sharp-pointed (Lanceolate). The foliage is harsh and prickly to the touch.

## Treatment

In terms of treatment for mental health whānau shared their experiences of what worked and did not work for them. Whānau shared a reluctance to engage with the system, either initially or altogether. In some cases, their whānau members were the ones who sought help for them in the first instance. Part of not wanting to engage with the system was explained as the lack of holistic approaches and culturally-specific support offered there. Whānau spoke of reaching out for help, yet “they just offer you medication.” There was also insufficient following up for other supports such as counselling. This is crucial because, as whānau acknowledged, “when you’re in a state of mind sometimes you don’t follow up on that yourself.” The desire for a greater range of treatments that are holistic, including rongoa and counselling is reflected in existing research.<sup>137</sup>

There was also kōrero around some negative side-effects of certain medications and alternative approaches that have worked for them. One such approach is the use of CBD (cannabidiol) and medical cannabis, for the treatment of many ailments, but particularly mental health. As one whānau member shared:

*There’s always side effects to stuff and I was starting to feel them, so ended up I changed to medicinal medicine and had a big change. Got me off all my pharmaceutical and went into the medicinal marijuana. I was a bit iffy about giving it a go but I haven’t looked back. I’ve had real good results out of it.*

This experience and its impact on hauora was summed up eloquently: “I’m on medicinal and that changed me and has kept me for the first time. I wake up and I go, ‘I love living’ and I do, I love living. I used to say to people, ‘I suffer from bipolar.’ Now, I live with bipolar.” There is increasing research on the positive effects CBD can have on hauora, both mental and physical. CBD is found in cannabis plants but is not psychoactive. It has been shown to have similar effects to antidepressants and has also been used successfully for treatment of conditions such as post-traumatic stress disorder (PTSD).<sup>138</sup>



<sup>137</sup> “He Ara Oranga,” 53.

<sup>138</sup> Jan Roberts, “Medical Cannabis in Adult Mental Health Settings: Reconstructing One of the Most Maligned Medications in the United States,” *Clinical Social Work Journal* (2018); Zach Walsh et al., “Medical cannabis and mental health: A guided systematic review,” *Clinical Psychology Review* 51 (2017).



# Whānau Whakaaro

To conclude this section of the report on mental hauora some words of wisdom from the whānau pūrākau regarding some solutions to the current mental health crisis will be outlined.

A vital factor is removing the stigma around mental health and openly discussing it. As one whānau member stated, “I think it’s okay not to feel okay. I think that’s a big thing. It’s okay to ask for help. There’s so many people out there for you and we’re all here we all struggle.” This was echoed by many whānau during their pūrākau.

Whānau shared their thoughts on how to reach people during their dark times and how to help them. An important aspect of this was identified as having people who have experienced it themselves and can help others navigate their way through, as Matua Hautere utilised the instructions of his tipuna Kupe and the guidance of Kaikaiawaro to navigate through the seas to Te Hoiere. These navigators would be able to say, “I’ve been there, I’ve done that. I could have been a statistic, but here I am, and here I am to help you. I know those signs, I recognise where you’re heading.” Other research has suggested that peer-support programmes are effective for mental health treatment as they “give people a sense of hope that inspires and sustains the healing process and provides a counterbalance to the medical focus of clinical services.”<sup>139</sup> Too often whānau try to manage it themselves and are unable to or unwilling to seek help. A simple suggestion that could help support whānau was having: “someone in the whānau who rings up people, checks in on them...and even just making people think about their mental health.”

Te Hoiere, (Pelorus river),  
Mangatapu Road.

<sup>139</sup> “He Ara Oranga,” 60.





# Substance Abuse and Addiction

An issue that came up in the pūrākau was drugs and addiction. There was kōrero around using drugs, such as alcohol, as an escape from mental health and other life issues. The most prevalent addiction issue to emerge in the pūrākau was smoking. This has been depicted as both an addiction issue and physical health issue from the effects, hence its location in between mental health and physical health sections.

Whānau spoke of how the older generations used to smoke heavily and it was common practice. It was noted that there has been a shift and less people are now smoking. One of the interesting points whānau made regarding smoking was the health issues that arose after quitting. Not necessarily from quitting, but from the way they quit and the lack of support and education around how to best do this. This was a common theme of many pūrākau where whānau saw, particularly older, members of their whānau quitting after years of smoking. One example was a whānau member who quit smoking and then gained weight, which led to diabetes. They were never told this could happen and if they had known they would have changed their lifestyle to prevent it. A doctor later said that this was “how you got diabetes, they should have warned you.” A suggestion from the pūrākau was greater education and support for whānau quitting smoking and making healthy lifestyle changes to ensure they are successful and do not end up with other health issues as a result of it. This could be in the form of a plan in case they want to give up smoking and nutrition advice to go with it.

# Hauora Tinana

Physical health is a major component of the holistic health model Te Whare Tapa Whā. Whānau emphasised the importance of their physical health as well as how it is linked to their mental, spiritual, and whānau hauora. There were some particular health conditions and diseases to emerge strongly and consistently in the pūrākau. These included cancer, cardiovascular disease, diabetes, and weight management.

Whānau also spoke of the effect tuberculosis had on their whānau. Tuberculosis was a huge issue for Ngāti Kuia historically. Many of the kaumātua spoke of the effects this disease had for their whānau and their lives growing up. It was described as “rife” and compared to cancer in today’s society. The example given earlier, of the Waaka whānau at Okoha highlights this. The Waaka’s experienced seven tuberculosis related deaths in six years.<sup>140</sup>



# Cancer

Cancer was identified in the pūrākau as a hauora issue affecting Ngāti Kuia whānau, with particular whānau experiencing especially high rates of a range of cancers. Whānau shared their whakaaro on possible reasons for the high rates, saying that the role of a healthy lifestyle is key. For one whānau, two siblings and one of their nieces all recently had cancer, with only one surviving.

It is not surprising that it is an issue affecting whānau given the high cancer rates for Māori. Furthermore, cancer mortality rates are higher for Māori than non-Māori, even in cases when Māori have similar or lower rates of particular forms of cancer.<sup>141</sup> Research published in 2019 showed that between 2007 and 2015 Māori cancer patients are “twice as likely to die of their cancer than non-Māori patients.”<sup>142</sup> Importantly, this research acknowledged the “upstream” factors influencing these rates such as “colonisation, historical traumas and institutionalised racism” which are known to lead to greater rates of “poverty, unemployment, adverse housing conditions.”<sup>143</sup> It also noted that cancer survival is improved with “access to and through cancer services, from early diagnosis through to best-practice treatment and support.”<sup>144</sup>

# Cardiovascular Disease

One of the prominent hauora issues that emerged in the research was cardiovascular disease. Once again, some whānau have particularly high rates of this and like cancer it can be a range of heart diseases. Cardiovascular disease rates are higher for Māori than non-Māori and Māori are twice as likely to die from the disease. Additionally, Māori are 1.5 times more likely to need hospital treatment for cardiovascular disease.<sup>145</sup>

Whānau who have experienced this went through the medical procedures necessary such as surgery and then emphasised the importance of lifestyle changes such as nutrition and exercise. This is backed up by the key messages from the ‘One Heart Many Lives’ campaign which raises awareness of cardiovascular disease for high-risk groups.<sup>146</sup>

- Get your heart checked
- Get more active
- Eat better
- Stop smoking

<sup>140</sup> Locke, “The Poorest Tribe Under the Heavens,” 121.

<sup>141</sup> Kimiora L. Henare et al., “Mapping a route to Indigenous engagement in cancer genomic research,” *Lancet Oncol.* (2019): 327; Jason Gurney et al., “Equity by 2030: achieving equity in survival for Māori cancer patients,” *New Zealand Medical Association* 132, no. 1506 (2019): 66-67.  
<sup>142</sup> Gurney et al., “Equity by 2030,” 67.  
<sup>143</sup> *Ibid.*  
<sup>144</sup> *Ibid.*  
<sup>145</sup> “Heart disease in the Māori community,” Heart Research Institute NZ, <https://www.hri.org.nz/health/learn/cardiovascular-disease/heart-disease-in-the-m%C4%81ori-community>  
<sup>146</sup> “Cardiovascular disease and diabetes in Māori,” *Best Practice Journal* 13 (2008): 17. [https://bpac.org.nz/BPJ/2008/May/docs/bpj13\\_cardio\\_pages\\_15-19.pdf](https://bpac.org.nz/BPJ/2008/May/docs/bpj13_cardio_pages_15-19.pdf)



# Diabetes

An incredibly significant issue for Ngāti Kuia hauora that emerged through the pūrākau was diabetes. There are high rates of diabetes within whānau and this is also reflected in national statistics. Māori have a higher rate of diabetes as well as higher rates of complications from diabetes.<sup>147</sup> Self-reported type two diabetes is twice as high as non-Māori, as of 2013/2014.<sup>148</sup>

Once again lifestyle factors were acknowledged as vitally important. One whānau member shared how diabetes runs in their family although some have not got it as they are the ones who had healthy diets full of fresh vegetables and unprocessed kai. Another whānau member was prediabetic and “reversed that through changing my diet.” This supports the kōrero in the lifestyle section of this report.

There was kōrero around the lack of support and education offered by the health system for whānau around diabetes and health issues more broadly. One whānau member shared her experience of having gestational diabetes and being told to “be very careful” and that they needed to make changes to their lifestyle to ensure they do not get diabetes. But aside from her diagnosis, there was no further support or advice regarding how to best go about it. Research emphasises the need for lifestyle and clinical interventions for diabetes and the important role of Māori organisations in its prevention and treatment.<sup>149</sup>

# Weight Management

Closely linked to diabetes and associated health issues is weight management. Whānau spoke of the need for more education around weight management and the vital role of healthy lifestyles. There was kōrero around what causes weight issues, whether it is lifestyle or genetics, or a combination of both. There was discussion on the negative impacts of processed kai and sedentary lifestyles with less physical activity for weight control. It was clear through the pūrākau that there is a need and a desire for greater education and knowledge regarding healthy lifestyles and weight management. This was a strong theme throughout the pūrākau regarding nearly every category.

# Preventative Approaches – Genetic Testing

Whānau noted the importance of needing “to educate future generations about the benefits of good physical health” so that they can make informed decisions that benefit their hauora. This is linked to the idea of preventative approaches, which will be outlined in greater depth in Part II of this report. One suggestion particularly relevant to physical health was to do genetic testing. This was initially raised by a whānau member in their pūrākau, who explained their reasoning as follows:

*I would like to see perhaps a test or a service where I can have not so much a DNA but a predisposition test done on what are my whānau, what are my moko likely to have...? We all know that we have aunties and uncles that had liver cancer and things like that, so is that in my gene? ...We all know that some people carry the cancer gene. There’s certain whānau that do, so do we have it? Can we identify? That, to me, is prevention, knowing that knowledge.*

They continued on to explain that is part of the “hauora journey” they want to go on. This goes back to prevention and also having self-determination over hauora. Because “if we know what our journey is, it’s like mapping a trip.” Other whānau echoed these sentiments, saying that if “we’re truly looking at Ngāti Kuia, we need to get our DNA together.” Whānau were focussed on both the genetic and lifestyle factors and open to what genetic testing could offer regarding these. This was summed up as coming down to “education and knowledge.”

A fascinating example was offered in the pūrākau regarding testing that has already been done on tipuna. The testing picked up on “afflictions and gout was one of them.” Gout is a build-up of uric acid and was an antibody against malaria, that the tipuna did not lose when they reached Aotearoa New Zealand where it was no longer required.<sup>150</sup>

Whānau explained that it would help to relieve some anxiety around their health, particularly if their whānau are particularly susceptible to certain illnesses. One whānau member spoke

of how for their children they would “like to know if they’re going to be cancer or is it going to be the heart...I know in my family, we’ve got both. We’ve got the heart and the cancer.” A test may enable whānau to find out about health issues before it is too late and when meaningful changes can be implemented. However, there was kōrero around how best to present the information to whānau and the need for support through the next stages following the results.

It could be transformative through enabling whānau greater self-determination over their hauora. There is a desire to “understand our body and our health, and the things that affect us that might be hereditary.” During one pūrākau it was said that “a lot of families would be interested to have that information found out and how to better self-manage your own wellness, cos we want to empower our people.” This type of intervention, and other preventative approaches, has the power to change the way whānau see their futures. A whānau member noted how when you are a “young person you grow up and see your older people in your family going through those issues and you think it’s just part of life.” But if a test was done as early intervention this could change and young people will see the possibility of a healthier future for them and future generations. Whānau mentioned previous attempts to get whānau tested but financial barriers “shied them all away.” Therefore, there needs to be “some funding towards” testing for it to work.

<sup>147</sup> Angela Beaton et al., “He Pikinga Waiora: supporting Māori health organisations to respond to pre-diabetes,” *International Journal for Equity in Health* 18, no. 3 (2019): 2.  
<sup>148</sup> Ibid., 2; “Diabetes,” Ministry of Health, [https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/diabetes#:~:text=M%C4%81ori%20adults%20were%20about%201.5,%2C%20CI%201.32%E2%80%931.69\),](https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/diabetes#:~:text=M%C4%81ori%20adults%20were%20about%201.5,%2C%20CI%201.32%E2%80%931.69),) Statistics from 2013/14 New Zealand Health Survey, Ministry of Health.  
<sup>149</sup> Beaton et al., “He Pikinga Waiora,” 7.

<sup>150</sup> Anna L. Gosling, Elizabeth Matisoo-Smith and Tony R. Merriman, “Hyperurcaemia in the Pacific: why the elevated serum urate levels?” *Rheumatol Int* 34 (2014): 743.



# Solutions

There are some existing frameworks that tie the aspects of hauora together to create a holistic approach. One of these is the ‘Atua-Matua Māori Health Framework’. This approach uses environmentally based concepts of hauora in a Māori ancestral framework. Atua-Matua focuses on traditional mātauranga, whakapapa connections, the environment, tīpuna, and ātua in order to promote hauora and lifestyle changes.<sup>151</sup> This model is iwi focused and can be adapted by iwi with unique aspects of their identity and history.

There have been initiatives that have used this framework, such as the ‘Korikori a Iwi’ initiative. ‘Korikori a Iwi’ focused on physical activity for iwi in the Far North. It was implemented by five Māori health providers with Ministry of Health funding.<sup>152</sup> It employed traditional mātauranga of games and weapons training as forms of exercise that also taught cultural knowledge at the same time.<sup>153</sup> It utilised a holistic approach where “culture is the binder for exercise and nutrition.”<sup>154</sup> In this initiative, wānanga were held at marae which were focused on hauora and incorporated practical components on nutrition and sports. One aspect was to restore a waka and included waka ama activities. There were also regular walks to places of significance to the iwi which incorporated rongoa mātauranga.

Wānanga such as these could play a significant role in iwi hauora. They offer a holistic, iwi-led solution to a range of hauora issues. There are the physical wellbeing components of exercise and being outside on the whenua. There are

also the mental hauora aspects of connection and learning about cultural practices. Additionally, they are whānau friendly and all can get involved. The wānanga can and should be iwi specific based on the environment. Wānanga could revolve around rongoa or kai gathering and cooking while bringing in all the other related aspects of hauora.

# Tāngata Whaikaha

Another facet of hauora that emerged during the pūrākau was whānau with disabilities. Tāngata whaikaha is a term used for “two or more Māori people with a disability...whaikaha means ‘to have ability’ or ‘to be enabled.’”<sup>155</sup> These included takiwātanga (autism) and Williams Syndrome. Whānau members shared their experiences with, and insight on, disability support and services. Disability is a term used for a range of conditions, with a quarter of the population recorded having one in 2013. Disabilities are more common for older people and Māori.<sup>156</sup> As of 2014, Māori had a 33% rate of disability, significantly higher than non-Māori at 24%.<sup>157</sup> Despite these higher rates of disability, 39% of Māori report unmet health needs at 1.4 times the rate of non-Māori.<sup>158</sup>



# Diagnosis

Whānau spoke of how one of the predominant struggles was getting an accurate and early diagnosis. This was parent led with a common theme being the need to push for answers and go to multiple services and specialists. Whānau explained how important it was for them to follow their intuition as parents and not accept all answers. One whānau even had to relocate from Australia back to Aotearoa New Zealand to get answers. Once they had an accurate diagnosis, they described feeling “a huge relief” because they could then focus on what they needed to do. Other whānau described waiting and waiting for a promised referral that never came when they were trying to get a diagnosis. This led to the whānau going to the private health system, but they noted that they were lucky to be in a position to afford the appointment.

One whānau offered some insightful words about the experience of parents of tangata whaikaha:

*It was a lot of pushing and actually, it's been all the way through, if I had to really sum up the fight parents of children who have learning disabilities. It's just all the time, pushing to make sure that you get the right care, bearing in mind that you are in no way an expert in this field and that you're winging it just like everybody else. You have to have in, the back of your mind, what is your preferred goal or outcome. Then, you just have to try and think, how am I gonna get to that?*

Having to push for services in the health system was a theme throughout the pūrākau and will be detailed further in Part II of this report.

<sup>151</sup> “Atua Matua,” Toi Tangata, <https://toitangata.co.nz/our-mahi/atua-matua>  
<sup>152</sup> Wendy Henwood, “Māori Knowledge: A Key Ingredient in Nutrition and Physical Exercise Health Promotion Programmes for Māori,” *Social Policy Journal of New Zealand* 32 (2007): 155.  
<sup>153</sup> *Ibid.*,” 158.  
<sup>154</sup> *Ibid.*  
<sup>155</sup> *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*. Ministry of Health (Wellington, 2018) <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disabilityaction-plan>, 4; Paula Therese King, “Māori With Lived Experience of Disability Part I,” commissioned by the Waitangi Tribunal, WAI 2575, B22, 2019, 5.  
<sup>156</sup> “He Ara Oranga,” 72.  
<sup>157</sup> Huhana Hickey and Denise Wilson, “Whānau Hauā Reframing disability from an Indigenous perspective,” *MAI Journal* 6, 1 (2017): 83.  
<sup>158</sup> *Ibid.*,” 85.



# Support

Whānau support emerged as an important factor for the hauora of whānau living with disability. This support was both emotional and practical. As one whānau member said, even if you do not “spend a lot of time with them...you know that, at the drop of a hat, they were there.” Whānau often become carers for their whānau members and this has hauora implications. Whānau carers need support to ensure that they can maintain their own hauora while also performing their carer role. This was acknowledged in research which stated:

*Caring is hard work and a stressful activity, particularly when the person with a disability is a loved one, and more so when their condition is ongoing or degenerative. In failing to attend to healthy lifestyle practices like good eating, sleeping and exercise routines, carer’s risk becoming physically and mentally ill themselves.*<sup>159</sup>

An issue that was identified was that there are not always appropriate services where whānau live. This influenced some whānau to relocate to cities where there are more suitable options for schooling and other supports. Whānau relocated from Te Taihū to Ōtautahi for example as there are more options there for both tamariki and adults with disabilities. This lack of appropriate and quality disability services in regional areas of the country has been acknowledged.<sup>160</sup>

Whānau identified the importance of quality schools and learning environments. Whānau described feeling somewhat isolated when living away from their wider whānau and dealing with the challenges that come with the disability experience, but once they found a good school

for their tamariki this changed for the better. This was echoed by another whānau member who spoke of finding a great school and then “they never had to fight again.” With the school, they did not have to do anything except get him ready for school as transport was provided and there were other services such as physio and speech therapy on site. This was also fully funded and the whānau spoke of their decision to choose that school as “the best decision we ever made.” The school also took care of transitioning students out of school and into adulthood.

An example provided in the kōrero was the day services facility for people with intellectual disability, A.J. Day Options Trust in Ōtautahi. The cost for this is covered by the funding package and it includes “outings, small paid jobs, a safe, enjoyable space with a group of peers in the same age group.” Whānau explained that this has contributed to their hauora and helped to provide “a very full and happy life” for their son. There has been limited research to date on the hauora of tāngata whaikaha whānau.

# Accessing Services

Whānau shared some perceptive whakaaro on accessing disability services. The first step, as noted earlier, is getting an accurate diagnosis which has its own challenges. After diagnosis, however, early intervention services (for ages two to five) “straight away ... kick in.” According to whānau, one positive aspect of the services was that they create a sense of support and community through getting to meet other parents and tamariki with disabilities.

However, a key issue whānau identified was getting access to the correct services and knowing what is available. They spoke of the struggle “getting knocked back by different services” which gets “tiring.” They noted that although there is “a lot of help out there... it’s accessing the services that you need and they’re not forthcoming.” Another related issue was finding a carer who fits the needs of the whānau. This was identified as a challenge because of the level of trust required as well as having to fit well with the specific needs of the whānau. The highest uptake of support services for Māori and non-Māori is for carers so this is an important point.<sup>161</sup>

There is existing research into the barriers accessing disability services. Even though Māori have much higher rates of disability, there is “disproportionate access to disability support services.”<sup>162</sup> The key barriers for Māori have been identified as “the distance to travel for care, the availability of appointments at suitable times, waiting times, the (lack of) choice of provider, inflexibility of health care systems and poor experiences.”<sup>163</sup> The other barrier was cost, both direct and indirect. For instance, the cost of the appointment itself and associated prescriptions, as well as the cost of taking time off work and travel expenses.<sup>164</sup>

# Funding

Funding was a major point of discussion for whānau regarding disability services. There is funding available which generally goes to the school for the duration of the child’s education. One whānau member helpfully explained how this works and some of the issues with this:

*What happens is not all kids are ORS funded [Ongoing Research Scheme]. Once you get diagnosed or ORS funded...it stays with you ‘til the day you die. If you’ve got a group of kids in a primary school, some are high needs, some are very high needs, and some are borderline; some aren’t funded, but the school puts all the money into the one package, and they take for other children. You might need teacher aide 30 hours a week for school, but you can only get 18, because it’s spread out with the other kids, cos you don’t have control of your package.*

Other whānau shared how there is “a very small pool of funding” and to access funding there are multiple appointments and needs assessments, which are intended to identify areas where help is needed. The funding for this whānau was minimal during the early years but changed when the tamariki turned ten years of age as they were viewed as more independent and having different needs.

Research has shown that only 16% of Māori are accessing Ministry of Health disability support, despite 23% of Māori with disabilities having “very high level of support needs.”<sup>165</sup> This illustrates the difficulties in navigating the system. It has also been partly attributed to the role of whānau who picked up the extra mahi needed to support their whānau.<sup>166</sup>

<sup>159</sup> Linda Waimarie Nikora et al., “Disabled Maori and Disability Support Options,” Māori and Psychology Research Unit, A report prepared for the Ministry of Health, 2004, 58.  
<sup>160</sup> Ibid.

<sup>161</sup> King, “Māori With Lived Experience of Disability,” 29.  
<sup>162</sup> Ibid., 28.  
<sup>163</sup> Peter Jansen et al., *He Ritenga Whakaaro: Māori Experiences of Health Services* (Auckland: Mauri Ora Associates, 2008), 9; King, “Māori With Lived Experience of Disability,” 30.  
<sup>164</sup> Ibid., 9; King, “Māori With Lived Experience of Disability,” 30.  
<sup>165</sup> Hickey and Wilson, “Whānau Hauā,” 85.  
<sup>166</sup> Ibid., 85-86.



A pilot scheme in Ōtautahi in which one whānau participated, Manawanui, meant that the whānau were able to access the funding from the age of twenty-one and have more of a say in how it was managed. This scheme meant that Manawanui became the fund holders and “were giving the power to the parents to buy the services for their own children.” Some institutions such as schools and other services were not overly supportive of this because it took the funding away from their control. This scheme was a game changer for whānau. The key issue with the current funding model is its inflexibility. Whānau are not able to control what their funding is spent on meaning it does not always meet their particular needs. An interesting example was provided of a mother with two children, one who has autism:

*She was feeling the pressure from her outside whānau to be back in the workforce. There wasn't enough money, he really needed a really good trampoline, cos he loved to bounce. They just couldn't afford it. You can't access your money for things like that. If only there was someone that they could have said, right, we've got an organisation who are willing to buy something like that to make your life easier. Here's the person, I'm gonna get them to ring you. We're gonna fill out the paperwork for you.*

The Ministry of Health's plan for 2018 to 2022 recognises the issues with the current funding model and has committed to “ensure that tāngata whaikaha can access self-directed funding arrangements for their disability supports.”<sup>167</sup> The plan focuses on whānau and tāngata whaikaha “having more choice and control over their supports and their lives.”<sup>168</sup>

<sup>167</sup> “Whāia Te Ao Mārama,” 10.

<sup>168</sup> *Ibid.*, 5.





# Whānau Whakaaro

Through their experiences, whānau have valuable insight and advice regarding the current system. One of the suggestions offered in the pūrākau was mentoring and support for parents and whānau of tāngata whaikaha. Whānau spoke of how helpful it would have been for them to have had a mentor who had practical knowledge and experiences of what funding and services can be accessed and how. The difficulties of navigating the system are well-known and there have been “calls for specific action plans to eliminate the administrative chaos that so often prevents consumers from leading full and meaningful lives.”<sup>169</sup>

Mentoring and support could make a massive difference to the hauora of these whānau because “there’s always a solution to that problem” but solving it alone takes much longer. As one whānau member explained, “Your child might start presenting something, but there’s always a solution, but it takes a long time to get the services all together to coordinate it, then put it into practice and find that, well that doesn’t work.” However, this process could be accelerated through insight gained from whānau with previous experience.

The other suggestion whānau made was a database and navigator situation:

*To me how it should run now, your name goes in the system and you say to the person who comes to your home, this is what I’m struggling with. They should be able to just open that computer, have that database in here, we’re gonna put this person with you and these are the needs that you need. I can access that for you. There’s too many services vying for the money.*

An interesting whakaaro emerged from the literature. It was argued that “despite the prevalence of Māori experiencing disabilities, generally there is minimal whānau hauā representation in hapū and iwi planning and decision-making.”<sup>170</sup> Whānau hauā is as an “‘umbrella term’ [used] for Māori with lived experience of disability and their whānau.”<sup>171</sup> There is a need for iwi and hapū to incorporate tāngata whaikaha into future planning and hauora initiatives particularly.

Current research has indicated there is a significant desire for Kaupapa Māori disability services. However, there is still a lack of options available with only thirty-three providers across the country, and some locations with none.<sup>172</sup> In 2004, the National Advisory Committee on Health and Disability explained the importance of Māori disability support services:

*[The] emergence of Māori disability support service providers is providing a focus, and at times a voice, for Māori with disabilities. It also enables the further development and implementation of Kaupapa Māori service models to assist in meeting the needs of Māori with disabilities in a holistic way.*<sup>173</sup>

The need for Kaupapa Māori services across the health system will be discussed in depth in the next section which examines the health system in particular.

<sup>169</sup> Nikora et al., “Disabled Maori,” 23.

<sup>170</sup> Hickey and Wilson, “Whānau Hauā,” 85-86.

<sup>171</sup> King, “Māori With Lived Experience of Disability,” 6.

<sup>172</sup> As of 2017. King, “Māori With Lived Experience of Disability,” 158.

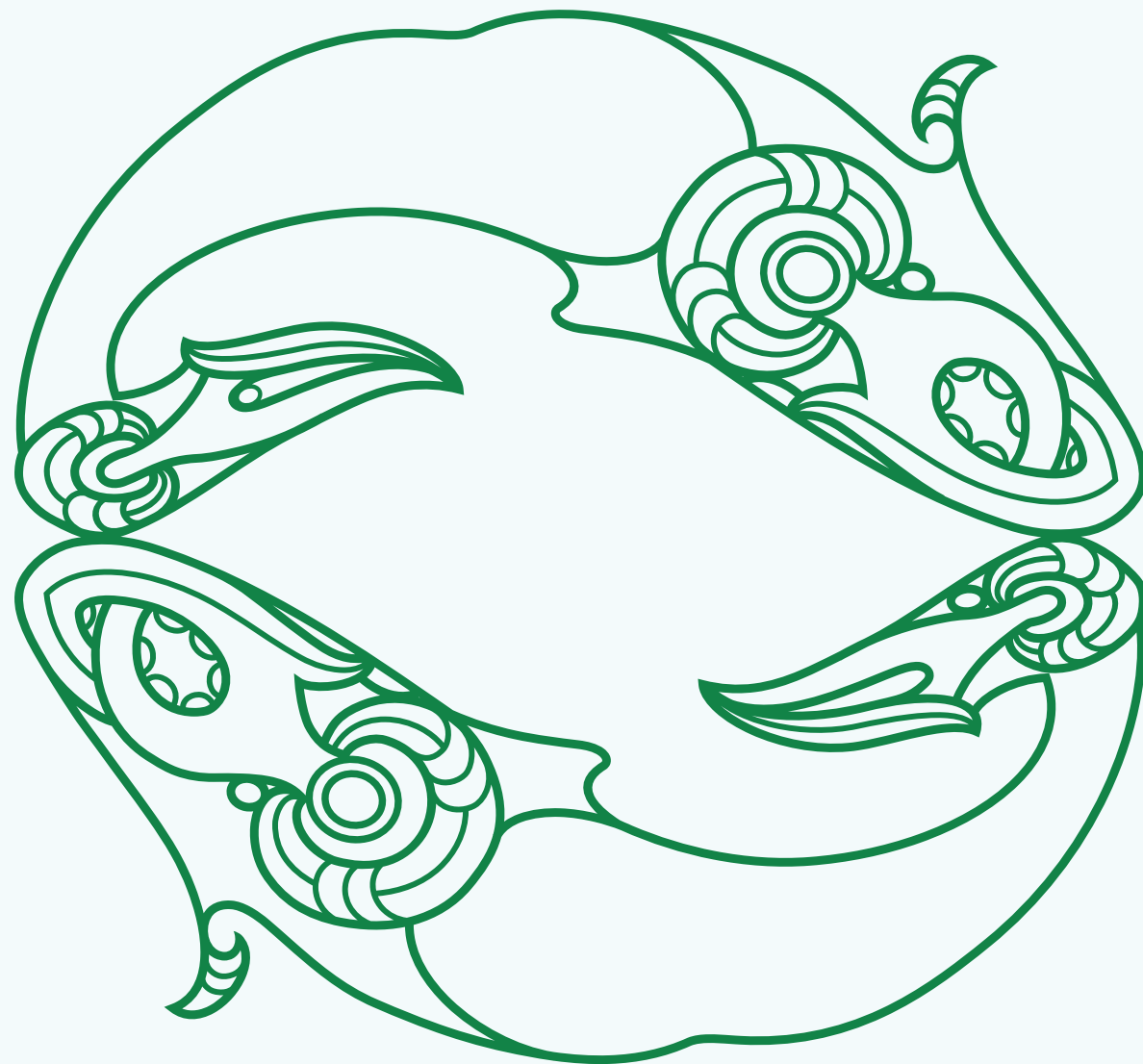
<sup>173</sup> The National Advisory Committee on Health and Disability in 2004 quoted in King, “Māori With Lived Experience of Disability,” 165.





# Conclusion

## (Part I)



Part I of this report has focused on the hauora perspectives and experiences of whānau. Several key themes emerged from the whānau pūrākau which were often intertwined. One of the main themes was the role of lifestyle factors such as; physical exercise, nutrition, and faith. Whānau spoke of wanting access to affordable, nutritious kai and higher levels of self-sufficiency. Research shows that individualistic approaches to lifestyle change are not sufficient. Approaches need to take into account that while whānau need greater access to education on managing their hauora, financial matters and other barriers also need to be taken care of.

There was also significant kōrero around socio-economic factors and the role these play in hauora. These factors, including environment, housing, education, employment, and economic, are vital to hauora. Whānau shared their desire for home ownership and fulfilling, supportive employment, noting that this would have significant hauora implications.

Whānau spoke of wanting tikanga based solutions to modern day issues. There was a strong, consistent desire across the pūrākau for greater cultural approaches and solutions to hauora issues. Whānau also want to be more connected and have more information about their whakapapa and identity. The importance of Te Reo and the practices of ancestors were spoken of as integral to matters of identity and whakapapa. Another facet of mātauranga whānau want to know more about is rongoa and the role this can play in hauora.

Mental health was a strong theme of the pūrākau with whānau sharing their powerful experiences. The need for holistic approaches

was expressed and whānau spoke of what has worked for them in managing their mental health, including therapy and CBD. Despite barriers to engaging in therapy once an individual was engaged, it proved to have beneficial effects. Whānau spoke of the need to remove stigma around mental health.

Physical health was discussed as an important component of overall hauora. Whānau shared how their physical hauora is linked to their mental, spiritual, and whānau hauora. Some of the prevalent physical health issues were identified as cancer, cardiovascular disease, diabetes, and weight management.

One of the overarching themes from the pūrākau was the want of whānau to have greater self-determination over their hauora and lifestyles. They often need an initial assistance and from then on will be able to self-manage and not require future interventions. Sometimes this is a case of providing more information and education for whānau around such things as lifestyle changes. In other cases it could be financial support to get on the property ladder.

There was some insightful kōrero from whānau with experience of disabilities and the disability supports available. They shared how they had to rigorously pursue support that was at times inadequate or simply irrelevant to their needs. There was kōrero around how navigators, or mentors, who have been through this, could help to support whānau and assist them in accessing the available support. Once again, the theme of self-determination emerged strongly in the pūrākau with whānau simply wanting more autonomy in their lives and support they are entitled to.

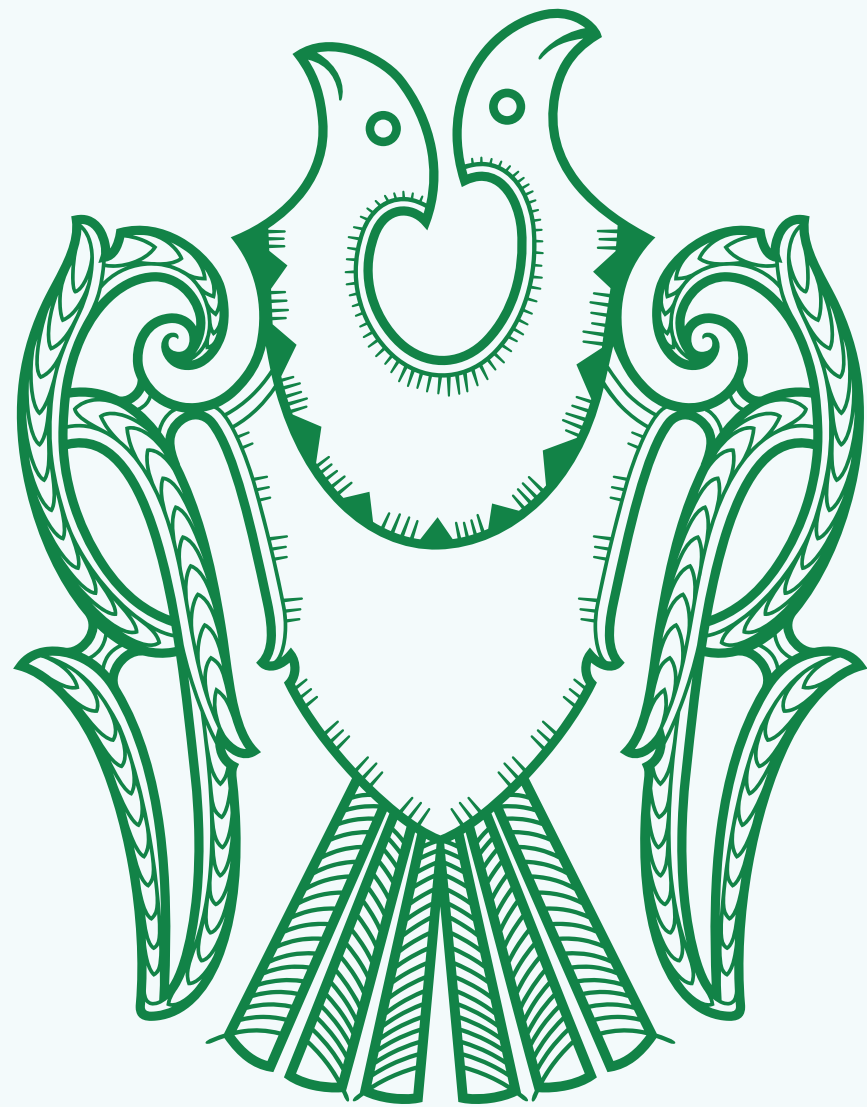




Waharoa (entrance) at Te Hora Marae -  
Canvastown Te Taihū.



# The Health System



Part II of this report examines the health system in more specific detail. Some of the themes in this section overlap with Part I as to be expected, however, it required its own section to delve into some of the issues.

## Access and Navigation

The major thread running through the pūrākau regarding the health system was access to appropriate and quality services, as well as navigating the system successfully. This factor has already been discussed in the disability context and emerged more broadly across the health system. Whānau stated that there is no “less of a care about hauora or wellbeing” for Māori but there is “less of an understanding of how to navigate the health system.” In addition, whānau spoke of how the health system is “very Pākehā” and not a place that “feels comfortable for Māori people, because you feel like you’re gonna get judged.” There was kōrero around the importance of changing this scenario because when whānau have a good understanding of the system and how to navigate it this knowledge will be passed down to subsequent generations. Whānau emphasised however that this is not only a Māori issue to resolve, it is “a government, it’s a DHB issue that they need to solve.”

## Pushing vs. Passiveness

In the pūrākau the need to push and push to get access to, and support from, the system was emphasised. The opposite of this pushing approach is referred to as the “passive patient space” where whānau want to “encourage Māori to not be that passive patient and to question.” Other whānau echoed these sentiments saying, “we actually need to be pushing back” and we “have to be brave enough to demand that you want better treatment and not accept what they’re saying.” The need to push for outcomes has been found in other research which recorded Māori experiences in the health care system. This research found that there is an impression of the health system and services that it does “not want to provide benefits or services to people, so that people had to literally plead for help.”<sup>174</sup>

Recent research from 2020 recorded that Māori “patients and whānau are well-attuned to the stress levels and concerns of health workers” which means that they are “hesitant to disturb staff” and can be “reluctant to insist on receiving much-needed healthcare.”<sup>175</sup> One way of overcoming this type of barrier is through forming quality “interpersonal connections.”<sup>176</sup> This issue is also related to the need for culturally competent staff and Māori health care professionals. An example of this is the perception by the patients of their role as manuhiri in the health care context. This can come across as being shy or whakamā but in reality, it is politeness with Māori often “waiting to be invited to participate fully in the conversation.”<sup>177</sup>

<sup>174</sup> Jansen et al., *He Ritenga Whakaaro*, 56  
<sup>175</sup> Rebekah Graham and Bridgette Masters-Awatere, “Experiences of Māori of Aotearoa New Zealand’s public health system: a systematic review of two decades of published qualitative research,” *Indigenous Health* 44, no. 3 (2020): 197.  
<sup>176</sup> Linda Liddicoat, “Whakatū Marae Diabetes Profiling Project Report,” 2012, 15.  
<sup>177</sup> Jansen et al., *He Ritenga Whakaaro*, 59.



## Mental Health Services

In the pūrākau it was evidenced that access to mental health services is not sufficient, and where these services are readily accessible it has made a positive impact. One member spoke of how although she has access to services through employment albeit positive, the “counsellors are too busy.” There is a shortage of mental health professionals and long wait times for appointments. Another key issue around this is inadequate follow up services which are vitally important. The ‘He Ara Oranga’ report similarly noted the strain the mental health system is under and described it as “unsustainable.”<sup>178</sup> This can be seen in the “escalating demand for specialist services, limited support for people in the community and difficulties recruiting and retaining staff.”<sup>179</sup>

Of contrast to this was shared by a rangatahi with greater access to mental health services through University spoke of how the decision to reach out and access the services “really helped me” and that “what made it easier was that it was easily accessible and a free service.” Unfortunately, not everyone has the financial means to afford these services. This kōrero was summed up with the whakaaro that “for future generations, especially our whānau, what is needed is easily accessible, funded services, such as counselling.

## Financial Barriers

Financial costs were a barrier to accessing health services spanning across the pūrākau. Costs inhibited whānau access to healthcare. These costs include the cost of the appointment itself, required prescriptions or treatment, and the costs of getting to the appointment and lost wages.<sup>180</sup> In 2015-16 “Māori children were almost three times more likely than New Zealand European children to have an unmet prescription owing to cost.”<sup>181</sup> It is particularly important for primary health care services to be affordable and therefore more accessible, because these are the gateway to specialist care and early identification of possible issues.<sup>182</sup>

There was also kōrero around the discrepancies between care in the public health system versus the private system. Whānau who have been through the private system spoke of how they felt fortunate to have the means to do this as in the public system they would have been “too far down the list” for treatment. A result of financial barriers to accessing better health care. Research from 2014 found that the “main barrier mentioned was the cost or affordability of health services.”<sup>183</sup> There have been interventions focused on removing financial barriers such as the cost of appointments and transport to get there. These have shown to be “effective in improving access to health care, particularly health screening services.”<sup>184</sup>

The idea of being too far down the list was common in the pūrākau. Whānau recalled watching older whānau members being de-prioritised in the system due to factors such as age, ethnicity, and weight. Whānau spoke of going to “see the doctor and they basically told

us, because of his age, there was nothing they could do. They weren’t willing to do anything.” They described this as being “boxed” into a category and not being a priority.

## Trust

The pūrākau identified a lack of trust in the mainstream health system for both historic and contemporary reasons. Whānau spoke of how at times “we are a little bit resistant to modern medicine. It comes from a lack of trust, all of those things that we’ve suffered, our people suffered, that we’ve suffered to the day.” This mistrust, while well founded, is then passed down the generations. Whānau observed that word of mouth presents a useful pathway for generating greater levels of trust and engagement with the system. However, there are other factors required for this to happen as will outlined below.

## Advocates

It has been acknowledged in existing research that trust is vital in doctor-patient relationships.<sup>185</sup> A crucial factor for success and satisfaction in the system was identified as quality, caring doctors, and other staff. Whānau spoke of the vital difference made by doctors who advocated and fought for them and their hauora. These staff performed an advocacy role with whānau sharing that they initially felt a sense of disbelief when they had a doctor that “went out of his way to do everything for him, and for us, and he talked to us like he was part of his family.” This came down to a sense of the staff caring about their patients and whānau described it as feeling “like you were

somebody” rather than a statistic. The sense of caring was important to whānau but found to be lacking in many health care professionals.

One of the vital differences between positive and negative experiences was whether or not whānau felt listened to. Whānau gave examples of major health issues arising from not being listened to regarding their hauora. A whānau member presented to the doctor telling them “there was something wrong with me, that I was constantly putting on weight.” This was responded to with exercise and nutrition advice and a diagnosis of being overweight. When she continued to push that there was something wrong it was found that due to a previous surgery a cyst had not been removed and it came back even worse. In her words:

...I think what annoyed me was firstly, the doctor did not listen to me. Secondly, they did not check me and thirdly, they focused on one thing and didn’t actually help me at all. They had already basically assessed me and judged me.

Whānau also noted that there needs to be longer appointment times to ensure a thorough approach is undertaken. There is a feeling that the current system is too focused on “numbers, figures and how many seen” which is “just ticking boxes” and does not enable a caring approach. It has been shown in research that there is a need for “additional time...given to meet the needs of tangata whaiora within general practice consultations.”<sup>186</sup>

One of the suggestions to emerge from the kōrero was greater Māori presence in the health work force. It was acknowledged that this is an area where significant progress has been made already, but that there is more work to be done. This was spoken of as crucial

<sup>178</sup> “He Ara Oranga,” 10.

<sup>179</sup> Ibid.

<sup>180</sup> Eade, “Te Tauihu Māori Mental Health Outcomes,” 36.

<sup>181</sup> Ryks et al., “Cities and Indigenous Communities,” 287.

<sup>182</sup> Mark Lawrence, “Te Hauora o Ngā Pakeke Māori: Adult Mental Health,” in Maea Te Toi Ora Māori Health Transfromations, ed. Te Kani Kingi, Mason Durie, Hinemoa Elder, Rees Tapsell, Mark Lawrence and Simon Bennett (Wellington: Huia Publishers, 2018), 179.

<sup>183</sup> Fiona Cram, “Improving Māori Access to Health Care: Research Report,” Prepared for the Ministry of Health, Katoa Ltd., 2014, 15.

<sup>184</sup> Ibid.

<sup>185</sup> Eade, “Te Tauihu Māori Mental Health Outcomes,” 40; Jansen et al., He Ritenga Whakaaro, 28.

<sup>186</sup> Eade, “Te Tauihu Māori Mental Health Outcomes,” 39.



because it would “change the face of the health system” and when Māori patients engage with the system, they see themselves represented and understood and “it’s instant, it changes a perception that they might have had about the health system.” This is then spread through word of mouth and has a flow on effect.

Other research has also shown that community health workers are an effective way to improve Māori engagement with the health system. Community workers, or navigators, can create a communication bridge between the patient, whānau, and the non-Māori health professionals.<sup>187</sup> It can also help to grow interpersonal connections with health staff, making patients more comfortable and more likely to be open about their health. This is not new information, but it is helpful to note that it is still important to have these kinds of roles to assist whānau in their hauora journeys.

*Kānuka (Kunzea Species). Kānuka has small narrow parallel-sided leaves longer than Mānuka. The foliage is soft to the touch.*

<sup>187</sup> 187 Cram, “Improving Māori Access to Health Care,” 16.





# Whānau Support

Whānau support and the crucial role it has in hauora came through in the pūrākau across the board. Whānau who have experienced major illness spoke of how important support was to their recovery. This need has to some degree been recognised in the health system as whānau noted, because it is now known “people that are being tended to by their family get better quicker.” A programme called ‘Mahi Tahī Better Together’ has been instituted in the Mid-Central District Health Board since late 2018. This initiative recognises that “health outcomes are better for those who are supported by loved ones.”<sup>188</sup> A whānau member involved with the programme explained what this consists of:

*What it requires is that whānau, staff and patients work together. We, under the Mahitahi scheme, provide one person to come and be with their loved one. They can be their gopher to do whatever they want, what that person wants, alongside the staff. They get free meals and free carpark. They can stay over in the whare or they are entitled to a recliner chair that sits next to the bed of the loved one, so maybe through the night, they need to get up and do something.*

The other key component of the programme is the whare, Te Whare Raupora, which is available for whānau accommodation while their relative is in the hospital. There are ten beds that sleep up to three whānau who have whānau in the hospital at an affordable price for as long as necessary. This price could be ten dollars per day with food, showers, and laundry facilities provided. There has been “a lot of good feedback from those whānau.” This shows how the current system can adapt to provide better services for whānau and subsequently assist in quicker recovery times.

# Kaupapa Māori Services and Approaches

One of the ways to improve health care access and engagement was identified as Kaupapa Māori approaches and services. Whānau raised issues around the approaches of mainstream health care and its lack of affinity with Te Ao Māori. One particularly eloquent explanation of the difference between mainstream and Māori approaches was given.

*I love that there are Māori institutions out there that we can go to, because once you’ve lived through something and you know it, then you can easily talk about it. If you’ve never been through it before, how do you talk about it. You may get a degree, but if you haven’t lived and breathed it, how do you explain it to a person? I find mainstream’s a little bit off when it comes to being Māori, they’re not quite in line with how we are. It doesn’t matter how many boxes they tick and how many times they check with Māori to make sure that this and this is okay, you know they’re just ticking boxes. I don’t really feel they have that wairua care factor if you were to see a Māori.*

Whānau explained that part of this is due to the clinical nature of mainstream health, whereas “Māori are more for all that spiritual, that holistic, that whole wellbeing is a huge picture.” In addition to this, whānau feel as though Māori are generalised in the current system but in reality, there are different ways of doing things for different iwi, hapū, and whānau. The benefits of Kaupapa Māori approaches have long been acknowledged in hauora literature. Kaupapa Māori health approaches are holistic in their approach and empower whānau to have greater say in, and control over, their own hauora.<sup>189</sup>

The need for more holistic approaches was a common theme of the pūrākau. However, it was identified that the existing system tends towards siloed approaches. There was concern expressed at the health system being too financially focused rather than health focused. Whānau stressed the need for less of a focus on numbers and more on outcomes. There was a desire expressed to change the approach from “we’ve seen 20 families today” to “we’ve seen 20 families, but we were able to do this, this and this with them. You need to look at the outcome.”

Whānau also spoke of how District Health Boards (DHBs) are always focused on making cuts and it tends to be “the public health and the Māori health providers that got cut first.” This was noted across the health system, but particularly within the mental health sector. In a report on mental health from 2018 one of the main themes to emerge was inadequate funding and resourcing. It was described as “always [a] fight for the scraps at the table of the DHB.”<sup>190</sup>

# Self-Determination

A strong desire was expressed by whānau for greater Māori self-determination in hauora. Whānau said that “we have to take the power back and do it ourselves, because we’re not going to get it here” in the mainstream system. Having more Māori representation at the decision-making level such as on DHBS, governance boards etc is one way of achieving this. Whānau want Māori providers and services

to have “more autonomy” and even though there is less of a focus on numbers there would be “more quantifiable benefits and outcomes.”

Another aspect identified was whānau level self-determination. This consists of educating whānau about hauora and resilience. As one whānau member summed up “we have to enable our people to enable themselves.” Canada’s approach to Indigenous health was discussed and was described as “more innovative and creative” in the way it works “with the First Nations in letting them become independent and look after their own people.” Part of this is the devolving of funding to the First Nations people to make their own decisions regarding hauora.

A suggestion to emerge from the pūrākau was more Non-Governmental Organisations (NGOs) in health rather than Public Health Organisations (PHOs). The reasoning for this is that in a PHO “they come to work nine to five. Some will do over that, but NGOs are more committed, they’re whānau, so they’ll go the extra mile.” This was also one of the key findings of the “He Ara Oranga” report from 2019, which found that people want “access to an expanded range of therapies, and resources to shift from district health boards (DHBs) to non-governmental organisations (NGO) providers, which are closer to the community.”<sup>191</sup>

<sup>188</sup> “Mahi Tahī Better Together Guide Book,” MidCentral District Health Board, 3.

<sup>189</sup> “Te Toi Hauora-Nui Achieving excellence through innovative Māori health service delivery,” 6.

<sup>190</sup> Mark Strang et al., “Kimihiā Te Hauora Hingengaro – Pathways to Mental Health,” Wai-Research, Te Whānau o Waiareira, 2018, 25.

<sup>191</sup> “He Ara Oranga,” 9.



# Prevention

There was a strong desire expressed by whānau for more preventative approaches rather than prescriptions. Whānau spoke of how the current system seems more focused on providing prescriptions for existing health issues, than preventative care that could reduce the risk of health issues in the first place. The difference between preventative approaches and the current response model is best encapsulated in the analogy of having “fences at the top, rather than ambulances at the bottom.”<sup>192</sup> Preventative approaches would benefit all involved, whānau would be able to live healthier lives, the system would be less overwhelmed, and it “would save the government shit loads of money.”

It is well-known that preventative approaches to health care saves money in the long run while also benefiting people whose health outcomes improve.<sup>193</sup> To expand on this, whānau would benefit from better health care and quality of life, while the system would face less of a burden as patients will not remain in the health care system. As one whānau member said: “Help us before we get to that point. I’m prime picking at the moment. If somebody helps me with my health, then in 20 years I’m not gonna be a burden on the health system.”

The New Zealand College of Public Health Medicine (NZCPHM) released a policy statement in 2019 that argued that reductions in spending on public health are “damaging in the long term.” It also argued that spending on health “is highly beneficial for society.”<sup>194</sup> The statement noted that preventive approaches such as vaccinations and screening programmes have been shown as effective at creating change.<sup>195</sup> It has also been suggested that preventive

approaches could have positive gains for hauora including dietary changes – that is, less salt and uptake of plant-based diets.<sup>196</sup>

Whānau shared that the current system has an approach that “you have to be on death’s door before they’re gonna help you, by which time they’ve decided it’s too late, you’re too old.” But as whānau also said, a significant amount of the health issues they, and their whānau, have experienced are avoidable and preventable. This was described as a “systematic issue” that could be alleviated with earlier access to, and better care in, the health system. There was disappointment expressed by whānau that Māori do not seem to “get healthcare until it’s almost too late” and when Māori do get access “they tend to be sicker, and a lot of the time its health problems or diseases that are completely avoidable and they didn’t have to get that bad. It’s quite disheartening when you see that, because why does this health system work well for Pākehā, but it doesn’t work the same for Māori?”

The inequities faced by Māori in the health system are well-known and acknowledged. Inequities are defined as “differences which are unnecessary and avoidable, but in addition are considered unfair and unjust.”<sup>197</sup> Māori have the “poorest health status of any ethnic group in New Zealand”, which has led to the beginning of the inquiry into hauora by the Waitangi Tribunal. So far, the inquiry has examined the primary health care framework and Treaty obligations. There have been some gains for Māori in terms of hauora but there is still much work to be done to ensure equitable access and health outcomes. The Director General of Health, Dr. Ashley Bloomfield, stated that:

*[The] state of health for Māori is unacceptable and it is the core business of the New Zealand health and disability system to respond effectively...There is still considerable work needed to achieve equitable health outcomes between Māori and non-Māori.*<sup>198</sup>

The solution-based approaches identified in the literature, echo those shared by whānau in their pūrākau. Solutions need to be holistic and focus on a wide range of hauora factors such as income, education, housing, employment, in addition to factors such as discrimination and institutional racism.<sup>199</sup>

Whānau spoke of how the current system is more focused on prescriptions than prevention and the desire for more holistic approaches to hauora.

*“It seems like they write out a prescription and they’re not even listening one bit. It’s like they’re turned off the whole time.”*

*“I don’t trust these doctors now. ... “Oh no, you’ve got to try this drug too.” I don’t believe anything they say now. All the stuff, they just give it out like lollies.”*

*“There’s no prevention, it’s just an intervention. A pill only intervenes for a short amount of time until the next issue.”*

One whānau member shared a powerful experience related to this when her mother was in surgery and afterwards the surgeon came out to ask what prescriptions she was on.

*I showed him this bag full of pills and he was just throwing them and throwing them. There was 18 packets of different pills that she’d been prescribed to take and each one was for a different thing. If she took this for her lungs, she had to take this because her kidneys were failing. If she took that, then she had to take that because her liver wasn’t good. Pills were just being piled and piled on top of her, without actually looking at the cause. He said her heart, she’s as strong as an ox. He said she had heart damage, he could see that cos she’s had heart surgery. He said, “I’ve put stents in to open up her blood vessels to allow the blood flow because her heart’s tired from having to cope with all the drugs.*

The enormous amount of pills was doing more damage than good. This experience led her on a journey of questioning the health system and she spoke of how there is a real need to look at different approaches for managing Māori health and preventing further issues because the “mainstream way of treating us isn’t working, which is why our statistics are high.” This journey to improve hauora has come to fruition throughout this research project and will continue as the findings from this research are implemented.

The focus on prescriptions has also been critiqued in existing research. In relation to mental illness, it has been argued that “[p]eople may be offered medication, but not other appropriate support and therapies to recover.”<sup>200</sup> Mental health prescriptions over the past decade have increased 50% and continues to increase by around 5% per year.<sup>201</sup>

<sup>192</sup> Ibid., 36.

<sup>193</sup> “The Case for Investing in Public Health,”A public health summary report for EPHO 8, World Health Organization Regional Office for Europe, 2014, 7.

<sup>194</sup> “The Case for Investing in Public Health,” 4.

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<sup>197</sup> Whitehead, “The concepts and principles of equity and health,” 431.

<sup>198</sup> “Hauora Report on Stage One,” 17.

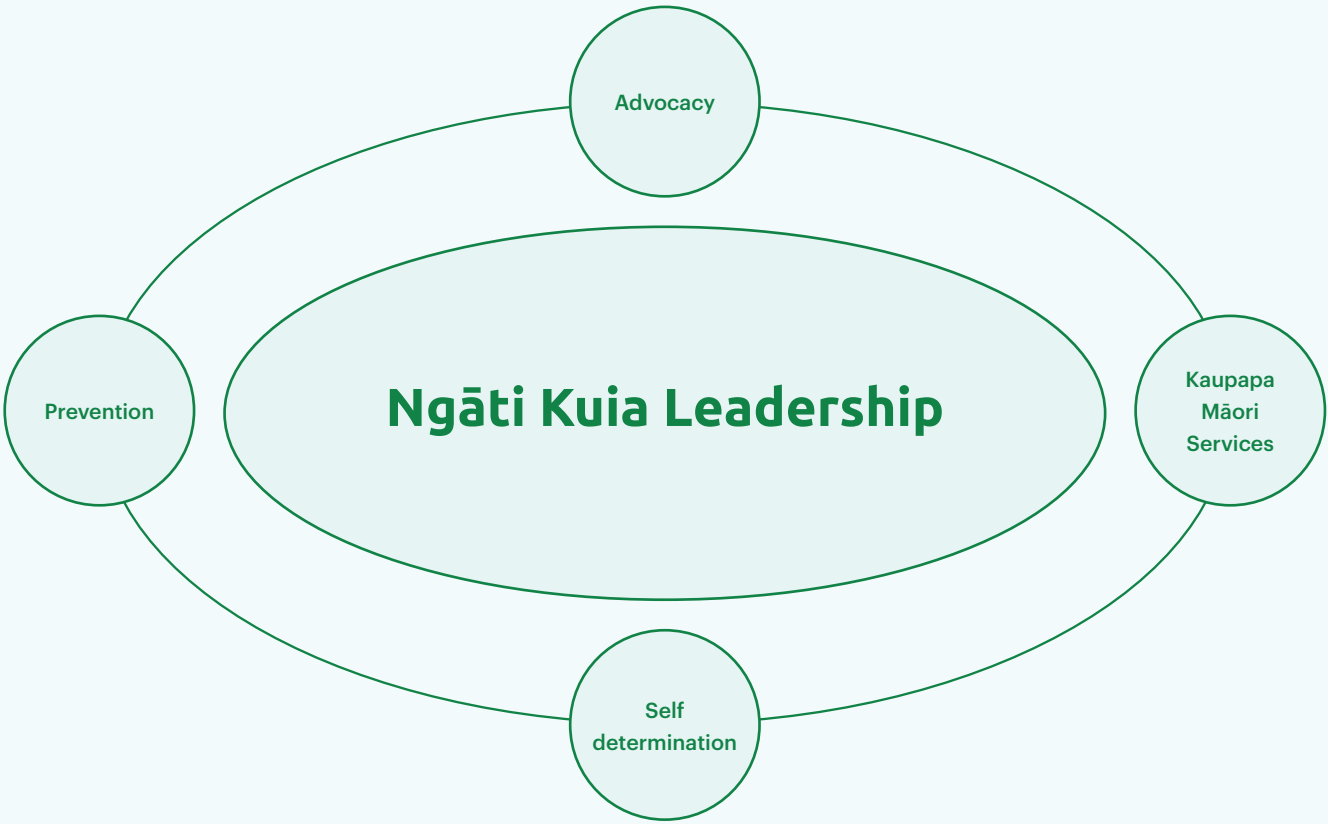
<sup>199</sup> John G. Oetzel et al., “Correlates of Health-Related Quality Life for Māori Elders Involved in a Peer Education Intervention,” Journal of Health Communication 24, 5 (2019): 560; Reid et al., “Towards a Social-Structural Model of Understanding Current Disparities in Maori Health and Well-Being,” 530-531.

<sup>200</sup> “He Ara Oranga,” 11.

<sup>201</sup> Ibid., 29.



Part of the solution is having better access to the full range of health services such as dieticians and other non-prescription based methods. An example was given of a whānau member with a heart condition being pushed towards a pacemaker rather than prevention-based solutions such as lifestyle changes. One part of the solution could be green prescriptions. These began in New Zealand in 1998 and are written advice from a health care professional about lifestyle changes such as physical activity to improve their health.<sup>202</sup> The green prescription approach also includes ongoing support if it is desired through a GRx provider [Green Prescription provider]. There is a support person who offers three to four months of phone check-ins, kanohi-ki-te-kanohi hui, or group support is also on offer.<sup>203</sup>



<sup>202</sup> “How the Green Prescription works,” Ministry of Health, <https://www.health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions/how-green-prescription-works>  
<sup>203</sup> Ibid.





# Conclusion

## (Part II)



Part II of this report has sought to outline the experiences whānau have had in the health system and to place these within the existing research context. The concerns whānau have are not new and are well-acknowledged in the literature. Despite this, there is still a long way to go before there is equity in the health system.

Whānau shared their desires for more holistic approaches that are aimed at prevention rather than simply prescriptions. There was kōrero around the inaccessibility of the system and how it is difficult to navigate for whānau. This was in addition to other barriers such as finance and access to health care for themselves and their whānau. Whānau consistently described the need to continuously push and push for service provision and care. There was particular concern expressed at the lack of mental health professionals. Whānau who have accessed mental health services spoke of how helpful that has been for their hauora but acknowledged this is not the case for everyone.

There is a distinct lack of trust in the current system and its approaches. Where whānau have had positive experiences, it was often due to advocates, such as caring doctors, who went the extra mile and built interpersonal relationships with patients. These relationships were identified as vital to improving engagement with the health system. This was linked to the need for longer appointment times and less of a focus on numbers.

It has been shown that patients recover quicker with whānau support and there was a strong desire for whānau to be included in the recovery of whānau. This has to some extent been accommodated in the mainstream system in certain places, such as the Mahitahi scheme.

However, it also reflects the desire to have more Kaupapa Māori health services and approaches available. Where these are not available, navigator roles or support people, have been identified as an effective way to bridge communication gaps and improve engagement and outcomes.

In short, whānau want an equitable system that uses holistic and preventative approaches. They want to be able to self-manage their hauora and make preventative changes to ensure long-term, sustainable hauora for them and their whānau.





*Te Hoiere waka at Motueka (the site of present-day Havelock Te Taihu). Located at the confluence of the Kaituna and Awanui rivers. The two rivers feed the body of water known as Te Hoiere (Pelorus Sound).*



# Kupu Whakamutunga – Concluding Words

This research report has sought to investigate the underlying reasons for disparities and inequities in hauora for Ngāti Kuia whānau. It was important that this research be conducted by Ngāti Kuia, for Ngāti Kuia with the voices of whānau at the centre. The approach undertaken was gathering pūrākau from a wide-range of whānau and then analysing these for key themes. Whānau are best placed to identify their own needs and so these are what framed the research.

It is evident that the current system is not working for Māori, and therefore Ngāti Kuia, and although gains have been made there is still a long way to go. As the full effects of Covid-19 are being felt worldwide it is particularly pertinent during this time to support whānau hauora.

The pūrākau encompassed two umbrella themes of ‘Hauora Perspectives and Experiences’ and ‘the Health System’. These are of course intertwined, as were all the themes within these. This reflects the holistic nature of hauora and therefore the need for holistic approaches to solving the current inequities in hauora. The consistent themes across the pūrākau were the desire for greater levels of whānau, iwi, and hapū self-determination in hauora as well as holistic, preventative approaches to hauora issues.

The findings and mātauranga gained through this research will now help to guide Ngāti Kuia to prioritise and support the hauora of Ngāti Kuia whānau. It has also highlighted key areas where Ngāti Kuia can perform an advocacy role on behalf of whānau.

To conclude this report, some of the words of wisdom of Ngāti Kuia whānau will be shared. Towards the end of their pūrākau whānau were asked what their advice to future generations would be and this is what they had to say.

*“I’d just tell them to go to the doctor.”*

*“I will tell you something right now. What I know now and what I’ve been through, health is number one. Forget the rest. Forget money, that’ll come later – health. Good health, you can do tenfold.”*

*“Habits, exercise, regular health checks - compulsory. You don’t wait until you feel crook, you go to the doctor. ... I discuss my health and I expect answers from the doctor. I ask the questions, not him. That is being proactive, thinking about your health, not being neurotic but just being sensible.”*

*“My grandfather always said, ‘Idle hands lead to an idle mind and an idle mind will just lead you to trouble. Keep your hands busy and the mind will then stay busy and active and less likely to get into trouble.’ ... whatever you choose, do it and do it with all your might to the best of your ability don’t give up.”*

*“Whakarongo ki nga kupu o Matua.”*

*“Eat healthy and exercise, that is really the key – mostly.”*

*“I think it’s okay not to feel okay. I think that’s a big thing. It’s okay to ask for help. There’s so many people out there for you and we’re all here and we all struggle.”*

*“We are grateful for the pūrākau shared and the tears and memories gathered that are part of this important research. This information will help guide the Rūnanga to help whānau be it through advocacy at the highest possible level and also through targeted focus areas so that we can continue to support the wellbeing of whānau. No longer will we be the poorest tribe under the heavens.”*

**David Johnston**  
General Manager Te Rūnanga o Ngāti Kuia Trust



*“We are at the threshold of an innovative approach to develop a methodology to aid in improving the well being of our people.*

*Many pūrākau have been shared with Whānau about personal, and others’ experiences, on health issue that for many have impacted negatively on their ability to lead normal healthy lives, and ultimately on longevity of life. The facts are clear, that this is an intergenerational matter that has existed since our health systems came into being. This begs the question;*

*Why has there not been any noticeable improvement in meeting the health needs of Iwi by the system?*

*Obviously, the time has come that we must start doing things for ourselves. Our research team has garnered much valuable information from these stories. This has enabled them to pinpoint exactly where and how positive improvement in Whānau health can be made. In this respect, aiding Whānau in seeking support, and then providing services in key areas as indicated, must be provided, without question.*

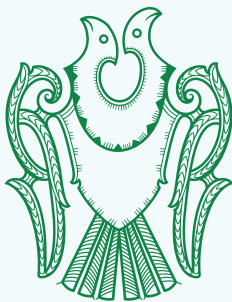
*We are strongly advocating for an Iwi Centric model that is fronted by our nga pūrākau and supported by matauranga me tikanga māori, in all that we do.”*

**Waihaere Mason**  
MNZM



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(Kaitiaki)®



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**Kaikaiāwaro**  
(Kaitiaki)®



Kaikaiāwaro created Te Hoiere by carving it out with his nose and guided the ancestor Matua Hautere to this place. Over time the descendants of Matua Hautere, the Ngāti Kuia, occupied the bays and inlets of Te Hoiere utilising its many resources.



# Kaikaiāwaro

(Contemporary Kaitiaki) ©



A contemporary interpretation of Kaiāwaro - two dolphins representing the joining tides that create the whirlpools known as Te Aumiti/Te Aumiro. In the middle is a representation of the kaitiaki Te Kawau a Toru, who drowned becoming the reef below.

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