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# **Enhancing Māori Mental Health Workforce**

**“Te Rau Puawai o te kawakawa o te ora”**

A 152.800 Thesis presented in partial fulfilment of the requirements for the  
degree of Master of Management  
at Massey University, Manawatū  
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## Abstract

At the *Hui Whakaoranga* (Māori Health Planning workshop) in 1984, and again during the health reforms in 1990, the shortage of qualified Māori employed within the Māori mental health workforce was highlighted. Since this time, the importance of accelerating the professionalism of the Māori mental health workforce has continued to become a focus for Māori health. To support this movement, Te Rau Puawai was established in 1999. Its aim was to recruit, retain and increase completion rates of Māori students, studying towards a health related qualification at Massey University. The greater vision was to support the Māori mental health arena, by contributing qualified Māori to work within the sector. Using a qualitative approach grounded in a *kaupapa Māori* (Māori topic) framework, this research examined the Te Rau Puawai programme, identifying key characteristics of the core business, and its effectiveness, in an attempt to understand how Te Rau Puawai impacted upon the Māori mental health workforce.

The thesis explores the manner in which Te Rau Puawai mentors and supports students to successfully complete qualifications. Further, it attempts to understand the unique and particular nature of Māori health students, as they work towards degrees in this field. This study examines in detail the components of the programme that positively impact on the students, creating an environment of excellence. The programme is also assessed against its initial purpose to determine its success. In addition, the governance, management and implementation structures of Te Rau Puawai are revealed, showing a mixed method approach, involving Western approaches, but firmly based in *tikanga Māori* (Māori customs and traditions).

The findings uncovered within this research study, are used to produce a framework (*Te Rau Puawai o te kawakawa o te ora*) that summarises the key findings. In essence, this framework is a best practice model for mentoring Māori students studying towards health related degrees. While the success of the programme is an important factor, the paramount goal is the health and well-being of all Māori people.

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## Glossary

<i>Māori Name</i>	<i>Translation</i>
<i>Awhi</i>	Assist/Support
<i>Ariki</i>	Paramount Chief
<i>Aroha</i>	Love
<i>Hā a koro mā a kui mā</i>	Breath of life
<i>Haahi</i>	Religion
<i>Hapū</i>	Sub Tribe
<i>Hau Kāinga</i>	Home People
<i>Hinengaro</i>	Mental
<i>Hirihiri</i>	Diagnoses
<i>Hui</i>	Gathering
<i>Hui Taumata</i>	Māori Economic Summit
<i>Hui Whakaoranga</i>	Māori Health Planning
<i>Iwi</i>	Tribe
<i>Kai</i>	Food
<i>Kaitiakitanga</i>	Guardian
<i>Kanohi Kitea</i>	Face-to-face
<i>Karakia</i>	Prayers
<i>Kaumātua</i>	Elders
<i>Kaupapa</i>	Purpose
<i>Kaupapa Māori</i>	Māori Ideas
<i>Kaupapa Whānau</i>	Family of Interest
<i>Kawa</i>	Procedure
<i>Kēhua</i>	Ghost
<i>Koha</i>	Gift
<i>Kōrero</i>	Speak
<i>Koroua</i>	Elder Male
<i>Koru</i>	Coiled tip new plants
<i>Kuia</i>	Elder Female
<i>Mahi</i>	Work
<i>Makutu</i>	Curse
<i>Mana</i>	Prestige
<i>Mana Ake</i>	Unique Identity
<i>Manaakitanga</i>	Caring, Nurturing
<i>Manuhiri</i>	Visitor
<i>Marae</i>	Meeting House

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<i><b>Māori Name</b></i>	<i><b>Translation</b></i>
<i>Matauhi</i>	Seers
<i>Mātauranga Māori</i>	Māori Knowledge
<i>Mate Māori</i>	Māori Sickness
<i>Mauri</i>	Life Force
<i>Mihimihi</i>	Acknowledge
<i>Mirimiri</i>	Massage
<i>Ngā Mana Pou</i>	Four Supports
<i>Noa</i>	Safety
<i>Pākehā</i>	European
<i>Papatūānuku</i>	Earth Mother
<i>Pono</i>	Truth/Genuine
<i>Pōwhiri</i>	Welcome
<i>Rangatira</i>	Chief
<i>Ranginui</i>	Sky Father
<i>Rapuora</i>	Health and Māori Women
<i>Rau</i>	Leaf/Leaves
<i>Rongoā</i>	Natural Remedies
<i>Tā Moko</i>	Tattooist
<i>Tangi</i>	Funeral
<i>Tapu</i>	Sacred
<i>Te Ao Māori</i>	World of Māori
<i>Te Ao Tūroa</i>	Physical Environment
<i>Teina</i>	Junior Relative
<i>Te Reo Māori</i>	Māori Language
<i>Te Whare Tapa Whā</i>	Four Walls of House
<i>Te Wheke</i>	Octopus
<i>Tika</i>	Correct/Right
<i>Tikanga Māori</i>	Māori customs and traditions
<i>Tinana</i>	Physical
<i>Tino Rangatira</i>	Self Determination
<i>Tipuna</i>	Ancestor
<i>Taonga</i>	Treasure
<i>Taonga tuku iho</i>	Cultural Heritage
<i>Tohu</i>	Sign/Logo
<i>Tōhunga</i>	Priest
<i>Tōhunga Ahurewa</i>	High Priest

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<i><b>Māori Name</b></i>	<i><b>Translation</b></i>
<i>Tūrangawaewae</i>	Home land
<i>Wahianga</i>	Canoe Maker
<i>Wai</i>	Water
<i>Wai Tapu</i>	Sacred Waters
<i>Waiora</i>	Total well-being
<i>Wairua</i>	Spirit
<i>Waka</i>	Canoe Maker
<i>Whakapapa</i>	Genealogy
<i>Whānau</i>	Family
<i>Whanaungatanga</i>	Relationships
<i>Whare</i>	House
<i>Whare Wānanga</i>	Learning House
<i>Whatumanawa</i>	Health Expression of Emotions
<i>Whenua</i>	Land

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## Overview of Thesis

Chapter One provides the foundation for this thesis by establishing the purpose and goals of the research. The low priority given to developing the Māori mental health workforce over the years has seen a workforce that is underdeveloped in clinical and educational skills and qualifications. By the 1990's, admission rates to mental health services by Māori, far exceeded those of non-Māori. As a result, three key health initiatives: Te Rau Puawai, Te Rau Matatini, and Henry Rongomau Bennett, were established to strengthen the Māori mental health workforce. While each of these initiatives have differing objectives, a commonality exists with a focus on increasing the number of Māori graduates in a health related discipline, which would go some way to addressing the shortage of Māori in the mental health workforce. However, pass rates of Māori are low compared to non-Māori and research has identified a number of barriers that impact on Māori academic achievement. Nevertheless, the Te Rau Puawai Workforce 100 scholarship aimed at accelerating the Māori mental health workforce has far exceeded their goals by gaining 222 graduates with a health related qualification. Therefore, the research examines this programme, its governance, management, and approaches to supporting Māori students in order to identify what are the critical success factors of Te Rau Puawai.

Chapter Two outlines the methodology of this research. A qualitative approach from within a *kaupapa Māori* framework has been used. The *kaupapa Māori* framework chosen for this research is founded in traditional Māori ideology and beliefs. When discussing Māori beliefs Mead states: “*Tikanga* is *mātauranga Māori* in practice, it is the procedures and rules that guide and co-ordinates groups and individuals” (2003, p.7). The qualitative research will employ methods that examine the social aspects of human beings and the influence of one's environment (social structure, interaction, cultural aspects, stories, and so on). A qualitative approach compliments *kaupapa Māori* research because it enables researchers to conduct interviews in the Māori language, allows for oral accounts of historical cultural information, is supported by the *kanohi kitea* process (face

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to face) and ensures a high degree of collaborative and co-operative relationship with participants.

Chapter Three provides a brief account on Māori health. There is a general perception among Māori health workers that Māori health treatments continue to be dominated and influenced by Eurocentric ideology. Traditionally, Māori mainly suffered from injuries caused by war, and accidents, or died of natural causes. Conventionally, the majority of treatment by Māori evolved from *tōhunga* (priest) who often used natural remedies while maintaining a balance between *tinana* (physical), *wairua* (spiritual), *hinengaro* (mental) and *whānau* (family) well-being, as opposed to the Western approach of controlling and treating the sickness in isolation. The relationship with the changing environment and *Te Ao Māori* (Māori world), in particular cultural identity, language, relationship with the land, and *whānau* development, are key factors in determining the well-being of a person.

Chapter Four provides a brief overview of corporate governance and management theories. The transfer of privately owned businesses to corporations during the industrial revolution of the period 1880–1930, meant individuals could pool their financial resources, in return for shareholder wealth. However, the separation of ownership and control has caused many issues for shareholders and management. As a result, theories such as Agency, Stewardship and Resource Dependence provide alternative frameworks for structuring and co-ordinating governing boards.

Implementing and executing board decisions is the responsibility of management. The evolution of management theories also can be traced back to the industrial revolution. Numerous approaches ranging from Scientific, Administrative, Behaviour Management and Organisational Environment have provided varying views on how organisations should be structured, and managed and remains relevant today.

Chapter Five provides the history and rationale for the establishment of Te Rau Puawai. Te Rau Puawai is translated as one hundred blossoms and reflects the first contract goal of

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one hundred graduates. With this success, Te Rau Puawai programme is in its fourth contract. The governance and management of Te Rau Puawai will be discussed and related to key theories. Furthermore, an outline of academic and learning supports and strategies employed over the past ten years will be highlighted.

Te Rau Puawai is a joint venture between the former Health Funding Agency, now the Ministry of Health, and Massey University provides financial and multiple learning strategies for students enrolled in a health-related discipline at Massey University. Governed by a board of management and managed by a coordinator and 1.5 tutors, this programme is located at Massey University, Palmerston North campus. The significance of the location and various supports provided by the programme has contributed to pass rates of over 80 percent for papers and students who are awarded a Te Rau Puawai scholarship.

Chapter Six contains the findings drawn from the data using a thematic analysis. Thematic analysis involves the identification, analysis and reporting of themes from the data collected. Three approaches can be used; theoretical framework, prior research or data driven, or a combination of these frameworks. For this research, a data driven approach is adopted. The data driven approach allows the researcher to examine the data and themes from a realistic and constructive approach. It enables the researchers to reflect the views of the participants and what works best for Māori in order to succeed and analyse in-depth what makes Te Rau Puawai successful.

Chapter Seven discusses five major themes that emerged from the findings identified in chapter six. They were *whānau*, *whanaungatanga* (relationships), *manaakitanga* (caring, nurturing), leadership, and competency. This chapter explores each of these and discusses how they are related to the students and their success within Te Rau Puawai.

Chapter Eight contains the major conclusions drawn from the analysis of the data. It highlights what the success factors of Te Rau Puawai are, and provides a framework “Te Rau Puawai o te kawakawa o te ora” for supporting Māori students enrolled in tertiary

education, not only to accelerate the Māori mental health workforce, but overall to support Māori students. Following the conclusion section, research limitations and possible future research are identified and recommendations are provided.



# Chapter One

## 1. Introduction

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The World Health Organization European Ministerial Conference on mental health in 2005 concluded that there are a “significant workforce shortages and need to develop skilled workforce to ensure the delivery of effective and efficient mental health services” (World Health Organization, 2005, p.118). New Zealand similarly reports a shortage of professionals in the Māori mental health workforce, while use of mental health services by Māori continues to increase compared to non-Māori (Hatcher, et al., 2005; Health Workforce Advisory Committee, 2002a). Furthermore, the number of suitably qualified Māori employed within the mental health sector remains comparatively low, even with Māori admissions to mental health facilities up to three times higher than non-Māori (Durie, 2001a). In an attempt to address this situation, new initiatives such as Te Rau Puawai, Te Rau Matatini, and the Henry Rongomau Bennett Scholarship programmes have been introduced. These are targeted initiatives, designed specifically to enhance Māori mental health workforce capacity and capability.

### 1.1 Historical View of Māori Health

Historically, Māori were relatively healthy, living in communal settings, sharing, assisting and supporting each other. The main causes of illnesses were related to the infringement of *tapu* (sacred), and death was mainly associated with warfare. Māori employed a range of techniques such as *rongoā* (natural remedies), *wai* (water), *mirimiri* (massage) *karakia* (prayer), and *ritenga* (rituals), and engaged *tōhunga* to administer most treatments. In this sense, health is holistic, embracing several aspects that are important to Māori. These include *tinana*, *wairua*, *hinengaro*, and *whānau*, *whenua* (land), *Ranginui* (sky father), *Papatuanuku* (earth mother), *te reo Māori* (Māori language), *marae* (meeting house), and

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*hapū* (sub tribe); which are unique to Māori (Durie, 2001a; Kawharu, 1977; Metge, 1976; Schwimmer, 1966) and a key determinant of Māori well-being (Durie, 2001a). At the core of this society was the *whānau* and *hapū*, each with their own leaders, *kawa* (procedures) and dialectics. The well-being of the society rested with the *tōhunga*, a priest considered to have inherited sacred knowledge to eliminate any health ailments induced by natural illnesses or breaches of *tapu*.

By 1840, an increase in settlers influenced the foundations of Māori society and customs. In the same year, the Treaty of Waitangi was signed between the Crown and Māori. Māori assumed that this would provide a sense of security in retaining their current tribal rights. However, this was not the case and eventually, European culture dominated societal, political, economic and health practices. The confiscation of *whenua* and prohibition of *tōhunga*, *te reo Māori*, and other Māori customs had a dramatic affect on Māori health (Durie, 1998a, 2001b). As a result, new diseases such as influenza and limited or no access to traditional forms of Māori customs contributed to a decline in the Māori population to 42,000 in 1896. However, by 1961 the Māori population increased to 167,392 (McLintock, 1966). New initiatives by Government, such as improving water supply and sanitary systems to address the poor health of Māori, were implemented. However, by 1970, Māori faced new health problems. These problems included cancer, heart disease and mental health. The seriousness of these illnesses and other emerging health problems and the desire to reclaim Māori culture led to several activities by Māori. Inevitably, in 1982, specific services such as Māori health units within mental health facilities were established to address mental health issues. This was followed by the first *Hui Whakaoranga*, *Hui Taumata* (Māori Economic Summit) and *Rapuora* (Research on Health and Māori Women) in 1984. Several changes were occurring in the health system and by 1990; a review of the New Zealand health system was conducted.

## 1.2 Health Reforms

Prior to the New Zealand health reforms in the 1990s, the Department of Health intended to develop workforce strategies through centralised planning. Centralised planning

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enabled the Government to control the health workforce funding and the supply of trained workers based on statistics (de Raad, 1998). However, it was noted that this type of workforce analysis and planning would do little to reduce the health disparities between Māori and non-Māori (Gauld, 1999). In 1990, a review of the health sector by the National led Government saw the establishment of four Regional Health Authorities in 1993 (Colomeda & Wenzel, 2000). Consequently, the purchasing and funding duties were separated and hospitals along with other health providers were required to compete for funding (Gauld, 1999). The focus of these changes appeared to be fiscally driven, as opposed to the delivery of effective health services, which also included primary and workforce development. By 1997, the Health Funding Agency had replaced the Regional Health Authorities and was responsible for purchasing health services nationwide. However, by 2000, a new Labour Government was elected and Labour disestablished the Health Funding Agency. All functions, both funding and purchasing, returned to the Ministry of Health. As a result, 21 District Health Boards were created to manage funding for primary and secondary care services, including the hospitals.

### **1.3 Brief History of the Māori Mental Health Workforce**

It could be argued that the Māori mental health workforce began in the mid 1800's with the impact of colonisation, loss of land, language, power, culture and status of Māori. Admission rates of Māori to mental asylums in Auckland, Wellington and Christchurch were low with five being admitted over a 15 year period (Goldie, 1998). By the 1970s, Māori accounted for 22 percent of approximately 10,000 people who occupied mental health beds. By 1996, this number had reduced to less than 2000 because of the community care approach adopted under the health reforms in the 1990s (Durie, 2006). In 1984, the *Hui Taumata* highlighted the need for Māori development across a spectrum of key areas, including strengthening *iwi* (tribe) and developing social and economic initiatives. In the same year, the *Hui Whakaoranga*, Māori health planning hui, set the platform to exert the holistic approach to health and the recognition of the importance of Māori health views within mental health services. Despite the changes in the health system in the 1990s, workforce development remained a low priority (de Raad, 1998).

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Those employed in health organisations had limited clinical or professional qualifications, particularly in Māori mental health, and several reports expressed the need for employers to take the lead in facilitating health workforce development (de Raad, 1998; Health Workforce Advisory Committee, 2002a, 2002b).

The establishment of the Mental Health Commission in 1996 enabled the Ministry of Health to gain independent advice on the mental health sector (The Mental Health Commission, 1998). In 1995, the Ministry of Health established a working party to review the mental health workforce. By 1998, a partnership between the Ministry of Health and the Mental Health Commission enabled a collaborative approach to reviewing the mental health workforce. A survey conducted in 1999 showed the vast majority of Māori working in the mental health sector were employed as community workers, and only 31.4 percent were employed as health professionals such as psychology, nursing, social work, and psychiatry (de Raad, 1998). Further, health studies between 2000 to 2005, showed Māori admissions to hospitals continued to be higher than non-Māori, especially for schizophrenia and bipolar ailments. Studies also highlight mental health disorders amongst Māori account for 29.5 percent of the population, compared to 19.3 percent for non-Māori (Te Roopu Rangahau Hauora A Eru Pomare, 2007). Unfortunately, these statistics also mirror Māori under representation in the Māori health workforce, and in particular the mental health workforce (Durie, 1998b, 2001b; Mental Health Commission, 2007; Ministry of Health, 2007).

As part of the general approach to build capacity and capability of the Māori mental health workforce, three key initiatives were developed: Te Rau Puawai in 1999, Henry Rongomau Bennett Scholarship, and Te Rau Matatini in 2002. The Henry Rongomau Bennett aims to build and promote Māori leadership in mental health, *Te Ao Māori*, clinical, and academic excellence. Te Rau Matatini focuses on policy development nationally within the mental health workforce through workforce expansion, extension with other sectors such as justice, education and social service, and excellence in clinical

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and cultural skills (Durie, 2006). Furthermore, education is one pathway to getting more Māori into leadership roles in governance and management positions (Mead, 2005).

## **1.4 Education and the Māori Mental Health Workforce**

Durie (2003; 2005a) emphasises the importance of education for Māori to participate in both Māori and non-Māori society. Durie (2003; 2005a), Ratima, Brown, Garrett, Wikaire, Ngawati, Aspin and Potaka (2007a), Kingi, (2002) and Love (1998) stress that in order for the Māori health workforce to increase, more graduates in various health qualifications are required to cater for the shortfall in the health labour workforce, which will lead to improving Māori well-being and health outcomes. Factors that hinder Māori educational achievement include limited or no financial support, non-supportive and culturally safe learning environment, and inappropriate learning supports that only cater for the dominant groups (Ratima, et al., 2007a). Furthermore, international research has identified barriers restricting indigenous and ethnic minority groups from participating in education. For example, the Tierney, Sallee and Venegas (2007) study of Native Americans, and Kanu's (2006) research of First Nation Canadians, highlighted the lack of financial resources, and emphasized the need for institutions to understand the importance of integrating cultural values into the education environment, in order to improve pass rates, recruitment, and retention of indigenous students.

## **1.5 The Evolution of Corporate Governance and Management**

Corporate governance and management is a multifaceted topic. Numerous perspectives have contributed to the evolution of both corporate governance and management (Burnes, 2000; DuBrin, 2005; Jones & George, 2009; Kooiman, 1999; Rhodes, 1996). As organisations changed from privately owned businesses to corporations during the 1700s through to the 1900s, organisations became reliant on shareholders and external funding. The separation of ownership and control meant that the daily operations were transferred

to managers (Monks & Minrow, 2001). Structures and accountability were required to ensure organisations performed efficiently and effectively. In terms of governance approaches such as Agency, Stewardship and Resource Dependency Theories emerged to provide shareholders with various options to govern and provide strong leadership.

The appointment of a board of directors to act in the interest of the shareholders is appointed by the shareholders. The composition and structure is dependent on the type of goals, the environment and stability of the organisation. The literature suggests the main purpose of governance is to provide advice, engage in strategic planning, hire and dismiss chief executive, make decisions (Conger, Lawler, & Finegold, 2001; Monks & Minrow, 2001; Pfeffer, 1972), monitor and control top management, and care for shareholder interest (Conger, et al., 2001; Monks & Minrow, 2001; Wheelen & Hunger, 2002).

The complex subject of management is also a topic of debate. The evolution of management stems back to the 1880's with the development of the Scientific Management in response to increasing work productivity through scientific experimental testing. Not long after, Administrative Management Theories emerged primarily concerned with the structuring and management of organisations in order to provide legitimate control, standardised rules and procedures. The Administrative Theory outlined the management functions that consist of planning, organising, commanding, coordinating and controlling which is still relevant today. These theories became known as the classical approach to management.

In challenge of the classical approach, the Behaviour Management Theories took a psychological view of organisations by investigating the human nature of organisations. Through their research, organisations were viewed not as tightly controlled structures made up of machines, but a combination of physical and human resource, with an emphasis on behaviour, motivation, informal groups and delegation of authority (Burnes, 2000). Their assumption is that employees are committed, enjoy work and require minimal supervision, in order to increase job satisfaction and work performance

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(McGregor & Cutcher-Gershenfeld, 2006). These Behaviour Management Theories became classified as the human relations approach.

The Scientific Management Theory offers various scientific methods in analysing data in order to assist in the decision making process. Most managerial decisions and operational decisions are generally assessed by personal intuition, values, and judgements (Smith & von Winterfeldt, 2004). In turn, the decisions become subjective as opposed to rational and objective. These subjective decisions have led to the mismanagement of organisations (Grant, 2003). Shakun (1972) argues that the decision making process should consist of both management knowledge and scientific data, if organisations want to succeed.

Similar to the Resource Dependency Theory, Organisational Environment Theories view organisations as an open system, interacting with their external environment. The Contingency and Open Systems Theories argue that organisations are reliant on their external environment for survival. Such views propose that there is no one best way to organise, given that organisations are influenced and dependent on resources from the environment. Therefore, the types of leadership styles, structures and co-ordination of activities, need to reflect changes in the environment (Lawrence & Lorsch, 1967). As organisations are reliant on both their internal and external environments, the processes of organisations reflect a revolving system consisting of three stages - input, conversion and output (Katz & Kahn, 1966). Designing appropriate structures, to respond to changes in the environment is important, particularly now as more organisations become globalised.

## **1.6 Te Rau Puawai**

Te Rau Puawai was launched in 1999 and is a joint initiative between Massey University and the former Health Funding Agency, now the Ministry of Health. Te Rau Puawai is translated as one hundred blossoms, which represent the first contract goal of one hundred graduates by 2003. Although this goal has been achieved, the name remains relevant as

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*rau* can also represent a leaf or multiple leaves that metaphorically describes or symbolises the graduates of Te Rau Puawai.

The programme is located at Massey University, Palmerston North campus. The aim of the programme is to enhance the professionalism of the Māori mental health workforce, by providing a range of financial, academic and learning supports conducive to Māori achievement and incorporates Māori principles and values. The majority of recipients are first time or mature students, often working full-time, and enrolled extramurally (distance learning mode) in a health-related discipline such as rehabilitation, Māori, Māori health, nursing, psychology, social work and social policy. Students meeting such criteria are eligible to apply for a Te Rau Puawai scholarship, and up to 100 scholarships are awarded each year (Nikora, Levy, Henry, & Whangapirita, 2002a).

By 2003, Te Rau Puawai had achieved the goal of 100 graduates (Nikora, et al., 2002a) and by the end of 2009; the programme had far exceeded expectations, and had contributed 222 graduates (Durie, 2009a). In terms of meeting the aims and objectives of increasing the number of Māori with mental health related qualifications, the programme has been deemed highly successful with pass rates of between 85 percent and 95 percent for both papers and recipients since its inception.

Collins Concise Dictionary defines success as “the achievement of something attempted or a person or thing that is successful (“Collins Concise English Dictionary,” 1992, 963). For Māori, education has many facets of success, that are not only restricted to completing a qualification (Durie, 2005a). These aspects include preparing the nuclear *whānau*, eligibility of enrolment, participation in tertiary studies, completion of assignments, papers and qualifications, progression to higher learning, contribution made to tertiary environment, and relevance of qualification to *whānau*, *hapū*, *iwi*, and Māori development.

The programme is governed by a board of management comprised of representatives from Massey University, Ministry of Health, and the Māori mental health workforce. The

purpose of the board of management is to provide strategic direction, manage the Te Rau Puawai Programme, allocate funds, recruit and monitor bursars<sup>1</sup> performance, approve annual budgets, award scholarships, monitor students performance, and review coordinator responsibilities. The overall management is delegated to a full-time coordinator who is responsible for the day-to-day operations and co-ordination of administration, tutoring, and mentoring supports.

The purpose of this thesis is to examine the Te Rau Puawai programme, exploring its unique characteristics, core business, and effectiveness, while attempting to understand the impact Te Rau Puawai has had and is having on the Māori mental health workforce. This programme has been selected because of its success in supporting Māori students to achieve a pass rate of between 85 percent and 95 percent and exceeding the three contractual goals by 82 graduates namely 100 graduates by the end of 2003, 30 by the end of 2006 and a further 30 by the end of 2009. Hence, the research question is “what are the critical factors that make Te Rau Puawai successful as a contributor to the Māori mental health workforce?”

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<sup>1</sup> Bursar’s refer to students who have been awarded a Te Rau Puawai scholarship

## Chapter Two

### 2. Methodology

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#### 2.1 Introduction

This chapter outlines the methodology undertaken for collecting the data for this thesis. The methods adopted by the researcher were selected to compliment the Māori principles of the researcher and participants, and ultimately the community it proposes to benefit. Many studies focused on Māori have been conducted by non-Māori and built around Western frameworks that do not allow for, or serve the interest of Māori. Findings from previous research conducted by non-Māori have portrayed Māori in a negative light, and as a result, Māori have become sceptical of the findings (Hudson, 2004). However, in the past 10 years there has been an increase in research conducted by Māori for Māori, founded within a Māori framework. Māori are able to exercise their *tino rangatiratanga* (self-determination), so that control and ownership of the research remains with them. *Te Oru Rangahau*, a Māori Research and Development Conference held at Te Pūtahi-a-Toi, Massey University in 1998, and *Tikanga Rangahau Mātauranga Tuku Iho: Traditional Knowledge and Research Ethics Conference* in 2004 demonstrated the vast research being done by Māori contributing towards Māori development. This chapter discusses research paradigms, qualitative research, *kaupapa Māori* frameworks, and the processes undertaken to collect the data for this study, including ethical consideration, interview schedules, analytical process, participant selection and the dissemination of the research findings.

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## 2.2 Research Paradigms

Denzin and Lincoln define qualitative research as a “situated activity that locates the observer in the world.... attempting to make sense of or interpret, phenomenon in terms of the meanings people bring to them” (2005, p.3). Collectively they are a set of assumptions based on beliefs and feelings, not science, that shape the way people view behaviour within the world. The boundary in which these assumptions occur is a framework of paradigms. A paradigm allows researchers to determine how research will be controlled, validated, legitimised, and which methods will be appropriate to deconstruct, and interpret a particular worldview, consequently to make sense of the complexity of reality. The process in which research is generated is built around three questions: ontology, epistemology, and methodology (Denzin & Lincoln, 2005; Guba & Lincoln, 1994). These questions form a basis of a paradigm. Ontology can be described as a study of reality or a set of beliefs about the world. Epistemology is the study of knowledge gained from the relationship between the researcher and reality. Methodology is concerned with the steps undertaken to complete the research. The structure of paradigms are configured by four perspectives: positivism, post-positivism, critical theory, and constructivism. Using the three questions can determine which paradigm perspectives are appropriate in the research process (Denzin & Lincoln, 2005).

### *2.2.1 Positivism*

Positivism can be described as the scientific view of Western philosophy. The world is viewed based on scientific methods of direct observation and analysis that are value free (Denzin & Lincoln, 2005). Research that cannot be observed and measured independently is not valid. Scientific method is the collection of data through observation, experiments, and retesting to formulate an explanation (Kuhn, 1962). The ontology view of positivism or also known as naive realism, is that only one reality exists. The knowledge obtained is by natural laws and defined in a context free generalisation, reflecting social reality or truth that may take the form of cause and effect laws (Guba & Lincoln, 1994). Naive realism refers to the objectivity of reality based on a single,

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unambiguous truth independent of the researcher (Mundle, 1967). The epistemological perspective of positivism is described as ‘dualist or objectivist’ (Guba & Lincoln, 1994, 2005). The research reflects a quantitative method and is conducted autonomously through the researcher and the subject being independent of each other. This negates both the researcher and subject being influenced by each other. Methodology can be viewed as ‘experimental or manipulative’ (Guba & Lincoln, 1994, 2005). Questions and or hypotheses are propositioned in advance and are subjected to empirical testing under controlled conditions.

### ***2.2.2 Post - positivism***

Post-positivism arose out of discontentment with the positivism view. It can be characterised as an altered version of positivism by taking a critical realist position, recognising that reality cannot be fully captured (Denzin & Lincoln, 2005; Guba & Lincoln, 1994). This stance acknowledges that human intellectual ability is influenced by feelings, thoughts, and interpretations that affect the truth being obtained. Post-positivism view of ontology is that reality does exist but there are multiple ways in which reality can be attained because of human limitations. Therefore, research of realities is based on probabilities. The epistemology view of post-positivism is also in contrast to positivism. Prior theory, hypothesis and beliefs of the researcher can influence the subject being studied. Consequently, the researchers should follow rigorous procedures in order to reduce bias. Thus, the methodology view of post-positivism is also modified. Post-positivism recognises that the propositions or hypotheses being tested within regulated conditions pose challenges for social science researchers. In this sense, both qualitative and quantitative methods of enquiries are adopted in order to reduce the falsification of the hypothesis.

### ***2.2.3 Critical Theory***

Critical Theory “questions the assumption that societies are unproblematically democratic and free” (Kincheloe & McLaren, 2005, p.303). Several paradigms exist within critical

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theory such as neo-marxism, materialism, feminism, and participatory inquiry (Guba & Lincoln, 1994). Founded on ideological inquiry, Critical Theory examines how race, class, religion, culture, gender, and other ideologies interact and construct social systems. It seeks to challenge the stability or status quo of societies by investigating the legitimacy of power and justice of one group (dominant) of society on another (minority) in an attempt to address the inequalities placed on the minority. Hence, Critical Theory attempts to emancipate and transform societies. Its ontological view is termed historical realism, with realities being formed by ideologies that have been defined overtime. Epistemology is subjective and transactional. The researcher and subject are connected by the values and beliefs of the researcher influencing the subject and process. The methodology is dialogic and dialectical where the researcher engages in dialogue with their participants, in turn, communication is dialectal in nature, which seeks to transform the world (Guba & Lincoln, 1994).

#### ***2.2.4 Constructivism***

Constructivism opposes the positions of positivism and post-positivism. Its beliefs are based on recreating the world from the researcher perspective, as opposed to predicting, controlling and transforming it (Guba & Lincoln, 1994, 2005). Constructivism argues that there are multiple realities as opposed to one reality. Therefore, research is subjective and based on the researcher's values, experience and interaction with the world. From this perspective, the ontological view becomes relativist based on multiple mental constructions of the researcher, and the interaction with the subject of inquiry. The epistemology view is subjective and transactional. Similar to Critical Theory, Constructivism views reality as socially constructed linking researcher and participants towards "capturing the lived experience of the participant" (Ponterotto, 2005, p.129). The methodology process is hermeneutic dialectic. It is hermeneutic because it seeks to analyse the text or meanings based on prior understanding and knowledge. Therefore, research emerges through the interactions of the researcher and participants. A summary of the questions and paradigms are presented in table 1.

Table 1 *Basic Beliefs of Alternative Inquiry Paradigms*

<b>Item</b>	<b>Positivism</b>	<b>Post-positivism</b>	<b>Critical Theory</b>	<b>Constructivism</b>
<b>Ontology</b>	Naive realism – “real” reality but apprehensible	Critical realism, real reality bit only imperfectly and probabilistically apprehensible	Historical realism – virtual reality shaped by social, political, cultural, economic, ethnic, and gender values, crystallised over time	Relativism – local and specific constructed and co-constructed realities
<b>Epistemology</b>	Dualist/objectivist, findings true	Modified dualist/objectivist; critical traditions/community; findings probably true	Transactional/subjectivist; value-mediated findings	Transactional/subjectivist created findings
<b>Methodology</b>	Experimental/manipulative; verification of hypothesis; chiefly quantitative methods	Modified experimental, manipulative; critical multiplism falsification or hypothesis; may include qualitative methods	Dialogic/dialectical	Hermeneutical/dialectical

*Source: Denzin & Lincoln, 2005*

## 2.3 Kaupapa Māori Research

*Kaupapa Māori* research provides a detailed account of the type of methods, measures and analysis techniques used to appropriately answer the research question. In the 1980s, advancements in Māori methodologies emerged with research units such as the Research Unit for Māori Education at the University of Auckland, which focused on developing Māori research methodologies appropriate for Māori (Smith, 1999). This was necessary because for many years, Māori had been subjected to research by non-Māori where Western philosophies sought to restrict and deny Māori of their identity, language, culture, and beliefs (Durie, 1998a). Western approaches to research are founded on scientific practices based on empirical data and experimental testing (Kuhn, 1996). Researchers are viewed mainly as outsiders who maintain a positivist view of positivism and therefore objectivity and neutrality (Smith, 1999). Māori however, are generally

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concerned with the “interconnectedness that knowledge has with the rest of the world” (Matamua, 2006, p.86). The research processes, findings, and control by non-Māori have led to misunderstandings and misinterpretation of data (Hudson, 2004; Smith, 1999). A Māori framework to research can be seen as an attempt to decolonise, control, and reclaim knowledge that is of importance to Māori. This provides a foundation for research and helps secure and maintain Māori knowledge. Researching and seeking solutions to Māori issues requires a framework that supports Māori understanding and ideals. The development of *kaupapa Māori* frameworks in research has provided the freedom for Māori researchers and participants to explore, translate, and disperse information in a way that makes sense to the participants and researcher, in order to ultimately benefit the community being studied.

*Kaupapa Māori* principles in research therefore reinforce *tikanga Māori*. It provides “cultural legitimacy of Māori knowledge and values” (Walsh-Tapiata, 1998, p.249), with varying options to construct, retrieve, and interpret the data, that reflects Māori knowledge (Smith, 1999). Cunningham (1998) characterises *kaupapa Māori* research as research that involves Māori in all levels of the process, from participants, management, ownership and analysis. It is a process whereby Māori do research for Māori, and within a Māori culture. Smith argues that *kaupapa Māori* research is “concerned with sites and terrains” (1999, p.191). This process provides Māori researchers and participants, with the freedom and flexibility to engage, discuss, control and choose the important issues facing Māori, and select the most appropriate processes that include Māori values, practices, and beliefs based on tribal traditions.

Bishop (1998) defines *kaupapa Māori* research according to kinship bonds or *whanaungatanga*. He identifies three distinct strategies that need to be developed to sustain relationships of which he refers to as “*whānau* of interest” or *kaupapa whānau*. Durie, Black, A Durie, Palmer and Hawkins (2005) define “*whānau* of interest” or *kaupapa whānau* as non-related individuals who come together for a specific purpose. Similar behaviours and values of traditional *whānau* can be adopted in these situations,

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such as *kaumātua* and *kuia* (Wihongi, 2002). A process of identity, finding out the relationship and connection of a person through their *whakapapa* (genealogy) legitimises their participation in the *whānau* (Mead, 2003). Secondly, the researcher must immerse themselves fully in all aspects of the research process, physically, ethically, morally, and spiritually. They are not only focused on the methodological process, but also principles such as *manaakitanga* and *tapu*, which are integral parts of the *whanaungatanga* process (Mead, 2003). Having adequate knowledge and skills in Māori values, customs, and beliefs is an important component for the research practitioners (Kingi, 2005a). Thirdly, there is a need to share power and control of the research. Full participation and control of informants enables a collective process that strives towards *tinu rangatiratanga*. Researchers however, need to keep in mind that any Māori research has to contribute to Māori advancement (Kingi, 2006).

There are varying aspects of *kaupapa Māori* research, but the commonalities that exist amongst these approaches are for Māori, by Māori, controlled by Māori, of benefit to Māori, and based on Māori values, customs, and beliefs. Therefore, Māori researchers need an understanding of Māori customs and practices, and to adopt a holistic worldview when developing their methodologies. To assist in this process, it is also important to define Māori principles and values in relation to *tikanga Māori* as both terms can be used interchangeably and cause confusion.

As discussed above, *tikanga Māori* can be defined in several ways. Mead defines *tikanga Māori* “as a set of beliefs associated with practices and procedures to be followed in conducting the affairs of a group or an individual” (Mead, 2003, p.12). He further exerts that *tika* means right, or correct, and in order to assess the correctness of *tikanga* the concept of *pono*, which means true or genuine, is used to determine whether or not segments of *tikanga* are true in relation to the principles of *Māoritanga*.

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The Collins Concise English Dictionary provides a range of definitions for principle and value:

Principle is defined as ‘standards or rules, a law concerning behaviour of systems, fundamental or general truth or the essence of something’ ("Collins Concise English Dictionary," 1992, p.1063).

Value is defined as moral principles or accepted standards of a person or group, to have a high regard for especially in respect of worth, usefulness and merit ("Collins Concise English Dictionary," 1992, p.1488)

Therefore, *tikanga Māori* is underpinned by principles that are a standard of behaviour and these principles are founded and judged based on the value placed on that behaviour. In this sense, terms such as *manaakitanga*, *whanaungatanga*, *tapu*, *noa*, *kanohi kitea*, *mana*, and *mauri* are principles of *tikanga Māori*. The value of each principle, that is, the value one places on the principle, is determined by the level of actions taken in upholding the principle.

## 2.3 Te Rau Puawai Methodology

### 2.3.1 Qualitative Research

In order to collect the relevant data for this thesis, a qualitative process was implemented. It provides flexibility to interpret underlying meanings, language, and themes from a contextual base that may not emerge through a quantitative approach (Denzin & Lincoln, 2005). For these reasons and more importantly the need to capture the Māori view world, a *kaupapa Māori* framework was applied. To compliment this process the data was collected using semi-structured interviews to allow flexibility and enable participant and researcher to ask further questions (Boyatzis, 1998). A thematic analysis was employed to analyse the data.

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### ***2.3.2 Thematic Analysis***

A thematic approach involves “identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p.79). Thematic analysis allows the flexibility for data to be interpreted from a data or theory perspective, or both (Braun & Clarke, 2006). Data driven analysis enables themes to be determined from the raw data itself, and not from pre-existing theory or assumptions held by the researcher (Boyatzis, 1998; Braun & Clarke, 2006). Boyatzis (1998) further argues themes can be determined from prior research, but should only be applied to data of a similar nature.

The first stage of thematic analysis is to become familiar with the data. This was achieved in part, by the researcher conducting the interviews. If time allowed, it was also important for the researcher to transcribe and review the collected data in order to get a real sense of the conversation. Interviews were transcribed into text from which themes and quotes started to emerge. Once the researcher had identified the broad patterns across all the data, the next step was to review and condense the different patterns into major themes. A more in-depth understanding of the data gathered from the participants started to appear. An important process involved participants editing and validating their interviews to ensure the researcher did not influence the text and the context in which the data was collected. The final stage was to produce a report that provided an augmented story, reflecting themes gathered from the data (Braun & Clarke, 2006).

### ***2.3.3 Research Participants***

The selection of research participants was crucial to this study. The researcher was fortunate enough to be involved in Te Rau Puawai. As such, the researcher had access to information that would otherwise not be accessible by an outside researcher. Furthermore, the confidence and trust the researcher had already built with participants is linked to the *whanaungatanga* process identified by Bishop (1999) and Mead (2003). Through this relationship, the researcher was able to identify informants who were receptive to describing and sharing their knowledge. The researcher selected six key informants based on their extensive relationship to Te Rau Puawai, their knowledge base,

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their leadership in the Māori mental health workforce, *tikanga Māori*, University regulations, and their understanding of their academic achievements. For these reasons, a purposeful selection process of key participants was adopted.

Purposeful sampling is about selecting participants based on the need and relevance of the informant to the research. It allows researchers to select participants who have a considerable knowledge, or have lived the experience, or currently participating in the case being researched (Berg, 2007; Morse, 2007). Patton goes further and argues purposeful sampling encourages researchers to study “information rich cases in depth and detail” (1999, p.1197). These are cases that are successful and worth further analysis in order to contribute to future learning. For the past ten years, Te Rau Puawai pass rates have been phenomenal, with achievement levels between 85 percent to 95 percent each year. However, many reports and research continues to highlight the low or failing levels of Māori academic achievement generally (Earle, 2007, 2008). Although there has been two independent evaluations of the programme, the researcher believed it was still necessary to gain a greater understanding of the programme’s success in order to learn and promote educational success for Māori and Māori advancement.

### ***2.3.4 Tikanga Māori Approach***

Due to the nature of this study, the researcher employed a mixture of Māori principles, such as *whanaungatanga*, *manaakitanga*, *karakia*, *kanohi kitea*, *koha*, *tapu*, and *noa*. It was felt the inclusion of these Māori principles would support the methodology and help both the researcher to collect the data, and the participants to share their stories. The researcher felt competent enough to include these various Māori customs and traditions, even though she is not a speaker of *te reo Māori*. A mitigating factor in this study has been the selection of a secondary supervisor who was competent in *te reo me ōna tikanga*.

Perhaps the overarching Māori principle that guided this research was *whanaungatanga*. Mead (2003) describes *whanaungatanga* as a kinship that bonds families together. This concept is strongly focused on building and strengthening of relationships between

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people. While *whanaungatanga* is entrenched in *whakapapa* ties, this concept can also be applied to non-kinship groups who are bonded together for a specific *kaupapa*. In this research, the relationships that already existed made it easier for the researcher to fully understand the many dimensions of the programme, and helped foster an honest passion for the programme. Furthermore, this relationship meant the researcher had unlimited access to information, and was able to easily select and approach participants with a vast knowledge of the programme. The existing trust and bond between the two parties meant participants were willing to partake in the study and forthcoming in sharing information, through informal and formal discussions, and provided opportunities for additional questions during the interview process. Even after the interviews, participants kept in contact with the researcher and were keen to receive updates on the progress of this thesis. Even the selection of supervisors was built on the existing relationship ties between the researcher and supervisors. The researcher was able to approach both supervisors in a formal and informal manner, in order to discuss progress and receive constructive advice. This bond and process of information sharing would not have been as rewarding, or even as comprehensive, if *whanaungatanga* had not been central to the process.

Closely related to the concept of *whanaungatanga* is *manaakitanga*, another guiding principle to the research. Mead (2003) describes *manaakitanga* as caring, supporting, helping, respecting each other, and nurturing relationships, regardless of the situation. During this research, the concept of *manaakitanga* was continually reinforced. The existing bond the researcher had with the programme, demonstrated the commitment, support, and willingness of the researcher for the *kaupapa* to enhance the Māori mental health workforce. The key informants were also passionate and supportive of the programme and were happy to participate in this research, as they could see the benefits of this study in advancing the Māori mental health workforce. This also made it easier for the researcher to approach participants. In the planning and preparation of the interviews, the researcher provided hospitality, such as ensuring *kai* (food), transport, and appropriate venues were available. Some interviews meant the researcher travelled to the participant's homes, and the reciprocal *manaaki* from participant's *whānau* demonstrated

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the support for this research stemmed beyond the participants themselves. During the interviews, the researcher and participant's mutual respect for each other contributed to information being freely shared. As an embedded Māori cultural value with reciprocal rights and obligations *Manaaki* also extended to the support of supervisor's *whānau*, who opened their home and embraced and cared for the researcher during the drafting of this research. Here, both professional and personal relationships were blended without compromising the integrity of each, highlighting that when one applies and adheres to the principles of *tikanga* as Mead (2003) describes, there is no conflict.

Māori are often described as a spiritual people, and at the centre of this spirituality is *karakia*. *Karakia* can be translated to mean prayer or incantation. *Karakia* was a custom that was used throughout the research process to ensure the spiritual component of the study was appropriate, and also to guide the researcher and participants during interviews. Before conducting interviews, an appropriate *karakia* was recited, and at the conclusion of interviews, another *karakia* was conducted, and the participant and researcher concluded the process. *Karakia* were not only used during the interview process. Whenever the researcher felt it was appropriate, or during trying and difficult times, a *karakia* would be recited to alleviate the situation, and to comfort and support the researcher.

*Kanohi kitea* means face-to-face contact, and supports the *whanaungatanga* concept in that it strengthens the bonds of people (Mead, 2003). It is the preferred type of communication by Māori, enabling extended *whānau* to participate, and allowing more in-depth knowledge to be gained. In this research, the researcher interviewed all participants *kanohi-ki-te-kanohi*. While this process can be time consuming, the researcher believed this was necessary if *whanaungatanga* was to be truly embraced, as well as gaining detailed information about Te Rau Puawai and the Māori mental health workforce.

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The act of giving and receiving gifts is *koha*. Gifts can be in the form of money, time, food, and/or supporting people for a specific *kaupapa*. Throughout this research process, *koha* was often utilised. Money was gifted to those participants that had to travel and time for attending the interviews, however, they did not accept this offer as they saw their time and sharing of information as reciprocal. In some cases, the researcher travelled to participants to alleviate any financial cost and time restrictions that may have been encountered by participants. For most interviewees, food was also provided by the researcher and participant's *whānau*.

The final two concepts involved in the research are interconnected and therefore can be examined together. These concepts are *tapu* and *noa*, and are generally translated as sacred and safety (Mead, 2003). *Tapu* encompasses more than sacred or spirituality. It is a force that provides protection of one's self in order to maintain unity, and ensure events or items are used for the right purpose. On the other hand, the state of *noa* enables people the freedom to access or use the information or areas of concern (Goldie, 1998; Mead, 2003; Moon, 2003). In this research, *tapu* and *noa* guided the researcher and participants. During interviews, *tapu* was lifted through appropriate *karakia*. This was also extended to the storing and use of information by the researcher, as well as the venues visited by the researcher.

### ***2.3.5 Interview Process***

Information pertaining to the purpose and goals of the research was very important, as it provided an overview and reasons why the researcher chose to conduct this study. An information sheet (refer to Appendix 1) provided the participants with a brief description of the project, explained how participants were selected, described participants' rights, data management, risks of the project, and supervisor information. In addition, a consent form (refer to Appendix 2) was presented to the participants, which they signed confirming their agreement to participate in this study. The most suitable form to record the interviews was audio recording, as this allowed the researcher to actively listen to the

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information conveyed, but also ensured all information provided by participants was captured. It was made clear to participants of their right to ask that the recorder be stopped at anytime during the interview. At the conclusion of the interviews, participants were advised the recording would be transcribed and returned to them for editing and feedback. Due to time constraints, the researcher employed a transcriber to document the recordings. To ensure confidentiality of information, the transcriber signed a confidentiality form (refer to Appendix 3). When the transcripts were confirmed by participants, they were provided with an authorisation for release of transcript form in order for the researcher to use the data collected (refer to Appendix 4).

### ***2.3.6 Interview Schedule***

The interviews were guided by an interview schedule (refer to Appendix 5), which provided the researcher with a degree of structure. It was also important for participants to freely provide information that may not have been asked by the researcher. Therefore, a semi-structured schedule of questions was appropriate, for this research, to allow for flexibility, and encourages participant's worldview, while having a clear focus on the overall research aims and goals (Lee & Lings, 2008). The first question was classed as an introduction designed to ensure participant comfort and ease with the process, the remainder of the schedule comprised the following questions:

1. Can you describe in your own words the ways in which Te Rau Puawai supports its students?
2. What do you think are the most important factors of Te Rau Puawai? And why? Ask how each of those listed are important and why? Is it personalities? Would the same have occurred if the people involved had not been involved?
3. Can you please describe the impact you think Te Rau Puawai supports have on the pass rates of students – why? And how do you know this?
4. In what ways do you think Te Rau Puawai is having an effect on the Māori mental health workforce and how?

5. Describe for me the Māori values you think have been or are incorporated in Te Rau Puawai and why are these successful?
6. In your own words - Do you think Te Rau Puawai is successful? How and why?
7. Are there any other factors you would like to talk about or add to this discussion?

### ***2.3.7 Ethical Considerations***

Any research conducted involving human participants at Massey University requires the researcher and supervisor to discuss ethical issues and level of risk, to determine if approval from the Massey University Human Ethics Committee or a Low Risk Notification to the Ethics Administer, is required.

The researcher reviewed the Code of Ethical Conduct and completed a screening questionnaire (refer to Appendix 6), to determine which approval process was required. A discussion and ethical analysis between the researcher and supervisor was conducted. It was identified that clarity was required for question 23 in Part B. The researcher contacted the administrator of the Health and Disabilities Ethics Committee to clarify: “The use of staff or facilities of a health provider (for example, District Health Board, Primary Health Organisation or health Non Government Organisation)” (Massey University Human Ethics Committee, 2009, p.3). The key participants for this research were employed by health providers; however, the project was not seeking personal health information, but their views about Te Rau Puawai. The Health and Disabilities Ethic Committee advised this was a low risk research and the process of the universities for low risk research should be adopted (refer to Appendix 7). Final discussions with the supervisor were held and it was agreed a low risk application be submitted to the Ethics Administrator (refer to Appendix 8). The researcher received notification of receipt from the Ethics Administer to proceed with this research.

The researcher and supervisor also discussed the nature of insider/outsider researcher. Smith (1999) describes this as the extent of relationship the researcher has with the research. Given involvement with the programme and pre-existing relationships with

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participants reflects, the researcher was considered to be an inside researcher. Therefore, the researcher needed to be vigilant and exercise a high standard of ethical, critical, objective, reflexive, and respectful attributes. Although the researcher was seen as an insider, it was apparent during the interviews that, the role of outside researcher became evident. The behaviour by some participants became formal, with structured responses and reserved behaviour. At the conclusion of the interviews and confirmation of transcripts, former relationships were restored. By having clear goals, structured questions, discussions with supervisors, reviewing the code of ethics, confirmation of transcripts and contacting participants for clarity, and maintaining *tikanga Māori*, the safety of the researcher and participants and the validity of the research was ensured.

### ***2.3.8 Thesis Administration***

In this thesis the researcher has used italics to emphasis *Māori* words with the English translation or equivalent in brackets ( ) the first time each word has been used in text. Footnotes have been used to provide an explanation of terms where necessary. APA referencing has been used through the utilisation of endnote bibliographic database and titles of documents have also been italicised.

## Chapter Three

### 3. History of Māori Mental Health

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#### 3.1 Introduction

Traditionally, Māori had well developed systems for addressing a range of health concerns, and these systems were based on cultural practices and constructs. *Ritenga*, *karakia*, *rongoā*, *mirimiri*, and *wai* were actively used as health interventions (Durie, 1994; Hiroa, 1966; Mead, 2003).

The World Health Organization defines health and mental health as:

*“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”* (World Health Organization, 2007, p.1).

This definition is consistent with Māori views of health, which similarly consider the holistic nature of health, with multiple domains such as *tinana*, *wairua*, *hinengaro*, and *whānau* (Durie, 2001a; Pomare, 1986). However, connections to the *whenua*, *Ranginui*, *Papatuanuku*, language, *marae* (meeting house) and *hapū* are also considered important and reflect views of health, which in many ways are unique to Māori (Durie, 2001a; Kawharu, 1977; Metge, 1976; Schwimmer, 1966).

#### 3.2 Traditional Māori Society

Before discussing traditional approaches to Māori health, it is important to provide an overview of Māori society and to discuss the foundations upon which Māori communities were organised.

### ***3.2.1 Who are Māori***

Māori are the indigenous people of New Zealand. According to Māori traditions, Māori travelled by *waka* (canoe) from their ancestral homeland of Hawaiki, stopping at various South Pacific islands, before settling in New Zealand (Best, 1904b; Hiroa, 1966). On arrival, the confederation of tribes sought to outline their territories. As time passed, tribal stories were recited of the ancestor's voyages, significant landing places, and people were able to trace their *whakapapa* and *waka* (Hiroa, 1966; Mead, 1997; Walker, 1990).

### ***3.2.2 Structure of Traditional Māori Society***

Traditional Māori society was based on social units known as *iwi*, *hapū*, and *whānau*. *Iwi* were the largest social-political unit of Māori society, spanning over large territories and comprising of several *hapū*. As *hapū* expanded, they sometimes became *iwi* in their own right. Like *iwi*, *hapū* are responsible for the social and political functioning and protection of *hapū* territory, in turn contributing to the performance of the *iwi*. The *whānau* was seen as forming the basis of Māori society, consisting of at least four generations. As *whānau* grew, members of that *whānau* formed their own *hapū* (Hiroa, 1966; Mead, 1997; Walker, 1990). Each social unit had their own designated leaders who were accountable for protection, passing on knowledge, and leading the people.

### ***3.2.3 Traditional Māori Leadership***

Māori leadership was based on *whakapapa*, and primogeniture lineage (Walker, 1993). Māori leadership revolved around *kaumātua* (family elder), *rangatira* (chief of sub tribe), and *ariki* (paramount chief), who were seen as experts in the areas of *tikanga Māori*, *ritenga*, *karakia*, warfare of agriculture, social economics, land, and people. While the scale of accountability varied, each leader was responsible for managing resources and maintaining the well-being of their society. The *kaumātua* were the head of the *whānau*, passing on knowledge, *whakapapa*, and traditions relating to the *whānau*. The *kaumātua* also participated in *hapū* affairs, but not necessarily held the same authority as the

*rangatira*. The *rangatira* was the leader of the *hapū*. Internal affairs of the *hapū* were managed by the *rangatira*, while any external matters of the *hapū* were the responsibility of the *ariki* who were the leaders of the *iwi* or *waka*. While the scale of accountability varied, each leader was responsible for managing resources and maintaining the well-being of their society.

### ***3.2.3 Contemporary Māori Leadership***

Survival in today's world means Māori now require a range of leaders with a broader view of leadership in response to social, political, economic, and cultural changes (Durie, 2005c; Mead, 2005). The traditional forms of Māori leadership still remain, however new forms of leadership are emerging, reflecting the changes in society. Māori are now being employed in organisations that require a set of new skills and competencies, other than traditional forms of Māori leadership (Durie, 2005c). For Māori, this means understanding not only Māori perspectives of leadership, but also Western philosophies surrounding leadership (Mead, 2005). Although this is also complicated, as there is no consensus to defining what leadership is (Bennis, 1959; Yukl, 1998), Yukl provides a broad definition of leadership as “the process of influencing others to understand and agree about what needs to be done and how to do it and the process of facilitating individual and collective efforts to accomplish shared objectives” (1998, p.8). Therefore, a leader is someone who facilitates this process.

For Māori, this is about retaining their *tikanga* while navigating through the differing organisational structures and environments, and balancing and facilitating the needs of organisations, or groups, or individuals. Mead (2005) concludes that a collective approach to educating all those involved in the process (leader and followers) will be important to Māoridom. Leadership for Māori is not confined to organisational context, but is part of everyday life. Therefore, strategic leadership will be the “key to creating Māori social and economic development success” (Dodd, 2002, p.5). Māori leadership at governance and management is crucial, given that most definitions of governance and

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management derive from a Western perspective that excludes the notion of indigenous cultures (Mead, 2005). Therefore, mentoring, and training of Māori to become leaders in both governance and management will be crucial to Māori development.

### ***3.2.4 Tikanga Māori and Te Reo Māori***

Underpinning Māori society was *mātauranga Māori* (traditional Māori knowledge). This knowledge pertaining to *whānau*, *hapū*, *iwi*, and *waka* was very sacred to Māori. Knowledge was passed down through generations, generally to the leaders of society, in oral form and varied depending on the region and introduction of new knowledge. The implementation of this knowledge was through *tikanga Māori*. While there was commonality of *tikanga Māori* amongst *iwi* and *hapū*, there were specific customs distinctive to regions known as *kawa* (Mead, 2003).

The main form of communication was *te reo Māori*, with each *iwi* having their own dialect. The importance of *te reo Māori*, is the continuation of *tikanga Māori* and *mātauranga Māori*. The interconnectedness of these two philosophies was important to fully understand the true meanings of *mātauranga Māori* and *tikanga Māori* (Matamua, 2006).

Māori society was complex, with each *iwi* having their own religion, education system, ideals, philosophies, health system, and governance. These variations are what made each *iwi* and to some extent, *hapū* and *whānau*, unique. At the core of this structure was *mātauranga Māori*, *te reo me ōna tikanga*, and *whakapapa* that shaped Māori society.

### ***3.2.5 Traditional Māori Health***

Traditionally, Māori lived a relatively uncomplicated life, they were physically fit and healthy (Hiroa, 1966). The treatment of sicknesses was part of *tikanga Māori* and Māori employed a combination of healing techniques (Durie, 1994; Hiroa, 1966; Mead, 2003). They had few ailments and attributed their physical and overall well-being to the

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principles of *mauri* (life force) and the observance of the lore of *tapu* (Mead, 2003). Mead (2003) describes *mauri* as the life force that activates the physical organs of the body, and attributes *mauri* to the physical and overall well-being of a person (Mead, 2003). *Tapu* has been defined in chapter two, however, in terms of causes of illness; Māori believe *tapu* is intertwined within all *tikanga* objects, people, living things, buildings, words, and places. Violation of the lore of *tapu* could lead to illness (Mead, 2003).

### ***3.2.6 Mate Māori and Cures***

Māori held the lore of *tapu* in high regard and they believed the main cause of sickness was due to *mate Māori* (Māori sickness), the breach of *tapu*, or *kēhua* (ghost). Māori viewed the influence of supernatural beings as *makutu* (Māori curse). *Makutu* were usually conducted to punish a person because of breaching some form of *tapu*. The effectiveness of *makutu* depended on the repetition of special *karakia* as opposed to the process of the *makutu*. If Māori believed they had been subject to *makutu*, they would engage a *tōhunga* (high priest). The *tōhunga* would perform a *hirihiri* (diagnosis), and attempt to diagnose the cause and source. Various *ritenga*, *karakia*, and the use of *wai tapu* (ancestral waters) would be used by the *tōhunga* in an attempt to cure the patient. During this treatment, the patient was isolated from the *whānau*, to minimise the spread of the *makutu*. However, *whānau* would assist in performing their own *karakia* and *ritenga*. The healing timeframe could take up to three days, depending on the severity of the *makutu* and if this process was not successful, death could be imminent (Goldie, 1998; Hiroa, 1966; Mead, 2003).

### ***3.2.7 Tōhunga***

*Tōhunga* were very important in the healing process of people. *Tōhunga* had a variety of roles within traditional Māori society, and were responsible for all health related activities (physical, mental, and spiritual). The *tōhunga* were taught their skills in the *whare wānanga* (learning house) and were able to specialise in a number of different areas, such

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as *whaihanga* (carpenter/canoe maker), *tā moko* (tattooist), and *matauhi* (seers). They were well respected by the *iwi* and were a close confidant of *rangatira* and *ariki* because of their knowledge and expertise. While there were different classes of *tōhunga*, the highest level was *tōhunga Ahurewa* (high priest) who possessed all tribal knowledge. Their influence over the tribal leaders and knowledge gave the *tōhunga* the authority to assist in the management and well-being of the *iwi* (Best, 1904a; Mead, 2003).

### ***3.2.8 Holistic View of Health***

Māori took a broad view of health. They believed there were many facets contributing to a person being unwell. They believed the healing process involved taking account and balancing *whānau*, *wairua*, *hinengaro*, *tinana*, *mauri*, and *whenua*, while upholding the lore of *tapu* (Best, 1904a; Durie, 1998a; Mead, 2003). It was not only the treatment of the symptoms but a collective approach, involving *whānau*, as opposed to an individual. The utilisation of *tōhunga* was very important, as they were the guardians of traditional healing methods. However, the migration of new settlers saw the introduction of new diseases that traditional Māori health systems found difficult to overcome. The foundation of traditional Māori society was their people. *Mātauranga Māori*, and *te reo me ōna tikanga* were the cornerstone of Māori society. However, the arrival of new migrants brought new challenges for Māori that threatened overall well-being of *iwi*.

## **3.3 Introduction of Pākehā Health**

Prior to 1814, Māori had limited contact with the outside world, although some trading did exist before this time. However, by 1814, missionaries and traders settled in New Zealand and started to become the dominant culture, introducing their own philosophies and ways of life, which were very different to Māori society. Māori focus shifted from *whānau* communal living, *whare wānanga* learning, agriculture and well-being of *iwi*, to fighting for control over their lands (Hiroa, 1966). By 1840, major changes started to occur with the signing of the Treaty of Waitangi. The Treaty of Waitangi gave Māori the impression they would retain their existing tribal rights. However, this was not the case

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and inevitably, European culture dominated the political, spiritual, economic, and social way of life. The impact of loss of land, power, status, language, and culture saw *whānau* collectiveness, *mātauranga Māori*, *tikanga Māori*, and *te reo Māori* being eroded. The impact of colonisation varied between *iwi*, but the overall affect was devastating on Māori health (Durie, 1998a, 2001b).

By 1896, the Māori population declined quickly to approximately 42,000 (McLintock, 1966), not because of the breach of *tapu*, but at the hands of muskets (Kawharu, 1977), and due to “war, land confiscation, loss of *mana*, epidemics, and the denigration of core features in Māori culture” (Durie, 1998a, p.35). Europeans were encouraging Māori to conform to their ideals, as opposed to traditional forms of Māori healing. As a result, Europeans did not favour the practices of the *tōhunga*, and consequently, the introduction of the Tōhunga Suppression Act (1907) challenged the right of *tōhunga*. The prohibition of *tōhunga* attempted to deny Māori access to traditional healing, but also access to knowledge that contributed to the overall well-being of Māori (Durie, 2001a). However, this did not deter *tōhunga* from practicing their traditions and by 1962; the *Tōhunga* Suppression Act (1907) was repealed.

Further alienation came about through the introduction of European laws, such as the banning of *te reo Māori*, Māori Land Administration and Settlement Acts, and Native Land Acts (Walker, 1996). The build-up of various legislations indicated the fear from Europeans that Māori aspiration and desire for autonomy was evident.

### ***3.3.1 Impact of Colonisation and Urbanisation***

By the 1950s, 18.1 percent of Māori resided in towns, and by 1966 over 50.1 percent of Māori had migrated to the cities for social, political, housing, and economic gains (Collette & O'Malley, 1974). This further contributed to Māori being disconnected from their culture, *whānau*, *hapū*, *iwi*, and language, making it difficult for knowledge and practices to be disseminated to future generations (Durie, 1998b).

Colonisation had a dramatic affect on Māori health. It had suppressed Māori culture, language, alienated land, and affected collectiveness, which was at the heart of Māori society. New diseases such as the influenza epidemic, typhoid, measles, scarlet fever, and malnutrition also contributed to the high mortality rate of the Māori population (Butterworth, 1972). Other health determinants such as low income, poor housing, unemployment, and poor education also took a toll on Māori health (Durie, 2001b). However, for Māori health to improve, Māori needed to take responsibility and not rely on Government interventions. This came in the form of Māori seeking Western knowledge while holding fast to *tikanga Māori* (Durie, 2001b).

In the late 1800s, Māori participation in Western education and health systems began to emerge and a number of Māori gained qualifications in law and medicine. Two pioneers of Māori health were Dr Maui Pomare and Dr Te Rangi Hiroa. In 1900 Dr Maui Pomare was appointed as the medical officer of health for Māori (Hiroa, 1966). The focus of the new health services was to address the poor state of Māori health by improving housing, sanitary conditions, and water supply (Durie, 1998b). These health services were perceived as serving the needs of Europeans as opposed to Māori. Government health interventions for Māori were perceived as an “ad hoc add on to existing services that generally lasted as long as funding and goodwill were available” (Reid & Cram, 2005, p.44). By 1961, the Māori population was slowly on the rise from its lowest point of 42,113 in 1896 to 167,392 in 1961 (McLintock, 1966). The work of Dr Maui Pomare and Dr Te Rangi Hiroa in the early 1900s had been relatively successful, encouraging Māori to focus their attention on promoting public health (Butterworth, 1972) through Māori community leaders (Kingi, 2005b).

### **3.4 Overview of Māori Health 1970 - 2009**

By 1970, new health problems arose for Māori. Heart and cancer illnesses were becoming the main cause of deaths amongst Māori (Durie, 1998b; McLintock, 1966). Heart related diseases resulted in high hospital admission rates. Cancer-related illnesses were 2.5 times higher in Māori than non-Māori, and were the leading causes of death by

1991 (Te Roopu Rangahau Hauora A Eru Pomare, 1995). By 2004, the main causes of mortality for Māori were cardiovascular diseases, which accounted for 860 lives per year, and cancer accounting for 730 deaths per year (Te Roopu Rangahau Hauora A Eru Pomare, 2007). However, in some areas Māori health began to improve, with the infant mortality rate reducing from 23.3 percent in 1974 to 10.8 percent by 2002. Similarly, Māori life expectancy rates increased from 62 (male) and 65 (female) in 1970, to 70.4 (male) and 75.1 (female) in 2007, which mirrored the rise in the Māori population from 270,035 in 1976 to 565,329 in 2006 (Durie, 1998b; Ministry of Social Development, 2009). Still, the disparities across most health indices between Māori and non-Māori remain a concern.

### ***3.4.1 For Māori by Māori***

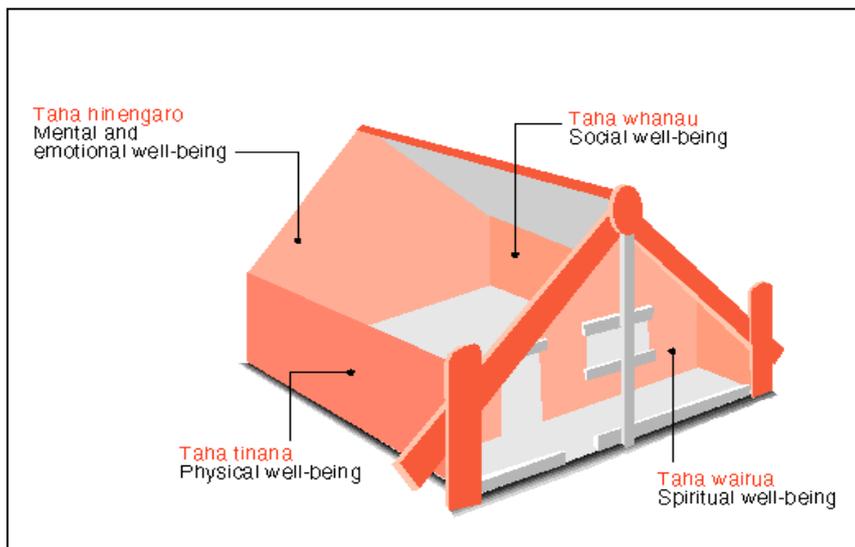
By the mid 1900's access to and the use of traditional forms of healing were not accessible to Māori and institutional care became the preferred option for Māori (Durie, 2001a). However, by 1975, the surge for by Māori for Māori advancement had begun to take form, with the land march spurred by the Māori Women's Welfare League to Parliament, and the passing of the Treaty of Waitangi Act (1975). Māori began to reclaim their culture, language, and identity. The work done by Dr Maui Pomare, Dr Te Rangi Hiroa and the Māori Women's Welfare League influenced the way for better health services for Māori. In 1982, two state-funded Māori mental health services were established Te Whare Paia, Carrington Hospital, Auckland and Te Waiora, Tokanui Hospital, Te Awamutu to offer Māori health perspectives within a clinical setting.

By 1984, four major events *Hui Whakaoranga*, *Hui Taumata*, *He Kōrero mo Waitangi* (National Māori Conference on the Treaty of Waitangi), and *Rapuora* assisted Māori reclamation of *tino rangatiratanga*. The outcome from these events was a shift from state dependency, a focus on self-determination, future advancement for better social, economic, and health advancement, and by Māori for Māori. The *Rapuora* research had significant influence on the Māori health movement, with centres being established throughout New Zealand focusing on health issues of Māori women (Durie, 2009b). The

establishment of these centres provided Māori, in particular women, with culturally appropriate services and advocates. All employees were community workers familiar with Māori customs, values, and networks.

Also during the 1980s, Māori models of health emerged with Durie's *Te Whare Tapa Whā* (four walls of a house), Pere's *Te Wheke* (octopus), and *Ngā Pou Mana*, which "made sense to Māori in Māori terms" (Durie, 1998b, p.68). *Te Whare Tapa Whā* consisted of four components resembling four walls of a house, *taha wairua*, *taha hinengaro*, *taha tinana* and *taha whānau*, which is depicted in figure one.

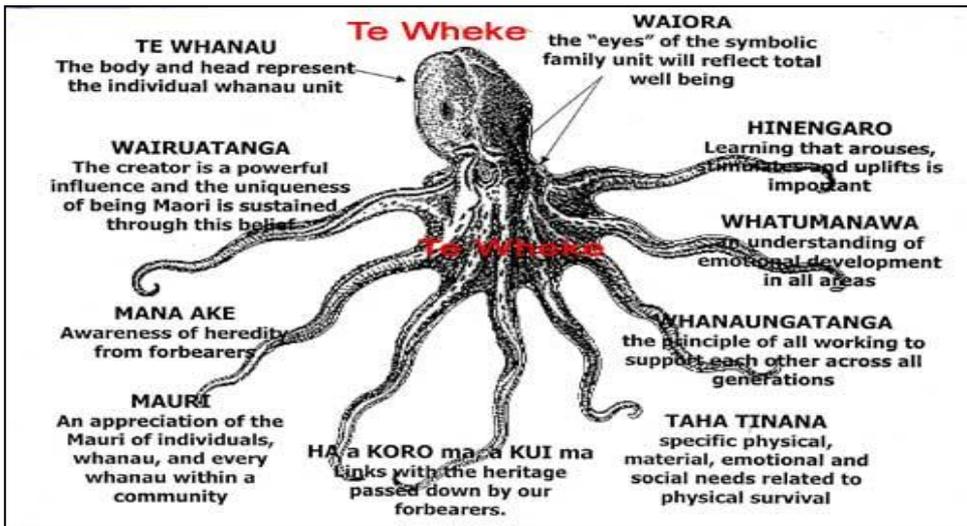
Figure 1 Te Whare Tapa Whā



Source: *Te Kupu Ipurangi*

Similar to *Te Whare Tapa Whā*, *Te Wheke* encompassed eight Māori ideologies: *wairuatanga*, *tinana*, *hinengaro*, *whanaungatanga*, as well as *mana ake* (unique identity of individual's and family), *waiora* (total well-being for the individual and family), *Hā a koro mā a kui mā* (breath of life), and *whatumanawa* (the open and healthy expression of emotion), which is illustrated in figure two.

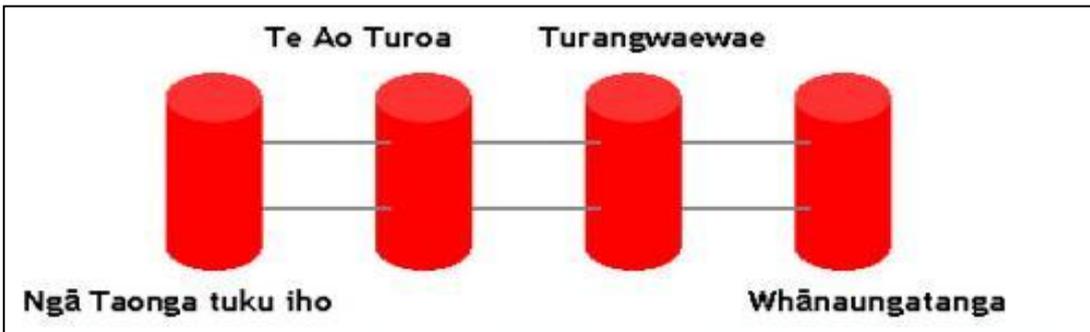
Figure 2 Te Wheke



Source: Ohaewai School

Unlike, Te Whare Tapa Whā and Te Wheke, which was developed by Māori, *Ngā Pou Mana* was introduced to support policies by the Royal Commission on Social Policy as opposed to health, and consisted of four supports, *whanaungatanga*, *tāonga tuku iho* (cultural heritage), *te ao tūroa* (physical environment), and *tūrangawaewae* (home land) (Henare, 1998). *Ngā Pou Mana* is illustrated below.

Figure 3 Ngā Pou Mana



Source: Te Tari Puna Ora o Aotearoa

The commonality between the three was the importance of *whānau* well-being, representing a shift from European philosophy that focused on individual well-being.

### ***3.4.2 Health Policies***

By 1987, changes in the health sector were occurring, with the New Zealand Board of Health recognising the importance of the Treaty of Waitangi, by approving *iwi* authorities as health agents. Government started to address the health needs of Māori while acknowledging the principles of the Treaty of Waitangi, particularly in social policy. In 1993, major health reforms occurred with the focus on devolving services to the community, which provided further opportunity for more Māori groups and *iwi* providers to tender for and deliver health services. This further spurred a rise in Māori health providers, however, in order to meet the needs of consumers and their varying degrees of illnesses, a balance between conventional and traditional methods of treatment and delivery was necessary (Durie, 2005b).

Since then, health legislation and strategies emerged with the New Zealand Health and Disability Strategy (2000) identifying Māori health and mental health as a priority; the *He Korowai Oranga* 2002 strategy placing *whānau* at the centre of public policy; and, recognition of *whānau* as central to mental health, well-being, and recovery. While these strategies focused on improving overall health delivery and reducing inequalities and disparities, concerns about mental health amongst Māori had become evident from 1970, with a high number of Māori accessing or not accessing mental health services.

### ***3.4.3 Māori Mental Health***

Conventional methods of mental health care were more to do with safety of the community, as opposed to quality treatment of consumers. Long-term care in institutions was common practice and was a way of addressing mental illness regardless of severity, by isolating and restraining patients from their families and society. The stigma associated with mental health was probably one of the most significant factors influencing people not to publicly seek help for a mental illness (Burns, Barrett, Daley, Duigan, & Saville-Smith, 1994). This coupled with a lack of understanding and limited treatment options; meant care was often confused with incarceration.

Rarely was mental illness prevalent amongst Māori, and if it did exist, it was due to *makutu*, senile, suicide, dementia, or emotional tendencies, because of the environment and stress of the *kaupapa* at the time. Admission rates of Māori in the late 1800's were low, with only five being admitted to asylums over a 15 year period for anxiety or worry (Goldie, 1998). However, from 1970 to 1992, Māori mental health admissions and readmission rates exceeded non-Māori. For example, admission and readmission rates of Māori during this period were between 22-23.2 percent compared to 10-12 percent for non-Māori (Te Roopu Rangahau Hauora A Eru Pomare, 1995). The suicide rate for Māori was also alarming. For instance, Māori aged 15-24 years accounted for 31.8 percent per 100,000 population compared with 14.4 percent per 100,000 for non-Māori. (Te Roopu Rangahau Hauora A Eru Pomare, 2007). More recently, *Te Rau Hinengaro* (The New Zealand Mental Health Survey) in 2006 reiterated the seriousness of Māori mental health and showed that (in the past 12 months) 29.5 percent of Māori had a mental health disorder, compared to 19.3 percent of non-Māori (Ministry of Health, 2006). Job losses and lifestyle factors, in particular drug and alcohol use, and psychosis illnesses have contributed to the increasing problem of mental health disorders among Māori (Kingi, 2005c). However, misdiagnoses and misinterpretation of illness may have added to the increase in admission rates of Māori (Te Roopu Rangahau Hauora A Eru Pomare, 2007).

The *Ngā Ia o Te Oranga Hinengaro Māori* (Trends in Māori Mental Health 1984 – 1993) report conducted by Te Puni Kokiri and the Mental Health Foundation highlighted the above factors as possible contributing factors for increased admission and readmissions, because Western paradigms were being applied. For example, psychotic illnesses such as schizophrenia may be caused by *mate Māori* and could therefore result in unhelpful treatment. The report recommended the development of specific service providers, culturally appropriate monitoring systems of mental health services, health promotion, and research on issues relating to Māori mental health.

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### ***3.4.4 Māori Mental Health Policies***

While advancement in general health has been slow, changes to delivery of mental health services started to occur in 1982, with the establishment of Māori health programmes in psychiatric hospitals. By 1992, the Mental Health Act was passed that also placed importance on Māori perspectives being integrated into health services. What transpired is the Looking Forward and the Moving Forward action plan in 1994 for better mental health services. This placed emphasis on building the capacity and capability of the Māori mental health workforce, if service providers were to provide a quality and culturally appropriate service. Further Government strategies such as *Te Tahuhu Improving Mental Health 2005–2015*, *Kia Puāwai Te Ararau National Māori Mental Health Workforce Development Strategic Plan 2006–2010*, *Te Puawaitanga*, the first Māori mental health strategy, and *Te Puawaiwhero 2008–2015*, the second Māori mental health national framework, had been developed to advance the Māori mental health workforce. Also, further changes to the deinstitutionalisation of care, self determination, and increase in Māori health providers provided an impetus for recognition of indigenous rights within mental health services (Durie, 2004). However, to support Māori initiatives and Government policies, the need for a skilled workforce was required “in order to work effectively at the interface between medical science and indigenous knowledge” (Durie, 2004, p.8).

### ***3.4.5 Māori Mental Health Workforce***

In June 2001, Māori made up 11.4 percent of the New Zealand labour force; by 2009, this had risen by 0.3 percent. Of the 11.4 percent, 20.9 percent were employed in the health and community sector, with very few Māori professionals employed in mental health (Statistics New Zealand, 2001, 2009). For instance, 3 percent of psychologists are Māori, with 2.1 percent employed in the health sector and 0.5 percent in *kaupapa Māori* services. The nursing profession consists of 7 percent Māori nurses, and less than 2 percent are working in the mental health sector (Ministry of Health, 2007). However, recruitment and retention into the health workforce has been halted by a lack of qualified

professionals and the unattractiveness of the health profession (Health Workforce Advisory Committee, 2006). Therefore, the need to provide a quality health service in order to meet the surge of Māori providers, and organisations providing mental health services, should be addressed. If this is to be possible, promotion of cultural competence, expansion of the indigenous health workforce, and formal training of mental health workers is required to meet the clinical and cultural needs of Māori (Durie, 2004).

### ***3.4.6 Māori Initiatives***

Building the capacity and capability of the Māori mental health workforce is important. The mental health sector has been a key leader in developing the workforce. In particular, Māori mental health has been at the forefront of Māori specific initiatives, which have taken a universal view to addressing recruitment and retention issues. For example, two national mental health workforce centres were established to implement national mental health workforce strategies, each with a specific focus to addressing multiple interventions. Te Rau Matatini has a broad scope, with activities focused on policy, recruitment, and retention (Te Rau Matatini, 2002). In addition, Te Rau Matatini manages the Matua Raki, a national addiction treatment workforce development programme (Matua Raki, 2010). The Werry Centre (Child and Adolescent mental health workforce development) focuses on quality services to young people by providing training, promoting research, and developing the child and adolescent mental health workforce (The Werry Centre, 2010). While these developments have been positive, the workforce remains a complex area. The diverse needs of consumers require a comprehensive approach if recruitment and retention challenges are to be addressed (Mental Health Commission, 2007; Ratima, et al., 2007a).

In order to address the professional shortfall within Māori mental health, relationships with the education sector have been important. Durie (2003; 2005a), Ratima, Brown, Garrett, Wikaire, Ngawati, Aspin and Potaka (2007b), Kingi, (2002) and Love (1998) stress that for the Māori health workforce to increase, more graduates in various health qualifications are required to improve Māori well-being and health outcomes. Two

scholarship programmes, Te Rau Puawai and Henry Rongomau Bennett, have been instrumental in building relationships between the health and education sector in order to increase the professionalism of the Māori mental health workforce. Te Rau Puawai provides a comprehensive scholarship and mentoring programme for Māori students studying in a mental health related discipline, and will be further discussed in chapter five (Nikora, Duirs, Rua, Thompson, & Amuketi, 2005). Henry Rongomau Bennett is funded by the Ministry of Health, and administered by Te Rau Matatini. Initially Henry Rongomau Bennett focused on supporting five Māori registrars in psychiatry programmes but this scholarship has been broadened in scope to supporting Māori working in the mental health workforce (Mental Health Directorate, 2006). Te Rau Puawai and Henry Rongomau Bennett have made a considerable contribution to increasing the number of qualified Māori working in the mental health workforce. Te Rau Puawai has contributed over 200 graduates (Durie, 2009c). Henry Rongomau Bennett have awarded 97 scholarships between 2007 and 2009 to bursars studying in a range of mental health qualifications across tertiary institutions (Te Rau Matatini, 2010).

## Chapter Four

### 4. Corporate Governance and Management

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#### 4.1 Introduction

Corporate governance is a multifaceted subject. The emphasis on governance research has been on efficiency of the various approaches available to protect shareholders against the self-interest of executives (Daily, Dalton, & Cannella, 2003). These approaches determine the structural framework and co-ordination of activities by management and staff. This chapter will briefly examine key corporate governance approaches and management theories in an attempt to identify the various success indicators.

#### 4.2 Defining Corporate Governance

Defining corporate governance is complicated as several views have influenced how corporate governance is defined (Kooiman, 1999; Rhodes, 1996). Some of these views include Agency, Stewardship, and Resource Dependency. From these and other perspectives, some definitions can be provided. For example, Brink (2010) defines corporate governance simply as leadership and control. Rhodes (1996) views corporate governance as self organising, inter-organisational networks categorised by interdependence, resource exchange, and autonomy from the state. Kooiman (1999) suggests the aim of governance is to create structures and practices to solve problems and create opportunities. Finally, Grant (2003) depicts corporate governance as the alignment of management and shareholder interest. The range of viewpoints is vast but in the main, if organisations are to be successful, the overall focus of corporate governance should be

to ensure firms utilise resources efficiently in order to maximise performance, resulting in favourable outcomes.

## 4.3 Corporate Governance Theories

### *4.2.1 Agency Theory*

The most dominant theory in corporate governance has been the Agency Theory. Jensen and Meckling define Agency Theory as an agency relationship where “one or more persons (principal/s) engage another person (the agent) to perform service on their behalf, which involves delegating some decision making authority to the agent” (1976, p.308). This theory evolved during the industrial revolution era in the 1880s and 1930s in Europe and later in the United States of American (Grant, 2003). As organisations grew from privately owned to large corporations, control by shareholders became impossible. The separation of ownership and control has continued to present problems for corporate governance.

As the control and power of organisations was transferred to managers, the result was limited accountability to shareholders. The implication was that corporate managers became undisciplined, opportunistic, and largely motivated by personal financial gains by “using their control over the allocation of corporate resources and returns to line their own pockets or pursue objectives that were contrary to the interest of the shareholders” (Lazonick & O’Sullivan, 2000, p.16). During this time and more recently, many firms became insolvent, particularly during the world stock market crashes of 1929, 1987, and 2001. These events’ including the current recession always heightens and intensify the debate for better corporate governance structures (Grant, 2003) and accountabilities of organisations to society in general.

Furthermore, as a consequence of these events the establishment of boards of directors was seen as a way for shareholders to increase firm performance (Kiel & Nicholson, 2003) and provide a pathway for shareholders to engage in, retain power and closely

monitor the organisations performance (Donaldson & Muth, 1998). In line with a Western perspective an independent board of directors, consisting of people external to the organisation is a preferred option, as the intentions of external directors are not affected “by the dependence on the chief executive or organisation” (Lynall, Golden, & Hillman, 2003, p.418). In addition, the potential for conflict of interest through managers seeking benefits for themselves and not the shareholders declined (Dalton, Daily, Ellstrand, & Johnson, 1998; Fama & Jensen, 1983; Jensen & Meckling, 1976). Separating the roles of board chair and chief executive and creating financial rewards (shares in the company and bonuses) for managers, enables close monitoring of managerial actions as well as aligning chief executive interest with shareholder interest (Donaldson & Davis, 1991). Therefore, if organisations are to be successful, Agency Theory proposes an independent board that closely monitors and controls management.

### ***4.2.2 Stewardship Theory***

While Agency Theory focused on monitoring and controlling management, many organisations were searching for an alternative approach that allowed chief executives to respond quickly to the changing environment (Davis, Schoorman, & Donaldson, 1997; Donaldson & Davis, 1991; Donaldson & Muth, 1998). Stewardship Theory was one approach that provided an alternative. Grounded in psychology and sociology, Stewardship Theory examines situations in which “executives as stewards are motivated to act in the best interest of the principal” (Davis, et al., 1997, p.24). This theory argues that there is a range of motives and behaviours, other than financial incentives, that motivate executives to perform in the interest of organisations. These non-financial incentives can be related to intrinsic rewards that include achievement, growth, job satisfaction, respect for authority, and work collectively with the principal/s (Donaldson & Muth, 1998; McGregor & Cutcher-Gershenfeld, 2006). A sense of achievement is derived from aligning ones interest with the organisational goals and helping the organisation to achieve those goals. To facilitate this process, appropriate organisational structures that allow for dual role of chief executive and board chair and decentralisation

of authority are required. The decision making becomes a collaborative approach between board of directors and management, as opposed to focusing on power and control of which Agency Theory advocates (Pound, 1995). Hence, the structure of the board is dominated by inside representation, allowing for in-depth expertise, knowledge and access to information, in order to respond to complex situations (Donaldson & Muth, 1998). This is supported by previous research that suggest boards with predominately outside representation has no (Dalton, et al., 1998) or limited (Rhoades, Rechner, & Sundaramurthy, 2000) effect on the firm's performance. Thus, Stewardship Theory argues that the success of organisations is based on the dual role of chair and chief executive, partnership between board and management, delegate's authority, therefore trusting, empowering and motivating managers to work in the interest of the company.

### ***4.2.3 Resource Dependency Theory***

It could be argued that the Agency and Stewardship Theories focus on the internal environment offering alternative views on how to monitor, control, and motivate management. The Resource Dependency Theory has an opposing view, focusing on the external environment and the demands these place on organisations (Pfeffer & Salancik, 1978). Pfeffer and Salancik (1978; 2003) describe Resource Dependency as an exchange relationship with the external environment to secure resources such as financial, human or physical, in order for the organisation to survive. Therefore, the focus of governing boards is to reduce uncertainty (Pfeffer & Salancik, 1978), and “facilitate exchanges that reduce organisational resource dependencies” (Callen, Klein, & Tinkleman, 2010, p.104). In essence, their key role is to facilitate, secure and co-ordinate resources, with an emphasis on external influences.

In contrast to the Agency and Stewardship Theories, which provides mechanisms for structuring the practices of the internal environment, Resource Dependency provides an alternative perspective, where composition reflects the degree of dependencies an organisation encounters with the external environment. Hillman, Cannella and Paetzold

(2000), and Pfeffer (1972) argue that the composition of the board needs to reflect the environmental changes. Given the pace in which changes are occurring, the selection of directors is crucial. They require a level of expertise, skills, and connection with the external environment in order to provide advice, counsel, legitimacy, channel for communication, and access to external supports (Pfeffer & Salancik, 1978). This does not necessarily mean boards should comprise entirely of independent or inside members, but members who possess these skills in order to make decisions, participate in strategic planning, motivate management, monitor management performance, subsequently increasing organisational performance and shareholder return (Hillman, et al., 2000). Therefore, Resource Dependency concludes that successful organisations also focus on the degree of dependency on the external environment; the board composition is a mix of independent and inside directors that reflect the necessary skills and expertise to address the changes in the environment, and a collaborative relationship between the board and management.

The evolution of corporate governance can be traced back to the industrial revolution. Various approaches such as Agency, Stewardship, and Resource Dependency have been debated overtime, each with their own merits. What is evident is that organisations are affected by their internal and external environments, so the composition of the governing board is essential. In broad terms, the role of the board is to facilitate and engage with the internal and external environment, in order to set strategic goals, secure resources, ensure high performance, and provide leadership. Each approach offers their own perspective for organisational success, from closely controlled structures to loosely controlled frameworks. The key for shareholders is determining which approach or the combination of approaches are effective for their organisation. In addition, all three approaches do not specifically focus on leadership, but assume that leadership is associated with the formal structure of boards. As discussed in section 3.2.3 leadership is important no matter what approaches are adopted, as it is a process of influencing others and facilitating individual and collective efforts to accomplish shared objectives. Therefore, governing boards also provide leadership to organisations and shareholders.

### **4.3 What is Management?**

The role of management is distinctive to that of governance. Management concerns the execution and implementation of strategies and decisions that have been formulated by the governing board. Therefore, the boundaries of responsibilities are separated. Management has been widely debated and can be categorised into five approaches, Scientific, Administrative Management, Behavioural Management, Management Science, and Organisational Environment (Burnes, 2000).

### **4.4 The Evolution of Management Theories**

The evolution of management theories also emerged during the industrial revolution in the 1880s at a time when privately owned family businesses grew large (into factories employing large numbers of people) and therefore became a cumbersome burden for one manager. Approaches to managing people and production were needed (DuBrin, 2005) in order to bring stability to a chaotic environment (Burnes, 2000; Hatch & Cunliffe, 2006; Jones & George, 2009; Robbins & Barnwell, 2002).

#### ***4.4.1 Scientific Management***

Frederick Taylor was the first to develop scientific techniques in designing and analysing tasks to increase work productivity (Jones & George, 2009). Based on experiments and observations, Taylor focused on increasing worker output through reducing the time required to complete a task. He believed that workers are inherently lazy, but seek rewards for minimum work (Burnes, 2000). Therefore, job specialisation and division of labour should increase the efficiency of a worker and make the job more interesting. Through his experiments, he developed four principles: improving task performance, recording the methods of those tasks into standard operating procedures, recruiting staff based on the skills and abilities required for the task, and developing a pay system based on the performance required (Jones & George, 2009). Employing these principles, he believed there is only one best way to perform a task, and to gain the best results from

workers. Therefore, management role is to closely monitor and control workers through the development of standard procedures.

The Scientific Theory evolved at a time when there were no coherent structures to respond to new challenges and opportunities. Proponents of Scientific Theory propose that the success of organisations is based on a prescriptive structure with standardised rules and procedures.

#### ***4.4.2 Administrative Management Theories***

The Administrative Theories are “primarily concerned with how organisations should be managed and structured” (DuBrin, 2005, p.21). Max Weber and Henri Fayol were the main contributors of administrative management. Weber examined the rational - legal authority of organisations and developed formal organisational structures based on his principles of bureaucracy. These principles consist of: formal authority based on position, clearly defined hierarchy of authority, clearly specified systems of task and role relationships, well defined system of rules and standard operating procedures, and selection based on performance and skills. Weber argued that bureaucracy provides managers with the rational and authority to manage organisations (DuBrin, 2005; Jones & George, 2009). However, appointment of managers should be based on their competency, not social networks or personal contacts. This way they are in a better position to exercise their formal authority to instruct and control employee behaviour.

Similarly, Fayol focused on the overall administration and control of organisations by developing 14 principles to increase the efficiency of management. These principles are; division of labour, authority and responsibility, unity of command, line of authority, centralisation, unity of direction, equity, order, initiative, discipline, remuneration of personnel, stability of tenure of personnel, subordination of individual interest to the common interest, and esprit de corps (partnership) (Jones & George, 2009). Unlike Taylor, Fayol argued that job specialisation created boredom; therefore, a variety of tasks would reduce the affects of boredom and encourage workers to assume more

responsibility. Although Fayol acknowledged the importance of formal authority, he differed from Weber in that he recognised the significance of informal authority deriving from personal expertise and knowledge. He also stressed that if organisations are to succeed a partnership relationship between management and workers is required. From Fayol's principles, he summarised the four main tasks management perform, they are: planning, commanding, co-ordination, and control. All have been accepted by management researchers and practitioners as the primary function of management (Hatch & Cunliffe, 2006; Jones & George, 2009; Robbins, Bergman, Stagg, & Coulter, 2006).

The Administrative Theories were frameworks that further defined the prescriptive structure of organisations. They focused on the overall management and control of organisations, and stressed that standard operating procedures are required for everyone as opposed to specific jobs. Furthermore, the correct combination of organisational hierarchy and structure will foster partnership and commitment.

### ***4.4.3 Behavioural Management Theories***

In reaction to Scientific and Administrative Theories, the proponents of Behavioural Management were becoming dissatisfied with the scientific and administrative management approach. Researchers were finding an alternative to recognising the human nature of organisations (Burnes, 2000; DuBrin, 2005; Jones & George, 2009; Robbins, et al., 2006). This section will briefly discuss the contribution of Mary Parker Follet, Elton Mayo, and Douglas McGregor.

#### *4.4.3.1 Behaviour Management*

Mary Parker Follet provided an alternative approach to examining the legitimacy of and the transfer of power to individuals (Parker, 1984). Although her work on behavioural groups of control was not widely recognised by many management practitioners, her input underpinned the importance of employee contribution to firm's performance (Parker, 1984). Follet argued that employees know best. They have accumulated knowledge and experience in their area of work and should be involved in the analysis

and job development of work processes. In other words, she posits that “authority should go with the knowledge” (Jones & George, 2009, p.56). This suggests that if the workers have the knowledge, skills and experience then they retain the authority, rather than managers. Consequently, the authority is assigned to a person not a position, as advocated in the classical approach (Scientific and Administrative Theories). The other contribution she made was the recognition of cross-functional teams. These are employees from different departments coming together to achieve a specific task. Again, this is a reflection on the positioning of authority with those that have the expertise.

#### *4.4.3.2 Hawthorne Experiment*

Mayo’s Hawthorne experiments during the 1920s and 1930s also increased the interest of human behaviours relative to work production. The study focused on the construction and layout of the Western Electric Company, specifically the illuminated lighting and how this affected staff performance. Through adjusting the level of lighting, measurements were taken to record productivity. The results did not reflect his prior assumption of a correlation between lighting levels and staff performance. In fact, staff performance was not affected by the levels of lighting except when employees could not see. He concluded that managers need to understand the influence of informal groups on individual behaviours through rules, values and norms in order to conform. Secondly, individuals are motivated not only by economic gains, but also by the need for recognition, belonging, and security (Burnes, 2000; Jones & George, 2009; Thompson, 2003).

#### *4.4.3.3 Theory X and Theory Y*

Douglas McGregor examined the relationship between managers and worker attitudes and behaviours, and how these characteristics affect manager’s behaviour. McGregor (2006) categorised these assumptions as Theory X and Theory Y. The Theory X assumed workers are lazy, dislike work, require close supervision, and avoid responsibility. In this setting, managers adopt mechanisms from the classical approach to manage staff. In contrast, Theory Y views workers as not being lazy, enjoys working, accept

responsibility, able to self manage, and are innovative. Consequently, managers that advocate a Theory Y approach will apply a flexible style of management, encourage and empower workers to apply their skills, and also provide intrinsic incentives. In this manner, employee goals are aligned with organisational goals.

Therefore, the Behavioural Management perspective views organisations as a human entity with emotional and social needs. Three vital factors behavioural management believe are crucial to the success of organisations is good leadership, and communication, intrinsic motivation and a flexible, participative structure.

#### ***4.4.4 Management Science Theory***

The Management Science Theory can be viewed as an extension of Scientific Theory. Its main focus is on the decision making process as opposed to the actual decision. It applies a systematic approach employing scientific methods such as statistical, mathematical, linear and non-linear programming to analysis, and determines options to respond to uncertainty, opportunities, and threats, faced by organisations (Churchman, 1961; Little, 1986; Smith & von Winterfeldt, 2004).

Everyday managers are making decisions. However, since the external environment has become more turbulent and dynamic, with the increase of competitors and advancement in technology, the decision making process has intensified. Simon (1987), and Smith & von Winterfeldt (2004) argue that most managerial and operational decisions are based on and influenced by personal intuition, values, and judgements; so, statistical data are selected to fit the chosen decision. As a result, the validation of decisions is subjective. In order to reduce ambiguous decisions, mutual understanding and unity between managers and scientific management are needed, if managers intend to make optimal decisions (Shakun, 1972).

Total Quality Management and Management Information Systems are two elements of scientific management that can assist managers in their decisions and practices (Jones & George, 2009). With Total Quality Management systems, managers are able to use

technology to analyse the organisation's input, conversion, and output stages of their internal environment, while Management Information Systems can provide data about the effectiveness of their internal processes and extract relevant information about their external environment. Therefore, Management Science Theory is aimed at making optimal decisions through various scientific analyses. However, this should be used in conjunction with managerial experience and knowledge.

#### ***4.4.5 Organisational Environment Theories***

The Organisational Environment Theories focus on the variables within the external environment and propose various options for structuring and managing organisations. The Contingency and the Open System Theories have been influential in the way organisations interact with the external environment, and the way this affects organisations. These theories emerged in the late 1940s, and are a contrast to the Scientific and Behavioural Theories approach of 'one best way' to organise (Burnes, 2000).

##### *4.4.5.1 Contingency Theory*

The four prominent researchers of Contingency Theory are Tom Burns, George Stalker, Paul Lawrence, and Jay Lorsh. Burns and Stalker examined the relationship between the organisation and its environment. They argue that environments can be stable or unpredictable. In a stable environment, management should employ a mechanistic structure of specialised tasks, centralised authority, defined tasks, and clear hierarchical structures would be appropriate. In an unpredictable environment, a more organic structure would be appropriate that allows for further flexibility, continual adjustment of tasks, cross functional teams, decentralisation of authority, and open communication (Burnes, 2000).

Lawrence and Lorsh (1967) expanded on Burns and Stalker's research and explored individual departments of an organisation, and how they responded and organised themselves to deal with the external environment. Their analysis was based on two

concepts, differentiation and integration. Differentiation refers to the degree of difference (structures, procedures, objectives and practices) between individual departments. Integration refers to similarities that exist between each department. Factors that influence each department were whether goals are short-term or long-term. Departments such as research who may have long-term goals, operate in an unstable environment, and would be suited to an organic structure. Departments such as production strive towards short-term goals, operate in a predictable environment, and are best suited to a mechanistic structure (Lawrence & Lorsch, 1967).

Therefore, Contingency Theory argues that there is ‘no one best way to organise’ (Jones & George, 2009). Organisations operate as an open system, so the success of an organisation will depend on the many variables organisations face, and the selection of an appropriate structure to match those circumstances.

#### *4.4.5.2 Open System Theory*

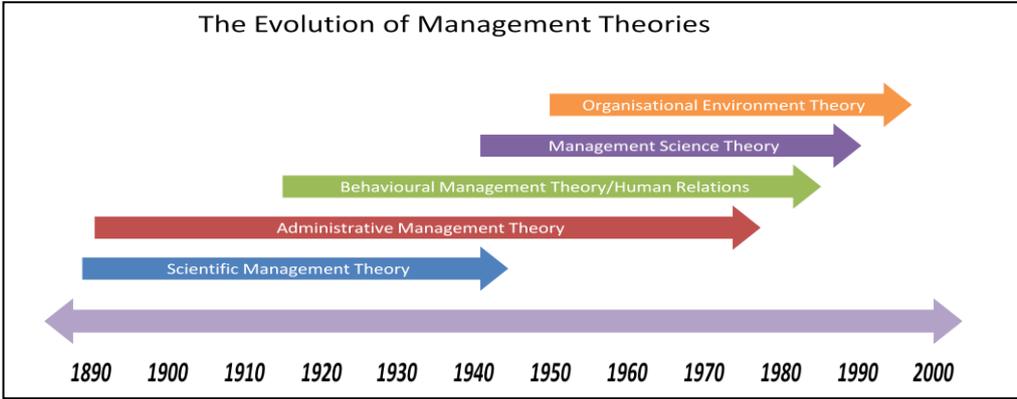
The Open System Theory supports the Contingency Theory that the external environment influences organisations. The Open System insists that organisations are vulnerable to the behaviours of the external environment as they engage and are reliant on exchanges with the external environment (Katz & Kahn, 1966). Most management theories (scientific and behavioural) have viewed organisations as a closed system “not affected by changes in the external environment” (Jones & George, 2009, p.62). This has resulted in organisations focusing on their internal environment and discarding their dependence on the external environment (Katz & Kahn, 1966). However, Katz and Kahn (1966) viewed organisations as an open system whereby the overall success of organisations is based on a revolving system of three stages of input, conversion, and output. Similar to the Resource Dependent Theory, the Open System is dependent on resources from the environment. The structure and co-ordination of activities that encourage synergy is vital in the design of organisations operating as an Open System, particularly as more companies become globalised.

The pace of global trade and human resource since the advancement of technology and expansion of centralised economies have created an even more dynamic, turbulent, and diverse environment (Mason & Fredrickson, 2001; Prusak, 2001). Organisations are not constrained by distance, but rather their inability to mobilise and respond effectively to threats and opportunities. Despite the advancements in technology, other influences beyond the organisation's control such as religion, ethnic, culture, political, and the environment have affected management's ability to respond (Mendenhall, Punnett, & Ricks, 1995). Research shows that cross-cultural differences between countries are becoming the main challenge for managers (Mendenhall, et al., 1995; Tsui, 2004). Therefore, management need to understand and consider the different cultural values and perspectives (individual or collective) if they want their organisation to succeed in other countries (Hofstede & Hofstede, 2004). Hence, Open System view of success is similar to the Contingency Theory.

The evolution of management theories can be traced back to the 1890s. Although Scientific Management has been the founder of management theories, Administrative and Behavioural Management Theories have dominated management practices. With increasing complexity and uncertainty within the external environments, a better understanding and relationship between scientific and human realities is needed as globalisation increases. The Contingencies Theory proposition of 'there is no one best way' sums up the realities that face organisations today, which have become globalised as opposed to centralised. Therefore, multiple methods, practices and continuous changes are required by organisations in order to respond to the ever changing world.

Figure 4 provides a timeline of the management theories discussed in this section.

**Figure 4 The Evolution of Management Theories**



## Chapter Five

### 5. History of Te Rau Puawai Workforce

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#### 5.1 Introduction

Te Rau Puawai has been in existence for over 10 years. A partnership between the Ministry of Health and Massey University, the programme has achieved pass rates of between 85 percent and 95 percent each year, and has contributed over 200 graduates to the Māori mental health workforce (Durie, 2009c). This chapter will provide a brief overview of traditional Māori learning and changes in the education system that have affected Māori. In addition, an in-depth examination of the Te Rau Puawai governance, management, academic, and learning practices.

#### 5.2 Traditional Māori Learning

Learning has always been an important component of Māori society, and the *whānau* have been an important part of the learning process. Besides the *whānau*, learning was a community affair, built around *whanaungatanga* and *manaakitanga* ideologies. People within the *whānau* or *hapū* were knowledgeable in their own professions. The *kaumātua* and or *rangatira* would observe and then select individuals to enter the *whare wānanga*. The *whare wānanga* was a higher level of learning. In the *whare wānanga*, important history was imparted to chosen learners about *tipuna* (ancestors), *waka*, *iwi*, *Papatuanuku*, *Ranginui*, *karakia*, gods, heavens, stars, moon, sun, and wind. All teachings were delivered orally as *te reo Māori* was not a written language. This meant students had to have a good memory retention (Mead, 2003; Raro, 1915). Each *whare wānanga* was governed by lores and *ritenga* distinctive to that *iwi*. For example, *karakia*

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was very important, and each day started and ended with special *karakia* specific to that *iwi* history (Mead, 2003).

### ***5.2.1 Introduction of Pākehā Education***

As discussed in chapter three, several changes occurred in Māori society, which have affected how learning is delivered. The influence of the Missionaries saw Māori learning to read and write in *te reo Māori*; however, the meaning of words and the transliteration had different connotations (Orange, 1987).

Initially, the establishment of schools by the Missionaries were aimed at converting Māori to Christianity. By the 1850's, Government provided financial assistance for these schools, but enforced the English language as the only language to be taught in schools. The first Native School was opened in 1867 and Government was opposed to any forms of Māori knowledge being delivered. The abolishment of *te reo me ōna tikanga* from the curriculum had dire consequences for Māori (Parsonage, 1956). Māori traditions, knowledge, and language began to disappear. However, by the 1970's resurgence within Māori society, as discussed in chapter three, provided opportunities for Māori to participate in *Te Ao Māori*, reclaiming their cultural identity (Durie, 2003). Nevertheless, the affects of colonisation mean Māori continue to lag behind non-Māori in academic pass rates. For example, the national pass rate for the period 2004 to 2008 for Māori was 38 percent compared to 54 percent for non-Māori (Ministry of Education, 2008).

### ***5.2.2 Importance of Education***

According to Durie (2003; 2005a), education is an important factor if Māori want to participate in both Māori and non-Māori society. Several reports show the importance of education and workforce development (Durie, 2003, 2005a; Kingi, 2002; Love, 1998; Ministry of Health, 2002, 2007; Ratima, et al., 2007a), and emphasise the need for more graduates in various health qualifications, to cater for the shortfall in the health labour

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workforce, in particular the Māori mental health workforce (National Mental Health Workforce Development Co-ordinating Committee, 1999).

### ***5.2.3 Māori Participation in Tertiary Education***

In 2000, the proportion of Māori aged over 15 years participating in tertiary education was 22.7 percent. By 2004, this had decreased to 22.4 percent, while in 2008 this figure had declined to 19.1 percent. There were also changes in the age group, and by 2008 most of the Māori students enrolled were over the age of 25 years. Of the 19.1 percent, 75 percent were enrolled in certificates, 16 percent in bachelor's degrees, and the remainder studying at postgraduate. According to the Ministry of Education, the decline in Māori enrolments was due to employment opportunities and funding caps (Ministry of Education, 2009). While these may account for part of the reason, the *Rauringa Raua*: Recruitment and Retention of Māori in the Health and Disability Workforce research, surveyed 285 participants, of which 67 percent identified financial cost as a major burden while 93 percent identified lack of Māori role models, insufficient Māori support programmes, and inadequate Māori specific course content as contributing factors (Ratima, et al., 2007a).

### ***5.2.4 Requirements of Educational Success for Māori***

The pass rate of Māori has continued to fall compared with non-Māori, with over 50 percent failing their bachelors papers (Earle, 2007). Research shows culture is an important part of indigenous people's way of learning, and learning institutions need to be supportive of cultural values and aspirations, participation by families and community, and culturally safe environments, to improve retention and a success rates (Bennett, 2001; Durie & Koia, 2005; Hemopo, 2004; Kanu, 2006; Ratima, et al., 2007a; Sallee & Tierney, 2007; Schwab, 2001). Kanu (2006) believes teachers need to understand the importance of integrating cultural values into the educational environment if pass rates, recruitment and retention of students, particularly those from different cultures, are to improve.

Another mitigating factor that has restricted indigenous and ethnic minority groups from participating in education is the availability of and access to financial resources (Kanu, 2006; Ratima, et al., 2007a; Tierney, et al., 2007). While loans are available, this puts students off from studying, and places further stress on students and their families. Non-refundable scholarships are more favourable and encouraging for students to participate in tertiary education (Kanu, 2006; Ratima, et al., 2007a; Tierney, et al., 2007).

## 5.3 Te Rau Puawai Workforce 100

### 5.3.1 Tohu o Te Rau Puawai



Source: Te Rau Puawai

means leaf or leaves.

The *tohu* (logo) of Te Rau Puawai was developed by the students, staff and board of management in 1999 to capture the overall purpose of Te Rau Puawai. Te Rau Puawai is translated as 100 blossoms, representing the first 100 graduates. Although this has been achieved, the name remains significant as *rau* also

The shape of the *tohu* is in the form of a *maunga* (mountain), this represents the ascent to obtain a tertiary qualification, provide strength to the students and *whānau*, and a connection back to their *tūrangawaewae*. The steps to the left of the *tohu* symbolise student's journey to obtain *mātauranga Māori* and *mātauranga Pākehā*. It also reminds Te Rau Puawai staff that students may need to take a break from study and consolidate the learning provided, before ascending to the next level. The two *koru* (coiled tip of new plants) depict the students of Te Rau Puawai, those that are currently studying and those that have graduated, all becoming part of the *whānau* of Te Rau Puawai. It also represents the *tuakana/teina* relationship, whereby students who are at an advanced level help those who are starting on their academic journey. The lower of the two *koru* connects with the *pūtake o te maunga* (base of the mountain) which signals the start of their journey. This *koru* is also connected to the one above, which represents success in obtaining their goals. It also represents students graduating and that they are now

standing at the *tihī o te maunga* (top of the *maunga*), and remain part of the *whānau*. Graduates who decide to continue studying are reflected in the circular motion of the two *koru*, which also symbolises reciprocal support by past students to current students. The green shading is in the form of the *pounamu* (greenstone), as it represents a treasured *tāonga* (treasure). The *tāonga* being the *mātauranga* learned, might help in some way to heal our people.

### ***5.3.2 Massey University***

In 1997, Massey University discussed ways to increase Māori participation at tertiary level, and improve pass rates of Māori students. As a result, a presentation was made to the former Health Funding Agency for at least ten scholarships and a mentoring programme (Macdonald & Durie, 1998).

The proposal eventually led to the establishment of the Te Rau Puawai Workforce 100 programme in 1999. This programme was located in one university (Massey University), and funding was provided by the former Health Funding Agency, now the Ministry of Health, for at least 100 scholarships, and a mentoring programme to provide pastoral care based on *tikanga Māori*. Massey University was appropriate because of their multi-campus delivery, over 500 extramural programmes, mixed mode delivery (internal, extramural, block), integrated approach to learning, a critical mass of Māori staff across disciplines, and a wide range of expertise across health disciplines, in particular Māori health and mental health (Nikora, et al., 2002a).

### ***5.3.3 College of Humanities and Social Sciences***

The programme was located in the College of Humanities and Social Science because it offered health-related qualifications and encouraged supplementary core papers relevant to Māori health, which contributed to the Bachelor of Arts, Nursing, Psychology, Social Work, Social Policy, Māori, Māori health, and Rehabilitation programmes (Macdonald & Durie, 1998).

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### ***5.3.4 Programme Goals***

The initial contract was for five years, to contribute at least 100 graduates by 2003. A further three contracts were signed, with the current contract finishing at the end of 2012. The successive contracts (3) were to contribute a further 30 graduates per agreement by the end of 2012. By December 2009, the programme had met and exceeded the goals of the contracts by achieving 222 graduates.

Although the initial focus was to meet the contract goals, additional goals were created which centred on increasing the grade average of each bursar, so that they could qualify for acceptance into postgraduate level study. The majority of students individual pass rate was C+, with only 10 percent of the bursar's achieving a B or above average. The learning supports outlined in section 5.3.8 were tailored to meet the needs of the bursars so that individual pass rates improved. By 2005, 30 percent of students were gaining a B-average and 25 percent were achieving a B+ or higher grade (Durie, 2005d). By 2009, the B- average decreased to 20 percent, while B average accounted for 25 percent, B+ 15 percent, A- and above 20 percent, while the remainder were C average, with 4.5 percent relating to withdrawals or DNCs (did not complete) (Durie, 2009c). The goal of improving pass rates of individual students can be attributed to the commitment of staff and students, as well as the proactive learning supports grounded in *tikanga Māori* principles. Proactive learning supports are detailed in section 5.3.7 and 5.3.8

### ***5.3.5 Te Rau Puawai Board of Management***

The contract of Te Rau Puawai outlines the responsibilities, composition, and size of the board of management. As outlined in the contract, the Te Rau Puawai board of management's primary role is to provide strategic direction, manage the Te Rau Puawai programme, allocate funds, review and approve annual budgets, recruit and monitor student performance and the effectiveness of mentoring and learning supports, review coordinators responsibilities, and provide performance reports to the Ministry of Health on completion rates (Ministry of Health & Massey University, 2004, 2009). Given the

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complexity and scope of the programme, the composition and size of the board of management was important.

#### *5.3.5.1 Board Composition and Size*

The composition and size of the board of management is prescribed in the contract. The size of the board of management consists of a total of eight positions. This comprises of one representative from the Ministry of Health, five from Massey University and two from the Māori mental health workforce. The representative from the Ministry of Health is nominated by the group population section that manages the mental health sector. The five University members consist of the Pro Vice Chancellor of the College of Humanities and Social Science or nominee, in addition two nominees by the Pro Vice Chancellor, the Vice Chancellor or nominee, and the Assistant Vice Chancellor (Māori and Pasifika) who chairs the board of management, and two representatives from the Māori mental health workforce who are selected by the board of management (Ministry of Health & Massey University, 2009). Currently, one member from the combined (6) Northland Primary Health Organisations occupies one of the workforce board of management positions, while the remainder is vacant. The coordinator who manages the programme also participates at the board of management level, providing progress reports on students, the overall performance of the programme (administrative, financial, mentoring, tutoring, and academic), and strategic planning.

As discussed in section 5.3.2, specialised expertise in University regulations, health programmes, *tikanga Māori*, health, mental health, and the mental health workforce were key competencies required by board members. Hence, the majority of board members are Māori, familiar with University regulations, expertise in health, Māori mental health, Māori mental health workforce, and the context of health qualifications offered by Massey University. This is likened to both Resource Dependency and Stewardship Theory of board composition as discussed in section 4.2.2 and 4.2.3. The outside representation from the Ministry of Health provides accountability and monitoring, while

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the Māori mental health workforce representative provides advice on workforce needs, and increases the relationships with external health providers.

The board chair and coordinator roles are separated, reflecting an agency framework (see section 4.2.1). Although both personnel (chair and coordinator) are employed by Massey University, this arrangement reflects a Resource Dependency perspective where the chairs expertise and external relationships are important. Therefore, the chair is recognised as an affiliated director who maintains professional relationships with the organisation (Dalton, et al., 1998).

Conflict of interest is also present, given the *whakapapa* and professional relationships of board members with *iwi*, academic programmes, and health organisations. Although reducing conflict of interest is a focal point of Agency Theory, the board of management have processes in place to deal with conflict if it arises. For example, board members declare conflict of interest if they have links to *iwi* or organisations, when scholarships are awarded. The in-depth knowledge and familiarity of *iwi*, students, and health organisations by board of management members, are beneficial in the decision making process, particularly when awarding scholarships. However, in some cases this may be detrimental, because additional information about some prospective student's performance and commitment as a result of the external relationships of board member, may not be positive, resulting in some students being declined. Nevertheless, the benefit of having representatives from each academic programme ensures student's course of programme is balanced and they are able to cope with study commitments.

The Te Rau Puawai board of management structure and size is regulated by the contract, allowing for a broad scope of expertise, monitoring, and accountability. Therefore, the board of management reflects a combination of corporate theories (Agency, Stewardship and Resource Dependency), as well as *tikanga Māori*, in order to respond to the growing complexity and demands of society.

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### ***5.3.6 Management of Te Rau Puawai***

The overall management of the Te Rau Puawai is delegated to a full-time coordinator. The coordinator is responsible for strategic planning, marketing, networking with the mental health workforce, monitoring and reporting to the board of management on student progress and the programme's overall performance, co-ordination of mentors, academic staff, tutors, administration and phone team, and the ongoing development of mentoring and learning supports (Ministry of Health & Massey University, 2009).

The role of the coordinator is vital to the success of the programme (Nikora, et al., 2002a,). For example, the coordinator is available to provide continuous support, both academically and personally, is multi-skilled, an excellent communicator, has good time management and understanding of university systems, is knowledgeable in *tikanga Māori*, and holds an academic degree (Nikora, et al., 2002a). At a management level, the role of the coordinator is to provide strategic advice, determine and manage allocation of resources, and co-ordinate the administration, mentoring and learning supports. This reflects the four management tasks of planning, coordination, commanding, and control (refer to section 4.4.2). In recent times, the role has included negotiation of renewal of the Te Rau Puawai contract and the establishment of partnerships with external mental health providers, so that workforce and academic needs are more closely aligned. Therefore, the board of management delegates authority for contract negotiations to the person who has comprehensive knowledge about the Te Rau Puawai operations and strong relationships with health agencies. This resembles Follet's Behaviour Management approach and McGregor's Theory Y.

From an operational level, the main focus is providing core supports to recipients of the Te Rau Puawai scholarship. Initially the intake of bursars was 32; however, by 2000, this had increased, and as a result, the workload (management, administrative and tutoring) of the coordinator escalated. Consequently, the board of management approved an administrator to assist the coordinator. By 2005, the diverse needs of the students and localities placed increased demands on the operations. In that year, the board of

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management also approved an accelerated and advanced leadership scholarships, focused on supporting part-time students (undergraduate and postgraduate level) in their final year of qualification to enrol full-time, and internally, in order to complete their qualifications sooner rather than later. As a result, a full-time tutor was employed to assist the coordinator in the tutoring of students. In 2007, the board of management engaged in piloting partnerships with health agencies providing mental health services to highly populated Māori regions. With this as well as an increase on internal students enrolled on the Auckland campus, a part-time tutor position, located on the Auckland campus was also approved by the board of management to provide tutoring, mainly to those residing in the Auckland and Northland region.

Also in 2000, supports to *manaaki* students were developed by the students, coordinator, and the board of management, to meet the needs of and rise in students. These supports encompassed and reflected the principles and values of *tikanga Māori*. For example, Te Rau Puawai staff visit students in their home or workplace each semester and provide one on one learning support. These visits reinforce *kanohi kitea* and *whanaungatanga* principles. It is an opportunity for Te Rau Puawai staff to become part of the student's *whānau* and vice versa (Nikora, et al., 2002a). A detailed examination of supports is provided in the proceeding section 5.3.7 and 5.3.8.

With the expansion of staffing levels, the coordinator developed standard operating procedures for the administration and tutoring positions. These procedures outline possible scenarios and steps that would assist tutors in their role. For example, before checking assignments from students, tutors are to access the student case notes<sup>2</sup> recorded on the Te Rau Puawai student database<sup>3</sup>, to familiarise themselves with historical information other staff or mentors may have provided the student about the assignment (Te Rau Puawai, 2009). Operating procedures are also available for the coordinator and

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<sup>2</sup> Case note refers to notes recorded about a student based on contact from Te Rau Puawai staff and mentors.

<sup>3</sup> Te Rau Puawai student database is an electronic database integrated into the Massey Admin Service (MAS) that records student information.

administration position as well as *tikanga Māori* practices for principles such as *whanaungatanga* and *manaakitanga* standards. For example, when any person (students or visitors) visit the Te Rau Puawai office, staff must take the time to acknowledge the visitor and offer *kai* and/or cup of tea. The practice manuals are similar to the Administrative Theories that advocate best practice guidelines for the overall management of organisations. Also, while *tikanga Māori* practices in traditional times were not written, manuals prescribe the level of value Te Rau Puawai place on Māori principles and provide a level of expectation required of staff.

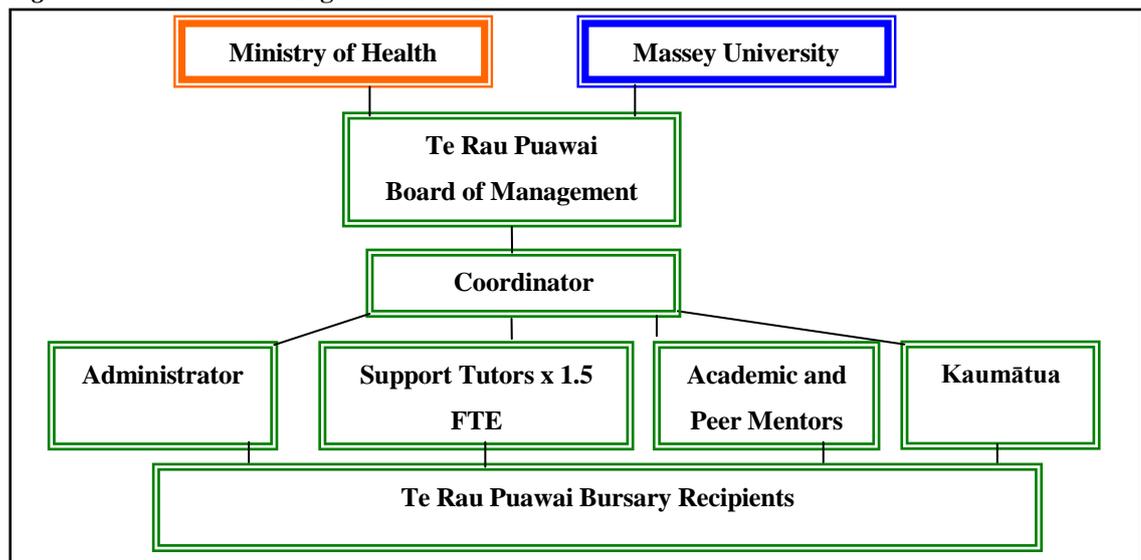
In addition, the day to day management of tutoring is delegated to the full-time and part-time tutors. Any decisions regarding student progress are discussed between the tutors and with the students. Possible solutions are offered to the students and any major concerns such as possible non-completion of assignments and/or papers, are discussed with the coordinator. Relevant data is gathered for example, historical grades, context of previous contact with the Te Rau Puawai staff, mentors and lecturers, and information from employers (if required), to determine possible course of action. This is associated with the blend of notions of McGregor's Theory Y and Management Science Theory. Tutors are empowered by the delegation of responsibility to manage the tutoring supports and minimal supervision is provided, but available if required. Also, decisions are built on quantitative and qualitative data.

Also significant to the operations of Te Rau Puawai are *tikanga Māori* principles, values, and practices. As discussed earlier and in chapters two and three, *tikanga Māori* is an important aspect of Māori society and is crucial to the operations of Te Rau Puawai. Therefore, the involvement of *kaumātua* with expertise in *te reo me ōna tikanga*, and clinical practices are vital to the overall operations of Te Rau Puawai. Hence, Te Rau Puawai organisational culture reflects *tikanga Māori* values throughout their processes, in particular the mentoring and learning supports. Given the importance of organisational culture since the 1980s, most literature focuses on culture developed within the organisation. Popularised by the search for excellence (Hofstede, 1991), cultural values

became a key component of the overall functioning of an organisation (Schein, 1988). Organisational culture is the “ways in which members of an organisation have learned to think and act” (Hofstede, 1991, p.35). Schein (1988) provides a more generalised definition of culture as continuous learning acquired overtime. With this, it could refer to an innate culture or organisational culture. The difference is innate comes naturally (Gregory, 1983), handed down through generations, and the underlining principles do not change (Mead, 2003). On the other hand, organisational culture is confusing (Gregory, 1983) and changes to meet the needs of the organisation (Hofstede, 1991; Parry, 2003). For Te Rau Puawai, *tikanga Māori* is an essential element of Māori existence and plays an important part of health and educational learning, which is reflected in the organisation of Te Rau Puawai.

The management, co-ordination, and operations of Te Rau Puawai are vital to the success of the programme. Although Te Rau Puawai is situated within the wider scope of Massey University, its functioning is unique, blending Western management styles and *tikanga Māori*. This is likened to Handy’s Triple I organisation, which provides an environment conducive to their members and devoted to learning (Burnes, 2000). The structure of Te Rau Puawai is outlined in figure 5.

Figure 5 Te Rau Puawai Organisational Chart



Source Te Rau Puawai

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### ***5.3.7. Financial Support***

Financial resources are a barrier for people embarking and continuing with tertiary studies (Kanu, 2006; Ratima, et al., 2007b; Tierney, et al., 2007). Statistics show that Māori make up 11.2 percent (246,200) of the total labour force<sup>4</sup> (2,192,300). Of this, 59.4 percent are employed and 13.3 percent are unemployed as of March 2010 (Statistics New Zealand, 2010). In comparison to non-Māori, the unemployment rate of Māori is significantly high with non-Māori making up only 6.4 percent of the unemployment (Te Puni Kōkiri, 2009). Although it is pleasing to see over 50 percent of working age Māori employed, most Māori however continue to be employed in labouring (22.9 percent), manufacturing (14.7 percent), construction (9 percent), trade (12.4 percent) and managers (11 percent), with a median average income of between \$17,800 to \$25,900 (Statistics New Zealand, 2007). Given the economic disparities faced by Māori, the cost of studying is impossible. The Te Rau Puawai scholarship enables students to pursue a tertiary study, and alleviates the additional financial commitment. For some students “the thought of having a student loan is daunting” (Nikora, Levy, Henry, & Whangapiritia, 2002b, p.10).

#### *5.3.7.1 Te Rau Puawai Bursaries*

Each year current recipients<sup>5</sup> and new applicants apply to the board of management. Consideration to renew current recipients is based on their application (refer to appendix 8), academic performance, and commitment to the *kaupapa* of Te Rau Puawai, which is outlined in the student’s terms and conditions (refer to appendix 9). The coordinator also provides individual student progress reports based on those elements mentioned previously. New applicants are assessed based on their application (refer to appendix 10), which has additional questions compared to the current bursars, their academic performance, and or referee reports.

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<sup>4</sup> Labour force is the total working age population which includes employment and unemployment

<sup>5</sup> Students who are currently a recipient of the Te Rau Puawai Scholarship

The scholarship amount is allocated based on the number of papers students intend to enrol into. The cost of undergraduate papers ranges from \$500 to \$600<sup>6</sup> and postgraduate papers \$600 to \$4000 per paper. The total number of papers enrolled by students is confirmed at the start of each semester and scholarships are adjusted accordingly. In addition, students who undertake extramural papers that have an on-campus course and reside outside the three Massey University campus locations or more than are awarded a travel bursary, which can range between \$500 and \$1500 to assist with travel, accommodation, and *kai* to attend their on-campus courses. The board of management also considers travel bursaries for students who reside in the Auckland region. The board of management also considers course related costs, such as textbooks and research (Ministry of Health & Massey University, 2004, 2009). In addition, textbooks are purchased by Te Rau Puawai and shared with students.

In order to accelerate part-time extramural students who are in their final year of completing a qualification, the board of management may award up to two relocation bursaries between \$10,000 and \$20,000, which is administered by the Te Rau Puawai office (Durie & Koia, 2005). The board of management also have the discretion to award any other bursary that they deem appropriate in order to support students. A key element of the contract is the majority of funding is steered towards student mentoring support (Ministry of Health & Massey University, 2009).

### ***5.3.8 Mentoring, Academic and Pastoral Supports***

In addition to the financial support, a blend of learning supports based on *whanaungatanga* and *manaakitanga* principles were required if the programme was to be a success. Developed in 2000, the supports were considered to be essential and provided a pathway for reciprocal learning between the programme, the Māori mental health workforce, Massey University, and students.

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<sup>6</sup> Sourced from Massey University <http://fees.massey.ac.nz/>

#### *5.3.8.1 Academic Mentors*

The academic mentors are lecturers and researchers from the various schools, departments, and institutes that the students are enrolled. The Head of School allocates academic mentors based on the papers the student intends to enrol in. The aim of the academic mentors is to provide academic expertise to students, and to maintain relationships with the individual schools. Initially this service by academic mentors were voluntary, however in the past four years the Te Rau Puawai programme has been in the position to make financial contribution to each school, in recognition of academic mentors support.

#### *5.3.8.2 Individual and Group Tutoring*

The tutors employed provide a proactive general learning support to students. These general supports include contacting students on a fortnightly basis, checking assignments, assisting in analysing questions, formatting of assignments and referencing, navigating university systems, facilitating learning workshops and conference calls. A tutoring practice manual is available and reviewed and updated yearly to assist tutors in their role.

#### *5.3.8.3 Peer Mentors*

To further assist the tutors with student learning, a peer mentors systems was identified. Peer mentors are senior undergraduate and postgraduate bursars from various programme majors who have completed the papers students are currently enrolled. This is a telephone service provided one night a week from 6pm to 8pm. Similar to the tutors, peer mentors facilitate conference calls, check assignments, and provide *manaaki*. Given that the majority of bursars work full-time, an after hour's telephone service allows bursars to contact Te Rau Puawai so as not to compromise their employment.

#### *5.3.8.4 Toll Free Number*

A toll free number 0800 Puawai is provided to students living outside the calling areas of Wellington, Palmerston North, and Auckland. This service is designed to mitigate the

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financial burden associated with communicating with Te Rau Puawai staff and other bursars.

#### *5.3.8.5 National Conferences*

National conferences are an important element of *whanaungatanga* and *manaakitanga*, and attendance is compulsory for all bursars. The first conference is called the head start *hui* and held in February before the start of semester. The aim of the conference is to prepare bursars for study, provide *tikanga Māori* training, *whanaungatanga*, and *manaakitanga*. The second conference is held in July prior to the start of the second semester. Initially all students attended at least once, however, feedback from students identified the need for dedicated learning conferences specific to their level of learning. As a result, the July conference is separated into undergraduate and postgraduate level, to provide a more focused learning environment.

#### *5.3.8.6 Regional Visits*

As the majority of students study extramurally, regional visits to students reinforce the concepts of *whanaungatanga* and *manaakitanga*. These visits provide an opportunity for one on one learning supports to students and an opportunity for Te Rau Puawai staff to meet and build relationships with students' *whānau* and work colleagues.

#### *5.3.8.7 Website*

The Te Rau Puawai website <http://te-rau-puawai.massey.ac.nz/> is another avenue to promote the programme, but also provides another form of sharing information between students. Online learning for bursars is also provided. Bursars are able to access recorded academic workshops, seminar presentations, chat to other Te Rau Puawai students, link to other key research, and Māori mental health websites.

#### *5.3.8.8 Connect On-Line*

The Connect system provides additional online learning service. This system provides *kanohi kitea* services, particularly for extramural bursars. One-on-one or group tutoring can be provided, depending on the students learning needs.

#### *5.3.8.9 Ngā Moemoea – Newsletter*

Another form of keeping in contact with students is the bi-monthly newsletter. The newsletter provides an update on University regulations and the Māori mental health workforce, as well as providing encouragement from stories shared by students. The newsletter is another form of strengthening *whanaungatanga*.

#### *5.3.8.10 Kia Ora Publication*

At the beginning of the year those bursars awarded a scholarship, are presented with the Kia Ora Document at the head start hui. This booklet contains all recipients, Te Rau Puawai staff and *kaumātua* photos, *whakapapa*, aspiration and goals. This publication is viewed as another form of *whanaungatanga*.

#### *5.3.8.11 Te Rau Puawai Whānau Room*

A dedicated *whānau* room for Te Rau Puawai recipients is available 24 hours a day. Students have access to computers, internet, printing, photocopying, textbooks, research material, tea and coffee amenities. Furthermore, student's *whānau* are welcome to use the room, and a crèche is available for those students with babies.

#### *5.3.8.12 Conference Calls*

Conference calls are a form of learning support to groups of students studying in the same paper, and are provided via the telephone service. This service is free to students and is facilitated by tutors, senior students, mentors, or lecturers.

Multiple learning strategies have provided learning supports to meet the varying needs of

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students awarded a scholarship. In developing these learning supports, it was important to base them on the concepts of *whanaungatanga* and *manaakitanga*. Using these principles as the foundation captures the academic, learning, and cultural values identified as important components for academic success.

### ***5.4 Evaluation of Te Rau Puawai Workforce 100***

In 2002 and 2005, two evaluations of Te Rau Puawai were conducted by the University of Waikato, Māori and Psychology Research Unit. The first evaluation report objectives were to examine critical success factors, barriers to success, gaps in the programme, Māori aspects of the programme, and transferability (Nikora, et al., 2002a). The second evaluation was to report on the progress of the programme, and the impact of students on the Māori mental health workforce (Nikora, et al., 2005).

Key stakeholders, including bursars, employers, staff, and the board of management, were interviewed during both evaluations. Overall, the findings of the reports were positive, highlighting the importance of financial and multiple learning supports that mirror the principles of *whanaungatanga* and *manaakitanga* (Nikora, et al., 2005; Nikora, et al., 2002a). Furthermore, dedicated funding specific to mental health, programme location within a University, leadership and co-ordination of the programme, were identified as key factors contributing to pass rates of between 85 percent 95 percent each year. Of significance, the evaluations highlighted that the programme had exceeded the initial goal of 100 graduates over five years. By 2009, 222 bursars had completed their courses and graduated. Statistical records show that of the 222 graduates, 85 percent are working in mental health, 10 percent are studying towards a higher qualification, while 5 percent are unknown or deceased (Durie, 2009c).

### ***5.5 Te Rau Puawai Workforce 100 - Statistics***

Table 2 provides a breakdown of the number of recipients (new and existing) and, number of graduates gained for the period 1999 to 2009. Table 3 shows the spread of students per District Health Board regions and areas and 90 percent of graduates are employed in

mental health professions. Figure 6 represents the number of qualifications gained by recipients and figure 7 shows the programmes that students gained their qualification in during the period of 1999 – 2009.

Table 2 *Te Rau Puawai Academic Achievement 1999 to 2009*

Year	Students Per Year		Total	Graduates	Qualifications Gained
	New Students	Existing Students			
1999	32		32	10	10
2000	82	15	97	17	17
2001	60	53	113	26	27
2002	34	87	121	20	20
2003	22	81	103	25	29
2004	45	59	104	20	21
2005	39	64	103	25	25
2006	47	77	124	19	19
2007	19	91	110	24	26
2008	30	92	122	16	21
2009	35	90	125	20	26
<b>Total</b>	<b>445</b>	<b>709</b>	<b>1154</b>	<b>222</b>	<b>241</b>

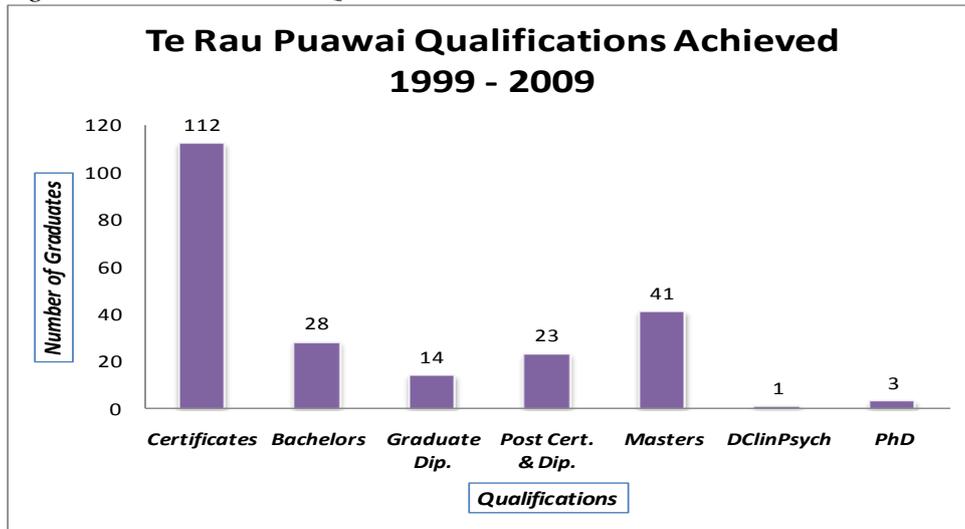
Source: Te Rau Puawai

Table 3 *Te Rau Puawai Graduates per District Health Board Regions and Areas*

District Health Board Region	District Health Board Area	Total
<b>Central</b>	Captial Coast	15
	Hawkes Bay	8
	Hutt	3
	Mid Central	63
	Tairāwhiti	24
	Taranaki	4
	Wairarapa	9
	Wanganui	3
<b>Central Total</b>		<b>129</b>
<b>Midlands</b>	Bay of Plenty	20
	Lakes	3
	Waikato	9
<b>Midlands Total</b>		<b>32</b>
<b>Northern</b>	Auckland	30
	Counties Manakau	2
	Northland	14
<b>Northern Total</b>		<b>46</b>
<b>Southern</b>	Canterbury	2
	Nelson Marlborough	3
	Southern	1
	Southland	2
<b>Southern Total</b>		<b>8</b>
<b>Deceased</b>		5
<b>Unknown</b>		2
<b>Grand Total</b>		<b>222</b>

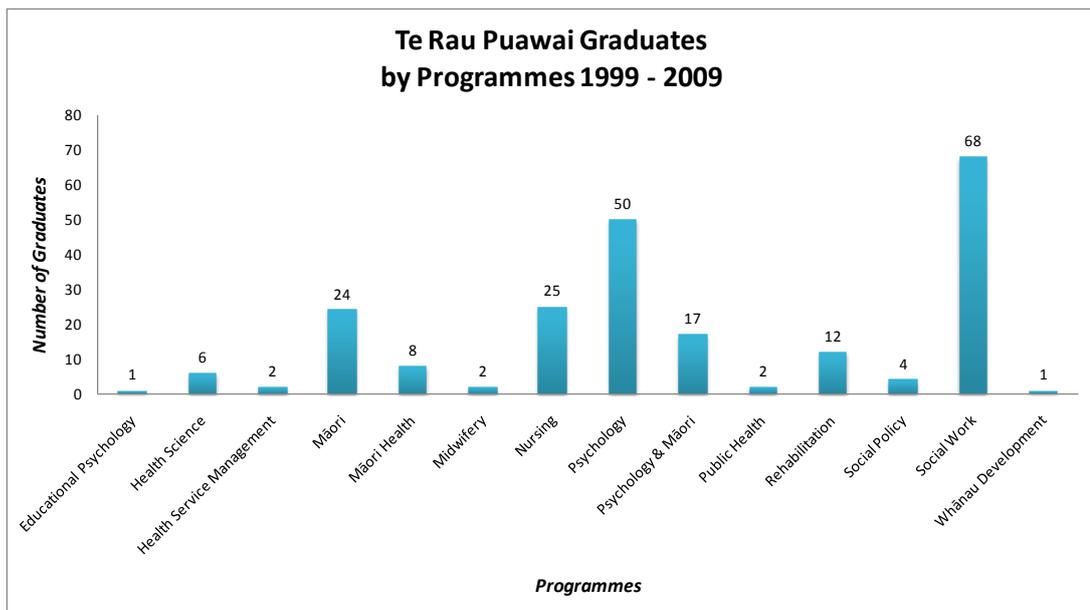
Source: Te Rau Puawai

Figure 6 Te Rau Puawai Qualifications Gained 1999 - 2009



Source: Te Rau Puawai

Figure 7 Te Rau Puawai Graduates per Programme 1999 - 2009



Source: Te Rau Puawai

In 2005, the Government reviewed all Māori scholarships and awards. Te Rau Puawai was included in this review. The outcome of the review was:

Te Rau Puawai is a good example of how financial incentives such as bursaries can be effective because the aim and need of the programme is clear and the effectiveness of the programme is demonstrated (Inglis, 2005, p.7)

The statistics provided in the above tables and figures illustrate the outcomes achieved by Te Rau Puawai. The external reviews conducted on Te Rau Puawai and qualification completions, support previous research on the importance of cultural integration in educational learning. The importance of *tikanga Māori* principles, in particular *whanaungatanga* and *manaakitanga*, has made a substantial difference to students completing a qualification. To strengthen relationships with the Māori mental health workforce, Te Rau Puawai established partnerships with District Health Boards, *iwi* providers, and Primary Health Organisations.

### ***5.6 Partnerships with Health Providers***

The purpose of the partnerships was to make qualifications more relevant to areas with a high Māori population and increase support by employers. In 2007, the Auckland District Health Board, and Whakatohea Iwi Social and Health Services, Opotiki, piloted the programme. Additional partnerships were also established with the Manawatū Primary Health Organisation, Palmerston North, Nelson Bays Primary Health Organisation, Ngāti Porou Hauora, the combined (six) Northland Primary Health Organisations, and Counties Manakau District Health Board. Organisations could offer up to two scholarships under their own name, in association with Te Rau Puawai Workforce 100. Potential bursars need to be:

- Working in a Māori mental health related position
- Eligible to enrol at Massey University in a programme in nursing, social work and social policy, psychology, rehabilitation, or Māori
- Performing to a high academic standard (if no previous academic history, a high demonstration of work commitment and performance) and;

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- Likely to succeed (reflected by work performance and manager's recommendation)

During 2007 and 2009, seven partnership scholarships were awarded. Initially, Te Rau Puawai provided funding for scholarships, travel bursaries, course and research related costs. However, since the establishment of the partnerships, some partners have provided dedicated facilities for students to study, paid study leave, and reconfiguring student workloads to accommodate study commitments. For example, for students who are rostered on after hours<sup>7</sup> and have an assignment or exam due that week, some employers will reorganise rosters to accommodate study commitments. To date, three recipients of the partnership scholarships have gained a qualification and have continued to study. Those at master's level have focused their research on Māori mental health needs in their respective areas (Durie, 2009c).

### ***5.7 Curriculum Contribution by Health Providers***

The relationship Te Rau Puawai has built with partners has enabled health providers to provide feedback on the effectiveness of health-related programmes delivered by Massey University. In 2008, a nursing working party was established between the nursing programme, Te Rau Puawai, and a representative from the workforce (Koia, et al., 2008). The terms of reference of the working party were:

1. To explore ways in which Māori participation in nursing programmes at Massey University can be increased
2. To determine whether there is a need for additional learning support mechanisms for Māori students
3. To consider how the existing curriculum can be strengthened or expanded to address Māori mental health needs

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<sup>7</sup> Afterhours refers to mental health crisis teams who provide a 24-hour service.

4. To discuss the role that Te Rau Puawai might play in encouraging Māori students to complete relevant qualifications in nursing (with a focus on mental health).

To date, the nursing programme in conjunction with the College of Science have established weekly tutorials for Māori students enrolled in the nursing programme. Professional development day for staff, in order to assist staff in their delivery of papers, were organised and held in 2009. Further professional development days have been identified and in the process of being finalised. Also, closer relationships between the health workforce and the nursing programme have been formed. For example, representatives from Te Rau Puawai partners have been invited to participate as guest speakers at contact courses and at lecturers for nursing papers. In addition, relationships with Te Rau Puawai partners have also extended to other academic programmes such as rehabilitation.

The nursing working party has demonstrated the significance of relationships and contribution by Māori and the Māori mental health workforce in developing academic curriculums relevant to mental health. Te Rau Puawai has been instrumental in facilitating this process.

## Chapter Six

### 6. Findings

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#### 6.1 Introduction

This chapter examines the individual data from each interview using a thematic analysis technique. The data is coded and summarised into key themes. Examples from the interviews will be provided to support the themes.

#### 6.2 Semi Structured Interviews

Semi structured interviews were conducted to collect the data. To identify themes, a data driven approach was adopted. An analysis was conducted from the codes and themes identified. This involved reading the data several times, and identifying patterns consistent across the six transcripts and individual questions. Extracts for the common codes were recorded in an excel sheet, along with the question and participant number. The excel spreadsheet was used to record and sort the raw data, which was further reduced into overarching themes. Mind mapping was also used to provide a pictorial display of the codes and linkages. Three main themes emerged that represented the entire set of data:

Theme 1: *Tikanga Māori*,

Theme 2: Multiple Supports, and

Theme 3: Ensuring Success.

In each of these themes, codes were reduced into several sub-themes. *Whānau*, *whanaungatanga*, and *manaakitanga* were the sub-themes underpinning the *tikanga Māori* theme. The Multiple Supports theme was underlined by learning, mentoring and cultural supports. The sub-themes underpinning the Ensuring Success theme were governance, leadership, and competency. To ensure a full understanding of themes, quotes from participants are used to emphasis and explain certain concepts.

### 6.3 Theme 1 Tikanga Māori

The *tikanga Māori* theme describes the participant's views on various Māori customs that are an integral part of Te Rau Puawai. Up to 11 codes were identified and further condensed into three sub themes, *whānau*, *whanaungatanga*, and *manaakitanga*, which are key Māori principles. *Whānau*, *whanaungatanga*, and *manaakitanga* were reported as key factors for the structuring and functioning of Te Rau Puawai that contribute to student's achievement.

The composition of *whānau* may consist of kinship or *whakapapa* relationship, and/or *kaupapa whānau* (Durie, et al., 2005; Mead, 2003). People come together as *whānau* or for a specific purpose, to transfer and nurture knowledge and cultural identity. All participants reported Te Rau Puawai is founded on and provides a *whānau* environment, which has had a significant effect on students excelling in their studies. This sub-theme is illustrated below:

Te Rau Puawai creates a *whānau* atmosphere for students.... (Participant 1)

One of the biggest things is what to do out the back of the *marae*, that's one thing that really impacted on me and my learning. I know that I would have never have learnt these values if not for being on Te Rau Puawai, including the roles of the *kaumātua* and their importance in terms of *tikanga Māori*. (Participant 2)

We also enjoy being part of the *whānau* of Te Rau Puawai and that it is definitely something that we as a service really value and that being included in stuff. It not

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only just being a *whānau*, but a *whānau* that has high expectations and is working towards excellence it's really wonderful how included we feel, really inspired and the association and that help keeps us on a high. (Participant 3)

Bringing people together in the *hui* at the beginning of the term, at the fresh start/head start so they can meet each other, provide inspiration for each other. (Participant 4)

*Whānau* values, expectations, obligations of and between students and Te Rau Puawai providers reflect that of the (*whakapapa*) *whānau*. For example, the group has a *kuia* and *kaumātua* who provide cultural leadership and guidance for all; students are expected to support each other as in a *whānau* situation. (Participant 5)

Taking guidance from the *kaumātua*. Bringing the students and everyone together, to live as *whānau*, *hapū* and *iwi* on our *marae* here (Massey University). That is not always easy for some people but Te Rau Puawai achieves this and we live and share together. (Participant 6)

*Whānau* was seen as a control mechanism for setting expectations, commitment, behaviour, and standards for those involved with Te Rau Puawai. This reflects the definition of organisational culture as a set of values and behaviour, which guide people's attitudes and behaviour (Hofstede, 1991).

The most important aspect of it (Te Rau Puawai), the idea that you can fail is not on the agenda and therefore the expectations of students is high, the programme has really high expectations of students and I think that is a huge and important factor in obtaining the results that are obtained. (Participant 1)

There is an expectation that you will succeed. So everybody joining the programme knowing that and if you don't know that when you join it you know it at your first head start *hui*. (Participant 4)

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When they (Te Rau Puawai recipients) first start off, some of them are very blasé, they come with their own intentions and with the support and *kōrero* from the programme they the students start to take it more seriously, even with their time at the *hui*, they start to realise the commitment and time required in order to cope with their assignments. (Participant 6)

*Whanaungatanga* emphasises building and maintaining relationships, whilst *manaakitanga* focuses on the hospitality, caring for, and respecting of people (Mead, 2003). While both have distinct meanings and can be used at different times, the majority of informants emphasised that Te Rau Puawai embraces both principles. Participants used these concepts interchangeably to describe Te Rau Puawai:

There are heaps of scholarships programmes but they don't have same success rate as Te Rau Puawai for Māori and are not couched in concept of *whanaungatanga*, *manaakitanga* and also inspirational kind of thinking and pathway to get there. The way in which you (Te Rau Puawai) have an expectation around people's involvement in Te Rau Puawai and *whanaungatanga* and the Te Rau Puawai *whānau*. It's about how they honour the *manaaki* they are given, and hopefully that they give back to other students through the *tuakana teina* relationship with the *whānau*. (Participant 3)

*Whanaungatanga*, *manaakitanga*, and *awhi* are very important to this programme. You struggle alone by yourself, but under Te Rau Puawai you take care of them here (Massey University), but also when they return home. (Participant 6)

Specific elements of *whanaungatanga*, and the importance of *kanohi kitea* and *manaakitanga* that reinforce collective and supportive learning, were also identified as crucial to students achieving in their studies:

Supports for students were um networking with um more experienced students. For example, with the undergraduate maybe for psychology networking them with postgraduate psychology students. Alternatively, you know the undergraduate and

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postgraduate who had done previous papers to help them assist them and maybe know the structure of the assignments or even with things that the lecturer likes and doesn't like, how to approach the lecturer, things like that as small as they may sound are actually very important. The head start hui and regional visits also maintains that close contact that I really love about the programme. (Participant 2)

I think it (*whanaungatanga*) is successful because it is the one thing in Māori you know who are you, how do we connect, and using that connection in so many other ways. Because you start off with *whakawhanaungatanga* where you get to know everyone, where they're from, their family, their genealogy, and how you connect. But then you go to that other place, how do we connect in our work, how do we work together, what are the things about us that and our learning styles, how do I use that to get more benefit out of the courses in a working environment. (Participant 4)

In customary Māori society, these terms (*tuakana/teina*) were used to describe the relationship between siblings of the same sex and the respect by the younger sibling for their older sibling/s. Today, it is used in a more general sense to describe a relationship of respect between young and old. Among the students it is demonstrated at hui, where the older (year 3,4, graduates) students are called on to facilitate, to assist new students; and also in terms of *tikanga* those most fluent with the culture and *te reo Māori* are called on to carry out cultural rituals in *pōwhiri*, *mihimihi* situations etc. (Participant 5)

One participant also expressed the importance of *whanaungatanga* between Te Rau Puawai and employer. As most students work full-time and study part-time, employers support is essential for students to succeed:

I guess one of the ways you can also help us in the sector is identifying where the need is around workforce development because sometimes we get very much head down approach. We need support to look at what people need to be trained in now and in the future and a flag to tell us when the shift in direction comes for the sector and how workforce development needs to respond to the future needs. (Participant 3)

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*Manaakitanga* was also related to the culture of the mental health sector and why people decided to work in that industry: “I think the sharing and *manaakitanga* (within Te Rau Puawai) and that is what mental health is about in many ways and why people were there and gaining a qualification” (Participant 4).

In general, all participants expressed that Te Rau Puawai provides a learning environment conducive to Māori values and clearly demonstrates the fundamentals of *manaakitanga*, which is also practiced outside the realms of academia. Participants commented that this was also vital for supporting students and *whānau*.

The places that you see it (*manaakitanga*) is particularly at the head start hui where people are actually just listening to each other’s stories and they go up afterwards and go and talk to each other. At one of the head start hui a couple of people escorted me to places so I didn’t get lost. (Participant 4)

*Manaakitanga*, caring and sharing is demonstrated throughout the programme at all levels. Sometimes staff bend over backwards to express this *manaakitanga*, through the phone team, extensions from coordinators, sharing of *mātauranga*/experiences. It is also important I believe to teach/show this for those who have not experienced it firsthand. (Participant 5)

The other important thing is when one of the students or *whānau* members dies; you attend their *tangi* that is *tikanga*. Whoever can go will go to the *tangi* to pay their respects. (Participant 6)

### **6.3.1 Conclusion**

The sub-themes highlighting *tikanga Māori* were the principle of *whānau* and the values of *whanaungatanga* and *manaakitanga*. The *whānau* environment was identified as a catalyst for pursuing and continuing with studies. This is also supported by previous research on recruitment and retention of Māori students (Nikora, et al., 2002a; Ratima,

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et al., 2007a). The data extracted indicated participants excelled in an environment based on collective learning, advocating, high expectations, positive reinforcement, and commitment. This suggests learning environments for Māori students needs to reflect the principle of *whānau*.

While *whānau* are the foundations of Māori society, they also provide a means to encourage, motivate, and enact *whanaungatanga*. *Whanaungatanga* plays an important part in building and maintaining relationships. The findings indicate there are a number of approaches (i.e *hui*, engaging with employers, workshops, *whakawhanaungatanga*) that motivated and encouraged *whanaungatanga*.

Closely connected to *whanaungatanga* is the principle of *manaakitanga*. *Manaakitanga* assists in the nurturing of relationships through care and respect for each other. The data extracts emphasised looking after, sharing, listening, respect, taking time, and supporting each other, thus reflecting the holistic notion of *manaakitanga*, which extended into student's personal and work lives. This principle suggests that choosing to continue with studies, was facilitated by a supportive environment. The principles of *whānau whanaungatanga* and *manaakitanga* and the enactment of each principle underpin student decisions to engage and continue in studies.

## 6.4 Theme 2 Multiple Student Supports

Those students who would be considered high risk (i.e., poor academic record, no academic experience, minimal or no contact with formal education for years, work full-time and have a large number of other commitments) “*would not contemplate on gaining a University qualification focused on health*” (Participant 1). However, data identified specific learning strategies delivered by Te Rau Puawai, which contributed to the success of students continuing and achieving in their studies. The main sub-themes that emerged were course planning, financial resource, and mentoring.

Course planning was seen as being a significant factor to fulfilling a specific qualification that contributes to student's career pathways. Course planning outlines the structure of compulsory and optional papers for each qualification. Planning enables students to schedule papers that are compatible within the qualification structure.

I think probably course advice is really important for the students. Many students go down the wrong track without knowing perhaps where they are going because they don't get adequate advice. Te Rau Puawai as a condition of the scholarship is that they follow a course, which is moving towards the objective, which is to do a course related to Māori mental health, so there is good course advice available. (Participant 1)

Within this service we have identified people who have been given very very poor advice, around where they should be targeting their efforts so that they suddenly go down a track and realised "oh my gosh I've picked up a course of study actually that takes me to a dead end." But following that open day we had with Te Rau Puawai, they were able to get advice about how to cross credit to get themselves back on track. (Participant 3)

Another key support was the financial resource. Bursaries are awarded to cover tuition and non-tuition fees, contribute to course-related research costs, and attendance at on-campus courses. Financial support was a significant factor in alleviating the financial strain placed on students and *whānau*. All participants commonly expressed these views:

It (Te Rau Puawai) provides money and the money covers the course fees and additional costs associated with study, especially for extramural students who have to travel, so one, that's the financial support. (Participant 1)

By providing financial support, it means in the end you don't have a student loan that you have to pay back, so when you start out in the workforce it's an extra cost that you don't need. (Participant 2)

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Once students get on the programme it is one thing to give them the bursary, which is important as there is a lot of people who struggle financially and would not contemplate on starting a degree, but Te Rau Puawai provides that financial support to that. (Participant 6)

While financial support was important, participants viewed *tikanga Māori*, the multiple range of learning, mentoring, and pastoral support, as equally or more important than the financial resource. Participants believe the diverse range of supports have contributed to students motivation to succeed in their studies.

Learning support that takes place in a proactive way, so that it doesn't depend on students asking for help but the help is available and the support is available for all students regardless of their need. The um programme employed mentors, the tutors, subject specific mentors, who undertake additional work to what lecturers already do to ensure that the students are on track with their work and that the standard that they can manage it and cope with it. Then that's um, implemented to a large extent in particular to extramural students by having access to regular telephone conversations and also the um, *hui* during the year. (Participant 1)

I'm pretty grateful for it (financial); but there are other things that are stronger: the *manaakitanga*, and *whanaungatanga*. The support tutor and the amount of *mahi* that that person puts in, just like following people up and just seeing where they are, even just contacting somebody and saying, hey how are you going, and then sort of just put them back on their path to study. (Participant 2)

The mentoring programme, the phone support, gives a real sense of close monitoring of each student, helpful conversation between Te Rau Puawai and employer. It's making sure that each is accountable for our role in supporting and monitoring outcome. At the head start *hui*, tutors are available, working collectively together to provide support to students. (Participant 3)

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Mentoring is one of the key factors in the programme. There is the formal stuff that I remember we talked about at the beginning, this is what the mentoring programme should look like. Then actually it is the other stuff around it that supports the mentoring, keeps people connected that makes all the difference. Such as the one-on-one support, how to write a report, how do you keep students motivated how to solve problems when things are a bit difficult but I think that motivation as well and it is different types of mentoring and support. (Participant 4)

I have been present in the room when the phone team have been working and they have answered calls to students in a very helpful, respectful manner. The information needed, has always been close to hand such as, course materials for academic enquiries and lots of patient listening for issues that are more personal. The idea of using graduates of Te Rau Puawai, who have been down the same road, is most appropriate. (Participant 5)

Once students get on the programme, it is one thing to give them the bursary, but it is the other thing to take care of them, to motivate them, and to keep them on track. This is so important and being involved in other institutions myself, you struggle alone, but under Te Rau Puawai you take care of them, but also when they return home. You follow them up, you go to their home. (Participant 6)

### ***6.4.1 Conclusion***

A number of students stated engaging and persisting with studies reflected the groundwork, financial and multiple strategies offered by Te Rau Puawai. The groundwork involves taking the time to advise prospective and current students of possible course and career planning. This planning was reflected in the data extracts relating to students who “*don’t get adequate advice*” (Participant 1), “*picks up a course of study actually that takes me to a dead end*” (Participant 3), which emphasised “*course advice is really important*” (Participant 1).

Thinking of and enrolling in studies can cause financial stress on students and *whānau*. The financial supports alleviate the cost of studying, assist with research and course-

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related costs, and attendance at on-campus courses. The participants believed the financial support provided students the means to engage in studies without any added stress.

Other learning and pastoral supports were also identified as equally, or in some cases more important, than the financial resources. These supports were identified in the data, and were some of the reasons why students succeeded. Multiple learning supports are a combination of learning, pastoral and tutoring services that assist students prior, during, and after their studies. All participants expressed the way the multitude of supports motivated students to achieve.

## 6.5 Theme 3 Ensuring Success

The final theme emerging from the data was ensuring success. Ensuring the appropriate infrastructure was established to support a programme that not only incorporated financial, but also learning supports centred on *tikanga Māori*, was important. Three sub-themes emerged focussing on categories viewed as supporting the overall success of the programme. These themes were governance, leadership, and competency.

The governance of Te Rau Puawai is managed by a board of management with representatives from the Ministry of Health, Massey University, and the Māori mental health workforce. The role of the board is to provide strategic advice, and award scholarships (Nikora, et al., 2002a).

The aim of Te Rau Puawai was to increase the professionalism of the Māori mental health workforce. Rather than only focusing on recruitment, participants believed retention was an important component to achieve the contractual goals of 100 graduates, and 30 graduates for consecutive contracts (Nikora, et al., 2005; Nikora, et al., 2002a). To achieve these goals one participant stated:

The overarching philosophy of the board of management was we counted outcomes, we didn't count bums on seats, we counted degrees and courses. Also the first requires you to

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take a longer term view, and look at the outcome and developing solutions to get you to the outcome, rather than the input. (Participant 4)

Participants also revealed board membership was a key factor to ensure accountability, and achieving outcomes. Pfeffer (1972) states the majority of board membership is usually from the funder and not the provider, because of the financial accountability. However, as discussed in chapter four, this is not the case with most board members stemming from the University. For Māori, board composition is based on *whakapapa* credentials (Te Puni Kōkiri & Federation of Māori Authorities Inc., 2003) and *kaitiakitanga* – the principle of guardianship, protection, relationships, and caring for resources (Kamira, 2003; Kawharu & Henare, 2001). Three participants identified the composition and diverse range of expertise and *tikanga Māori* values at the governance level, ensures the views of the funder and provider are focused to achieve the goals of the programme:

The establishment of a Board where there's both Ministry representation, sector representation and University representation was an attempt to create an accountability mechanism that recognised both the funder and the tertiary educational service. (Participant 1)

Being set in an educational organisation where they are experts that are really important because it is after all about getting an education and an academic qualification at the end and so you have to be based with the experts and leaders in education. (Participant 4)

The majority of the board has the skills, *tikanga Māori* and experience to select the right clients and ensure that they achieve the required outcomes. The chair has years of experience in mental health and governance. The Ministry of Health is represented; other members been there from the beginning and represents some level of consistency and continuity. The new additions bring a fresh perspective from the library and workforce, an important one for the students. (Participant 5)

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While the governance is important for long term planning and ensuring integrity of the programme, all participants believed success was due to the managerial leadership of the programme.

Well the success of the programme depends to a large extent on two leaders both of whom have believed in the programme, have believed in Māori students and who have believed that excellence is obtainable. (Participant 1)

I think the management for me is one of the biggest support systems within Te Rau Puawai because with my own situation, coming on to Te Rau Puawai I was quite scared to be honest. I thought, well I've been accepted on, now what do I do, but through the leadership I was supported, encouraged and shown academic, *tikanga Māori* and learning supports. (Participant 2)

You could set this up (scholarship programme) at another university and not sure how successful this would be but you need the leader and the drivers who are focusing on success and they need to recruit people like tutors who work towards that *kaupapa* in the same way. You need the right people and commitment. (Participant 3)

The other critical success factor is the role of the Te Rau Puawai coordinator. A lot of the work that the Te Rau Puawai coordinator does is keeping it (Te Rau Puawai) focused, keeping it moving, keeping the motivation and all of those sorts of things keeps the programme solid and without the coordinator things would just stop. It's that management drive. (Participant 4)

Competency in *tikanga Māori*, academic environment, and management was also seen as an important characteristic of Te Rau Puawai management and programme staff. Two participants concurred that:

They (staff) need good understanding of the academic pathway and understand from a personal level what the trials and tribulations are and how to solve those, and that they need to be role models, have a pathway for achievement for themselves, and so

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people can see that creditability in Te Rau Puawai. The application and manifestation of Māori values in the way the coordinator works with people is really important. (Participant 3)

The success of Te Rau Puawai is your (coordinator's) involvement, *manaakitanga*, leadership, and care, not only for *kaumātua*, but students, and academics. But also the whole concept of living on the *marae*, which I think is the one greatest learning for people who have those skills. That leadership and management is very important to this programme it provides the vision, but the appropriate people to ensure that students and staff are working together to ensure students succeed. (Participant 6)

Some participants also emphasised the need for students to have dual and multiple competencies. Those competencies include *tikanga Māori*, academic, and Māori mental health practice, to effectively work in Māori mental health. While Te Rau Puawai is focused on completing qualifications, it has also provided an environment that exposes students to *tikanga Māori* and clinical practices. Some participants expressed the multiple services provided by Te Rau Puawai enabled students to be better prepared for the workforce:

Māori health workers are looking for an approach to their work, which is going to resonate with their clients who are generally Māori. In addition, in order to do that they have had to get themselves a solid understanding of Māori culture, language, attitudes and notions about illness. The subject that they are learning, constantly asking how does this apply to Māori and that is where the *tikanga* and *te reo Māori* has been important. (Participant 1)

I don't know any Māori stuff but I am passionate about being a Māori and helping Māori. And then I thought, ohhhh now what have I done, but um being out in the workforce now I can see things that I've learnt through being on Te Rau Puawai and they are really valuable things. I've learnt a lot of *tikanga Māori* and cultural things and I know I haven't learnt that from anywhere else. (Participant 2)

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Making different options available is a support in itself. Bringing people together in the *hui* at the beginning of the term ~ at the fresh start/head start so they can meet each other *whakawhanaungatanga*, provide inspiration for each other. (Participant 4)

It's all well to get academic qualification, but some of our students have not experienced *marae* or Māori culture. Te Rau Puawai provides that balance between academic and Māori values through principles such as *whānau*, *tuakana/teina* and *manaakitanga*. (Participant 5)

The older ones don't live on the *marae* as they come from the city and trying to find their roots. Coming to Te Rau Puawai and being a part of the programme, they are able to have a touch of culture and support. Some students have learnt their Māori culture while being on the programme that will definitely help them in their work. (Participant 6)

Participants also expressed the view that leadership was integrated throughout the programme. *Kaumātua* and *kuia* were seen as leaders within the *whānau* of Te Rau Puawai, providing cultural guidance to the students and staff:

The *kaumātua* incorporates his experience of the *haahi* (religion) and the *marae* into his teachings. The *kuia* has also been influential in helping students understand why the things are done in a particular way on the *marae*, and at this institution. The *kuia* and *koroua* of Te Rau Puawai also provide leadership in *Te Ao Māori* and with *tikanga Māori*. (Participant 5)

Other areas leadership was evident in Te Rau Puawai, was amongst the Te Rau Puawai graduates. Students gaining a qualification and progressing towards a higher education at postgraduate level were perceived as providing motivation and role models for new and current students:

Through Te Rau Puawai students are adding to the qualifications and competence of the workers and in some part also in developing mental health leadership from Te Rau Puawai who obtain postgraduate degrees and the few also that have obtained PhDs will be part of the mental health leadership network. (Participant 1)

So being on Te Rau Puawai is helping them in many ways to become skilled and then get qualifications and get recognised for what they are instead of just support workers and then next thing they're in advisory and or management positions leading organisations. (Participant 2)

Participants also viewed graduates who have obtained a qualification at undergraduate and postgraduate level, as exhibiting leadership qualities that provided an incentive and motivation for those working in the Māori mental health workforce. In addition, the qualifications gained created competent leaders who are able to progress within the Māori mental health workforce:

Te Rau Puawai has contributed to the success of the mental health sector, not just the work that it does, not just the educating people, not just getting qualifications, the impact of Te Rau Puawai is across the whole entire sector by creating positive, confident, competent leaders in the workforce. (Participant 4)

Te Rau Puawai has increased the Māori mental health workforce capacity. Hopefully there are jobs out there for all our graduates and some of the skills that they have picked up in their time with Te Rau Puawai will assist them in the workforce and excel into positions such as management that make key decisions and make a difference. (Participant 5)

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### ***6.5.1 Conclusion***

Reasons mentioned for the success of Te Rau Puawai reflected the leadership and competency of those involved in the programme. Leadership involves taking appropriate steps to influence individuals or groups to achieve goals appropriate for the context (Yukl, 1998). Data extracts link closely with this definition. The mix of leaders and varying skills, knowledge, and respect are utilised in situations relating to governance, management, *tikanga Māori*, academic, and workforce.

In terms of competency, participants identified multiple areas where people had to have a level of proficiency. Marrelli, Tondora and Hoge define a competent person as having a “set of skills, knowledge, personal characteristics, and or abilities required to perform a job effectively” (2005, p.534). The degree of skills and abilities are related to the level of capacity to perform a mental or physical task for a specific or multiple outcomes. While knowledge refers to the information obtained to understand the task required which is gained through continuous learning. The notion of personal characteristics is behaviours consisting of values, attitudes, and traits that are influenced by emotions or personality (Marrelli, et al., 2005). The data excerpts identify those involved in the Te Rau Puawai programme; require a combination of competencies in the areas of governance, management, academic, health workforce, and *tikanga Māori*, to perform their work effectively.

## Chapter Seven

### 7. Discussion

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#### 7.1 Introduction

This chapter discusses the findings presented in the previous chapter. A range of research questions were asked to ascertain the critical success factors for Māori mental health within Te Rau Puawai. Five major themes emerged from the data. They were *whānau*, *whanaungatanga*, *manaakitanga*, leadership, and competency. This chapter will explore each of these and discuss how they are related to the students and their success within Te Rau Puawai.

#### 7.2 Whānau

*Whānau* was identified as an essential element of Te Rau Puawai. Guided by *kaumātua* and *kuia*, Te Rau Puawai was conceptualised as a *whakapapa* and *kaupapa whānau*, providing a learning environment based on *te reo me ōna tikanga*, kinship obligations, expectations, responsibilities, and shared knowledge. Currently, *kaupapa whānau* are becoming the norm for Māori to meet collectively. The benefits of this is that the *whānau* environment provides students access not only to an academic institution, but also to *marae* culture, and Māori mental health work experiences, that contribute to student success, and provide a sense of support, inspiration, inclusion, high expectations, excellence, and motivation. Although some individuals who choose to apply for a Te Rau Puawai scholarship may be driven by economic reason, the strong *whānau* values of Te Rau Puawai encourages individual's commitment to the *kaupapa* regardless of self interest.

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Previous research has shown that being part of a learning community and positioning learner's needs first, enhances students' academic achievements, makes learning enjoyable, and increases retention rates (Gunawardena & LaPointe, 2008; McKegg, 2005; Tinto, 1997, 2000). The importance of cultural awareness, recognition, integration, and support by learning institutions improves students' academic pass rates (Bennett, 2001; Hemopo, 2004; Kanu, 2006; Ratima, et al., 2007a; Sallee & Tierney, 2007; Schwab, 2001). However, the research on recruitment and retention of Māori in the health and disability workforce revealed the majority of tertiary institutions provide fragments of Māori supports. Learning frameworks, *tikanga Māori* principles and values, and involvement of *kaumātua*, and *kuia* remain informal, and are initiated by the students because they believe these supports are vital to their success (Ratima, et al., 2007a).

### **7.2.1 Conclusion**

The findings of this study suggest Māori students do extremely well in a learning environment structured on the *whānau* concept guided by *kaumātua*, and leaders with diverse expertise in a range of fields, relevant to the *kaupapa*. A *whānau* learning framework consisting of support mechanisms reflecting *tikanga Māori* principles, the enactment of those principles, and adequate resourcing would contribute to the recruitment, retention, and pass rates of Māori students. Therefore, Te Rau Puawai framework is based on a solid academic structure with a proven record of accomplishment, with a foundation in *tikanga Māori*. These collective factors are major contributors to the programme's success.

## **7.3 Whanaungatanga**

*Whanaungatanga* is seen as a manifestation of *whānau*. In essence, *whanaungatanga* is about engagement, connectedness, involvement (Bishop, 1999), supporting and nurturing people involved in a group or family, with the expectation of reciprocal responsibility by the members of that group (Mead, 2003). What binds these groups together is their shared vision and purpose. Therefore, *whanaungatanga* is another crucial factor of Te

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Rau Puawai. Informants identified numerous *whanaungatanga* qualities demonstrated by Te Rau Puawai; relationship building, *whakapapa*, *tuakana/teina*, partnership, knowing each other, connecting, reciprocity, sharing experiences, and networking. These findings show *whanaungatanga* as the main strategy for building and maintaining relationships, regardless of *whakapapa* or non-related bonds. Furthermore, other Māori principles such as *tuakana/teina*, which in traditional times, referred to the relationships between siblings of the same gender (Hiroa, 1966) are also being generalised to reflect relationships and support provisions between undergraduate and postgraduate students.

Partnerships with external stakeholders enhance and strengthen relationships with the external environment. Partnerships can be viewed as a contractual relationship. Durie (2005e, p.178) describes partnership as a “Treaty relationship between *iwi* and the state or another organisation that represents Māori, or a service relationship concerned with contractual terms as opposed to the Treaty of Waitangi”. Carnwall and Carson (2005) define partnership as a collaboration, working together, and shared commitment, built on trust, respect, team work, joint working, eliminating boundaries, and friendship. Although this study prescribes a service relationship, it also suggests the relationships are more than what is prescribed in the contract, but include Carnwall and Carson’s explanation, as well as the principle of *whanaungatanga*.

This study provides clarity around *kaupapa whānau* in relation to *whanaungatanga*. *Kaupapa whānau* evolved because of urbanisation, and are driven by a purpose. However, these relationships are usually discontinued once the goals have been achieved (Durie, et al., 2005). The data suggest that this was not the case for Te Rau Puawai as graduates remain part of the Te Rau Puawai *whānau* and current Te Rau Puawai students and staff continue to participate in activities organised by past graduates of Te Rau Puawai.

This signifies the importance of *whānau* and *whanaungatanga* between people, culture and their environment (Bishop, 1999; Gillies, Tinirau, & Mako, 2007; Mead, 2003)

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regardless of the situation or circumstances. The balancing of these components is essential for Māori advancement because they “reaffirm and strengthen traditional alliances and linkages in a way that makes sense and remains relevant to them” (Gillies, et al., 2007, p.36). While project management or contractual arrangements have timeframes for completion, projects that are strongly influenced by *whānau* and *whanaungatanga* principles will have lasting relationships.

### **7.3.1 Conclusion**

Ample research has identified the significance of and the need to integrate *tikanga Māori* within organisational practices (Bennett, 2001; Hemopo, 2004; Kanu, 2006; Ratima, et al., 2007b). Hence, Te Rau Puawai fosters *whanaungatanga* as a core principle of its success. This principle was continually noted by all participants as being a leading success factor in the programme. This versatility further reconfirms the notion that *tikanga Māori* principles are vital in supporting Māori learning and Māori students are more receptive to support mechanisms that reflect Māori principles and values.

## **7.4 Manaakitanga**

Another key *tikanga Māori* principle emerging from the findings is *manaakitanga*. This study emphasised the importance of *manaakitanga*. Respondents described various characteristics of *manaakitanga* demonstrated by Te Rau Puawai, which included access to financial resources, *tikanga Māori* values, peer support, caring for people, providing *kai* and *koha*, and respecting and helping each other. As discussed in chapters two, three and five, *manaakitanga* has a multipurpose and is about hospitality, caring, nurturing and respecting each other, regardless of the situation. *Manaakitanga* is an important aspect of *whanaungatanga*, as it ensures “the host are honour bound to take care of their visitors” (Mead, 2003, p.98). Fergusson (2008) expresses *manaakitanga* as providing *karakia*, *koha*, *kai*, proactively supporting each other’s learning, and being available when needed. Past research found *manaakitanga* is an important part of pastoral care and a key element

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of retaining and supporting students (Fergusson, 2008; Ratima, et al., 2007a; Wihongi, 2002).

The findings also showed *manaakitanga* and *whanaungatanga* are used interchangeably to describe the multiple supports provided by Te Rau Puawai. However, both principles have distinct meanings (as discussed previously). This suggests both can be practiced collectively or independently. This study promotes the collective use of both principles simultaneously. As an example, participants identified where both principles are enacted and valued is in the promotion and providing correct advice to prospective students. Open days proved to be invaluable and facilitated spontaneous and inclusive interactions with wider *whānau* in the regions. These interactions exemplify the reciprocity components of both *whanaungatanga* and *manaakitanga*.

Previous research shows most students fail University studies because of wrong course advice (Pitkethly & Prosser, 2001; Yorke, 2000). Although, Yorke (2000) believes students need to take responsibility in preparing for University life. Pitkethly and Prosser (2001) place emphasis on Universities being better equipped in delivering course and enrolment orientation days. The findings suggest tertiary institutions need to take a proactive approach in visiting potential students and employers, to provide technical aspects of various qualifications, eligibility criteria, and explain the range of study options (undergraduate and postgraduate) and pathways. This would reduce the uncertainty students face when determining what qualification to enrol in, and enables *whānau* and employers to be involved in the study planning process and enhance *whanaungatanga*.

Another area Te Rau Puawai promotes *manaakitanga* is in the holistic supports provided to students throughout their course of study. In this sense, *manaakitanga* as a key value is innate within the Te Rau Puawai programme and therefore, comes into play well in advance of the students arrival to University in a similar way in which *hau kāinga* (home people), prepare a marae or their home for *manuhiri* (visitors). Meads (2003) argues the *mana* of *hau kāinga* is heavily dependent on the home people to care for their *manuhiri*.

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In turn, after the formal *pōwhiri* ceremony has finished the *manuhiri* become part of the *hau kāinga*, and assist in supporting each other.

*Manaakitanga* is closely related to *whanaungatanga*. *Whanaungatanga* is focused on building relationships, while *manaakitanga* is about how you put into practice the systems of supporting those relationships established through *whanaungatanga*. This study also identifies *manaakitanga* as a key *tikanga Māori* principle that plays a significant part in the success of Te Rau Puawai. Mead (2003) argues that the practice of *manaaki* and *aroha* (love) are crucial to ensuring *whānau* are supported, regardless of the circumstances. The support outside the University environment demonstrates the programme not only cares about outcomes (completion of qualification), but the overall well-being of the students and their *whānau*. Through this support, Te Rau Puawai staff are able to advocate on their behalf with the University or board of management, so that their studies can be best managed.

### ***7.4.1 Conclusion***

The findings clearly demonstrate the high level of standard and value Te Rau Puawai places on the enactment of the *manaakitanga* principle through services provided, multiple learning strategies, and the commitment and dedication of all those involved in the programme. The enormity and endless *manaaki* displayed by Te Rau Puawai are practiced in various areas of their proactive supports such as, extensive one on one support with students, and course and career planning, which is essential for people contemplating embarking on tertiary studies. How Te Rau Puawai demonstrates these approaches is identified in chapter five and six.

There are numerous *tikanga Māori* values. This research specifically identifies *whānau*, *whanaungatanga*, and *manaakitanga* as core principles, instrumental in supporting Māori students to succeed in tertiary studies. This research also emphasise that being Māori does not necessarily indicate competence in *tikanga Māori*; therefore success is reliant on

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employing Māori who are competent and are able to enact the various principles of *tikanga Māori* identified in this study. The challenge for tertiary providers and employers is to fully embrace *tikanga Māori* principles, and provide adequate and dedicated resources and support for Māori students. Although more importantly that these resources and supports remain a priority and are not diluted or disestablished by other organisational activities.

## 7.5 Leadership

At various levels, leadership was recognised as a vital quality of those involved in Te Rau Puawai. Leadership was identified in various contexts within the Te Rau Puawai programme, from governance, management, *tikanga Māori*, students, workforce, and *whānau*. Evident in chapter three, leadership is an individual's influence on one or more people. For Māori, leadership was a combination of traditional forms of Māori leadership and organisational leadership. Although the board of management of Te Rau Puawai was not widely discussed by participants, the importance of corporate governance leadership and composition remains a vital component. Common views shared by participants were that the board of management's composition "creates an accountability mechanism that recognises funder and provider and the tertiary education service" (Participant 1). Peck (2004) describes this as a partnership of inter-agency commitment, sustainability, and accountability to the sector it serves. Having representatives from both the funder and provider, provides a balance of accountability, ensuring a focus on contractual goals. More importantly close relationships between the educational and health sector, which have the expertise and knowledge of the mental health, workforce, education, and *tikanga Māori*.

### 7.5.1 Managerial Leadership

Findings suggest that the success of the Te Rau Puawai project was due mainly to managerial leadership that articulates a positive environment; modelled on excellence, and fosters and builds confidence of others, through motivation and encouragement. In

addition, the data suggest managerial leadership also requires leaders who are competent in *tikanga Māori* and managerial technical skills in order to fulfil organisational and cultural requirements. Previous research shows project leadership styles are not easily defined (Dvir, Sadeh, & Malach-Pines, 2006; Müller & Turner, 2007a, 2007b). Müller and Turner (2007b) argue that if projects are to be effective, they require different leadership styles to fit the projects. This is supported by the Behavioural Management and Organisational Environment Theories discussed in section 4.4.3. Furthermore, managers work well with projects that are similar to their own culture (Müller & Turner, 2007a), when they have the right personality and characteristics (Dvir, et al., 2006), and are able to empower, motivate, and manage resources (Geoghegan & Dulewicz, 2008). Projects with a strong focus on supporting people require a transformational style of leadership, as opposed to transactional style (Bass & Riggio, 2006). Transformational leadership focuses on role modelling, encouraging, and inspiring followers. Transformational leaders are “trusted, respected and admired by their follower” (Bass & Riggio, 2006, p.6).

#### *7.5.1.1 Conclusion*

The data correlates with managerial theories and project management research and is supported by the two evaluations reports of Te Rau Puawai, conducted by the University of Waikato in 2002 and 2005. The findings clarify the qualities required by the coordinator, which consist of *tikanga Māori*, academic, and management expertise, belief in students, a focus on success and excellence, and to motivate, encourage, and understand student’s personal circumstances. For these reasons, the managerial leadership of Te Rau Puawai and the qualities identified above are a crucial factor for ensuring the continued success of the programme.

### ***7.5.2 Tikanga Māori Leadership***

As already discussed in chapter three, each social grouping (*whānau*, *hapū*, *iwi*) was led by their own *kaumātua* and *kuia*, *rangatira*, and *ariki*, with the support of *tōhunga*. In

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contemporary times, Māori have had to adapt to new situations, and some of the traditional leadership customs have not been preserved. Some Māori are now emerging as leaders without traditional leadership qualities such as *whakapapa*, but their standing within their respective fields of expertise now ensures their leadership status (Hiroa, 1966), and the opportunity to advance Māori development (Mead, 2005)

In relation to this research, *kaumātua* and *kuiā* were identified as a crucial component of the Te Rau Puawai *whānau* providing cultural and clinical guidance, similar to traditional times. Their position as leaders of the Te Rau Puawai *whānau* ensures *tikanga*, clinical and educational knowledge are provided; subsequently, providing comprehensive support to Māori students, management and board of management. Also, they provide guidance and support to those who have been disconnected from their extended *whānau*, *hapū* and *iwi* and have limited health knowledge.

Previous research has stressed the importance of the inclusion of *kaumātua* and *kuiā* in educational programmes (Ratima, et al., 2007a; Wihongi, 2002) and the health sector. They are the leaders of the *whānau*, community and workplace, and guardians of *tikanga Māori*. Their expertise, knowledge, and leadership are an important resource for supporting Māori students (Wihongi, 2002), and the mental health and addiction workforce (Ihimaera, 2008b, p.3).

#### 7.5.2.1 Conclusion

From the findings and discussions in chapter three, five and this chapter, it is clear that the combination of traditional *tikanga Māori* leadership and recognition of leadership skills for new forms of organisations are fundamental. Therefore, *tikanga Māori* leadership in particular *kaumātua* and *kuiā* are making a significant contribution to the success of the Te Rau Puawai governance, management, student learning, and Māori mental health workforce.

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### ***7.5.3 Student Leadership***

Leadership was also a feature emerging amongst students. As students progressed from undergraduate to postgraduate level, they became role models for the programme, and leaders within their own *whānau*, *hapū*, *iwi*, and workplace. Furthermore, students who have gained a qualification, become more competent, and have more opportunities to be leaders within the mental health sector. Without a qualification, they may otherwise not be considered for clinical or managerial positions.

These findings are supported by prior research which continued to highlight the challenges of recruitment and retention of Māori within the mental health workforce, in order to bridge the gaps between supply and demand of future workforce needs (de Raad, 1998; Durie, 1998b, 2001b; Health Workforce Advisory Committee, 2006; Ministry of Health, 2002, 2005; Te Rau Matatini, Mental Health Directorate, & Ministry of Health, 2006). Furthermore, as discussed in section 3.2.3, education and training of Māori within leadership positions are vital to the advancement of Māori development.

#### *7.5.3.1 Conclusion*

To this end, Te Rau Puawai has been instrumental in multiplying and producing educational and clinical leaders. These leaders have a positive effect in recruitment and retention of Māori students, in turn increasing the professionalism of the Māori mental health workforce.

## **7.6 Competency**

The findings of this study revealed building the capacity and capability of the Māori mental health workforce is, in essence, building the competency level of people. As discussed in chapter six, a competent person has a “set of skills, knowledge, personal characteristics, and/or abilities required to perform a job effectively” (Marrelli, et al., 2005, p.534). The blend of these competencies enables people to perform their work

effectively. However, in Māori mental health it is also about the inclusion of culture in a clinical framework (Durie, 2001a), given the majority of:

...their clients are generally Māori, and in order to do that they have had to get themselves a solid understanding of Māori culture, language, attitudes and um notions about illness.  
(Participant 1)

The data identified three areas where competency is essential: managing the Te Rau Puawai programme, clinical or practice, and cultural capability. Although cultural capability was seen as the overarching characteristic required by all those involved in the programme.

### ***7.6.1 Management***

Further to the discussion in section 7.5.1 all participants believe those who manage the programme require a level of competency that consists of good understanding of student's needs, academic regulations, health sector, management, and *tikanga Māori*. The Te Rau Puawai programme have been fortunate to have coordinators that possess these competencies and are committed to the *kaupapa* of Te Rau Puawai.

Prior research suggests having the right people to support students requires a level of competency, understanding, and knowledge of their work environment, otherwise mentoring programmes and the success rate of students would not be possible (Lentell, 2003; Menchaca & Bekele, 2008). Given the pool of students are Māori, the balancing of these components is essential for Māori advancement because they “reaffirm and strengthen traditional alliances and linkages in a way that makes sense and remains relevant to them” (Gillies, et al., 2007, p.36).

### *7.6.1.2 Conclusion*

It is therefore vital Te Rau Puawai staff, in particular the coordinator has multiple competencies consisting of academic, clinical, and cultural skills in order to manage, support, and mentor students.

### **7.6.2 Workforce**

Workforce competency can be partly gained through acquiring a formal qualification and there have been many reports identifying the importance of building Māori mental health capacity (de Raad, 1998; Durie, 1998a, 2001b; Health Workforce Advisory Committee, 2006; Ministry of Health, 2002; Te Rau Matatini, et al., 2006). The aim of Te Rau Puawai is to build the capability and capacity of the Māori mental health workforce because of the lack of qualified Māori within the workforce. Te Rau Puawai has facilitated the process of students gaining qualifications, through a stair casing process allowing qualifications to be more achievable within a desired timeframe. For example, students unfamiliar with studies may initially embark and gain a certificate before progressing towards a degree. As a result, Te Rau Puawai has strengthened the Māori mental health workforce.

Initially it was assumed Māori mental health workers awarded a Te Rau Puawai scholarship had the cultural expertise, so the focus of Te Rau Puawai was steered towards gaining a formal qualification, as opposed to providing cultural training (Gillies, 2006). However, findings show not all Māori working in the Māori mental health workforce have adequate cultural knowledge and expertise. As mentioned above, cultural knowledge is an important part of clinical work. Several researchers have identified cultural competency is required if health outcomes for Māori are to be improved (Durie, 1994, 2001a; Durie, et al., 2005; Ihimaera, 2004; Ihimaera, 2008a, 2008b; Kingi, 2005b; Ministry of Health, 2001).

*7.6.2.1 Conclusion*

This study shows there has been shifts within the Te Rau Puawai programme to not only focus on gaining a formal qualification, but also to provide up-skilling in *tikanga Māori* principles and values and clinical knowledge, if students are to work effectively in Māori mental health. Therefore, it is imperative Te Rau Puawai continues to provide holistic learning, which incorporates academic, *tikanga Māori*, and clinical.

## Chapter Eight

### 8. Conclusion and Recommendations

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#### 8.1 Introduction

This study explored the Te Rau Puawai programme. In doing so, a qualitative approach combining *kaupapa Māori*, and *tikanga Māori* principles and values was applied. A thematic analysis was adopted to analyse the data, which is fully discussed in chapter two. Traditional Māori society was examined, identifying key qualities of traditional leadership, structure, and adaptability to contemporary organisational settings. A history of traditional Māori health techniques was explored; highlighting key practices that have been dominated and shaped by colonisation, which highlights serious issues and the need to develop the Māori mental health workforce. These findings are comprehensively discussed in chapter three. In chapter four, a brief overview of various governance and management theories are discussed, highlighting key success factors. Chapter three and four sets the platform for the establishment of the Te Rau Puawai initiative, its governance, management, tutoring, mentoring, and learning frameworks, which are examined in chapter five. The findings of this study are outlined in chapter six and discussed in chapter seven. The findings are explored in order to answer the research question “what are the critical factors that make Te Rau Puawai successful as a contributor to the Māori mental health workforce?” The broad conclusions are then reflected in a model *Te Rau Puawai o te kawakawa o te ora*. Finally, research limitations are identified, recommending further research as a result of this study are provided and overall recommendations are provided.

## 8.2 Māori Health

The history of New Zealand's health system is complex. The view that one approach fits all has been instrumental in contributing to the severity of health problems faced by Māori. The contributing factors include a combination of a health system dominated by Western treatments, colonisation, legislative changes, urbanisation, suppression of *tikanga Māori*, and Māori being underrepresented in clinical and professional positions in the health workforce. However, in recent decades Māori have been at the forefront of rectifying historical influences that have contributed to the disparities and inequalities of their health. The increase in Māori health providers, Māori graduates, the importance of Māori principles and values in health treatments, and the development of Māori health models, have improved health outcomes for Māori.

## 8.3 Māori Mental Health Workforce

The mental health sector has been at the forefront of recognising the importance of being Māori and the necessity to up-skill the Māori mental health workforce. However, like the health industry, the education environment has not been favourable for Māori to aspire in academic achievements. In recent times, partnerships between the health sector and tertiary institutes have recognised Māori cannot be treated as homogeneous. The significance of *tikanga Māori* principles and values in health practices and education is becoming a reality. In turn, the level of expertise required by mental health practitioners now reflects a multiple set of skills that mirror cultural, clinical, and academic competencies. This provides a range of opportunities for practitioners to advance into leadership positions where changes in the health and education sector are formulated.

## 8.4 Te Rau Puawai

The establishment of Te Rau Puawai links education and health, and has been an initiative that has demonstrated phenomenal success rates by Māori in gaining a formal qualification. The governance and management structures of Te Rau Puawai reflect a holistic view that accommodates both *tikanga Māori* and Western philosophies of governance and management. However, the effectiveness of governance and management is also associated with multiple competencies consisting of *tikanga Māori* principles and values, governance, and management. The significant difference between a Māori and Western worldview is that Māori governance, management, organisational culture and leadership have existed as part of traditional Māori society, where as Western governance, management, organisational culture and leadership frameworks have emerged in response to organisational crisis since the 1880s.

The academic successes of Te Rau Puawai students are founded on and strengthened by proactive multiple learning and mentoring strategies, underpinned by *tikanga Māori* principles and values. These principles consist of *whānau*, *whanaungatanga*, and *manaakitanga*, and have been deemed successful. While some factors can be itemised clearly and succinctly, notions of *manaakitanga*, and *whanaungatanga* are not as easily quantified, but are nevertheless critical to the success of this programme.

Therefore, Te Rau Puawai is a unique programme. It demonstrates the effectiveness of targeted initiatives, the role of financial support, strong and competent leadership in governance, management, academic undertakings, Māori mental health workforce, students, and *tikanga Māori*. These are the main driving forces influencing and motivating students to succeed in their studies, culture, and clinical practice. For Māori at least, cultural cognisance is an important, if not critical, success factor. Therefore, the findings of this research identified seven broad conclusions.

## 8.5 Major Conclusions

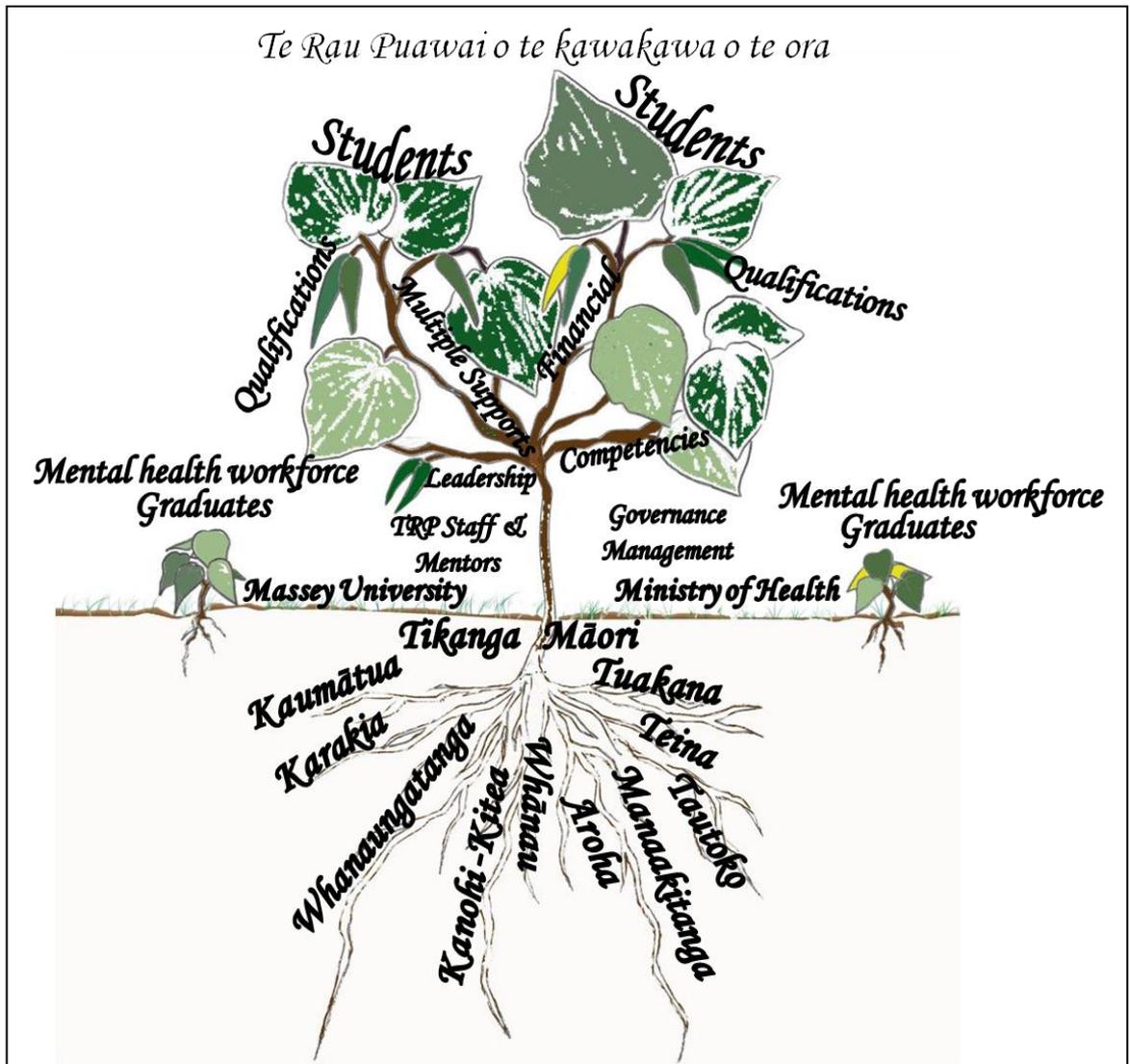
- 1) the uniqueness of Te Rau Puawai is founded on *tikanga Māori*, specifically *whānau*, *whanaungatanga* and *manaakitanga* principles
- 2) the partnership between the Ministry of Health and Massey University provides a solid grounding, and necessities for students to grow and flourish
- 3) the importance of, the flexibility, and the combination of expertise in leadership, *tikanga Māori*, governance, management, education and health workforce ensures clear pathways, boundaries, relationships and support mechanisms for success
- 4) the way in which Te Rau Puawai proactively assists prospective and current students through multiple supports is a vital prerequisite for Māori to succeed academically
- 5) the importance of access to financial resources to alleviate the financial burden of studies
- 6) the focus on multiple competencies encompassing, clinical, professional, and cultural development and;
- 7) the contribution of 222 graduates of which 85 percent are employed in the mental health sector.

## 8.6 Te Rau Puawai o te kawakawa o te ora

These broad conclusions can be summarised into a framework for enhancing the Māori mental health workforce and supporting Māori students to achieve academically. The *Te Rau Puawai o te kawakawa o te ora* framework is based on the *kawakawa* plant that is used by Māori for spiritual, medicinal, and cultural purposes (Te Puni Kōkiri, 2008). The benefits of *Te Rau Puawai o te kawakawa o te ora* framework is that it would provide a structure for health and tertiary sectors to support and foster Māori students to achieve at tertiary level, in order to accelerate the Māori mental health workforce. It is essential that

this framework be used in its entirety if the health and tertiary sector is serious about advancing the Māori mental health workforce and Māori development. Figure 8 illustrates the framework of *Te Rau Puawai, o te kawakawa o te ora*.

Figure 8 Te Rau Puawai o te kawakawa o te ora



The roots of the kawakawa represent the foundation of the Te Rau Puawai programme, which is based on *tikanga Māori* principles that were extrapolated from the data. The soil depicts the partnership between Massey University and the Ministry of Health, who

provides the grounding, nutrition, and opportunity for students to grow and flourish. The main stem of the *kawakawa* plant symbolises the support mechanism that is provided by the Te Rau Puawai governance, management, mentors, and staff. The branches of the plant signify the multiple supports, leadership, competencies, and financial support that are crucial to the student's success. The *kawakawa* leaves symbolise the students, and the seeds are the qualifications students have gained. As the seeds fall, new *kawakawa* plants germinate, representing the graduate's expansion into the Māori mental health workforce.

## 8.7 Research Limitations

It could be argued that the methodological approach adopted by the researcher had limitations; however, the reasons for the approach applied have been justified in chapter two. Although some additional limitations are included below:

This research concentrated on the internal functioning and characteristics of Te Rau Puawai in an attempt to identify what makes the programme unique and successful. This study did not measure the Te Rau Puawai graduate's effectiveness within their practices and sector, and whether or not gaining a qualification has made a difference to these areas. Another area of measure is whether or not Te Rau Puawai has had an effect on the education or health sector and how effective Te Rau Puawai graduates have been in advancing Māori mental health outcomes. The limitations in this study point to several areas for further research.

## 8.8 Recommendations

If the health and education sector are serious about advancing the Māori mental health workforce it is recommended that:

1. the Te Rau Puawai programme continue to be supported

2. other tertiary providers adopt *Te Rau Puawai o te kawakawa o te ora* framework in its entirety in order to improve the recruitment and retention of Māori students, otherwise difficulties may arise and the same results may not be achieved; and
3. further research on the effectiveness of Te Rau Puawai graduates within the Māori mental health workforce be explored

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## Appendix 1 Information Sheet

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### Enhancing Māori Mental Health Workforce

#### Researcher Introduction

Monica Koia (Ngāti Porou, Ngāti Raukawa ki te Tonga, Ngāti Kahungunu me Te Arawa oku iwi) is a student enrolled at Massey University completing a Master of Management with the College of Business.

#### Project Description

This research explores the Te Rau Puawai Workforce Development Scholarship Programme. This programme provides comprehensive financial and learning support to enhance the professionalism of the Māori mental health workforce. The proposed study will identify and investigate current Māori mental health workforce initiatives, examine the learning and mentoring supports provided by Te Rau Puawai, determine the success factors of Te Rau Puawai, and explore the relationship between Māori values and academic success.

#### Participant

Participation in this research is voluntary and people who agree to participate in this research will be interviewed for approximately 1-1 ½ hours. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at anytime;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.

Participants have the right to invite support person or whānau to the interview. These interviews will be audio taped and you have the right to ask that the taped be turned off at anytime. Interview times, date and venues will be mutually agreed and written consents will be obtained from willing participants prior to the interviews. Once the interviews are completed they will be transcribed (written up) by a transcriber and returned to the participant for editing. All personal information including people's names will be removed.

#### **Participant Identification and Recruitment**

Key participants have been selected based on their knowledge and expertise of Māori mental health workforce. Up to six key informants will be interviewed. Participants may be reimbursed for expenses incurred as a result of participation. These expenses may include time and travel costs. A *koha* may also be offered in line with cultural practices.

#### **Data Management**

The data will be used for access by the researcher and supervisors only in a lockable cabinet at School of Māori Studies, Te Pūtahi a Toi, Massey University Palmerston North. To ensure confidentiality aliases will be used instead of real names. On completion of the research audio tapes will be offered to participants, otherwise they will be stored by the researcher in a locked cabinet. Any electronic copies will have a password. Storage of information will be retained for 5 years and disposed of by the researcher. A summary of research findings will be sent to all participants. The research report will be made available to the health, education, academic sectors and Māori service providers.

#### **Participant's Rights**

You are under no obligation to accept this invitation.

#### **Low Risk Notification**

*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.*

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)".*

### **Project Contacts**

If you require any further information or have any issues with this research please feel free to contact either

#### **Researcher**

Monica Koia  
School of Māori Studies  
Massey University  
Private Bag 11 222  
Palmerston North  
Phone 06 350 5538

#### **Main Supervisor**

Dr Annemarie Gillies  
College of Business  
Massey University  
Private Bag 11 222  
Palmerston North  
Phone 06356 9099

#### **Secondary Supervisor**

Dr Rangi Matamua  
School of Māori Studies  
Massey University  
Private Bag 11 222  
Palmerston North  
Phone 06 350 5538

Thank you for your interest in this research.

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## Appendix 2 Participant Consent Form

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### *Enhancing Māori Mental Health Workforce*

#### PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

#### ***Low Risk Notification***

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).

**Signature:**

**Date:**

**Full Name - printed**

## Appendix 3 Confidential Form

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# ***Enhancing Māori Mental Health Workforce***

## **CONFIDENTIALITY AGREEMENT**

I \_\_\_\_\_ (Full Name - printed)

agree to keep confidential all information concerning the project Enhancing Māori Mental Health Workforce Research.

### **Low Risk Notification**

*This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.*

*If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz)".*

I will not retain or copy any information involving the project.

**Signature:**

**Date:**

.....

.....

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## Appendix 4 Authority for the Release of Transcript

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### *Enhancing Māori Mental Health Workforce*

#### AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

#### **Low Risk Notification**

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor Sylvia Rumball, Assistant to the Vice-Chancellor (Research Ethics), telephone 06 350 5249, email [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).

**Signature:**

**Date:**

.....

**Full Name - printed**

.....

## Appendix 5 Interview Schedule

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### Enhancing Māori Mental Health Workforce

#### *Karakia Timatanga*

1. Describe to me the ways in which you are/ have been involved in Te Rau Puawai and how long have you been involved in Te Rau Puawai. In what ways has/have your roles changed? Why?
2. Can you describe in your own words the ways in which Te Rau Puawai supports its students?
3. What do you think are the most important factors of Te Rau Puawai ? And why? Ask how each of those listed are important and why? Is it personalities? Would the same have occurred if the people involved had not been involved?
4. Describe the impact you think Te Rau Puawai supports have on the pass rates of students – why? And how do you know this?
5. In what ways do you think Te Rau Puawai is having an effect on the Māori mental health workforce and how?
6. Describe for me the Māori values you think have been or are incorporated in Te Rau Puawai and why are these successful?

7. In your own words - Do you think Te Rau Puawai is successful? How and why?

8. Are there any other factors you would like to talk about or add to this discussion?

Karakia Whakamutuanga

# Appendix 6 Screening Questionnaire



**Massey University**

Te Kuenga ki Pūrehuroa

## SCREENING QUESTIONNAIRE TO DETERMINE THE APPROVAL PROCEDURE

*(Part A and Part B of this questionnaire must both be completed)*

Name: MONICA NGATI KOPU  
 Project Title: Enhancing Maori mental Health WORKFORCE

This questionnaire should be completed following, or as part of, the discussion of ethical issues.

### Part A

The statements below are being used to determine the risk of your project causing physical or psychological harm to participants and whether the nature of the harm is minimal and no more than is normally encountered in daily life. The degree of risk will then be used to determine the appropriate approval procedure.

If you are in any doubt, you are encouraged to submit an application to one of the University's ethics committees.

### Does your Project involve any of the following?

*(Please answer all questions. Please circle either YES or NO for each question)*

#### Risk of Harm

1. Situations in which the researcher may be at risk of harm.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. Use of questionnaire or interview, whether or not it is anonymous which might reasonably be expected to cause discomfort, embarrassment, or psychological or spiritual harm to the participants.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. Processes that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4. Collection of information of illegal behaviour(s) gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
5. Collection of blood, body fluid, tissue samples, or other samples.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
6. Any form of exercise regime, physical examination, deprivation (e.g. sleep, dietary).	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
7. The administration of any form of drug, medicine (other than in the course of standard medical procedure), placebo.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. Physical pain, beyond mild discomfort.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
9. Any Massey University teaching which involves the participation of Massey University students for the demonstration of procedures or phenomena which have a potential for harm.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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## Appendix 7 Ethics Application – Low Risk

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**Massey University**

Te Kunenga ki Pūrehuroa

NOTIFICATION OF LOW RISK RESEARCH/EVALUATION  
INVOLVING HUMAN PARTICIPANTS

(All notifications are to be typed)

(Do not modify the content or formatting of this document in any way)

**SECTION A:**

1 **Project Title**                      Enhancing Māori Mental Health Workforce

.

<b>Projected start date</b>	1 April 2009		30 October 2009
<b>for data collection</b>		<b>Projected</b>	<b>end</b>
		<b>date</b>	

2 **Applicant Details** (*Select the appropriate box and complete details*)

.

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ACADEMIC STAFF NOTIFICATION

**Full Name of Staff Applicant/s**

**School/Department/Institute**

**Region** (*mark one only*)

Albany

Palmerston North

Wellington

**Telephone**

**Email**

**Address**

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STUDENT NOTIFICATION

**Full Name of Student Applicant** Monica Ngaire Koia

**Postal Address** .....  
9 Fraser Drive Feilding

**Telephone** 06 3230009

**Email Address** M.N.Koia@massey.ac.nz

**Employer (if applicable)** Massey University

**Full Name of Supervisor(s)** Dr Annemarie Gillies and Dr Rangī Matamua

**School/Department/Institute** Business Studies

**Region (mark one only)** Albany  Palmerston North  Wellington

**Telephone** Extn 2810

**Email Address** [A.M.Gillies@massey.ac.nz](mailto:A.M.Gillies@massey.ac.nz)

**GENERAL STAFF NOTIFICATION**

**Full Name of Applicant** .....

**Section** .....

**Region (mark one only)** Albany  Palmerston North  Wellington

**Telephone** .....

**Email Address** .....

**Full Name of Line Manager** .....

**Section** .....

**Telephone** .....

**Email Address** .....

**Type of Project (mark one only)**

**Staff Research/Evaluation:**  **Student Research:**  **If other, please specify:**

<b>Academic Staff</b>	<input type="checkbox"/>	<b>Qualification</b>	<input checked="" type="checkbox"/>
<b>General Staff</b>	<input type="checkbox"/>	<b>Credits Value of Research</b>	<input type="checkbox"/>

**4. Describe the process that has been used to discuss and analyse the ethical issues present in this project.**

*(Please refer to the Low Risk Guidelines on the Massey University Human Ethics Committee website)*

The researcher and supervisor have read and discussed the code of ethical conduct. The researcher has liaised with the Regional Health and Disability Ethics Committee pertaining to question 23. Email response is attached. Furthermore, the supervisor and researcher have gone through the full MUHEC application and discussed any matters arising.

## 5 Summary of Project

**Please outline the following (in no more than 200 words):**

### **1. The purpose of the research, and**

This research explores the Te Rau Puawai workforce Development Scholarship Programme. The programme provides comprehensive financial and learning support to enhance the professionalism of the Māori mental health workforce. Continuous education is vital for recruiting and retaining Māori who are working or considering a career in Māori mental health. Consequently, this study proposes to identify and investigate current Māori mental health workforce initiatives, examine the learning and mentoring supports provided by Te Rau Puawai, determine the success factors of Te Rau Puawai, and explore the relationship between Māori values and academic success. An in-depth analysis of the critical success factors in Māori mental health workforce development will be undertaken. In order to increase the professionalism of the Māori mental health workforce. Understanding how leadership, mentoring, and learning practices, can provide an environment to improve pass rates for Māori students in tertiary programmes is essential. This research alongside other research completed in this area will validate the importance of including these factors within a tertiary institute the aim of which is to address the shortfall of academically qualified Māori in the mental health workforce.

### **2. The methods you will use.**

This study will utilise a qualitative research approach employing methods that examine the social aspects of human interactions and the influence of the environment (social structure, interaction, cultural aspects, stories, and so on) from within a Kaupapa Māori framework. The framework emphasizes key elements from Te Kawa o te Marae which include, *whanaungatanga* (relationships), *manaakitanga* (caring, nurturing), *kanohi kitea* (face-to-face), *Kaumātua* (elders) and *karakia* (prayer). Face to face in-depth interviews with key informants (Te Rau Puawai Board member, Māori health experts, and Ministry of Health) will be undertaken and the data will be analysed utilising the Te Kawa o te Marae framework. Participants in the study will be provided pseudonyms and the data may also be aggregated to provide anonymity. It will be possible that participants may recognise their own voices in the final analysis but each understands and acknowledges this reality.

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*(Note: ALL the information provided in the notification is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all)*

**Please submit this Low Risk Notification (with the completed Screening Questionnaire) to:**

**The Ethics Administrator**

**Research Ethics Office**

**Old Main Building, PN221**

**Massey University**

**Private Bag 11 222**

**Palmerston North**

**SECTION B: DECLARATION** *(Complete appropriate box)*

**ACADEMIC STAFF RESEARCH**

Declaration for Academic Staff Applicant

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. My Head of Department/School/Institute knows that I am undertaking this research. The information contained in this notification is to the very best of my knowledge accurate and not misleading.

Staff Applicant's Signature

Date:

---

**STUDENT RESEARCH**

**Declaration for Student Applicant**

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. The information contained in this notification is to the very best of my knowledge accurate and not misleading.

Student Applicant's Signature

Date:

.....  
 Monica Koia

**Declaration for Supervisor**

I have assisted the student in the ethical analysis of this project. As supervisor of this research I will ensure that the research is carried out according to the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Supervisor's Signature

Date:

Print Name

.....  
 Dr Annemarie Gillies

**GENERAL STAFF RESEARCH/EVALUATIONS**

**Declaration for General Staff Applicant**

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. The information contained in this notification is to the very best of my knowledge accurate and not misleading.

General Staff Applicant's Signature

Date:

.....

**Declaration for Line Manager**

I declare that to the best of my knowledge, this notification complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's Signature

Date:

Print Name

.....

.....

## Appendix 8 Current Te Rau Puawai Student Application



*Completed forms should be sent to the Te Rau Puawai Office, Massey University before 6 November 2009. Late applications will not be considered. Please do not use a fine tip pen. Use black or blue pen or contact TRP Office for word version. Do not modify the content or formatting of this document in any way, all applications must be completed on this form and of a quality standard, otherwise, your application will be returned without consideration.*

**PERSONAL DETAILS:**

Student ID: ..... Ms / Miss / Mrs / Mr: .....

First Name: ..... Preferred Name: .....

Family Name: ..... Date of Birth: .....

Semester Address: ..... Permanent Address: .....

.....

Telephone (Hm): ..... Telephone (Durie, et al.): .....

Cell phone: ..... Facsimile No: .....

Email Address: .....

Have you been convicted of any criminal offences other than minor traffic offences Yes/No. If yes, give details

.....

Do you have any criminal charges pending? Yes/No. If yes, give details.

.....

**CURRENT EMPLOYMENT DETAILS:**

Are you currently employed      **YES / NO**

Employers Name: .....

Manager/Supervisor Name: .....

Your Job Title: .....

Address: .....

Phone No: ..... Facsimile No:

Email Address .....

**EMPLOYMENT DETAILS WHILE STUDYING:**

Will you be working while you are studying at Massey University? **YES / NO** If yes, will the position be full-time/part-time (delete one). If part-time how many hours per week \_\_\_\_\_.

If different from previous please provide employment details for the position you will be employed in while studying.

Employer:

Manager/Supervisor Name:

Your Job Title:

Address:

Phone No: Facsimile No:

Email Address

**EMPLOYER SUPPORT**

Has your employer/manager been informed of your intentions to study? **YES / NO**

Is your employer/manager supportive towards your studies? Yes/No

If so, please state briefly the form of support that will be provided, (e.g. paid or unpaid study leave). If paid leave is not provided to cover all contact/block or compulsory TRP conferences, please advise how you will manage your studies in order to attend these courses and hui? Also how will you balance your work and study commitments.

Manager/Supervisor or Employer signature of acknowledgement

.....

**Please note the support of your employer and their awareness of your academic development is vital to your academic success. If you have not obtained your manager/supervisors signature, your application will be returned to you.**

**SCHOLARSHIPS, BURSARIES, GRANTS:**

If you have applied for other awards please list them below and the purpose of the scholarship. Also, attach copies (not originals) of verification if you have been awarded scholarships for 2010: Please note you are to advise the programme if you receive any other financial support for studies. If there is a duplication of payment from other sources you may be withdrawn from Te Rau Puawai, for non disclosure.

Name of Scholarship/Grants	Purpose of Scholarship	Amount Awarded

**PROPOSED PROGRAMME OF STUDY:**

1. Please tick the School you are intending to study in?

- |   |  |                          |
|---|--|--------------------------|
| <input type="checkbox"/> Health & Social Services<br>Psychology | <input type="checkbox"/> Māori Studies | <input type="checkbox"/> |
|---|--|--------------------------|

Which subject do you intend to major in?

- |   |  |                          |
|---|--|--------------------------|
| <input type="checkbox"/> Psychology<br>Māori Health | <input type="checkbox"/> Rehabilitation  | <input type="checkbox"/> |
| <input type="checkbox"/> Social Work<br>Māori       | <input type="checkbox"/> Social Policy   | <input type="checkbox"/> |
| <input type="checkbox"/> Nursing                    | <input type="checkbox"/> Health Ser Mgmt |                          |
| <input type="checkbox"/> Public Health              |  |                          |

If you are considering or are enrolled in a Bachelor of Arts, you may be able to enroll into a minor subject. Please advise the minor subject .....

2. At which Massey campus do you intend to study?

- |   |  |                          |
|---|--|--------------------------|
| <input type="checkbox"/> Palmerston North<br>Wellington | <input type="checkbox"/> Albany / Auckland | <input type="checkbox"/> |
|---|--|--------------------------|

3. Mode of Study?

- |  |  |                          |
|--|--|--------------------------|
| <input type="checkbox"/> Internal (Attending Class on campus)<br>Mixed | <input type="checkbox"/> Extramural (Distance Study) | <input type="checkbox"/> |
|--|--|--------------------------|

4. Do you intend to study full-time (equivalent to 8 papers), or part-time (less than 8 papers)? Please note that if you are working, it is highly recommended that you only enroll in at least 2 papers per semester.

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
|------------------------------------|------------------------------------|

5. Which certificate, degree or diploma do you intend to complete?

6. Which level do you intend to enroll into Undergraduate or Postgraduate (delete one) and provide the name of the qualification (for example Bachelor of Arts or Postgraduate Diploma).....

7 In which year will you obtain your qualification? .....

8. Please list the papers you will be enrolling in at Massey University in 2010 **NOTE YOU NEED TO**

**ENROL WITH MASSEY UNIVERSITY DIRECTLY.**

<i>Paper I.D / Code</i>	<i>Paper Name</i>	<i>Mode</i>	<i>Location</i>	<i>Semester / Term</i>
150.110	Māori Language 1a	Internal, Extramural, Block, Mixed	PNTH, ALBANY, WGTN	One

Example

**HOURS OF STUDY**

6. How many hours per week can you allocate to study?  
*(Note: if a paper is worth 15 credits, this is how many hours you need to allocate to your studies per week). It is important you discuss with your whānau the hours you may need to dedicate to studies. Their support and understanding is vital to your academic success. If your application is successful, TRP will ensure you commit to the hours you have identified above and may suggest an increase as and when required.*

**WHĀNAU / HAPU SUPPORT:**

- Do you have the support of your whānau and/or hapu? **YES / NO**
- If you answered yes, please state briefly the form this support will take.

.....

.....

.....

- If you answered “No” to question 1, please state briefly whom you will go to when you need physical, emotional, spiritual, intellectual or academic support.

.....

.....

.....

**APPLYING YOUR STUDIES**

Please describe how your current studies will assist you in your practice as a Māori mental health worker and the overall development of Māori mental health services in New Zealand.

.....  
.....

**PROGRESS**

How have you coped with study this year?

.....  
.....

If it has been challenging, what changes may need to occur and what supports would assist you?

.....  
.....  
.....

**TE RAU PUAWAI SUPPORTS**

As a recipient of Te Rau Puawai, all your fees are covered and assistance may be provided for on campus courses. Also the cost for the national learning conferences is covered by Te Rau Puawai. The expectation from the programme is that students do well in their studies and uphold their responsibilities as a bursar.

Have you maintained and initiated fortnightly contact with Te Rau Puawai. Yes/No, if no, why not and what changes will you make to ensure fortnightly contact is maintained. **(Note progress reports will also be provide by TRP)**

.....  
.....  
.....

Have you submitted your assignments on time? Yes/No, if no, why not and what changes will you make to ensure assignments are submitted by the due date.

.....  
.....

Have you attended all the compulsory Te Rau Puawai conferences from start to finish? Yes/No if no, why not and what changes will you make in 2010 to ensure you participate fully.

.....  
.....  
.....

If enrolled in your thesis, have you fulfilled your agreed plan with your supervisor and maintained regular contact? Yes/No if no, why not and what changes will you make in 2010 to ensure you participate fully.

.....  
.....  
If you have achieved minimal grades for your papers (such as a R or C) what will you change to improve your grades and how can Te Rau Puawai assist further.  
.....  
.....

How have you found the supports offered to you? (Please give a rating between 1 -5 in the box and the reason for this rating. Five is the highest being excellent and 1 being the lowest rating).

Head Start Conference  .....

...

Learning Conference  .....

Phone Team  .....

Regional Visits  .....

Newsletter  .....

...

Website  .....

Tutoring  .....

.....  
How do you intend to utilise the services of Te Rau Puawai should your application be successful?  
.....  
.....  
.....

**MĀORI MENTAL HEALTH**

What is one of the current Māori mental health strategies and outline the aims and goals.  
.....  
.....

What are your career goals?

.....

.....

.....

.....

**COMPUTER COMPETENCY**

The computer and internet is an important tool for study, as most of the courses will require you to learn on – line or search for on line articles via our library service. Also, TRP sends a lot of information via emails.

1. Do you have access to a computer? **YES**  
/ **NO**

If you answered “Yes” to the above question, does the computer have Internet access? **YES**  
/ **NO**

Is your connection dial up or broadband? (**delete one**)

The majority of your assignments are required to be typed. In order to support you, can you please advise your level of competency. Very basic (turn on computer, what is a mouse), Basic (where to located saved documents, how to retrieve documents, how to insert page numbers and how to send emails, how to log on to the web) Intermediate (how to insert header/footers, insert tables of reference, how to attach documents in an email, how to search on the web) Advanced (competent in all areas of Microsoft Office). Please identify your level of competency for each category, by deleting those that are not relevant.

- Word Very Basic, Basic, Intermediate, Advanced
- Excel Very Basic, Basic, Intermediate, Advanced
- Internet Very Basic, Basic, Intermediate, Advanced
- Email Very Basic, Basic, Intermediate, Advanced

Are there any areas of the computer that you think you may need training and support, please advise:

**IMPORTANT NOTICE**

Besides financial assistance (scholarship), Te Rau Puawai also offers academic, general learning support, awahi, tautoko, whakawhanaungatanga, manaaki to all bursars accepted onto the programme. Study requires dedication and commitment, especially if you are working and have other responsibilities.

If your application is successful, as a bursar some of your requirements will be as follows:

- Attend **COMPULSORY** national conference and learning seminars in Palmerston North in order to be awarded a TRP scholarship.
- Assignments must be completed by their due dates

- Attend all compulsory contact courses and exams
- Advise TRP support team and lecturers immediately of any obstacles that may arise and impact on your studies
- Maintain contact with your support tutor and mentor every fortnight
- Be available for regional visits
- Be a role model and show leadership
- Assist other TRP bursars
- Assist at TRP national conferences

This is to ensure that should you be requiring additional learning support and/or personal support, Te Rau Puawai will be readily available to support you in whatever way practicable.

#### DECLARATION

*I consent to:*

- *The disclosure of personal information I have provided on this form to staff within the University and the Ministry of Health for the purpose of assessing my application for a scholarship and recording receipt of all MOH scholarship recipients.*
- *The Te Rau Puawai Office obtaining any personal information about me, which is required for the purpose of this application.*
- *If I am a successful candidate, I agree that the University and/or Ministry of Health may use my award and personal details or images in positive publicity for the Te Rau Puawai programme.*

*I confirm that all the information supplied in support of my application for a Ministry of Health/Te Rau Puawai Bursary is accurate at the date of signing and any false or misleading information may result in my application being withdrawn. If my circumstances changes that were not foreseeable at the time of applying I will advise the Te Rau Puawai staff, otherwise I may be withdrawn from the programme and any financial commitments already made by the programme will be reimbursed. I understand that if my application is approved, that this will also be subject to any pending negotiations between the Ministry of Health and Massey University as well as suggestions from Board of Management. I also understand that if I am approved onto the programme and I have not informed the programme of gaining financial support from other sources for the same purpose, or have not kept up with the terms and conditions of the programme I can be withdrawn from Te Rau Puawai at any time and or financial reimbursement sought for fees, or travel bursaries.*

**This application is also subject to confirmation of renewal of Te Rau Puawai contract beyond 2009.**

**SIGNED:** ..... **DATE:** .....

Please return the completed form with attachments by 6 November 2009 (**Late applications will not be considered**) to:

Te Rau Puawai Office, Massey University, Private Bag 11 222, Palmerston North.

If you have any queries about Te Rau Puawai, please contact Monica Koia or Joanne Waitoa on **0800 PUAWAI (782 924)**

Or email: [M.N.Koia@massey.ac.nz](mailto:M.N.Koia@massey.ac.nz) or [J.Waitoa@massey.ac.nz](mailto:J.Waitoa@massey.ac.nz) (Fax application to 06 350 5773)

#### PRIVACY ACT

The University undertakes to collect, use and store the information you provide in this application according to the principles of the Privacy Act 1993

***Completed forms should be sent to the Te Rau Puawai Office, Massey University before 6 November 2009. Late applications will not be considered. Please do not use a fine tip pen, use black or blue pen or it can be typed (Contact TRP Office). Do not modify the content or formatting of this document in any way, all applications must be completed on this form and of a quality standard, otherwise, your application will be returned without consideration.***

**TE RAU PUAWAI PROSPECTIVE BUDGET 2009 (Current and New Bursars)**

(You can do your budget on a weekly, fortnightly or monthly basis. Please note this form is also covered by the part of the declaration statement on the Te Rau Puawai application form)

<i>INCOME</i>	
<i>Student Allowance</i>	\$
<i>Student Loan</i>	\$
<i>Personal Savings</i>	\$
<i>Earnings (Wages)</i>	\$
<i>Whānau Support</i>	\$
<i>Scholarships / Bursaries</i>	\$
<i>Other Income (Please Specify)</i>	\$
.....	\$
.....	\$
<b>TOTAL INCOME:</b>	<b>\$</b>
<i>EXPENSES</i>	
<i>University Fees</i>	\$
<i>Accommodation (Rent)</i>	\$
<i>Meals</i>	\$
<i>Telephone, Power</i>	\$
<i>Transport</i>	\$
<i>Insurance</i>	\$
<i>Entertainment (music, outings)</i>	\$
<i>Clothing</i>	\$
<i>Research Expenses (transcribers, travel, koha etc)</i>	\$
<i>Attendance at on-campus courses</i>	\$
<i>Course Related Cost (specific to your paper such as text books</i>	\$
<i>Other Expenses (Please Specify).....</i>	\$
.....	\$
<b>TOTAL EXPENSES:</b>	<b>\$</b>

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## Appendix 9 Te Rau Puawai Terms and Conditions Form 2009

### Te Rau Puawai Terms and Conditions Form 2009

The following terms and conditions need to be **READ CAREFULLY** and accepted before your bursary and supports can be awarded. The conditions have been put in place to assist with the management of the Te Rau Puawai programme, the obligation to our funding provider (Ministry of Health) and ultimately to assist us, to help you, gain the maximum benefit from your course, and successfully complete your papers. Please initial every paragraph section.

- ✓ **Te Rau Puawai will have access to your grades and liaise with relevant academic, general staff, whānau, referees, and employers, particularly the partnerships regarding your progress and commitment.** This is to help the coordinator and support team to monitor your study progress and identify the type of support you need to complete the year successfully. It is agreed that these marks and discussions are confidential within the Te Rau Puawai programme. \_\_\_\_\_  
Initial
- ✓ **You will participate fully in the programme and in your study, which will include attending your classes if you are an internal student and or attending your compulsory contact or block courses.** If your on-campus course is not compulsory, but will assist the enhancement of your learning and is recommended by the Te Rau Puawai team, it would be advised that you be available to attend. **All assignments and course related work is to be submitted on or before the due date.** If this is not possible, you must seek an extension from your paper coordinator and the Te Rau Puawai team must be advised immediately. If extensions continue without good reason and commitment to enhance time management has not been taken on board by the student, this could result in your withdrawal from the programme and/or repayment of scholarship. \_\_\_\_\_  
Initial
- ✓ **You are to initiate contact with the Te Rau Puawai team and academic mentor on a fortnightly basis.** This is to help the team and mentor to monitor your progress and identify areas of need early; it will also allow the team and mentor to work with you on resolving those needs. You can contact the Te Rau Puawai team or your mentor by calling the office, using 0800 PUAWAI (782 924), Wellington or Albany campuses extn 5538 or mentor's extension during business hours or on Thursday nights from 6pm to 8pm for phone team. You can also email Monica [M.N.Koia@massey.ac.nz](mailto:M.N.Koia@massey.ac.nz), Jo Waitoa [J.Waitoa@massey.ac.nz](mailto:J.Waitoa@massey.ac.nz), or Byron [B.Perkins@massey.ac.nz](mailto:B.Perkins@massey.ac.nz) \_\_\_\_\_

**Initial**

- ✓ You will alert the support tutors, or coordinator, AND the paper coordinator (lecturer) of any problems that are preventing you from progressing or completing your study requirements. It is common habit not to ask for help until it is necessary; however, this makes it harder for the team to work with you to reach a solution. Therefore, we urge you not to be whakamā (shy) we are here to help.

**Initial**

- ✓ You have not applied to other sources for scholarships for the same purpose; i.e (Course Fees), if so, you **MUST** advise Te Rau Puawai. If your bursary has been paid by another source, your bursary will be returned to Te Rau Puawai.

**Initial**

- ✓ You will attend the **COMPULSORY** Te Rau Puawai Head start Conference on 11 - 13 February 2010 and be available to attend the academic learning seminars, (Undergraduate 5 - 6 July 2010; Postgraduate 8 - 9 July 2010) particularly if your academic and learning performance needs enhancing. If you are unable to attend, you must discuss this with the Te Rau Puawai Coordinator well in advance. If no contact has been made, or you leave early the Board can consider seeking reimbursement of funds paid. If you do not attend the conference because of missing the flight an invoice will be sent to you to reimburse this and the programme will not book a new flight, you will have to cover the cost yourself, so please take note of your flight times. Your application is subject to your attendance.

**Initial**

- ✓ If you are not performing academically or have not successfully completed your proposed papers, and/or fulfilling your responsibilities as a Te Rau Puawai bursar, the Board of Management can reconsider your application, which could result in withdrawing you from Te Rau Puawai Programme and reimbursement of scholarship.

**Initial**

- ✓ If you receive a travel bursary for contact courses, you must contact Te Rau Puawai office well in advance in order to book cheap tickets. Once tickets have been confirmed, any changes (not a result of the University) that incur additional charges will have to be paid by you and not the scholarship before any changes will be made. If not, you may have to reimburse the cost of the whole ticket. Reimbursement of any funds need to be submitted within one week of travel occurring and must be itemised GST receipts not EFTPOS. Reimbursements may not be paid if they are over one month old. **If you go over budget you will have to pay the difference yourself before any tickets are purchased unless you purchase the tickets and seek reimbursement. If you miss your flight and require new tickets, you will have to pay this yourself and reimbursement may also be sought for the original flight.**

\_\_\_\_\_

**Initial**

- ✓ Te Rau Puawai programme can utilise photos of me for the promotion of the programme in newsletters, papers, website, articles, reports, books, posters, and large quick screens, and contact details can be shared with fellow Te Rau Puawai bursars for study purposes only.

\_\_\_\_\_

**Initial**

- ✓ Quality leadership and role model behaviour will be demonstrated at all times while a recipient of TRP. Any behaviour that might bring the programme into disrepute may result in being withdrawn from the programme and reimbursement of scholarship funds.

\_\_\_\_\_

**Initial**

- ✓ If I reapply for the scholarship programme for the following year, I will ensure that my application is of quality standard. If not, my application will be returned without consideration.

\_\_\_\_\_

**Initial**

- ✓ I agree my contact details can be provided to health organisations such as Te Rau Matatini and DHBs for the purpose of receiving health information and publications.  
Yes / No (please delete one)

- ✓ Resolution or enquiry processes.

If I have any queries/concerns or would like advice about the programme or processes, I can contact the coordinator or administrator to discuss the matter. If it concerns the coordinator, I can contact the Head of School of Māori Studies.

**TE RAU PUAWAI**

\_\_\_\_\_

**Initial**

- ✓ Submissions can be made to the Board of Management, via the Te Rau Puawai office.

**Initial**

- ✓ The information I have provided on my application form is correct and if future changes arise, I will advise the office (for example, paper changes, budget changes, funding from another source, and or contact details change).

\_\_\_\_\_  
**Initial**

- ✓ I have read and understand my acceptance letter.

\_\_\_\_\_  
**Initial**

I have read and accept the above conditions.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## Appendix 10 Te Rau Puawai New Bursars Application



*Completed forms should be sent to the Te Rau Puawai Office, Massey University before 6 November 2009. Late applications will not be considered. Please do not use a fine tip pen. Use black or blue pen or contact TRP Office for word version. Do not modify the content or formatting of this document in any way, all applications must be completed on this form and of a quality standard, otherwise, your application will be returned without consideration.*

### PERSONAL DETAILS:

Student ID: ..... Ms / Miss / Mrs / Mr: .....

First Name: ..... Preferred Name: .....

Family Name: ..... Date of Birth: .....

Semester Address: ..... Permanent Address: .....

.....

Telephone (Hm): ..... Telephone (Durie, et al.):.....

Cell phone: ..... Facsimile: .....

Email Address: .....

Have you been convicted of any criminal offences other than minor traffic offences Yes/No. If yes, give detail

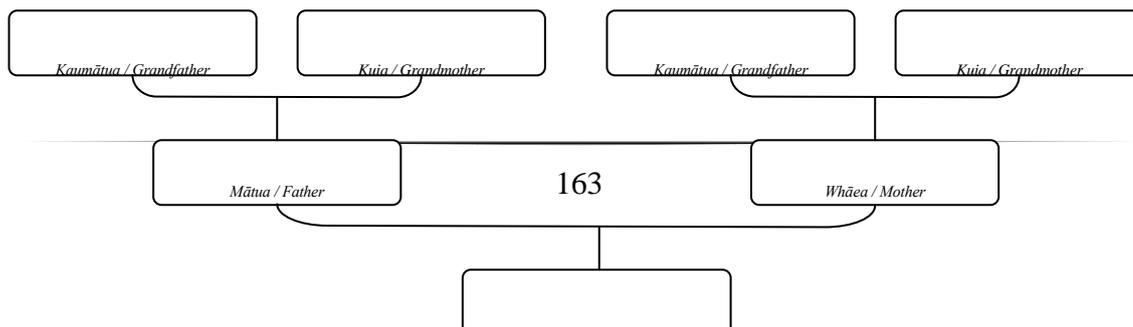
.....

Do you have any criminal charges pending? Yes/No. If yes give detail.

.....

### WHAKAPAPA/GENEALOGY:

Are you a New Zealand Citizen **YES / NO**



**WHAKAPAPA/GENEALOGY CONTINUED**

**MĀTUA/FATHER:**

Iwi/Tribe: .....

Hapu/Sub Tribe: .....

Marae: .....

**WHĀEA/MOTHER:**

Iwi: .....

Hapu: .....

Marae: .....

**EDUCATIONAL RECORD:**

Please also, attach copies of your academic record which shows the marks of your papers you have completed (not originals) to date

Institution	Place and Country	Years Attended		Degrees, Diplomas or Certificates gained. Attach your academic record that shows your marks for each paper.
		From	To	

**DO NOT FORGET TO ATTACH YOUR ACADEMIC RECORD FOR QUALIFICATIONS OBTAINED.**

**SCHOLARSHIPS, BURSARIES, GRANTS:**

If you have applied for other awards please list them below and the purpose of the scholarship. Also, attach copies (not originals) of verification if you have been awarded scholarships for 2010: Please note you are to advise the programme if you receive any other financial support for studies. If there is a duplication of payment from other sources, you may be withdrawn from Te Rau Puawai, for non-disclosure.

<i>Name of Scholarship or Grants</i>	<i>Purpose of Scholarship</i>	<i>Amount Awarded</i>

**PROPOSED PROGRAMME OF STUDY:**

1. Please tick the School you are intending to study in?

- Health & Social Services                       Māori Studies     Psychology

Which subject do you intend to major in?

- Psychology     Rehabilitation      
Māori Health
- Social Work     Social Policy      
Māori
- Nursing

If you are considering or are enrolled in a Bachelor of Arts, you may be able to enrol into a minor subject. Please advise the minor subject .....

2. At which Massey campus do you intend to study?

- Palmerston North     Albany / Auckland      
Wellington

3. Mode of Study?

- Internal (Attending Class on campus)                       Extramural (Distance Study)                        
Mixed

4. Do you intend to study full-time (equivalent to 8 papers), or part-time (less than 8 papers)? Please note that if you are working, it is highly recommended that you only enroll in at least 2 papers per semester.

- Full-time     Part-time

5. Which level do you intend to enrol into Undergraduate or Postgraduate (delete one) and provide the name of the qualification (for example Bachelor of Arts or Postgraduate Diploma) .....

6. Which certificate, degree or diploma do you intend to complete? .....

7. In which year will you obtain your qualification? .....

8. Please list the papers you will be enrolling in at Massey University for 2010: **NOTE YOU NEED TO ENROL WITH MASSEY UNIVERSITY DIRECTLY.**

<i>Paper I.D / Code</i>	<i>Paper Name</i>	<i>Mode</i>	<i>Location</i>	<i>Semester / Term</i>
150.110	Māori Language 1a	Internal, Extramural, Block, Mixed	PNTH, ALBANY, WGTN	One


**HOURS OF STUDY**

6. How many hours per week can you allocate to study? .....  
 (Note: if a paper is worth 15 credits, this is how many hours you need to allocate to your studies per week) **It is important you discuss with your whānau the hours you may need to dedicate to studies. Their support and understanding is vital to your academic success. If your application is successful, TRP will ensure you commit to the hours you have identified above and may suggest an increase as and when required.**

**CURRENT EMPLOYMENT DETAILS:**

Are you currently employed **YES / NO**

Employers Name: .....

Manager/Supervisor Name: .....

Your Job Title: .....

Address: .....

Phone No: ..... Facsimile No: .....

Email Address .....

**EMPLOYMENT DETAILS WHILE STUDYING:**

Will you be working while you are studying at Massey University? **YES / NO** If yes, will the position be full-time/part-time (delete one). If part-time how many hours per week \_\_\_\_\_.

If your employment is different from above, please provide employment details for the position you will be employed in while studying.

Employer: .....

Manager/Supervisor Name: .....

Your Job Title: .....

Address: .....

Phone No: ..... Facsimile No: .....

Email Address .....

Has your employer/manager been informed of your intentions to study? **YES / NO**

**EMPLOYER SUPPORT**

Is your employer/manager supportive towards your studies? Yes/No

If so, please state briefly the form of support that will be provided, (e.g. paid or unpaid study leave). If paid leave is not provided to cover all contact/block or compulsory TRP conferences, please advise how you will manage your studies in order to attend these courses and hui? Also, how will you balance your work and study commitments.

.....

.....

.....

.....

Manager/Supervisor or Employer signature of acknowledgement

.....

**WHĀNAU / HAPU SUPPORT:**

1. Do you have the support of your whānau and/or hapu? **YES / NO**

2. If you answered “Yes”, please state briefly the form this support will take.

.....

.....

.....

3. If you answered “No” to question 1, please state briefly who you will go to when you need physical, emotional, spiritual, intellectual or academic support.

.....

.....

**COMMITMENT TO MENTAL HEALTH / MĀORI MENTAL HEALTH:**

1. Please describe your understanding of Māori mental health (can be in an holistic manner, such as a whānau experience).

.....

---

.....

.....

**COMMITMENT TO MENTAL HEALTH / MĀORI MENTAL HEALTH CONTINUED**

2. What is one of the current Māori mental health strategies and outline the aims and goals.

.....

.....

.....

3. Have you any work experience / involvement in Māori mental health services or organisation providing a mental health service? Please describe.

.....

.....

4. Please identify a Māori model of health and provide an example on how you have or might apply this model. Models may include (Te Whare Tapa Wha, Te Wheke or a cultural aspect from Tikanga Māori such as karakia)

.....

.....

.....

5. Please specify the type of organisation and mental health service area that you propose to become involved in.

.....

6. What are your career goals? .....

7. What would be your proposed area of specialisation within mental health?

.....

8. How would this programme of study (the qualification you are studying towards) contribute to:

i. Your practice as a Māori mental health worker?

.....

ii. The overall development of Māori mental health services in New Zealand?

**REFEREES:**

Please provide at least two names and contact details of an employment, academic referee, Kaumātua, Kuia or other appropriate person to be contacted to support your application. Please ensure that at least one of your referees is not a relative, but someone who you have worked with or can comment on your work ethic. You should advise these people that you have supplied their name and contact details in support of your application, but it is NOT necessary for you to obtain written statements from them. **Please advise your referees that if they work, they may be contacted after working hours.**

<i>Name</i>	<i>Relationship to you</i>	<i>Phone Number</i>	
		<i>Home</i>	<i>Work</i>

**GENERAL INFORMATION:**

1. What life experiences do you bring and how will it help your study in the area of Māori mental health, e.g. Caring for the whānau? (This question is especially IMPORTANT for MATURE / Older students).

**COMPUTER COMPETENCY**

The computer and internet are important tools for study, as most of the courses will require you to learn online or search for on line articles via our library service. Also, TRP sends a lot of information via emails.

1. Do you have access to a computer? **YES / NO**  
 If you answered “Yes” to the above question, does the computer have Internet access? **YES / NO**  
 Is your connection dial up or broadband? (**delete one**)

The majority of your assignments are required to be typed. In order to support you, can you please advise your level of competency - Very basic (turn on computer, what is a mouse), Basic (where to located saved documents, how to retrieve documents, how to insert page numbers and how to send emails, how to log on to the web) Intermediate (how to insert header/footers, insert tables of reference, how to attach documents in an email, how to search on the web) Advanced (competent in all areas of Microsoft office). – Please identify your level of competency for each category, by deleting those that are not relevant.

**Word** Very Basic, Basic, Intermediate, Advanced

**Excel** Very Basic, Basic, Intermediate, Advanced

**Internet** Very Basic, Basic, Intermediate, Advanced

**Email** Very Basic, Basic, Intermediate, Advanced

Is there any areas of the computer that you think you may need training and support, please advise

**IMPORTANT – CHECKLIST OF DOCUMENTATION:**

Please ensure you have answered **ALL** the questions and have attached the necessary documentation. Use a black or blue biro pen. Please be aware that in the past applications have been declined, as the selection panel was unable to read the copies of an application form completed in red pen.

Besides financial assistance (scholarship), Te Rau Puawai also offers academic, general learning support, awhi, tautoko, whakawhanaungatanga, manaaki to all bursars accepted onto the programme. Study requires dedication and commitment, especially if you are working and have other responsibilities.

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- *The Te Rau Puawai Office obtaining any personal information about me, which is required for the purpose of this application.*
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*I confirm that all the information supplied in support of my application for a Ministry of Health/Te Rau Puawai Bursary is accurate at the date of signing and any false or misleading information may result in my application being withdrawn. If my circumstances changes that were not foreseeable at the time of applying I will advise the Te Rau Puawai staff, otherwise I may be withdrawn from the programme and any financial commitments already made by the programme will be reimbursed. I understand that if my application is approved, that this will also be subject to any pending negotiations between the Ministry of Health and Massey University as well as suggestions from Board of Management. I also understand that if I am approved onto the programme and I have not informed the programme of gaining financial support from other sources for the same purpose, or have not kept up with the terms and conditions of the programme I can be withdrawn from Te Rau Puawai at any time and or financial reimbursement sought for fees, or travel bursaries.*

**SIGNED:** ..... **DATE:**

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