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**KAUPAPA HAUORA MAORI:
Nga Whakaaro Whakahirahira
o Nga Kaumatua.**

A thesis presented in partial fulfilment of the requirements for the degree of

Doctor of Philosophy

In

Maori Studies

**At Te Pumanawa Hauora; Research Centre for Maori Health and
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Ngati Hinewaka; Ngati Moe; Kahungunu ki Wairarapa.

Abstract

There is a requirement for all services within the New Zealand health system to be accredited with an established quality organisation and to demonstrate an ability to provide a measurable quality service to consumers. For Māori these requirements must make sense in Māori terms.

This thesis is based on the view that, for Māori, the concept of health is more effectively expressed as hauora - optimal health and wellbeing for Māori.

This thesis makes five contributions to Māori health and Māori health research. First, it identifies a responsive approach to engaging kaumātua effectively in the process of qualitative research. Second, it identifies a fundamental underlying conceptual framework – kaupapa hauora Māori as a means of understanding hauora – expressed in terms derived from kaumātua in Taranaki and Kahungunu. Third, it adapts this conceptual framework into an analytical research framework and then applies it to allow kaupapa hauora Māori (described in terms of worldview, values and ethics) to be identified from a range of data. Fourth, it critically analyses popular models of Māori health – Te Whare Tapa Whā, Te Wheke and Ngā Pou Mana. Finally, it proposes and details post-doctoral research that will translate kaupapa hauora Māori into a quality services framework/tool.

“Kaupapa Hauora Māori” is a conceptual framework articulated by kaumātua, and has its origins in te ao Māori, from which the aronga or worldview is developed. The aronga is composed of the kaupapa or values and tikanga or ethics that provide kaumātua with the values base of hauora. These components have been identified by kaumātua and not only inform the concept of KHM but also inform the analytical research framework that is applied to the data. The values have been identified as a core set of values comprising whakapapa, wairua, whenua, whānau, tikanga te reo Māori, tinana, and hinengaro, and the associated tikanga is expressed as behaviour or ethics. These, together, influence the perception and understanding individuals have of their world and of hauora.

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During my lifetime kaumātua have shared with me the skills and the wisdom that they have been endowed with. In particular the Taranaki Aunties who invested considerable time and energy in providing me with the experiences and the opportunities that have influenced me and taught me what it is to be Māori. The kaumātua who participated in the planning and the research for this thesis and without whom this would have not become a reality. The time they gave and the knowledge and the stories they have shared made this thesis a very special document As always happens, some of these kaumātua are no longer with us but their special contribution will always be remembered.

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My purpose in pursuing this research is to provide the groundwork for developing a system of quality standards and criteria for the ongoing provision of health services that have meaning for our people who provide hauora services and for those that receive them.

Dedication

This thesis is dedicated:

to the Kaumātua of Ngāti Kahungunu me Taranaki who shared their knowledge and experiences so readily with me;

to the 'Taranaki Aunties' especially the late Aunty Ena Okeroa and to my special mentor Aunty Marge Rau Kupa who took the time and the patience to show me who I was;

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Glossary of Abbreviations Used

ACC: Accident Compensation Corporation

AHB: Area Health Board

BA: Bachelor of Arts

BA Hons Psych: Bachelor of Arts Honours Psychology

BBA: Bachelor of Business Administration

BN: Bachelor of Nursing

Bx: Breast Cancer

CHW: Child Health Worker

COPD: Congestive Obstructive Pulmonary Disease

CORD: Congestive Obstructive Respiratory Disease

Cx: Cervical Cancer

DHB: District Health Board

Dip: Diploma

DNS: District Nursing Service

GP: General Practitioner

Grad Dip M Health: Graduate Diploma Mental Health

HCA: Healthcare Aotearoa

HV Cert: Home Visit Certificate

KKI: Key Kaumātua Informants

MAPO: Māori Purchasing Organisation

MBA: Master Business Administration

MDO: Māori Development Organisations

MICO: Māori Integrated Care Organisations

MHC: Māori Health Contracts

MOH: Ministry of Health

MUHEC: Massey University Human Ethics Committee

MWWL: Māori Women's Welfare League

NASC: Needs Assessment and Service Co-ordination

NMO: Native Medical Officer

NSO: Native Sanitation Officer

NZQA: New Zealand Quality Accreditation

PGDipN: Post Graduate Diploma Nurse

PHC: Public Health Commission

PHO: Primary Health Organisation

QHNZ: Quality Health New Zealand

RCpN: Registered Psychopaedic Nurse

RGON: Registered Obstetric Nurse

RHA: Regional Health Authorities

SRN: State Registered Nurse

WCPHO: Wairarapa Community Primary Health Organisation

WHL: Women's Health League

WHO: World Health Organisation

WWII: World War 2

Glossary of Māori Terms Used

| | |
|----------------------------|---|
| aha aha | what can be done |
| Aotearoa..... | North Island of New Zealand |
| ahuatanga | circumstances |
| aroha | to reciprocate |
| Aukati Kai Paipa | Stop Smoking |
| awa..... | river |
| ha a Koro ma a Kui ma..... | the breath of life that comes from forebears |
| ha tuku iho..... | cultural heritage |
| hapū | pregnant, sector of Māori society |
| hauora | health and wellbeing |
| He Korowai Oranga..... | The cloak of health |
| He Mate Huango | asthma |
| hinengaro | emotional and mental health |
| hiringa | perseverance |
| hoki..... | also |
| huatanga | circumstances |
| hui | bring together |
| Hui Whakaoranga..... | meeting to revive health systems |
| hurihuri | to turn around |
| tamatua | uncle |
| iwi..... | tribe |
| kai..... | food |
| kainga..... | home |
| Kahungunu | Tribal leader, name of an iwi |
| karakia..... | invocation used in traditional Maori religion |
| kaua | do not |
| kaumātua..... | elder |
| kaunihera..... | council |
| kaupapa | values or basic idea, foundation |
| kaupapa hauora Māori | foundation of health of Māori |
| kawa..... | sour |
| Kete Hauora | basket representing health |
| koha | gift or donation |
| Kokoroiti Rewhaunga | Tipuna name |

| | |
|----------------------------------|--|
| konohi ki te konohi..... | face to face |
| konei..... | here |
| korero | talk |
| koro | old man |
| kuia..... | old lady |
| kunenga | search |
| mai rano | from long ago |
| mana | tangible and intangible expressions of power |
| manaaki..... | befriend |
| mane ake..... | increased influence |
| mapihi..... | ornament |
| Māori | indigenous people of Aotearoa |
| marae | meeting ground |
| manawa ora..... | healthy heart |
| matuaranga | education |
| matua | parent |
| maunga | mountain |
| mauri | life force |
| mimi..... | urine |
| mirimiri..... | massage |
| mene | be assembled |
| mokai..... | slave |
| muka | flax fibre |
| mokopuna..... | grandchild |
| Nga Pou Mana | support posts for health |
| nga whakaaro whakahirahira | Important thoughts |
| noa | free from restrictions |
| ohaoha | economics |
| pākeha | not Maori |
| paki paki | clap and slap |
| Papatuanuku | Earth mother |
| pepe | baby |
| pepeha | proverb |
| pito | umbilical cord |
| pou tokomanawa | central pillar |
| putea | fund |

| | | |
|---------------------|-------|---|
| rangahau | ..... | research |
| rangatiratanga | ..... | empowerment |
| Ranginui | ..... | Sky father |
| Rapuora | ..... | search for health |
| Ritenga | ..... | customs and beliefschants for the sick |
| rohe | ..... | region |
| rongoa | ..... | traditional medicine made from plants,etc |
| tamariki ora | ..... | health of young children |
| tane | ..... | male |
| tangata whenua | ..... | people |
| taha | ..... | side, margin, edge |
| takahia | ..... | trample/ despise |
| tangaroa | ..... | God of the sea |
| tangata | ..... | man, people |
| taonga | ..... | treasure |
| tapu | ..... | protected, special,sacred |
| Taranaki | ..... | Rohe or region |
| tatai | ..... | arrange |
| te ao Māori | ..... | the world of the Māori |
| te ao turoa | ..... | the physical environment |
| Te Huihuinga Hauora | ..... | the MDO within kahungunu |
| Te Kete Hauora | ..... | Maori unit within he MOH |
| Te Kopi | ..... | settlement on the southern coast of the North Island of New Zealand |
| Te ora mo te iwi | ..... | the health of the people |
| Te Puna o Te Ora | ..... | the sacred pools of health |
| Turangawaewae | ..... | the place where a person lives/ affiliates to |
| Te Wahanga Māori | ..... | The MOH Maori strategic planning unit |
| te wa Māori | ..... | in the time of the Māori) |
| Te Wheke | ..... | the octopus |
| tika | ..... | correct |
| tikanga | ..... | custom or rule |
| tinorangatiratanga | ..... | empowerment |
| tīpuna | ..... | ancestor |
| tirohanga | ..... | quality |
| tohi | ..... | purification ceremony |
| tohunga | ..... | priest or learned person |

| | |
|--------------------------|---|
| Treaty of Waitangi | Treaty signed between Māori and English in 1840 |
| Tui Ora | the Taranaki MDO |
| tuku iho..... | cultural heritage |
| tupato | cautious |
| wahine | woman |
| wanaanga..... | learning |
| wai | water |
| waiata | song |
| waikino | stagnant water pools |
| waimāori..... | running streams |
| waiora..... | rainwater |
| waipuna..... | hillside springs |
| wairarapa..... | glistening waters |
| wairua..... | spirituality |
| waitai | salt water |
| whaea..... | mother |
| whaiora..... | possessing health |
| whakapapa | genealogy |
| whakahirahira | important |
| whakaaro..... | think, opinion, feeling |
| whakapapa | cultural identity |
| whakarongo..... | listen |
| Whānau..... | family |
| whānaungatanga | strengthening relationships. |
| whānau Ora..... | healthy families |
| whatumanawa | feelings |
| whenua..... | land / placenta |

Prologue – Hei Mihi ‘Tuhinga’

In any single lifetime there are a number of experiences that shape and make a person, to understand an individual it is necessary to know something of these experiences. This thesis has developed as a result of my experiences combined with the shared experiences of others – experiences that have contributed to my understanding of what is meant by optimal Māori health and wellness and how this can be expressed conceptually as a notion of **‘Kaupapa Hauora Māori.’**

I have known that for Māori, hauora has an inner meaning that sets it apart from the western notion of health. This inner meaning has enduring and nurturing elements that influence how people perceive and feel about the world in which they live. The elements provide hauora with an essence that shapes Māori wellbeing and, following discussion with kaumātua, may be most effectively articulated in their terms as kaupapa hauora Māori, i.e., the values, ideals, and spiritual understanding that keep Māori well. The task I have set myself is to explore and define all the threads which make up the essence of wellness – to find the ‘papa’ or base from which the kaupapa has evolved. The uncovering of the papa is the focus for the research undertaken for this thesis.

To develop kaupapa hauora Māori as a research methodology requires an understanding of hauora and matauranga as defined by tipuna mai ra ano and through korero with present-day kaumātua. The accumulation of this knowledge may, for research purposes, be usefully called ngā whakaaro whakahirahira o ngā kaumātua (the linking thoughts of our kaumātua).

Over the past half century, I have listened to our old people as they have discussed hauora. They have indicated that all they have learned from the knowledge of their tipuna, through stories heard at the feet of kaumatua, and their own life experiences, all have helped shape their understanding and perception of hauora and thus of the world.

Information shared by the old people indicates a clear understanding that the values which form the papa of kaupapa hauora Māori and provides a holistic concept that has remained relatively constant over time, despite the history and the life experiences that have influenced each person's perception of hauora. A process has been developed that has allowed me to explore the Māori condition of wellness and kaupapa hauora Māori as the combination of values that helps us stay well.

One of the difficulties I have experienced has been in accurately describing hauora in a form useful for health service development or for quality assessment. This job is made even harder given the existence of a number of interpretive models for hauora: Whare Tapa Wha, Te Wheke, and Nga Pou Mana.

Kaupapa Hauora Māori contains both the kaupapa (values) and the tikanga (ethics or normative behaviour), and it is the interconnectedness of these that are to be found in hauora or wellness. Just as the reality of Māori health has been influenced by colonisation so the kaupapa, of hauora Māori has been similarly put at risk.

The questions I have to confront as I address the identification of the concept of kaupapa hauora Māori are:

- What have been the life experiences of our people in relation to kaupapa hauora Māori?
- What is the most appropriate way in which to engage with kaumātua in order to have them express their views about hauora and its underpinning values?
- What does the literature and my research findings tell me about these issues?
- How can I craft these findings into a cohesive whole?

The crafting of the chapters of this thesis has been difficult, I have tried to illustrate the enduring and holistic nature of kaupapa hauora Māori, and the definitions of wellness that flow from it. Do these have a place in a Māori

worldview? The research has been complicated by the fact that there are currently different models of Māori health that draw distinctions between the kaupapa and the actual state of wellness. These are too easily confused or simplified, so I have tried to clarify the nature and meaning of kaupapa hauora Māori based on the experiences and knowledge of kaumātua. From this analysis I have developed a research framework that has relevance for Māori, rather than adapt a western model that may be misleading, or not fit well with a Māori world view. In other words, I have tried to heed the wisdom of the pepeha:

Titiro ki te papa, titiro ki te kakano (look to the base, look to the seed)

To operate in this way I have drawn on my experience of the world from the perspective of being Māori, and participating in the discussions and decision-making of hapū and iwi in matters concerned with hauora, and my experience of health and wellness from both a Māori and a western perspective

I have, through consultation and interviews with kaumātua, developed a framework that incorporates a set of basic assumptions and values, sets out and defines a field of study, and contributes to the growing body of knowledge becoming available about kaupapa Māori research.

This kaupapa **hauora** Māori research and the emergent analytical framework meets the criteria of Linda Tuhiwai Smith (1999) who sees kaupapa Māori research as a social project that centres on areas of strategic importance for Māori development. Stanfield (1994) suggests that:

Until we engage in radical efforts to criticize and review the paradigms underlying qualitative research strategies and, more importantly create and legitimate new ones, the more secondary traditions of critiquing, racialised ethnic theories, methods and styles of data interpretation, and patterns of knowledge dissemination will remain grossly incomplete.

What this thesis proposes is one way in which kaupapa hauora Māori research may be progressed.

Kaupapa Māori research – the suggested methodology for this thesis – has provided me with a way in which to visualise kaupapa hauora Māori more clearly as a reality that provides a focal point for producing the cohesion and stability required, not only for crafting this thesis, but for shaping the associated research the results of which will influence the future development of quality hauora services for Māori.

This methodology allows consideration to be given to the identification both of those elements of nurturing and caring that are contained within kaupapa Hauora Māori over time and of the influences of history upon it.

The consideration is further strengthened by the views of kaumātua, which provide an interface for the strengthening of the proposed research.

This methodology expands the meaning of the data beyond that obtained from applying a western process, which includes the conducting of a literature search and the asking of directed questions of key informants. This approach paves a new pathway for kaupapa hauora Māori research.

Chapter One

Hauora Māori: A Changing Concept?

Me huri te kanohi ki nga Maunga ki nga Awa (Whatahoro Jury)

Turn your eyes to the mountains and the flowing rivers

I have based this thesis on the idea that a concept exists that characterises hauora – optimal health and wellbeing for tangata whenua – in Māori terms. I also recognise there are several models of hauora currently in vogue that differ in content, meaning and application. Such variation may be attributed to the processes of colonisation and also to those processes associated with the selective re-interpretation and redefinition of hauora, often to further other agendas. It is important, therefore, that understanding of the concept that I call kaupapa hauora Māori be checked and validated against the understandings of the past. The only achievable way of checking and validating the concept is to investigate the ‘important linking thoughts’ (ngā whakaaro whakahirahira) of our kaumātua through the direct collection of primary data from them. In this research I attempt to complete this task.

I initially thought the concept to be explored might be called simply hauora or ‘kaupapa hauora’, an analogue of the developing theory ‘Kaupapa Māori’. On advice from kaumātua, however, it was decided that to reinforce the orientation towards hauora, and to provide accuracy, the concept should be entitled ‘kaupapa hauora Māori’. This definition provides a working concept that will be refined during this research.

I am therefore using the phrase ‘kaupapa hauora Māori’ to indicate a concept that can be characterised as having:

- its roots in Māori intellectual tradition,
- an identified set of core values, practices and processes,

- meaning for Māori health service development and implementation in terms of positive hauora outcomes, and
- the possibility of yielding an operational framework for research and service development based on these characteristics.

Such a framework will help the process of focussing hauora services to meet the express hauora needs of hapū and whānau and provide parameters for the development of culturally safe, quality hauora systems.

Introduction to this Thesis

The nature of the enquiry employed in this thesis has been developed from the understanding that a concept of health exists that has a long tradition and understanding within matauranga Māori, tikanga, and the lives of the Māori people. Since 1840, the understanding and effective application of this concept – as both a theory and practice – has been damaged by the historical and contextual environment. Attempts over recent decades to model the concept of hauora have resulted in a number of different interpretations, depending on the place, the purpose, and the persons applying them. My observation of a diversity of understanding of hauora led me to believe it was necessary to investigate the concept in terms of how it was perceived, both by Māori, and by those involved with health service funding and delivery.

I experienced an example of this uncertainty in 1999 when, as part of a team of health professionals, I analysed a number of Māori Health Service Provider contracts. Each contract referred to the health service to be provided as “kaupapa Māori.” Explanation of this term, if provided, was limited, and did not detail how such a service was to be delivered, or how it would be assessed. Reference was frequently made to the ‘Whare Tapa Whā’ model (Durie, 1998c) as providing the basis for a kaupapa Māori service. No comprehensive explanation was provided of what was understood by a kaupapa Māori service, or how such a service was to be deemed successful. The measurement of the effectiveness of such services was usually stated by the funder in terms of outputs as opposed to outcomes;

within the contracting and service environments there was a range of understandings of what a Kaupapa Māori service was and what it entailed.

At management level, the providers tended to accept funder-defined criteria for service delivery; whereas those Maori delivering services to Māori people interpreted kaupapa Māori in a way that had meaning for their clients, their whānau, and for their own professional practice. This situation resulted in the development of interpretations of kaupapa Māori based on hapū and whānau perceptions of hauora and health need, and these interventions were more likely to produce outcome-related health care, i.e., the status of both individual and collective hauora was perceived as having been improved.

One reason for this situation was that funders and health service managers tended to impose output criteria, whereas providers, who focused more upon the achievement of health gain, were concerned with the participation of whānau and hapū in developing outcome criteria. It was also evident that within the health contracting environment diversity existed in the understanding of hauora and kaupapa Māori service provision, particularly as they related to funder and provider expectation.

Those Funders and some health service managers invariably employed a system of service delivery originating from a Western system of health service management. Theirs was an expectation of a system that was measurable, usually in numerical terms, and had a limited negotiable base. Providers, however, while recognising the power base of the funder, were able to negotiate with hapū and whānau, and to interpret the service provision in terms of qualitative outcomes based on the stated tikanga and kaupapa of the people and the perception they had of the service.

This was one of the dilemmas faced by Māori health providers in their search to improve the health status of their people. This situation experienced by Māori had to be addressed in a culturally acceptable way that supported the desire for Māori to reclaim, rename and redefine the knowledge of tipuna had generated within a Māori worldview.

This thesis describes a journey, the focus for which began almost 6 decades ago when I studied in a hospital School of Nursing. The doctrine of the time was according to my observations that health services were shaped by people who, because of the positions they held within existing health care systems, should be able to provide universal answers that would place Māori health status criteria at a level comparable to that of their Pākehā counterparts. The systems provided were not negotiable, and it was a given that health professionals knew best.

Māori, if consulted on health issues, had little impact on what services would be provided and how they would be delivered. The systems were largely imposed, and Māori had to accept 'with gratitude' what was offered. Western theories of health and healthcare shaped both the knowledge and methods of service provision that were taught to all health professionals.

Retrospectively it would seem that cultural perceptions were not welcome inclusions into nursing, or any other health-related curricula. There were entrepreneurial attempts at change, but change usually involves a financial funding formula that could not be sanctioned by the Crown. Cultural practices became part of a covert system of care, not sanctioned by the colonisers, often derided by the self-acclaimed experts, and actively suppressed (Ramsden, 2002) and observed in my professional practice as a nurse and health service manager. Over time, this cultural interpretation of health care provision continued. Where Māori initiatives were successfully introduced, their success rapidly transitioned into Pākehā driven initiatives. Māori generated and led initiatives were not viewed as influencing health service delivery. However, it was these very Māori generated and led initiatives that have continued to influence and to focus on tikanga, cultural values, and beliefs as being central to enabling hauora Māori – optimal health and wellbeing.

The Approach Taken in this Thesis

This thesis seeks the rigour of enquiry that is defined within a Kaupapa Māori framework. Māori and indigenous writers have already developed a substantial discourse on research methodology (L. Smith, 1999; G. Smith,

1998; Jackson, 1996; Henry & Pene 2001), yet there remains no definitive textbook. This thesis seeks to build on the discourse and refines an approach that belongs to Māori and cannot be labelled as a hybrid. It is a methodology based on an emerging theoretical framework grounded on *ngā whakaaro whakahirahira*, developed from the discourse of kaumātua incorporating the methods that are embedded in the tikanga (ethics) and kaupapa (values) of a Māori worldview (aronga). According to Royal (2002), the terms used in discussing 'world view' provide a framework for its study – a framework that arises from definitions developed by the late Rev Māori Marsden (Royal, 2003).

This research is developed from a desire to provide a consistent method of enquiry for the identification of *kaupapa hauora Māori* as a system that acknowledges and applies tikanga, is based on kaupapa, and contributes to aronga. It relies on the participation of kaumātua and on the data, stories, insights and interpretations they have provided about the origins and understanding of hauora over their lifetimes.

Thesis Genesis

The initial intention of this research was to identify the kaupapa (values) that are central to hauora. To achieve this, data were sourced from kaumātua, from other Māori scholars, and from the associated literature relating to three identified models for Māori health viz. Te Wheke (Pere, 1991) Whare Tapa Wha (Durie, 1994) Nga Pou Mana (Royal, 1988). Kaumātua from the iwi of Kahungunu and Taranaki provided the key informant data. Managers and staff from health providers within the same rohe provided further data that helped refine ideas that sought to validate the conceptual boundaries of Kaupapa Hauora Māori.

The presence and the understanding of the values of hauora, identified by each group of participants, were then explored, and the similarities and differences of understanding for each identified value were then established. In order to provide background information and answers to the initial research questions, a range of literature was reviewed, with an emphasis on Māori and other indigenous writers. The literature search focus was on:

- the origins of Māori worldview, and hauora Māori,
- hauora Māori from an historical perspective,
- Māori development and the emergence of 'models' for Māori health,
- the evolution of kaupapa Māori research,
- the alignment of Western methods with that contained within a kaupapa hauora Māori approach to research, and a
- hauora Māori analytical research framework.

The research was conceptualised in 2001–2002, ethical approval was obtained in 2002, and consultation occurred during this year. The research was carried out between 2002 and 2004, beginning in May 2002 with interviews with the key informants (authors of the three identified models). Kaumātua Key Informants were interviewed between July and December 2003; and managers and health service workers between May and September 2004.

The research took a major turn when an initial analysis of the kaumātua data was attempted. The data could be categorised but in attempting this process the richness of the data was in danger of being ignored. I became aware that the context of the kaumātua views was not able to be interpreted within the parameters the research process had defined. It became apparent that an appropriate analytical framework and its analogue, a research framework, would have to be developed. These would allow a more comprehensive analysis to occur that would be able to describe and define the values of hauora and provide a direction for future development of kaupapa hauora Māori.

Thesis Organisation

This thesis is organised as follows:

Prologue *He Mihi Tuhinga*. Provides a background to the research and describes how the idea to investigate the values underpinning hauora

became a reality. The experiences that have led me to undertake this investigation are explained.

Chapter 1 *Hauora Māori. A Changing Concept* Describes my relationship with the research project and provides an outline of the focus of each chapter.

Chapter 2 *The Origins of Maori Worldview* Provides some definitional clarity – it defines a Māori worldview and its relationship to the concept of kaupapa hauora Māori. The views of a number of indigenous writers on worldview are described, and the relationship between Kaupapa Hauora Māori and Māori worldview explained.

Chapter 3 *Kaupapa Hauora Māori in Historical Perspective* Provides a historical overview of hauora and describes the systems and initiatives in place before the period of dispossession and suppression that Māori experienced starting in the early 19th century. The literature demonstrates the status of the values base over time, and the influence of Western systems of healthcare on the status of hauora. It explains the significance of Māori development in the contemporary world, and the process of reclaiming, redefining and renaming that has helped shape hauora – explaining the significance of the decade of Māori development to current systems of hauora. Reference is made to the contemporary models for hauora and relates them to the process of Māori development.

Chapter 4 *The Development of a Research Framework for Kaupapa Hauora Māori* Describes the methodology for this research, and provides an explanation for the need for a specific analytical framework. The chapter further demonstrates how Western research paradigms align with the proposed research framework. The concept of Ngā Whakaaro Tirohanga (the seeing thought) is introduced as a means of ensuring consistency of service delivery; providing an indigenous approach to quality issues and the associated accreditation methods used in service planning, implementation and delivery. Finally, the research assumptions and research questions are presented.

Chapter 5 *The Development of Kaupapa Hauora Māori* Presents an outline of the method and direction employed in establishing the core analytical framework, as well as an explanation of a worldview that enables the establishment of the concept kaupapa hauora Māori. This worldview informs the research framework proposed in this thesis and describes the research methods employed.

Chapter 6 *The Emergence of Models for Māori Health Service Development and Provision. Description and Analysis* Explores the Māori literature and expands upon three of the models for hauora service development. The chosen models are Whare Tapa Whā (Durie, 1998c), Te Wheke (Pere, 1991), and Te Pou Mana (Royal Commission on Social Policy, 1988) Each model is characterised in terms of its origins, value base, and its application to health service development.

Chapter 7 *Research Findings* Provides an analysis of the research data, separating the data generated by kaumātua interviews, from that relating to health service managers and workers. These data are then compared and contrasted.

Chapter 8 *Combining the Research Findings* Combines the research results, examines the values base of each data set, and describes how the framework is applied to the data.

Chapter 9 *Discussion of the Research* Describes the overall findings from research, and provides the implications of the research findings in relation to Kaupapa Hauora Māori and the provision of answers to the research questions posed in Chapter 4. Conclusions are presented and suggestions for progressing further research to develop values based quality standards and criteria for Maori health service provision are suggested.

In conclusion, in this thesis I have endeavoured to preserve the essence and the realities that are associated with Kaupapa Hauora Māori Research and the development of quality services of hauora for Maori

Chapter Two

The Origins of a Māori Worldview

Te kunenga mai o te tangata (Ngāti Moe)

The origins of man

Introduction

This chapter examines the origins of a Māori worldview and traces the whakapapa of kaupapa hauora Māori from its cosmological beginnings in te ao Māori (the world of Māori) through to a practical, values-based concept for describing optimal health and wellness for Māori in the contemporary world.

Throughout this thesis, I have used the phrase ‘kaupapa hauora Māori’ when referring to the functional concept that gives expression to the essential kaumatua view of hauora. Found within the cosmogony of te ao Māori, kaupapa hauora Māori is the ordinary experience for those with an awareness of tikanga and Māori history who sense this values system intuitively.

For Māori, the achievement of hauora, and its application as a basis for Māori health service development, is implicit in a Māori worldview that gives effect to self-determination. A number of models representing hauora exist and each offers somewhat different interpretations. This thesis identifies an analytical framework that describes the whakapapa of kaupapa hauora Māori, consistent with a Māori worldview, and with application to health service development and service provision including those services that are provided by Māori, for Māori.

Te Ao Māori

The late Reverend Māori Marsden (1992), described Te Ao Māori as a series of contrasting processes, originating within Māori cosmogony and, found within the mauri (life force) of individuals and collectives.

Mikaere (2002) writes of knowledge having its roots within cosmogony, and notes that:

Māori cosmogony not only provides the key to the understanding of how our tīpuna viewed the world and their place in it, it also informs us of ourselves and therefore continues to shape our practices and belief. Māori cosmogony provides a framework from which the beginning of knowledge and knowing is discerned.

Any discussion of a worldview must commence from this base.

Māori Worldview and Māori Intellectual Tradition

Central to Māori intellectual tradition is the belief that knowledge has been developed from the past, exists in the present, and contributes to the future. Māori worldview contains the tikanga and kaupapa central to it (Royal, 2002).

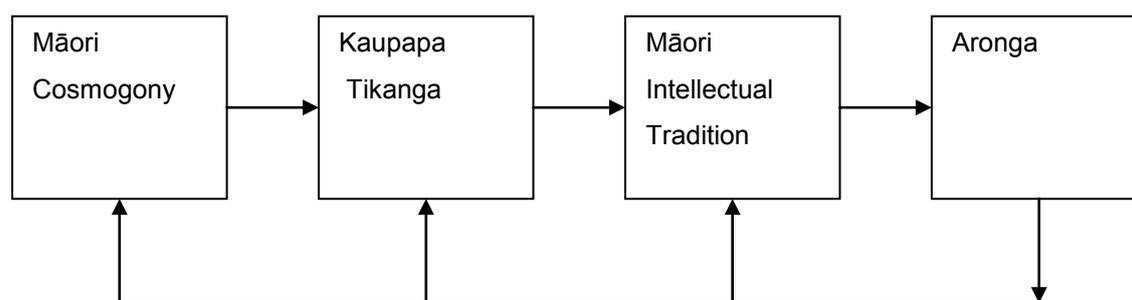
Marsden (Royal, 2003), defines worldview as being based on our perceptions of reality, of what is actual, probable, possible, or impossible. These perceptions form the worldview of a culture, and become the central foundations of a reality to which members of the culture assent, and from which stems their value system.

Royal (2002) states that any discussion relating to indigenous worldview must first address three things: aronga, tikanga and kaupapa. He further points out that no discussion of worldview can be complete without an understanding of these terms. Given the complexities of Māori communities, and the differing views of aspects of Māori knowledge, it follows that there will be a range of understandings about history, timing, the involvement of people, and the associated behaviours developed from these experiences. This can give rise to iwi tikanga and iwi worldview, that influence thinking and development of a micro-worldview, and which enrich and contribute to a macro-Māori worldview. This view helps provide an explanation of how we, as Māori, perceive our world. It also provides an explanation of who we are, and the inter-connectedness of human and other forms of life and their shared environments. It develops the idea of holism, which is central to Māori thinking, Māori knowledge, and Māori philosophies.

Iwi differences can be explained within whakapapa, that influences the interpretation of tikanga and kaupapa. These interpretations tie in with views held by other indigenous cultures and the development of their knowledge (de Loria, 1995). Knowledge of what was, what is, and what is to be, is inclusive and cyclical. The value base on which social, emotional, and physical development occurs is contained within this worldview; as are the parameters for establishing what is right, both ethically and morally (Royal, 2002).

Figure 2.1 below demonstrates the critical path describing the process of developing a Māori worldview.

Figure 2-1: The Development of a Māori Worldview



Worldview contains the determinants that provide a framework for understanding and interpreting concepts such as hauora. These determinants contribute to the knowledge about te ao Māori, its past, present, and future. The knowledge, contained within Māori cosmogony, provides a process by which traditional knowledge is related and refined into a notion of hauora that gives rise to kaupapa hauora Māori. (Durie, 2001) reinforces this view when he suggests that health is a product of interacting environments and health outcomes, and reflects complicated combinations of past and present, individual and group, home and nation.

Values Base of Kaupapa Hauora Māori

The values identified as contributing to kaupapa hauora Māori also contribute to a worldview, and provide the framework that endows hauora with a reality that has applications at both experiential and research levels. As part of this reality, the essence of kaupapa hauora Māori is retained within the knowledge and practices found in te ao Māori. It is through this reality that the concept is able to make an ongoing contribution to a Māori worldview; premised on a set of cultural values from which kaupapa hauora Māori is derived and adapted, to the tikanga of the time, the place and the people.

Candidate Values

Within the literature there are a number of references to values that have some relevance for Hauora. Marsden (1975) draws attention to the fact that in the Māori language there is no equivalent word for values, rather the idea is incorporated into the inclusive, holistic term 'taonga'. This is defined as a treasure, something precious, an object of good or value. The object may be tangible or intangible, material or spiritual. Taonga denotes the end or good that is desired for the values they represent to have meaning when applied to specific situations e.g; as a base for the development of hauora.

Given that it is difficult to explain a values base for hauora in Maori terms, I have searched the literature and identified a series of values that have implications for hauora: whakapapa, wairua, whānau, whanaungatanga, whenua, turangawaewae, tikanga, te reo Maori, tinana, hinengaro ora, tapu, noa, mana ake, mauri, he koro na he kuia ma, taonga tuku iho, tea o turua, manaakitanga, pono, kotahitanga, mana, and tinorangatiratanga. A brief explanation is provided for some of these values. Those sourced from the literature about the models are described more fully in Chapter 6, a description of the identified set of core values deduced from this list is provided in Chapter 7.

The candidate values derived from the literature and described here are:

Mana, this refers to a spiritual authority, delegated from the Gods and described by (Marsden, 1975; Metge, 1995). It refers to a source of control and authority that had consequences for health. The dimensions of mana have been described by Durie (1998c), who identifies four dimensions that he applies to health situations in the 19th century, making specific reference to the health consequences of each dimension.

Mana atua, derived from the authority of the Gods. Diseases were thought to be brought about by divine intervention. This explanation was applied to the incident of epidemics and the emergence of new diseases eg; tuberculosis.

Mana tangata, human source of control and authority. When referring to hauora this may relate to injury or illness brought about by human activity, death from warfare, lifestyle changes affecting nutrition, sanitation, exercise.

Mana whenua, a source of authority and control, iwi and hapu focused on land retention and land selling. The loss of this value is associated with the alienation of the land and the erosion of the economic base for development.

Mana Māori, a source of authority, Māori Settler Government, Māori Parliament, from a hauora perspective, was characterised by the exclusion of Māori from decision making processes and from participation in achieving politically. This influenced the status of hauora both individually and collectively.

Ihi, a sense of vital force; personal magnetism (Marsden, 1975). Important when providing care and developing trust when interventions are required.

Tapu, has both a legal and a spiritual connotation. Suggests a contractual relationship between an individual and a deity: the individual dedicates himself or an object to the service of the deity in return for protection; 'the sacred state or condition in which a person, place or thing is set aside by dedication to the gods and thereby removed from profane use (Marsden, 1975).

Rangihau (1975) has described four aspects of tapu all of which have relevance to hauora. He suggests that tapu provides whanau and hapu with a means of control of its members, as a means of providing justice and managing tapu when it is overlooked or disregarded, a means of conserving resources and as a means of protection.

Metge (1995) explains tapu as a state of being, derived from close contact with the spiritual realm

Durie (1998c) refers to tapu and noa in terms of regulation and control, and writes of the “underlying philosophical basis of public health as being linked to a division of people, places or events as either tapu or noa.” Glavish (2003) defines tapu in terms of physical, mental / emotional wellbeing; having dignity and sacredness. Restrictions and prohibitions protect tapu from violation. Implications for caring and nurturing)

Noa, is described by Glavish (2003) as having both a negative and a positive connotation In terms of hauora. In a negative sense it is the state of diminished tapu, of weakness and powerlessness resulting from violation; in a positive sense it is a state of freedom of mind and spirit that comes through being acknowledged, enhanced, restored and healed. The understanding of noa is dependent on its useage.

Noa, provides control and balance for tapu. Wherever tapu is applied it must be counterbalanced by an alternative action which is known as noa.

Wehi, represents an awe or fear in the presence of a person, or of the mana or the tapu of the Gods.

Tikanga, Marsden (1975) defines tikanga as doing what is right; it is associated with the kaupapa or base rules. Tikanga Māori relates to Maori custom and denotes those customs and traditions that have been handed down through many generations and are acceptable and reliable. They are regarded as an appropriate way of achieving and fulfilling certain objectives and goals. Metge (1995) provides a similar description of tikanga .Glavish (2003) writes of issues of integrity and intent.

Metge (1975, 1995) defines tikanga as a rule of custom embodying certain values.

Aroha, has been defined as a value by Metge (1995), as having a connection with the divine, putting others before self and refusing to impose limits.

Pere (1991) defines aroha as “unconditional love that is derived from the presence and the breath of the Creator”.

Elliot (1986) describes tikanga as compliance.

Whanaungatanga, relates to kinship and relationships in the broadest sense. These provide the personal support individuals and whānau require in crisis and in intervention.

Tahu Wairua and Taha Tinana, Metge (1995) defines these values as integral and is a complimentary pair that enriches the spiritual and physical dimensions and introduces a balance. Durie (1998c) cites these values as being part of the Whare Tapa Wha model for Maori health, and they embody both the physical and the spiritual aspects of hauora.

Wairua, provides a spiritual element and is linked to hauora or wellbeing. One can feel wairua. An individual is born with wairua; it is nurtured by your tipuna, your koro and kuia. It is the influence of life and the teachings that nurture it.

Whenua, is part of an interconnected whole; refers to the land and is part of one's view of the world. Knowing your whenua gives you a sense of belonging. Whenua also refers to the placenta or afterbirth where its function during uterine development is to sustain life.

Ora, according to Metge (1995) energises life and signifies life as opposed to death and health as opposed to ill health, safe as opposed to danger or being unsafe.

Pono, defined by Metge (1995) as embodying truth and loyalty. This value has relevance when caring and nurturing.

Whakapapa, Metge (1975) states that one of the functions of whakapapa is to 'funnel the relations between past, present, and future and tie them together.' The old people refer to whakapapa as telling the story and the relationship of humankind to the environment, the elements and the flora and fauna.

Things Maori entwine themselves with the spiritual and the physical and they are all part of whakapapa. Everyone has whakapapa." KKI 31 Whakapapa relates a person, to the who, what and where of one's being. It is able to tell you who you are and from where you came. It identifies your tipuna, hapu and whānau. Whakapapa is one of the interconnected values that contribute to hauora.

The authors of the contemporary models for Māori health have identified a set of values within each model and these are identified in the following table.

Table 2-1: The Kaupapa (values) identified in the literature

| Whare Tapa Wha | Te Wheke | Nga Pou Mana |
|----------------|---|-----------------------------|
| | | |
| Wairua | Wairuatanga | |
| Whanau | Whanaungatanga | Whanaungatanga |
| | | Turangawaewae |
| Tinana | Tinana | |
| Hinengaro | Hinengaro | |
| | Mana ake Mauri He koro ma he kuia ma Whatumanawa | Taonga tuku iho Te ao turua |

Elliot (1988) described a set of values that in his view contribute to a Māori perspective:

- Wairua, spirituality
- Tinana, physical aspects of health
- Tangata, the self
- Hinengaro, well being
- Whenua, the environment
- Tikanga, compliance
- Whānau, family.

The literature has revealed sets of values, all of which have connotations for hauora. It is from these that the original core set of values is drawn.

Kaupapa Hauora Maori in the Contemporary World

The purpose of this research is to establish kaupapa hauora Māori as a legitimate system for describing hauora as values based concept, and as a contributor to the status of hauora within a Māori worldview. Kaupapa hauora Māori has developed using processes that acknowledge its presence in te ao Māori, reclaiming the knowledge base of tipuna, and redefining the concept, in order to develop and retain an understanding of it in the contemporary world. It is a contributor to individual wellbeing; and a factor in the effective exercise of tino rangatiratanga.

In the contemporary world of health service provision, kaupapa hauora Māori is both legitimate and relevant if services are to be developed, maintained and held accountable in the eyes of individuals, whānau, hapū, iwi and health service providers. A number of values, identified as integral to hauora and therefore part of kaupapa hauora Māori, have been identified within the literature. Smith (1999) and Henry & Pene (2001) have identified a set of determinants that provide a framework for this concept. I have adapted these to give them relevance to hauora as having:-

- its roots within Māori intellectual tradition,
- an identified set of core values, practices and processes,
- an operational framework which is based on the above, and has meaning for Māori health service development, implementation and evaluation, thereby resulting in positive health outcomes,
- a process for focusing hauora services to meet the expressed health needs of hapū and whānau,
- parameters for the development of culturally safe quality hauora systems, and
- the ability to allow for the participation of whānau, hapū, iwi, and service providers in reclaiming, redefining, and renaming the processes associated with kaupapa hauora Māori, this enables the concept to have relevance for Māori in the contemporary world, while retaining its location within te ao Māori.

Conclusion

Kaupapa hauora Māori is the theoretical framework within which 'hauora' sits. The description of this framework has been provided by tīpuna; the ethics and values bases are to be found within Māori cosmogony, and are expressed in a manner consistent with a Māori worldview – providing a specific understanding about wellness and the development of hauora.

The next chapter will examine kaupapa hauora Māori from an historical perspective, and demonstrate how specific events in history have influenced perceptions of the concept. As part of that history, the development of models for Māori health service will be discussed.

Chapter Three

Kaupapa Hauora Māori in Historical Perspective

E kimi ana I nga kawai I toro ki tawhiti

To seek the shoots that stretches far out

Introduction

Kaupapa hauora Māori is the key framework for understanding hauora. In this chapter I position this key framework within the history of Aotearoa/New Zealand over the past nearly 200 years.

Kaupapa Hauora Māori from a Historical Perspective

Kaupapa hauora Māori has been exposed over time to the many changes that have occurred in the external environment, leaving it vulnerable to impacts in its composition, including the reorganisation and disintegration of existing social systems. The extent of these changes can be traced in history. Our history provides us with the ability to describe, define and reaffirm who we are as Māori. It also enables us to reinforce our values base, on which all social development occurs.

This chapter presents an historical overview of the period from te wa Māori (the time of Māori before colonisation) until the present day; it identifies the waxing and waning of the strengths and values of hauora, the altering of focus from that of a public health, health promotion, health maintenance model found in te wa Maori to that of being disease or illness focused when western models of health care were introduced as part of the colonising strategy supported by the Crown from 1840 until the mid 1900's. It examines the strategies suggested by the Māori health reformers in the early 1900's and the reintroduction of public health and health promotion initiatives that occurred up until the late 1970's and finally the era of Māori health development is addressed.

The chapter provides an overview of the social and political events that influenced the shape of kaupapa hauora Māori, and examines the proposition that kaupapa hauora Māori has been subject to interpretation, suppression, modification, and renaissance for over 200 years.

The recognition of KHM as a legitimate concept is an important factor when considering hauora and its role in addressing Māori health outcomes and improved systems of service planning and implementation in the current health environment.

This chapter begins with a description of the health services that existed in te wa Māori, when any notion of hauora, and indeed any aspect of Māori being, was firmly anchored and kept safe by the effective political exercise of rangatiratanga. The development of the health system and the presence of kaupapa hauora Māori are then traced from 1800 to the present day, using a timeline. For each era, the environmental and political issues influencing hauora will be addressed. Finally, a summary of historical events that contributed to or detracted from kaupapa hauora Māori is presented.

Period 1: The Recognition of Kaupapa Hauora Māori in Te Wa Māori: A Definitive Kaupapa Hauora Māori Environment.

The challenges presented to Māori on their arrival in Aotearoa/New Zealand were framed within a Māori intellectual tradition and belief system, the only frames of reference available to Māori at that time. The lifestyles Māori adopted, and the structures they developed, were based on the collective values and beliefs of each whānau and hapū, and were founded within their respective tikanga.

A similar process of adaptation can be identified in the development of other indigenous people. Deloria (1973), for example, suggests that, as with other indigenous peoples and regardless of the challenges that tangata whenua (people of the land), faced they maintained and further developed existing systems of hauora. The distinction between hauora and health, made by Cunningham and Durie (1999), emphasises the holistic nature of hauora and is central to the values-based concept of kaupapa hauora Māori. The

Reverend Māori Marsden emphasises in many of his writings Royal (2003) that holism is paramount to Māori existence, and the interaction of physical and spiritual values gave Māori their perspective of life, society and institutions. It is this holistic view of hauora that this thesis emphasises.

Reid (1999) notes that early historians, particularly Banks, referred to the holistic nature of Māori approaches to societal systems as being based upon a sound philosophy system. Systems were able to accommodate both esoteric and complex philosophical constructs, such as tāpu (sacred, forbidden) and noa (free from restrictions), and the more mundane practices of managing hauora related processes. These included the processes concerned with birthing, the management of health, the environment, injury, and caring for the unwell, in fact it described an holistic approach to hauora throughout the life spectrum.

Rigorous controls, governed by rules and rituals, were in place. These had their origins in Māori cosmogony and were expressed in evolutionary stories that had been passed down to present generations in the teachings and experiences of tipuna. These were expressed in Māori terms. In te wa Māori, a holistic system of healthcare can be identified that:

- was values-based and incorporated the teachings of tīpuna, (Durie,1998c),
- was managed by tribal leaders and healers (Durie, 1998c), and
- incorporated all the values that shaped a Māori worldview..

Durie (1998c) discusses a range of traditional healing activities that were practised at this time, referring to the spiritual, psychic, physical, and ecological levels of healing that existed. The approaches to healing were eclectic, drawing on an understanding of human behaviour within the context of a developing and adapting culture in which survival was paramount. Five categories of healing activity were practised, often with more than one set of activities being used at any one time. These categories are discussed in Durie (1998c) and are defined in the following table:

Table 3-1: Category of Traditional Healing Activity(Durie, 1998)

| Category | Level/Purpose | Example |
|--|--------------------------------------|--|
| Ritenga and karakia (incantations and rituals) Karakia raroa to relieve choking | Spiritual | Divine intervention to restore equilibrium |
| Rongoa (medicinal flora) | Symptomatic/ Physical relief | Infusion of kowhai bark to relieve sprains and encourage healing of fractures |
| Mirimiri (massage) | Symptomatic | Muscular and joint development. Massage of infants to shape limbs |
| Wai (water) | Spiritual and symptomatic | Removal of physical and spiritual contamination |
| Toni ritual (immersion of newborn child in water) | Surgical intervention Symptomatic | Alleviation of painful swelling Incision of ear drum in acute middle-ear infection |

The aim of intervention was to treat both the overt and the covert symptoms of illness and to establish a balance between tapu and noa. Healing interventions originated from Māori knowledge and incorporated practices that had evolved from experience; values and beliefs held were regarded as part of the holistic nature of hauora. Surrounding these values and beliefs were practices associated with achieving the goal of hauora. These values could be identified within an individual's whakapapa, their whānau and hapū, and shaped the way in which hauora was developed and practised within maturing Māori communities.

Individuals, especially those who were recognised as having special skills for healing and caring, delivered hauora within whānau and hapū structures. A range of healers could be identified, including:

- tohunga (priests or learned persons), who possessed special knowledge and provided a system of traditional holistic interventions,
- traditional mid-wives, who assisted with all aspects of birthing from conception to the safe delivery of infants, working frequently in conjunction with tohunga and whānau members, and

- healers, who were skilled in the use of rongoa and mirimiri. Healers gained their knowledge through experience, through the teachings of their tīpuna, and at wanaanga.

This was part of the intellectual tradition with which our people were endowed, and which I assert characterised kaupapa hauora Māori in te wa Māori.

There is evidence to suggest that a sophisticated system of public health was in place (Durie, 1998c) that included aspects of:

- environmental health,
- sanitation,
- hygiene,
- nutrition, including the collection, preparation and preservation of kai (food),
- the use of rongoa to help the restoration and maintenance of health, and
- health maintenance and the use of mirimiri.

There was a body of knowledge that supported these practices; for example, knowledge about the state of water, and when it should or should not, be consumed. These practices all contributed to what was considered a very sophisticated public health system.

This system of hauora remained in place in Aotearoa until the beginning of the 1830s when migrants began to arrive, usually with their own systems of health, beliefs, knowledge and behaviour.

Factors Influencing Hauora – Achieving Optimal Health & Wellbeing for Māori.

According to Jackson (2004), (personal communication) the environment in which Māori found themselves after their arrival in Aotearoa was totally different from that from whence they had come. There was an initial period

during which they had to undertake exploration, experimentation, and evaluation of this new environment. The results of the experiences of this time influenced the existing knowledge of hauora and its contributing factors, becoming part of a system that helped develop and maintain hauora in this new environment.

Historical Events in Te Wa Māori

From the time of their arrival in Aotearoa, Māori had put in place adaptive mechanisms that assured their means of survival in a new and largely unknown environment. They had to adapt to differences in weather and season, trial their gardening and foraging skills, and become attuned to new fauna, foliage and foods. Social systems were developed that helped hapu to do this effectively, as were systems of barter and exchange. Systems of public health were developed that provided the best solutions for sanitation, the control of disease and illnesses; food storage and food gathering were also developed. Health status as reported by Banks (in Reid, 1999) was reasonable.

A number of European explorers, whalers and sealers arrived before 1830. The numbers were not great, but in coastal areas the influence of these manuhiri with their particular cultures was experienced by Māori. The influence of these early visitors upon hauora was witnessed in a number of ways, including the introduction of communicable diseases – particularly those that were sexually transmitted. The literature referring to this period describes physically active and healthy tangata whenua (Reid, 1999).

Kaupapa hauora Māori remained anchored and intact during te wa Māori, containing within it the kaupapa and tikanga of the people, and contributing to a social texture that supported a holistic approach to wellbeing.

Period 2: A Period of Imposition, Suppression and Dispossession, 1800–1900: A Threatened Kaupapa Hauora Māori Environment

As has been recorded in relation to other indigenous cultures (Celoria, 1995), Māori welcomed contact with the explorers and early settlers. The technology provided and the trade and agricultural benefits gained were

appreciated, and much was learned. However, the increasing number of immigrants disturbed the balance of power, and incidents of dispossession, destruction, disruption and imposition by the new settlers became increasingly common.

At the start of this period, hauora continued to be based on sound principles that virtually negated the need for the colonial medical personnel available (Reid 1999). The knowledge that Māori had brought with them to Aotearoa, the skills and experiences that helped them survive in their new country enabled Māori to develop their own societal structures and processes geared towards survival. The effect of the European migration and colonisation on the ability of Māori to adapt to this new environment, and on their societal structures, was severe and devastating.

Ward Churchill (1996) described the process of colonisation as one which depends upon the ability to

Dehumanise indigenous peoples, to believe that the indigenous peoples have a lesser right to the resources and territory in their control than the newcomers’.

Jackson (1996) makes a similar point when he states:

Colonisation is a process whereby power and resource are obtained from the indigenous inhabitants and redistributed to the newcomers.

The introduction of new illnesses and epidemics, and a change in lifestyle imposed through the process of colonisation eroded systems of accepted social structures and leadership. These contributed to illnesses and epidemics, and to the development of dysfunctional Māori communities.

From the 1830s onwards the effects of colonisation become increasingly evident, and the process has persisted in various forms to the contemporary world of Māori. Forced changes including altered nutrition, more sedentary lifestyles, and the introduction of infectious diseases, were part of this new culture.

However, although harsh, and at times providing only a subsistence living, the traditional lifestyle and environment was able to be maintained, if only in isolated areas. The rigorous forms of environmental control contained within the public health systems that Māori developed, implemented and continually monitored, were abandoned. Hauora was replaced by Western methods of health service delivery, which tended to focus on episodic care rather than on continuing care and on cure as opposed to a system of health maintenance.

Kunitz, (1994, cited in Reid, 2003:53) states that:

The population collapse following colonisation was especially severe in Hawaii and New Zealand because these were the places where the settlers dispossessed the indigenous people of their lands. The taking of land not only makes people poor it also makes them susceptible to diseases that flourish under conditions of poverty, overcrowding and malnutrition. It destroys or disrupts social networks that provide practical and emotional support in times of need.

The pre-existing system of kaupapa hauora Māori continued, but its efficacy was influenced by the introduction of imposed frameworks for health care that were episodic and reactive, as opposed to being distributive, holistic and proactive. The suppression of hauora-related strategies and the imposition of Western methods resulted in a reduction in the overt continuation of kaupapa hauora Māori.

Within this environment, changes occurred that did not support kaupapa hauora Māori. These changes affected lifestyle, and contributed to the erosion of the existing, sound, public health system. Māori were encouraged to leave their hilltop pa and relocate to coastal areas. Here they were required to live in substandard, poorly constructed dwellings, and to alter their diet to include more refined food, which was also more expensive. The sedentary lifestyle, poorer nutrition, exposure to communicable diseases, alcohol, and tobacco, all took their toll upon the health status of Māori (Durie, 1998c).

Factors Influencing Kaupapa Hauora Māori.

Alternative systems of health care were put in place, based upon a western framework for health service provision. These systems did not actively acknowledge cultural values (in spite of being culturally laden themselves) or existing networks, and used only missionaries and colonial doctors for service provision.

In 1835 the “Declaration of Independence,” agreed to by Chiefs from the northern areas of Aotearoa, endeavoured to assert that Māori identity must be preserved. They wanted to avoid the reality that, if Māori were to continue to exist, they would have to move from the world defined by values and tikanga to one created by the colonisers (Kingi, 2005). Some Māori accepted this reality, but others maintained a strong belief in the systems already had in place, and sought to retain these systems and integrate them as a means of surviving in an evolving world.

The Treaty of Waitangi (1840) was intended to provide a partnership between Māori and the colonisers (Crown). Unfortunately, the perception of partnership held by the two Treaty partners differed greatly. For a long time the effect of the Treaty upon hauora was negligible. More than 100 years were to pass before the Treaty was to be actively recognised as a means of supporting and advancing hauora to improve health status. In the Treaty’s first century of existence, no true partnership was recognised. The Treaty became a vehicle to further advance the process of dispossession rather than to protect what already existed (Jackson, 2004) (personal communication).

In the early part of the 19th century, missionaries establishing themselves in Aotearoa/New Zealand provided care to sick Māori using basic Western treatment for illnesses. Later, medical personnel and colonial doctors joined the missionaries. While the care given did not recognise a cultural component, it did, however, provide an opportunity for the conversion of Māori to Christianity. This care was also limited to areas where missionaries had established themselves.

Development of a Hospital-Based System of Health Care.

In 1847, the colonists began establishing a system of hospitals (Lange, 1999). Varying in size and purpose and originally planned to provide care for the indigent, by 1909, 56 hospitals had been built. In 1842, a hospital specifically for Māori, and consisting of tents and huts, was set up in Auckland; another at Putiki (Wanganui). The provision of supplies for such hospitals was often tenuous, depending on the whim of the Crown. It has been suggested that hospitals for Māori were constructed not for humanitarian reasons, but as a means to assimilate iwi, to deprive our people of their individual identities (Kehoe, 2003). This hospital system, based upon Western models of care, became part of the social institutions in the developing society of Aotearoa/New Zealand.

The Health Workforce

Native Medical Officers

In 1867, the Crown introduced a system of subsidised Native Medical Officers. The aim was to provide care to Māori at their place of domicile. Access to these services and the standard of care offered were inconsistent, and the Native Medical Officers were not always allocated to where the demonstrated health need was greatest. Oversight of Māori receiving care was spasmodic, and overall the service was disjointed and of variable standard (Lange, 1999).

Native School Health Care Initiative

A number of health-related initiatives were introduced during this period, including a system based in schools established to educate young Māori in primarily rural areas, and known as Native Schools. School teachers assigned to these schools were given responsibility for oversight of the health of Māori pupils, and were able to treat them following the establishment of set processes.

James Pope, the senior inspector of Native Schools, wrote a set of guidelines for providing health care to Māori students. First published in 1884 as “A Manual: For Use in Māori Schools” (Dow 1999), the guidelines included basic

directions for treating minor illnesses. There was also a section relating to the cultural significance of death within hapū and whānau, and guidelines to be followed in such an eventuality. The manual supported Western processes and cultural guidelines, but did not recognise the full significance of indigenous cultural requirements.

The Status of Health Services for Māori

Ngata (Walker, 2001) summed up the health services for Māori in the 19th century as being left largely in the hands of the native schoolteachers and subsidised medical men. He believed there was no recognition by the Crown that the health of Māori was causing any special problems.

Marsden (Royal, 2003) quotes Walker, who stated that in *'1867 the education of public schools was introduced ostensibly to provide the indigenous people access to metropolitan culture. Its hidden agenda was assimilation'* Schools became the instrument to subvert indigenous culture and replace it with the new culture of metropolitan society.

The fabric of Māori society was becoming dislocated. The political systems were unstable and the inconsistencies that existed, both politically and in the colonising processes, were emphasised. Māori became concerned at their loss of land and their loss of identity.

Reaction to Health Status

The Young Māori Party emerged in 1897. This group of young, educated, Māori provided a social commentary on Māori and their welfare. They saw education as a means of reversing the trends of poor health and lifestyle and began a programme of health education, emphasising the need for health reforms within communities based upon the old practices evident in te wa Māori. The Young Māori Party was responsible for altering the focus for Māori health and reinforcing the underlying principles found in the past, which supported the values base found within kaupapa hauora Māori.

In 1897 an attempt was made to establish a Māori health workforce. Dow (1999) notes that it was suggested that young wāhine Māori complete an extra year at Māori Boarding Schools and spend this year working in a

contributing hospital under supervision. They would receive a certificate of attainment, and would then return to care for their own people in their own communities. The scheme lasted for 7 years. The Crown then decided that, with the advent of the registration of nurses, all New Zealanders including tangata whenua wanting to become nurses should use the hospital-based system for preparing nurses.

The recognition and practice of kaupapa hauora Māori was now primarily the domain of whānau and hapū. There were limited vestiges of kaupapa hauora Māori interventions in the native schools.

Te Whaiti (1899) commented on the times by saying

*Fate had removed our parent's generation and there was no one left to teach the old ways. Generations of knowledge and skills had been replaced by the processes associated with colonisation'*Te Whaiti 1899 in (Orbell 2002 p89)

Kaupapa hauora Māori was changing its structure and direction. Colonisation was one of the reasons for this: kaupapa hauora Māori and its associated rangatiratanga were being compromised. Te reo Māori was being suppressed, whenua dispossessed, whānau were becoming separated and dysfunctional, whakapapa and wairua were being restricted in understanding and application. The strength of the recognised tikanga was reduced by the imposition of Western health practices and the application of Western models of care that focused upon disease rather than on positive health maintenance or hauora.

The direction of kaupapa hauora Māori was no longer clearly stated and its very existence was in doubt. Holism and the interconnected nature of the underlying values were not recognised by those responsible for planning for health services for Māori, reducing the ability of Māori to truly provide hauora. The currents unleashed by colonisation were undermining Māori society, and kaupapa hauora Māori was yet another victim.

Period 3: The Beginning of the Resurgence of Kaupapa Hauora Māori 1900–1959: The Kaupapa Hauora Māori Environment Rescued?

During the 19th century KHM had experienced suppression along with much of the fabric of Māori culture and society, and by the dawn of the 20th century only vestiges remained of the values-based system that existed before colonisation. These vestiges included the practice of traditional healing, tohungaism, rongoa Māori, karakia and mirimiri. However, as time progressed they too suffered and were practised covertly between 1907 - 1967.

The Changing Māori Health Infrastructure

With the passing of the Māori Councils Act in 1900, Māori leadership began to re-assert its influence on the Crown. Māori Councils were established nationally among iwi, with the notable exception of Tuhoe. These Councils developed an infrastructure and networks that were beneficial to Māori who were requesting assistance from the Crown in matters relating to hauora and social development.

The Department of Public Health was established in the same year. Politicians and personnel working within this new Department saw the need to seek Māori advice on health matters pertaining to the health of Māori. In 1900, Dr Maui Pōmare was appointed to the position of Native Medical Officer; the first Māori to be appointed to a medical position. This appointment was followed by that of Dr Peter Buck in 1905. Both men were responsible for the health of their own people within Taranaki. They also provided the Department of Public Health with advice on and insight into Māori health status and the health requirements of Māori. The primary goal was to develop initiatives to allow Māori to regain former levels of hauora with a focus upon health promotion and Public health Initiatives. Both men had the ability to communicate with iwi, and to translate the requirements of Māori into expressed health needs. These were communicated to an obstructive Department of Public Health, where bureaucrats would try to impose Western methods, and ultimately reject proposals on fiscal grounds.

Pōmare looked to the structures that were either already in existence, or were being developed, and the recently appointed Māori Councils provided a vehicle that enabled him to advance his vision for Māori and their health. He proposed ways of working within the Māori Council infrastructure, advocating that Māori health committees be established. One of the tasks undertaken by the Māori Councils was the collection of morbidity and mortality data. Specific staff appointments were made to help Māori Councils gather these data and provide surveillance of environmental and sanitation processes in Māori communities.

Both Pōmare and Buck collaborated with hapū and iwi in the area of environmental health. Salaried Native Sanitation Inspectors, the majority of whom were affiliated to the hapū of each area, were appointed between 1903-1909 when the positions were disestablished. This was an attempt not only to address the public health needs of Māori communities, but also to establish a Māori workforce. A formalised system of pa inspection was put in place in some areas, and various committees, relating to hauora and the maintenance of health standards, were established within this system. Pōmare and Buck made recommendations to the Department of Public Health, and hence to the Crown. The Crown had the responsibility to action these recommendations, but were selective as to what was implemented, (Lange, 1999).

The system of Native Sanitation Officers was disestablished in 1912 and was replaced by a District Nurse system for Māori. It was felt that these, primarily Pākehā nurses could provide more comprehensive advice to Māori in their communities. Māori nurses were discouraged from applying for these positions because of a view held by the Crown that suggested they became too involved with whānau and lost sight of what tasks they were appointed for (Lange, 1999).

The Tohunga Suppression Act 1907

One recommendation made by Pomare, to which the Department agreed, arose as a result of his observation in the field and related to the use of tohunga and the application of their skills in caring for the sick. Pōmare

concluded that the care delivered by tohunga contributed to morbidity and mortality (they had lost contact with kaupapa hauora Māori), and advised Government to legislate for the Tohunga Suppression Act of 1907 (Durie, 1998c).

A series of debates followed this proposal. The question arose as to how one identified a tohunga? In a parliamentary debate, Ngata defined tohunga as *An expert, a man set apart because he was tāpu*, (Walker, 2001) Ngata discussed tohungaism with his parliamentary colleagues, noting the differences between the true tohungaism of te wa Māori and the new-tohungaism practised in the 20th century. There were a number of healers practicing in 1907 who did not have the mana of a true tohunga, and who could well be regarded as charlatans.

The proposed Act was not meant to deal with 'true tohungaism,' but was directed at what Ngata described as *bastard tohungaism*. However, while the Act prevented charlatans pursuing their healing practices, it also suppressed the work of the true tohunga. The definition of tohunga tended to be generalised to include the roles and responsibilities of other 'healers,' such as the traditional midwives and those who practised rongoa and mirimiri. Eventually, this suppression led to a whole body of knowledge and skills being eroded, lost or sent underground. Evidence of this can be found in the stories shared by whānau and hāpū, and in the observations of Public health Nurses in the 1950's and 1960's.

Factors Influencing Kaupapa Hauora Māori: The Influence of Maui Pōmare and Peter Buck

Pōmare and Buck introduced a Māori method of planning for health services and health improvement at local levels. They empowered Māori to achieve hauora using the knowledge and skills that had proved successful in the past and that were still relevant in the colonised world in which Māori now found themselves.

Both Pōmare and Buck worked with their people, using the Māori Councils and other societal structures, to provide direction and to empower the people

to improve their level of wellness particularly in environmental and public health settings. The work they undertook was recognised by Māori, but this recognition did not always extend to the Crown.

Crown responses to Māori health needs were seldom decisive and were frequently not advanced because of fiscal concerns. Both men became disillusioned, and Pōmare left the Department in 1909 to follow a career in politics. Buck followed in 1911, returning in 1919 having also gained experience in the political environment. He was appointed Director of the Division of Māori Health in the expanding Department of Health.

The influence of Pōmare has continued to be recognised by Māori, and his legacy to Māori health can be seen in the five strategies he suggested in 1905. Durie (2003) restated these in recognition that they remain relevant for Māori health today:

- Māori tribal leadership for health and advancement – a distinction between clinical and health leadership,
- social adversity as a barrier to good health,
- culture as a determinant of good health,
- clinical skills as a basis for intervention – these should be combined with a cultural base that relates to a Māori reality, and
- political power as a key to advancement of health.

These strategies continue to have relevance for Māori particularly in the area of health promotion, public health and health development and are significant for the process of health planning and service delivery in the contemporary world.

Māori Health Initiatives

In the first half of the 20th century Māori continued to lobby to have their health needs addressed in a culturally sensitive manner. Te Puea Herangi (Lange, 1999) was one of the people who supported and advanced the notion of 'by Māori, for Māori' health service development, ensuring that,

wherever possible, Māori had input into health planning. This was particularly so in the Waikato region where Te Puea attended most of the open meetings of the Waikato Hospital Board and lobbied strongly for a Māori voice in health service planning and delivery. Te Puea also advocated a parallel system of hospital care and the establishment of marae-based hospitals. These proposals never gained the support of the Crown. Nevertheless, Te Puea continued to work tirelessly for her people and endeavoured at all times to ensure that health systems were accessible to Maori, and that health policies addressed Māori health needs (King, 2000).

Durie (1998c) notes that at this time there was growing concern among wāhine Māori about the declining standards of whānau health. With the involvement and assistance of Nurse Cameron, a Rotorua district nurse who as a Pākeha nurse was accepted by whānau, hapū and iwi, and was involved in providing their health care, the Women's Health League was established in 1931. This organisation focused on whānau health and facilitated changes in health practices to involve Māori participation in planning and service provision. These strategies resulted in improvements to whānau health in the Rotorua, central North Island, and northern districts.

In 1951, the Māori Women's Welfare League (MWWL) was established. This organisation was also concerned at the standard of whānau health nationwide. They emphasised the need for Māori to address their own health needs, rather than rely on the interventions of others, thus developing strong, positively motivated whānau. The MWWL, with branches throughout Aotearoa/New Zealand, remains an autonomous body, refusing to align itself with the Department of Health, but providing advice to the Department as required and working on selected national health programmes in a service provider capacity. This organisation has had many successes since its inception, including:

- raising the awareness of whānau-oriented, community-based care,
- encompassing district nursing and public health nursing initiatives, and
- emphasising cultural values and beliefs as part of care.

The most important and far-reaching initiative of the MWWL was to produce the first research on the health of wāhine Māori. This was a 'by Māori, for Māori' research project that culminated in the publishing of the report 'Rapuora', and provided a comprehensive overview of wāhine health in Aotearoa.

Both the Women's Health League and the MWWL continue to improve Māori health today. They remain separate organisations, working with a whānau focus, observing tikanga, and preserving the rangatiraratanga of whānau. The success of the various vaccination programmes for Māori is attributable to the considerable support from the MWWL (Durie, 1998c). The Rotorua based organisation Tipu Ora, which had its origins in the Women's Health League, provides a whānau ora (healthy families) focussed programme that incorporates health care and health promotion at whānau levels. The success of Tipu Ora owes much to the support of whānau and the dedicated work of its founding members and its ability to motivate the whānau it has responsibility for. This is evidenced in reports from observers from Māori health organisations interested in replicating aspects of the services provided.

Identifying Kaupapa Hauora Māori

From 1900 until 1959 the environment for hauora and health care has been explored. Kaupapa hauora Māori services existed within the initiatives of Pōmare and Buck; and in the area of environmental and public health. The findings and proposed solutions of Pōmare and Buck were communicated at GovernmentaDepartment level. Although the proposed strategies originated in an adapted kaupapa hauora Māori framework, they were most frequently implemented in a Western framework and the origin of the system was lost. This was a strategy often used by colonisers who take successes and alter them to fit their colonising startegies. In so doing the essence of KHM is lost. A kaupapa hauora Māori focus can also be identified within the work of Te Puea, Nurse Campbell, with Women's Health League and the MWWL. The orientation towards the provision of hauora-based services has continued, and these services focus on whānau and whānau solutions to hauora

and these can be identified today eg; the response to national Cervical Screening programmes and national immunisation programmes.. There is a high level of whānau participation in the planning and provision of services that are focused on whānau need, and these formed the planning basis for service development.

During this period, kaupapa hauora Māori continued to be influenced by the processes of colonisation. The assertiveness of Māori in considering their future resulted in whānau-based health initiatives being developed. These services focused on retaining and redefining the factors that emphasised the holistic nature of hauora and gave it a consistency of meaning in a changing world. In health service provision the central understanding of hauora as an optimal factor has at times become distorted by the experiences of colonisation.

Period 4: Revitalising Kaupapa Hauora Māori 1960–Present Day: The Contemporary New Zealand Public Health System

After 1960, Māori became increasingly assertive about their health status and their right to access culturally responsive health care. There was increasing pressure for expressed and demonstrated health needs to be translated into health initiatives that were culturally safe and were capable of improving Māori health status. This focus was communicated to the Crown in the hope that more positive action would follow.

During this period, Māori expressed the view that the Western approach to healthcare provided a narrow focus, as opposed to the holistic, interconnected approach held by Māori. The World Health Organisation (1947) had signalled its support for this view, and suggested the need for a change of focus when it defined health as

A state of complete physical, mental and social wellbeing not merely an absence of disease or infirmity .WHO (1947).

If health development and improvement were to be successful, it was necessary that a view of health service development be sought that had meaning for Māori. As a result, a number of models for health were

developed, including Whare Tapa Whā (Durie, 1998c), Te Wheke (1988) and Te Pou Mana (1988). Each model was values based, and provided a direction for Māori health development emphasising the holistic nature of hauora. These models, and the influence they exerted upon kaupapa hauora Māori, will be discussed more fully in Chapter 7

Māori research was providing relevant and timely information about wāhine and whānau. The MWWL established its own research unit, with Dr Elizabeth Murchie at its head. (Reference has already been made to the report 'Rapuora') An ethnic database was created, providing morbidity and mortality data relating to Māori (Pool, 1991). These data reinforced the existence of disparities in health status between Māori and non-Māori. Māori demanded that they be informed about what was happening to the health of their people and how expressed and demonstrated health needs would be addressed.

Government's Response to the Growing Assertiveness of Māori: The Decade of Māori Development (1980–1990)

In response to this growing Māori assertiveness and the demand to be kept informed, Government held a series of hui. These were conducted in a culturally appropriate way that allowed Māori to express their requirements, and marked the beginning of what is now known as the 'Decade of Māori Development.' The first of these hui, the Hui Taumata held in 1984, became the catalyst for change, developing in response to the policy approach of the new Labour government and the assertiveness from Māori that was being experienced across the public sector.

The Hui Taumata

The 1984 Hui Taumata was based on the objectives of integrated cultural, social and economic development; positive as opposed to negative spending; greater Māori autonomy; and Māori self-determination (Durie, 1998c).

It was believed that addressing these objectives would help reduce the inequities that existed between Māori and non-Māori in areas such as health, education and social welfare. The hui was convened jointly by the Ministers

for Māori Affairs and Finance. It was as much a political initiative to advance privatisation of Māori enterprise as it was an initiative to curb a widening social and economic disparity between Māori and non-Māori (Durie. M. H, 2002).

Hui Whakaoranga

In the same year, the Department of Health facilitated the Hui Whakaoranga. This hui sought Māori advice in developing strategies for the promotion of a positive view of Māori health. This was an advanced version of obtaining Māori advice, which the Crown had first requested in the early 20th century. Emphasis was placed on the importance of the growing number of Māori health initiatives, the need to continue to provide support for these, and the need to maintain the momentum for developing new initiatives. The recommendations from this hui included a need for greater Māori involvement in the consultation processes relating to health service provision. It was proposed that a Māori workforce be developed and supported, and that consideration be given to reviewing how health resources were allocated. The hui also advocated a different approach to addressing health needs and health maintenance; advocating an holistic view of health and offering a comprehensive base from which to address inequity and health service provision. Durie (Durie, 1998) suggested that cultural and socio-economic status were just as important as lifestyle choice in determining health, a view that reinforces the holistic approach to health service provision for Māori; and the need to consider the kaupapa hauora Māori approach.

Māori health was recognised as a priority by Government; and this was reflected in Government policies, guidelines and strategies. Reference was made to these priorities in both Government publications, and in the Government's willingness to fund Māori health initiatives. At the time, I observed that the contracting processes for health service provision also reflected this direction (personal observation).

The Department of Health recognised its obligations under the Treaty of Waitangi, but failed to establish a clear pathway for these to become part of its overall strategies for Māori health. At community levels (in line with the

actions of Pōmare following the Māori Councils Act, 1900), marae and urban-based Māori health committees were established that disseminated information about Māori health direction to whānau, hapū and iwi, who in turn provided feedback about the proposals to Government.

In 1990, Te Wahanga Māori, a Māori health project team, was established within the Department of Health to plan and implement Māori health services on a national basis. Te Wahanga Māori was disestablished in 1997, partly due to the failure of the Ministry of Health to recognise and establish a clear foundation from which Māori health planning and policy could be developed. Te Wahanga Māori addressed Māori health needs, but failed to completely influence the Ministry of Health, due to the lack of Māori involvement in the planning phase of the process. Johnston (1999) describes the process as being Māori friendly, but not Māori centred. Māori were involved in service delivery but had limited, if any, input into policy design. Likewise, the intent of the contracts under which Māori operated were couched in language that indicated imposition, as opposed to partnership, outputs and outcomes were stated and never negotiated between the Crown and the provider.. Following a review of Māori health within the Ministry, the strategic planning group Te Kete Hauora (TKH) was established; and a Māori caucus, which included all Māori staff within the Ministry, was formed to gauge Māori responsiveness.

Te Kete Hauora was integral to the Ministry of Health as it had the capacity to develop new policy, analyse key Ministry proposals, and ensure that its advice was acted on appropriately in a manner that addressed Māori concerns at a macro-level, and with which Māori were comfortable.

Māori health service planning and delivery were influenced by a series of changes to the focus of health service provision and the effects of the associated enabling legislation.

Table 3-2: Factors Influencing Kaupapa Hauora Māori from 1980

| Infrastructural Change | Focus of Health Service Provision | Enabling Legislation | Effect upon Māori Health |
|---|--|---------------------------------|--|
| 1980–89 Change from Hospital Boards to Area Health Boards Directly elected Boards | Aligned hospitals and district health boundaries Integration of hospital and Public Health national goals and targets | Area Health Board Act, 1983 | Service provision and health status alignment crossed iwi boundaries, leaving some iwi in two areas. Commencement of establishing independent Māori health service provision |
| 1990–99 | Services purchased from private and public sector Corporate action of Public hospitals Emergence of alternative providers | | |
| 1993–94 Regional Health Authorities replaced Area Health Boards appointed Membership of Māori Directors to AHBs and hospitals | | Health and Disability Act, 1993 | Adaptation of Māori health goals 23 Māori providers contracted to deliver community based 'by Māori, for Māori' services Document Te Ora Mo Te Iwi |
| 1995 General practitioners contract relationship with RHA's | Support for Māori Health initiatives within RHA's | | Number of Māori health providers increasing |
| 1997 Implementation of coalition agreement on health. Health Funding Authority replaced 4 RHAs electoral and appointed Directors | More collaborative approaches Hospitals less commercially focussed | | Over 200 Māori providers Māori public health initiatives Possibility of Māori integrated care organisations. MAPO, Mico, MDO's |
| 1999 DHBs appointed and elected Māori board members | Population based funding over time; responsible for all funding of health services Revival of national health goals and targets | | At least 2 Māori on each DHB Development of relationships Agreements with Iwi |
| | | | He Korowai Oranga, 2000 the Government strategy for Māori |
| 2001 | NZ health strategy, 2001 | | Māori health a priority area |

| Infrastructural Change | Focus of Health Service Provision | Enabling Legislation | Effect upon Māori Health |
|------------------------|---|--|--|
| 2002 | Primary Health Care strategy 2002 Emergence of PHO's | | Implementation plan for Māori Health Whakatataka, 2002 |
| 2003 | | The NZ Public Health & Disability Act, 2003 Requirement to consult with Māori | Provided strategic direction and implementation plans for the strategy |

By the 1990s, the Government was becoming increasingly aware of the need to address Māori and non-Māori health separately. Māori raised concerns about the Health and Disability Act, 1993, and Government responded by publishing two documents, confusingly with the same title, “Whaia Te Ora Mo Te Iwi”.

The first document was designed to allay Māori concerns about the health care system. The second document reinforced guidelines to the Regional Health Authority and the Public Health Commission. These guidelines provided three directions for Māori:

- greater participation by Māori at all levels of the health sector,
- resource allocation that considered need, and
- culturally appropriate practices.

Integral to the purchase and provision of health services for Māori. These guidelines, when implemented, provided a basis from which kaupapa hauora Māori services could be reclaimed and further developed.

According to Durie (2003), these directions were not formulated as policy, but provided guidelines to purchasers of Māori health services. They were open to interpretation by both the funder and provider. Māori persisted in finding innovative ways to meet the expressed and demonstrable health needs of their communities, within a constrained funding environment. For example,

health education and health promotion strategies were integrated into the care and surveillance of whānau, which had the effect of providing a comprehensive service. Care became whānau focused as opposed to focusing on individuals. Packages of care became whānau directed, and a holistic approach to service provision prevailed, providing culturally safe services and supporting existing whānau and hapū frameworks.

Regardless of the intention of the guidelines, Māori not only had to contend with changes to the overarching system of health care, but also with changes to the infrastructure for health service provision for Māori (Gauld, 2001). These are outlined in Table 3.3

Table 3-3: An analysis of health service infrastructure in terms of Kaupapa Hauora Māori

| Infrastructure Development and Locality | Purpose | Kaupapa Hauora Māori |
|---|--|--|
| Māori Purchasing Organisation (MAPO) 1997 Developed in Northern regions | <p>A purchasing arm for Māori health service provision developed from iwi base as tangata whenua of an area negotiated funding with local iwi</p> <p>Government accepted responsibility and accountability for health contracts</p> <p>Brokering role for both large urban providers and iwi providers in northern regions</p> | <p>Providers were able to negotiate with MAPO on how contracts would be operationalised</p> <p>Kaupapa Hauora Māori services were emerging. That is a values-based, culturally responsive service.</p> |
| Māori Integrated Care Organisations (MICO) | Preserve existing funding for Māori health through joint venture with health authority Te Ara Tu Hono, 1993 | |
| Māori Development Organisations (MDO), examples: Tui Ora Ltd (1998), Te Huihuinga Hauora (2000) | <p>Taranaki developed a consortium of Māori providers known as</p> <p>Te Puna o Te Ora established 1988 – forerunner of Tui Ora Ltd 1998.</p> <p>Te Huihuinga Hauora, established in 2000 with Ngāti Kahungunu.</p> | Providers were able to negotiate with MDOs as to how contracts would be interpreted and delivered. |
| | Collective of Māori providers (50% of providers part of the MDO). | |
| | The purpose of MDOs was to: develop a Māori workforce to be effective and efficient in the health environment; obtain further health funding for service development; and preserve and further enhance Māori health initiatives | |

The health care systems accessible to Māori possessed a duality that not only caused confusion but presented Māori with two systems of care. Māori services developed within the public health system were based on a philosophy of Māori-centred care. The infrastructure for these services was adapted from a Western model of health care and Māori initiatives and service provision had to develop from within this system for general health service provision. The relationship between the Crown and Māori existed within a Western framework, and was somewhat controlled and paternalistic. Services for Māori based on a kaupapa Māori philosophy tended to be more innovative: the planning guidelines allowed a degree of autonomy, giving the providers and consumers an ability to achieve improved health outcomes.

Primary Health Organisation Development

The overt change proposed within the NZ Public Health and Disability Act 2003, was to establish Primary Health Organisations (PHOs). These organisations were to be not for profit, and funded through District Health Boards (DHBs) to provide primary health care for specified populations. The requirement for enrolment and for the organisations to be funded on a population basis caused concern for Māori, as many believed their choices for accessing health were being compromised. I observed the expression of this view at Hui (Wairarapa DHB, 2003; Kaumātua Kaunihera o Wairarapa, 2003), where some felt that inability to pay fees, however small, would constrain their right to access care. This view has persisted into 2007 and access to care is always given priority when consulting with whānau.

Initially, General Practitioners (GPs) were the driving force behind PHOs; there was a perception among them that one type of service would fit all, and that Māori-oriented services could be delivered via a medical model, that GPs tended to favour. The governance of PHOs is now community based, with Māori having representation on PHO Trustee Groups. While this reflects equity in some PHOs, this is not a universal feature. Theoretically at least, Māori have input into PHO planning and decision-making at governance level

even though the infrastructure and decision-making remains within a western framework.

A number of PHO structures are being developed, and further research is required to determine what constitutes an effective developmental framework. In some PHOs, efforts are being made to assess the health gain for Māori, and ongoing evaluation is required.

The recent views of some politicians (e.g; the speech of Dr Brash, the Leader of the Opposition, Orewa 2005/2006) and their associated actions have caused a degree of apprehension among health providers, consumers and their whānau, that has contributed to an ongoing debate among our people, whose views and actions have been influenced by the history of the last 165 years.

There are earlier numerous examples of Crown actions and inactions that have adversely affected Māori health, for example:

- Te Puea Heranga and a marae-based hospital,
- the initiatives of Pōmare and Buck that could not be funded,
- the withdrawal or reduction of funding of Maori health services by Hospital Boards (cervical screening programme) in order to reduce overall spending,
- the developing constraints relating to human resources. Funding for Maori services at a lesser rate than funding for mainstream services (e.g., diabetes services; Tamariki Ora services),
- the imposing of funding solutions without timely negotiation with Maori (e.g., the National Needs Analysis exercise),
- informal ratios that, until the 1970s, limited the numbers of Māori nursing students'
- the paying of Māori nursing students at a lesser rate than Pākeha students until the 1950s (Lange, 1999),and

- the disestablishment of Māori positions and their re-establishment of positions suitable for a Pākehā workforce (e.g., sanitation officers disestablished and replaced by district nursing services)

These have collectively contributed to the apprehensions experienced by those Māori in the health workforce.

In recent years, the Crown has had to respond to Te Tiriti o Waitangi claims citing inequity in the delivery of kaupapa hauora Māori services. Government policies have acknowledged this inequity, but have seen Māori health services delivery as part of a deregulated, devolved, and essentially minimalist approach to health service provision.

Nevertheless, Māori have tried to develop kaupapa hauora Māori health services. A number of individual providers have moved towards the provision of culturally sensitive systems that have the capacity to translate demonstrated health needs into kaupapa hauora Māori operational frameworks for service delivery, assessment and evaluation, e.g., Auckland DHB and Ngāti Porou Hauora.

Period 5: Kaupapa Hauora Māori and Health Service Provision in the 21st Century

Evidence provided by the DHBs suggests health service provision for Māori is now more likely to focus on a kaupapa Māori philosophy. This implies that:

- issues about cultural safety and quality have been or are being addressed,
- a consensus has been reached on what is involved in achieving the cultural and quality standards, and
- the means to measure achievement are clearly stated within the processes used to establish the service.

The providers of these services are more likely to have established a set of health outcomes that reflect the holistic nature of hauora, and they can demonstrate that health gains are being achieved through reflection on the

experiences of providers and consumers. However, I note that contracts continue to require reporting in terms of health outputs, rather than outcomes.

Services developed in this way are values based, and provide a catalyst for further health service development. This process is not dissimilar to the strategies proposed by Pōmare in 1905 (Durie, 2003) that:

- recognised culture as a determinant to good health,
- made a distinction between clinical leadership and health leadership, and
- made reference both to the recognition of clinical skills as a basis for intervention and to the acquisition of skills that can relate to Māori realities.

Durie (1994) has provided a set of characteristics of Māori Health services that support and reinforce these, citing the four characteristics of a Māori Health service as having:

- clinical inputs consistent with the best possible outcomes,
- a cultural context that makes sense to clients and their whānau,
- outcome measures that are similarly focused, and
- integration of the services with aspects of positive Māori development.

Kaupapa hauora Māori is firmly anchored in a strengthening rangatiratanga, and is entering a reality where kaupapa hauora Māori can continue its development with confidence and is able to take its place as a separate, yet interrelated, part of a total holistic system, capable of empowering our people towards new levels of hauora, and therefore Māori development.

Conclusions

The concept of kaupapa hauora Māori can be identified throughout the history of health service development and delivery within Aotearoa. From before 1800 to the present day it is possible to locate a values-based concept

of kaupapa hauora Māori as being central to the development of both the system of hauora and the public health system that was part of our social structure.

With the start of the European migration in 1800 this concept was displaced and eroded as Western structures and methods were introduced. Although still present, kaupapa hauora Māori lost its primacy as other systems replaced it. The influence of missionaries and the introduction of native medical officers and native school health initiatives attempted to address some of the weaknesses within the developing health systems, but the methods used were based on western frameworks and did not recognise the need to address the values base central to the successful systems of hauora.

It was not until the 1900s that there was resurgence and a reactivation of the concept of kaupapa hauora Māori, brought about in part by the requirements of the Department of Health to seek Māori advice when planning for Maori health. To this end, the appointments of Pomare in 1900 and Buck in 1905 were made. They worked as native Medical Officers in Taranaki and provided the Government with the Māori advice they were seeking. Despite their best efforts and their ability to motivate their own people, the models of health care remained within a Western system of health care, and were not allocated sufficient funding to implement fully the proposed changes to environmental and personal health. Maori began to express concerns about the health care systems that were not meeting their needs, and the development of the Women's Health League and the Māoriii Women's Welfare League both developed health strategies that focused upon the health of whānau. These two organisations remain in force today, still playing a key role in the development of whānau-based health services, participating in national programmes such as immunisation, and becoming involved in research while trying to tailor services to incorporate a kaupapa hauora Māoriii approach to service delivery

From 1980 onwards Māori demanded that they be heard and that health services meet their stated needs in a manner that had meaning for Māori. The emergence of models for Māori health were developed and presented

and were accepted both by Māori and the Crown as a legitimate way in which to develop services for Māori that allowed them to develop value-based kaupapa hauora Māori services.

The health infrastructure underwent many changes from the late 1960s, and these are outlined in this chapter. These changes have been analysed in terms of kaupapa hauora Māori and whether they considered Māori need.

Kaupapa hauora Māori can in fact be identified health services from te wa Māori through to the present day. It is not a new concept, rather it has always been present – at times only vestiges of the concept could be located, while at other times its presence is strong.

Chapter Four

The Development of a Research Framework for Kaupapa Hauora Māori

Whaia te iti Kahurangi (Mikaere Kawana)

To seek for knowledge

This chapter continues the exploration of a Māori worldview and examines Māori knowledge and research. It describes the development of a kaupapa hauora Māori research framework as an analogue to the theoretical framework already described. It is important to declare this framework to provide context for the research results which follow. I will show that this research framework is consistent with kaupapa Māori research but is also specifically customised to support and focus research activity within a hauora Māori framework. The alignment of Western methodologies with this framework is also discussed, and the chapter concludes by presenting the research assumptions and questions the research will address.

Approaches to Māori Research – Developing a Māori Research Strategy

There has always been a strategic direction for kaupapa hauora Māori research. When able to plan from a tikanga and kaupapa base, Māori have always been excellent strategists. Historically, this is evidenced in the development of public health systems and the practices related to health maintenance that existed before colonisation. These were revived 100 years ago, and are evident in the work of both Pomare and Buck. In the last 25 years, similar initiatives have become prominent in the history of hauora within Aotearoa.

Why a Kaupapa Hauora Māori Research Framework?

Māori knowledge and research have developed over the centuries and have had their own theoretical frameworks for intellectual inquiry. Such a theoretical framework applies to kaupapa hauora Māori research. It reflects

multiple realities, or a relativist perception of the world, as opposed to views of the world built on a single reality. This approach enables a logical and constructive analysis to occur, and a methodological approach to be developed based on the kaupapa and tikanga of a Māori worldview.

This research framework has its origins in kaupapa hauora Māori. While Western frameworks may provide a wider interpretive base, they do not permit the expression of Māori reality. Smith (1999) criticises the application of Western research methodologies to indigenous peoples. These methodologies bring with them differences in cultural orientation and value-bases, for example, the conceptualisation of such things as subjectivity may well be different, and the methodologies may contain competing theories of knowledge, highly specialised forms of language and power structures. When Māori engage in researching Māori so that the outcome have meaning for kaupapa hauora Māori and Māori development, it is imperative that an analogous Māori theoretical research framework is developed.

During the data collection phase of this research it became apparent that the analysis needed to recognise the theoretical construct from which the data emerged. It was critical that the research tradition employed in this project was empathetic to the knowledge tradition espoused by kaumātua. It was not sufficient simply to record the content of their kōrero, the context, experiences, and intellectual pathways through which kaumātua validated their views also needed to be understood.

As an academic, I am able to see that this tradition has some clear parallels with Western research tradition, yet, the Māori research tradition is not dependent upon a Western tradition. I have not sought to justify the Māori research framework in Western terms; however, a comparison demonstrates that there is a strong similarity in the approach when compared with 'grounded theory'. (Charmaz, 1994; Dezin & Lincoln, 2000)

This research is not anthropological, rather it is grounded in insider knowledge, and the necessity for an empathetic research framework is readily justified. The proposed research framework has emerged from korero o nga whakaaro whakahirahira o nga kaumatua. The processes associated

with such an approach are those found in a Māori worldview – our tipuna employed them as they explored and made sense of the environments to which they had to adapt. The knowledge and skills they gained from observing the elements, together with the environments they experienced led them to establish systems for navigation, settlement, agriculture and hunting. Through their experiences, the body of knowledge they possessed was built on and adapted, so that systems to manage hauora, the environment, and the elements emerged.

Research has always played an important role in the development and maintenance of Māori communities. Tipuna teachings refer to the efficacy of plants in healing, and to procedures relating to health maintenance. Remnants of experiential research remain, and are incorporated into hauora strategies. Bishop and Glynn (1992) and Smith G H (1992) advocated that research should shift focus from investigating issues of concern to Māori, to focusing on research that would benefit Māori; that is, research that would encourage change rather than research that described the present. This gave rise to consideration being given to issues such as:

- what Maori communities could expect of research ?(Durie, 1992)
- who would undertake research with Māori? (Boulton, 2005),
- what ethical questions needed to be considered? (Cram, 1995), and

Māori expressed concerns about existing research and the impact it had on their lives. The direction of Māori research is governed by the desire for self-determination and a need for Māori to take charge and to develop a Māori research framework that embraces a self-determining philosophy. Jackson (2006) (personal communication) suggests that:

If we continually allow ourselves to research, e.g., lung cancer, or the various indicators of illness without the space or the resources to set our own rules and guidelines then inevitably our findings, methodologies, and ultimately our tikanga will be reshaped within paradigms that serve colonising interests.

If we, as Māori, are to reaffirm our rangatiratanga, we must develop a set of ethics and protocols that are sourced in our tikanga and our kaupapa, and establish a relevant Māori research framework.

The methodology proposed for this research has a Māori research framework that:

- has its axiomatic base within Māori cosmogony,
- is founded in the tikanga and kaupapa of Māori worldview,
- is expressed in a manner consistent with Māori intellectual tradition,

This research provides a base from which such a framework can emerge.

I was aware that such a framework was possible, but it was the support provided by kaumātua in sharing this knowledge, and their willingness to participate and discuss that helped me establish and bring a framework to life that supports the notion of a distinctive Māori research methodology.

Throughout this thesis, the view is expressed that Māori cannot advance without the knowledge of the past, and it is this knowledge that influences the present, and our extrapolated future. The need to reclaim, rename and redefine knowledge that is Māori, is a necessary requirement if meaningful progress and development is to be made in the contemporary world. Deloria (1995) expresses this succinctly:

Every human society maintains its sense of identity with a set of stories which explain, at least to their satisfaction, how things come to be.

Marsden (1992), Mikaere (2001), and Royal (2002) all express similar views.

The knowledge contained within the kaumātua data can be seen as knowledge that describes an individual's perception of the world, as well as knowledge providing a collective perception of the world. That is, it is capable of describing both an individual and a collective reality. Marsden (1992) and Pihama (2000) suggest that, from the Māori worldview have come

forms and ways of knowing that Māori understand and explain in terms of experiences of the world around them.

The individual and collective perceptions of the world are internalised, so that individuals are able to explore the world and their place within it; or, as Kawagley (1998) suggests, a worldview is developed that allows people to identify themselves as a unique people, making sense of the world around them.

Kaupapa Rangahau

In spite of work carried out in previous years to develop Māori research, there remains a perception among many in the Pākeha academy that a Western research framework is either the only valid research model or at least the only contestable model available.

In this thesis I reject that stance, and contend that universal conclusions and truths can be reached in more than one way. Therefore no attempt has been made in this thesis to justify the kaupapa hauora Māori research framework that I have identified and used. Instead, the process itself is explained to clarify the steps taken to acquire knowledge and to provide the appropriate philosophical context to answer the issues I have raised.

This research is an attempt to regain Māori control by employing a Māori research framework that actively supports the philosophy of hauora Māori, and which includes the tikanga and kaupapa contained within a Māori worldview – thus providing direction for the future facilitation of hauora Māori.

A Kaupapa Hauora Māori Research Framework

Writers have described a number of research frameworks the features of which include:

- defining suitable methodologies,
- establishing research priorities,
- conceptualisation of problems, and
- appropriate methods and quality assessment (Phillips, 1987).

Mikaere (1995) recognises that Māori cosmogony not only provides the key to an understanding of how our tīpuna viewed the world and their place in it, it also informs us about ourselves, and therefore continues to shape our practices and beliefs today. The axiomatic base is supportive of research that has its meaning grounded in the past, which is transferred in a manner that has meaning in the contemporary world, and which encapsulates the holistic nature of Māori knowledge.

The tikanga and kaupapa that contribute to the knowledge of aronga contain the ethical or normative behaviours, and the explicit cultural values, that provide the ontological and epistemological foundations of this Māori research framework. As such, they inform the methodology for this research.

Cram (1995) argues that the ontological foundations within the Māori research framework inform us of the *nature of reality*, of knowing and being. She views ontology as a continuum, with realism at one end of the spectrum and relativism at the other. Realists view the world as objective with a single reality, whereas relativists acknowledge multiple realities or perceptions that are shaped by history, culture and social background. Within a Māori worldview the ontology is expressed through multiple realities. It enables us to address the question 'what is?', and to incorporate the answers in a holistic, dynamic, and meaningful way (Deloria, 1999).

Marsden (1992) explains that a worldview contains the central systemisation of conceptions of reality to which members of a culture assent and from which their value system rises.

People perceive experience individually, from a personal viewpoint, and their perception cannot be divorced from the tikanga within which it is framed. It is also acknowledged that people may perceive knowledge subjectively, while allowing for logical, deductive analysis to apply. Pihama (2001) expresses the view that:

Arising from worldview have come forms of knowing through which Māori understand and experience the world around them.

A worldview allows us to make sense of our surroundings, and to craft our thinking and knowing to fit the contemporary world while retaining the essence of te ao Māori. There is also an implication that the knowledge contained can be protected, and that not all knowledge belonging within this worldview is available to all people. This presents a cultural dimension that is a characteristic of indigenous knowledge.

An epistemological foundation enables a process for knowing and aligns itself with the proposed research approach. Cram (1995) has described an epistemological foundation as a relationship between the knower and the would-be-known. She places this relationship on a continuum, with an objective view at one end, and a subjective view at the other. The objective view contends that everyone's experience of knowledge is the same, so that we will all discover knowledge in the same way. Conversely, the subjective view contends that an individual's experience of knowledge is personal, and differs from that gained through individual experiences of others.

Developing a Kaupapa Hauora Māori Research Framework

This research was initially planned using a generic qualitative methodology that employed a system of obtaining data relating to the identification of the values contributing to hauora from in-depth interviews with kaumātua, health service managers and community health workers. This approach would allow an interpretation of these data to identify the values base of hauora. As data from the kaumātua were collected and analysed it became apparent that such a methodology was restrictive and not able to recognise the context provided by the respondents. Although the data could be analysed, the analysis failed to encompass the complexity and comprehensiveness of the knowledge that kaumātua wished to share.

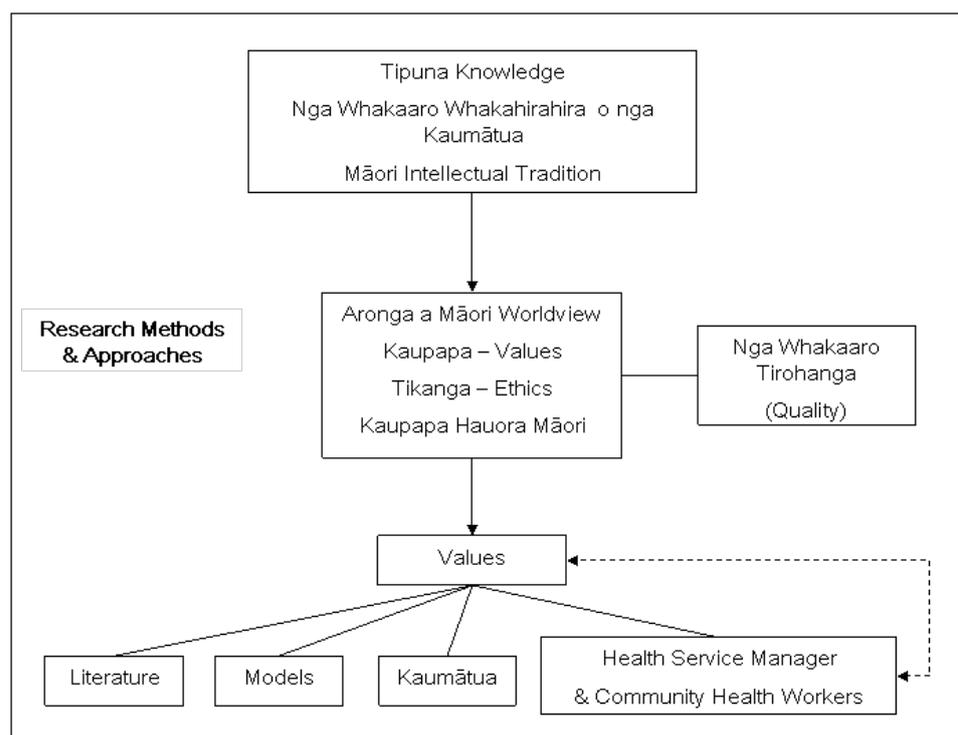
From the kaumātua interviews it emerged that, although there was a values base for hauora, there was an underlying theoretical construct that supported this view. These data were examined within a context that provided both the values and the tikanga associated with a Māori worldview. Further analysis indicated that this worldview or aronga contained the values and the associated tikanga that reinforced the concept of kaupapa hauora Māori, not

simply as a values-based concept, but rather as a concept that was capable of extension into a methodology. This methodology was capable of presenting known knowledge, of extending this, and of providing direction and answers to health service development and quality issues for Māori.

As a result of extensive korero with kaumātua I have characterised what I believe is a valid kaumātua-centric view/worldview of hauora. However, to enable me to interpret my research data I need to translate this kaumātua data into a specific research framework – literally, a kaupapa hauora Maori research framework used here as my primary tool.

This framework grew out of the tipuna knowledge, interpreted and passed on to me through kaumātua, and exists within the kamatua worldview.

Figure 4-1: The Basic Kaupapa Hauora Māori Research Framework



Description of the Kaupapa Hauora Māori Research Framework.

Royal (2002) makes the point that, when discussing a worldview, it is essential that the discussion is centred on the kaupapa and tikanga, as these are the two essential components. In accepting these components as a

basis for understanding the concept kaupapa hauora Māori, there should be a refinement of the terms to ensure a consistency of understanding. The framework described above is derived from nga whakaaro whakahirahira o nga kaumātua, which in turn originates from tipuna knowledge and Māori intellectual tradition.

Nga whakaaro whakahirahira contributes to the kaupapa and tikanga contained within a Māori worldview. It is from this knowledge base that the research framework emerged.

The kaupapa contained within this research framework have been identified and described by the Kaumātua Key Informants, who have identified the tikanga as those normative behaviours that have been incorporated into their perceptions of what is right; and provided examples of behaviours that reinforce their understanding of the identified values. In this instance, the tikanga relates to those behaviours associated with the research process.

To effectively incorporate the kaumātua worldview into the research framework there is a need to incorporate an approach that Jackson (personal communication) (2006) has found to exist within Kahungunutanga. He has named this Nga Whaakaro Tirohanga, which specifically builds on the kaupapa, tikanga, and knowledge sourced within Māori Intellectual tradition – thus contributing to the kaupapa Māori research framework employed in this thesis. The idea of thought and sight being joined in research processes signifies the need to think through that which is being observed in order to analyse the philosophies: the kaupapa and the tikanga that reinforce the interconnectedness that exists in Te Ao Māori, and that act as catalysts that leads to certain outcomes, including the establishment of new knowledge.

The inclusion of the origins of kaupapa and tikanga as important to this approach incorporates the views expressed by Mead (1996) and Kingi (2002). Although not unlike a Western framework, this approach differs from what is proposed in that it originates in the kaupapa and tikanga, recognised by kaumātua and combined with their perceptions and experiences, which involve the effects of dispossession, imposition and suppression of much that belongs to their world.

The statements by both Mead (1996) and Kingi (2002) support the concept of Nga Whakaaro Tirohanga when they present an outline of the ethical considerations and criteria necessary for applying a Māori research framework, and for achieving a Māori reality through research

According to Mead (1996), these are:

- Aroha ki te tangata (each person is unique and deserves respect based upon equity, fairness and mutual respect),
- Kanohi ki te kanohi (initiating and carrying out discussion face to face),
- Titiro, whakarongo, kōrero (look, listen and observe, learn about the perspective people have of their world, and then speak),
- Manaaki ki te tangata (share and host people, and be generous. Share knowledge – the use of koha to recognise the contribution made to the research by the participants and their whānau),
- Kia tupato (be cautious. I am an insider),
- Kaua e takahia te mana o te tangata (do not trample on the mana of the people. Value and respect knowledge passed on to you. Always acknowledge the source of knowledge), and
- Kaua e mahaki (be humble, don't flaunt your knowledge).

Kingi (2003) provides the following criteria:

- The inquiry framework should incorporate Māori concepts of: knowledge, skills, experience and attitudes, processes, practices, customs, reo, values and beliefs (it should align with Māori worldview),
- Only people with the necessary cultural, language, and research expertise should conduct Māori research. They must also possess a commitment to things Māori; have the trust of the Māori community being researched; and have an understanding and

commitment to the obligations, liabilities, and responsibilities that are an integral part of Māori research,

- Māori research must be focussed on areas of importance and concern to Māori. It should arise from their self-identified needs and aspirations,
- Māori research should result in positive outcomes for Māori, for example, improved services, increased knowledge, health gains, and more effective use of resources. Where practical, the participants should be actively involved in all stages of Māori research,
- Māori research should empower those being researched. This empowerment should stem from both the research process and the product,
- Māori should control Māori research,
- People involved in Māori research should be accountable to the research participants, and to the Māori community in general,
- Māori research should be of high quality, assessed by culturally appropriate methods, and measured against relevant Māori standards,
- The methods, measures and procedures must demonstrate an awareness of Māori culture and preferences. They must consider all the stated criteria, and
- The ethical considerations that guide Māori research can be located within the tikanga that are central to Māori worldview, and that are part of a Māori Inquiry Framework model that can be adapted to fit the research application.

These approaches support the notion that people are central to the success of any research involving the application of a Māori research paradigm. It is the people who bring the real world into focus, and who reinforce the nature

of holism, enabling the whole phenomenon under scrutiny to be studied. The difference between Nga Whakaaro Tirohanga and that of Western methods lies in the experience and history; described by Cheryl Smith (2002):

As providing the environment that supports such an approach to research as being created and changed in interaction, it emerges out of practice, out of struggle, out of experience of Māori who engage in struggle, who reject, who fight back and who claim space for the legitimacy of Māori knowledge.

This is the essence that is crafted into kaupapa hauora Māori research, and that permeates the thinking and the processes on which such a framework is based. This framework implies a knowledge that includes an understanding of who we, as Māori, are, of our past and present, of our history and of our stories that will guide us to our future.

Applying the Kaupapa Hauora Māori Research Framework

The research framework will be applied to each set of data generated in this research to ascertain:

- its values content and the understanding assigned to each value,
- its tikanga content and how this is applied to hauora,
- the contribution the data makes to worldview, and
- how the research framework can be further expanded to be used in a health service and quality standards development.

Research Assumptions and Questions

As a starting point, this research assumed that a set of core values exist that guide hauora (optimal health and wellbeing for tangata whenua) and provide a unifying influence. Further these values operate as a set (holistically) and must be fully consistent with both a Māori worldview and Māori intellectual tradition. A second assumption was that the formal literature was unlikely to provide the answer to identifying this unifying set, but it might yield 'candidate' values that would need to be analysed and refined to a reasoned,

agreed 'core' set. A third assumption was that having identified this value-set it would be possible to explain and analyse *why* the various contemporary models popular in the health sector are somewhat inconsistent with each other. Ultimately, this research posits the view that it must be possible to identify a set of unifying values and, with confidence in this set, develop a quality assessment tool for health services (for Māori) based on this value-set.

Of equal importance was the assumption that kaumatua, our most senior and knowledgeable hauora experts, would provide the 'gold standard' (in Western research terms) and be able to peer review and determine the definitive value set.

Related, and also highly important, was the realisation that this research should adopt a Māori centred, Māori focussed or kaupapa Māori orientation. The contemporary Māori research tradition is developing, but no definitive text yet exists. There is active conversation among researchers, and this conversation will inform this research. With the guidance of my supervisors I will be careful to articulate where this research is located along a continuum of choice.

Finally, and of prime importance, involving kaumātua in research will be a challenge and an activity the success of which will determine the whole feasibility of my research endeavour. I expect considerable learning will ensue in the process, and hope this activity will in itself be a contribution to Māori health and development research.

A set of research questions have been developed from these assumptions and the research will generate the answers to these questions.

Research Questions

The major question to be answered is ;-

- Does there exist a set of values that can be identified and understood that influence and are integral to positive hauora outcomes and the concept of Kaupapa Hauora Maori?

In order to provide an answer to this question a number of sub questions have to be addressed. These are:-

- What is the most appropriate research methodology for engaging with Kaumātua?
- What is the values-base for kaupapa hauora Māori?
- How can these values be reflected in a responsive research methodology?
- How do the popular 'hauora models' used for Māori health service provision, fit with the values-base identified in this research?

Conclusions

In this chapter I have introduced a research framework for kaupapa hauora Māori. This framework has its origins in nga whakaaro whakahirahira o ngā kaumātua, and these contribute to their worldview or 'aronga'. Such a framework is capable of directing an empathetic approach to kaupapa hauora Māori research.

The structure of this framework allows my research to align with Western research methodologies without necessarily being based within them, and while maintaining research rigour. In particular, the theoretical constructs and processes of grounded theory can be paralleled with the proposed kaupapa hauora Māori research framework.

Chapter Five

The Development of 'Kaupapa Hauora Māori'

Ka Whakawhenua nga Hiringa I Konei (Ngati Moe)

Bringing together the thoughts and beliefs

Setting the Analytical Scene

Introduction

This thesis attempts to align its analysis with the privileged perceptions and perspectives of ngā kaumātua o Ngāti Kahungunu me nga iwi o Taranaki.

As a result of methodical discussions with kaumātua I have defined and described the concept of *kaupapa hauora Māori* during the research process. I have then articulated a *research framework* to enable me to view my data through the lens of kaupapa hauora Māori, as defined by kaumātua.

An outline of the method and direction I employ in establishing these core analytical frameworks, including an explanation of the worldview that enables the development of the concept kaupapa hauora Māori. This worldview also informs the research framework I propose in this thesis.

It should be noted that these analytical frameworks became apparent midway through this research journey, and their presentation at this early stage is only to assist the reader rather than to imply some superior analytical design at the outset. This research has broken considerable new ground and the logical unfolding presented throughout this thesis has the considerable benefit of hindsight.

A description of the methodology and methods developed and applied is provided.

Kaupapa Hauora Māori

Assumptions

My initial assumption was that a core set of values integral to hauora exists and the uncovering of these values help clarify the uncertainty and variability in current definitions and models of hauora. Related values may also be identified across time. There are both theoretical and experiential evidence to support these assumptions.

By using the *privileged* analytical perspective of kaumātua, it is possible to create a worldview based on their experience over time. Such an approach describes both an individual *and* a collective view of the world, and describes a reality to which many Māori can relate. The most appropriate way of characterising such a worldview, and proving the initial assumption that hauora is values based, is to engage kaumātua in a process that enables them to share their knowledge and experience. When approached, kaumātua agreed to be involved in a process that included the planning, implementation, analysis and validation of a research process, with the initial objective of determining whether a core set of values integral to hauora could be identified.

The justification for employing this process can be attributed to the establishment of a positive relationship between the researcher and Kaumātua participants. This was made possible through a personal approach to kaumātua or through the whanaungatanga networks that exist between them. The fact that I had a longstanding association of many of the kaumātua who were approached either as a health professional, mentor or whanau advocate, colleague, or through a shared whakapapa

Kaumātua responded to the approach to participate in this research and the first 40 approached consented to be involved (there was a 100% response rate). This group remained with the project throughout. They expressed a confidence in the researcher and did not require to refer to supervisors at any stage.

When interviewed kaumātua answered the questions put to them and frequently provided illustrations to support their answers.

To validate this approach I examined other parallel approaches to obtaining data from Kaumātua. These included the evidence obtained by the Waitangi tribunal where at hearings Kaumātua are required to provide evidence with their peers present. This data amounts to a story telling process and the information provided by kaumātua is translated into a required prescriptive form and is submitted by the tribunal as evidence.

Other authors have employed kaumātua data in their research, eg; Binney and Chaplin (1986), Szasy (1993) and Rogers (1993). These approaches focus upon a more general approach to storytelling. They also indicate to me that the method of obtaining data I have employed is informed, provides quality data and I have confidence as a researcher in the data provided. Thus kaumātua data can be regarded as providing 'gold standard' information.

I engaged in korero with kaumātua from the rohe of Ngāti Kahungunu me Taranaki. From this engagement emerged the papa or base for two analytical frameworks based on the knowledge and experiences of kaumātua. This knowledge and experience and the korero that occurred between the Kaumatua and myself provided a whānaungatanga that contained the whakapapa for the proposed research.

The writings of Marsden (1992), Royal (2002), and Turner (2006) indicate that the kaupapa (base values) and tikanga (ethics or normative behaviour) that shape both the individuals and collective perceptions of the world exist as the aronga or the complexities of a Māori worldview.

Engagement with Kaumātua

The initial process of our engagement involved the establishment of a relationship of trust between kaumātua and me, although many had been known to me for years and sometimes decades. As part of the korero, kaumātua suggested my focus on the underpinning values of hauora should be re-focused as kaupapa hauora Māori: a values-based concept that specifically describes and defines hauora.

This korero also identified that kaumātua are those persons within iwi, hapū and whānau structures who are known for their integrity, knowledge, skill, nurturing and caring abilities, and who have earned respect – both within these social structures and beyond.

Māori Process Issues – Methods

A series of interviews were held with kaumātua from Kahungunu and Taranaki. Initially, certain kaumātua were approached to participate in this research and they, through their whanaungatanga networks, encouraged other kaumātua to volunteer as participants. Of those kaumātua approached by me, 100% (forty) agreed to participate.

The objective of these interviews was to establish whether a core set of values integral to hauora existed. The interviews used a questionnaire that had been planned and pre-tested with kaumātua. Pre-testing resulted in the addition of questions relating to custom and belief, in particular questions relating to their own experience of cultural practices involving birth, growth and wellbeing. These additions allowed a more comprehensive profile of each kaumātua to be obtained and provided for descriptions of ‘growing up Māori’ to be developed. A greater insight into the lives of kaumātua and their perception of wellness was obtained.

Two sets of data emerged from the application of the questionnaires:

- a descriptive profile of individual kaumātua,
- an understanding of the values viewed by kaumātua as integral to hauora.

The kaumātua profile data produced a set of indicators that gave me confidence that kaumātua views on hauora would be informed through their personal experience of te ao Māori. These included:

- having a traditional birth,
- being aware of where whenua and pito were placed at birth,
- having a first educational experience based on a marae,

- having Te Reo Māori as a first language, and
- having the place of current domicile within about 100 kms of their birthplace.

The data revealed a set of eight values that were identified by kaumātua:

- whakapapa
- wairua
- whānau
- whenua
- tikanga
- te reo Māori
- tinana
- hinengaro

The process of identifying these 'core' values is discussed in detail in Chapter 7 .

In analysing these data it was apparent that the views from individual kaumātua contributed to a collective picture. It was possible to make comparisons and identify relationships, and stories were told that supported and reinforced the perception kaumātua had of these identified values.

More profoundly, through the process of this research it became evident that the data contained the theoretical *essence* of kaupapa hauora Māori. Using a method akin to grounded theory it has been possible to identify the theoretical basis of kaupapa hauora Māori and to construct an analogous research framework each based upon ngā whakaaro whakahirahira o ngā kaumātua, i.e., within the kaumātua data a framework was embedded that, if developed sensitively, had relevance for this thesis and had the possibility of further application.

The kaumātua data will be fully described in Chapter 7 but this brief description of results early in the thesis is central to the research that follows.

Progressing the Research

The research will show that with the support of kaumātua I have established that a core set of values integral to hauora exists, and that these values shape a set of ethics or behaviors that collectively contribute to the bigger concept, Kaupapa Hauora Māori– that is consistent with a kaumātua worldview.

Throughout this thesis I have used the phrase kaupapa hauora Māori when referring to the functional concept that gives expression to the kaumātua-defined cultural values, ethics and perspective of hauora. These are founded upon the cosmogony of te ao Māori, and imbued with an awareness of tikanga and history. It is from this base that a kaumātua worldview is identified.

As a result of extensive korero with kaumātua I have characterised what I believe is a valid kaumātua centric view/worldview of hauora. However, to enable me to interpret my research I need to translate this kaumātua worldview into a specific research framework used here as my primary tool.

Kaupapa hauora Māori and the notion of its research framework analogue are found in a kaumātua worldview containing the kaupapa (values) and tikanga (behaviors) base of hauora Māori. It has been necessary to identify these two research outputs before describing the research results fully as they provide the lens through which this research makes sense.

This chapter investigates both the theoretical and practical (experiential) base for the existence of a Māori worldview and the development of a basic kaupapa hauora Maori research framework. The framework's relationship with the concept kaupapa hauora Māori is further developed.

Nga Korero Rangahau

Before starting this research, I prepared and submitted a research proposal and obtained approval from the Massey University Wellington Human Ethics Research Committee. The proposal included an Informed Consent form and an Information Pack about the research that people would receive before agreeing to participate (See Appendix 1.) MUHEC: WGTN Protocol–02/117.

My aim was to use methods that could help identify both the values that are integral to hauora and the understandings assigned to them by kaumātua. The question of constancy of meaning over time and the maintenance of responsiveness and empathy with respondents would be addressed.

The methods I have used in this research are now outlined including the application of the kaupapa hauora Māori research framework introduced at the beginning of this chapter. The methods incorporated and built on data that have been collected and analysed incrementally; each set of data is fundamental to the on-going research.

The research framework facilitated the uncovering of existing data, and the reordering of it where necessary to create an expanded database. The framework also facilitated the discovery of new data that can be translated into new knowledge contained in a Māori worldview.

The Research Strategy

The 'whakapapa' of this research strategy is informed by processes developed from the knowledge and experiences of those tīpuna, kaumātua, and kaimahi who have influenced and guided me through my life and work. In short, the research was designed to be undertaken in distinct phases and these are described in chapter 8 and 9. In the sections that follow I describe and justify the decisions which have been made strategically as part of the research.

The Geographical Location for the Research

I decided to conduct the research involving kaumatua, health service managers and community health workers in two stages within ngā rohe o

Ngāti Kahungunu me Taranaki. I am of Kahungunu ki Wairarapa descent and had worked extensively with Taranaki iwi between 1981 and 1990. I am familiar with the iwi, hapū, and whānau structures, and with Māori networks and organisations within these areas, and kaumātua from these areas had expressed a desire to contribute to this research.

Defining Kaumātua

In this research kaumātua are defined as those Māori who are known within their iwi for the knowledge and skills they possess, and who occupy a position of respect and seniority within whānau, hapū, and iwi structures. The position of kaumātua is not determined necessarily by age, but by the perception of the whānau, hapū, and iwi.

Selecting the Research Participants

I have identified three groups of participants for this research:

- 1) I have selected three models for Māori health development – Whare Tapa Wha; Te Wheke; and Te Pou Mana. I invited the authors of these models, Mason Durie, Rose Pere, and Manuka Henare, to be my first group of participants in this research process.
- 2) I initially met with kaumātua from both rohe to discuss my research proposal, and these presentations were well supported. These kaumātua shared this information, and their enthusiasm, with their iwi, hapū and whānau. Once appraised of the direction of my research, many other kaumātua asked to participate. Crucial to this self-selection process were the whakawhanaungatanga I observed between kaumātua. The number of kaumātua volunteers exceeded my plans and expectations.
- 3) I developed a similar process for the selection of Māori health service managers and staff. In Kahungunu and Taranaki I approached the organisations and explained the research proposal to managers and community health workers and invited them to participate. Contracts for service were matched between the two rohe.

Māori Process Issues

A kaupapa hauora Māori research framework carries with it the expectation that tikanga and the associated cultural requirements will be observed. This implies that I will demonstrate an awareness of Māori beliefs and values, and will develop an approach to which the participants can readily relate. A trust relationship between the participants and myself was a prerequisite for this research.

At the conclusion of each interview I offered a koha to participants. I analysed data and prepared my findings for kaumātua, who validated and accepted them through subsequent meetings with me. For the managers and health workers, I provided verbal feedback at meetings with each organisation.

During the data-collection process I had access to kaumātua and to both of my thesis supervisors: one advising on tikanga, the other on the research process. I provided all participants with the name and contact telephone numbers of my supervisors, in case there were any concerns they wished to address. In addition, participants were also invited to contact me to discuss issues. No respondent felt the need to contact either my supervisors or the Massey University Human Ethics Committee to voice concerns.

Maintaining Research Rigour

The use of a kaupapa hauora Māori (KHM) research framework, the notion of ngā whakaaro whakahirahira o nga kaumātua, and the associated research methods, provided the rigour required within such an approach. The approach is firmly located in tikanga, creating an environment that supports the rigours of research, one in which the wairua, whakapapa and cultural needs of an individual's hapū and iwi can be upheld with dignity and integrity.

Research Design

I initially planned to follow a standard qualitative research process that would include a literature search, data collection and analysis, and discussion of findings. However, I was clearly advised by the kaumātua that they viewed the research as requiring an innovative approach that stayed true to the

research whakapapa. This objective could not be achieved through the use of standard research processes alone.

The desire, and indeed the requirement, to apply a KHM research framework to this research provided a catalyst to explore other ways in which this framework might be applied to provide direction for the continuing development and evaluation of hauora. The implications for post-doctoral research and the assessment of 'quality' are discussed in Chapter 9.

The following section describes the research methods used to obtain the data from which the research questions could be answered. It describes the trialing of a KHM research framework that has relevance for hauora in the contemporary world. The design allows participants to engage in an empowering process, providing an opportunity for them to draw on their knowledge, perceptions and experiences, and to describe their own Māori reality.

Obtaining Data from the Literature

The literature review focuses primarily on the writings of Māori and other indigenous writers. I initially analysed the writings and considered the views of a number of Western authors, however, as I refined my ideas, it became clear to me that the only relevant literature was that sourced within the complexities of Māori intellectual tradition and that clearly supported and aligned with an emerging framework for kaupapa hauora Māori research.

The literature available can be assigned to five distinct areas:

- 1) Indigenous Worldview – Literature that discusses the origins, nature, and application of a worldview (**see Chapter 2**);
- 2) Recent Historical Perspectives –this material that was more difficult to locate in indigenous literature. I have used the contribution of Māori and other indigenous writers, these have been reinforced by the oral contributions of kaumātua, Waitangi Tribunal hearings, and reports from Māori Land Court proceedings that I have observed or of which I have been part.

- 3) Māori Development – Māori authors writing on Māori development over the past 3 decades. These authors have shown a growing recognition that Māori health development must be recognised as part of the total process of Māori development (Durie, 1998c) (see Chapter 6). These writings contain contributions from a number of Māori writers who developed models for health service development that provided the initial focus for the values-based systems of kaupapa hauora Māori.
- 4) Māori Research – Māori research has been explored through the literature, and I refer here to the writings of Smith L(1999), Smith T (1999), as well as those researchers who are part of our past, e.g., Whatahoro Jury.Iraia Te Whaiti (1898), and those whose writings helped me establish and clarify what had to be accomplished if the research into a values-based systems of hauora was to have a meaningful application in current and future health care. I have referred to the contribution of modern Māori research to health research. This provides a valuable base from which to examine the possibilities of Māori exercising rangatiratanga within the research world. It also provides opportunities for developing research frameworks that have their roots in a Māori worldview that successfully allows us both to recapture our past and to develop meaningful processes that enable us to build on existing Māori knowledge and research methods. These methods may have some consistency with Western methods, but the frameworks in which they develop are Māori.
- 5) Hauora Māori has been described in the literature by a number of authors. Marsden; Royal ed (2003) describes hauora as being the breath of life. Mauri refers to the life principle and is sometimes referred to as Mauri ora or hauora when applied to animate objects. Hauora or mauri ora are the life forces transformed into life principles. Hauora refers to a state of wellness as opposed to a state of health (Cunningham & Durie. 2002).

Each of the models identified in this thesis contain values that contribute to hauora (those values seen as integral to hauora are described in Chapter 7).

Reference is made to the values base of hauora and the interconnectedness of these values within the concept; it is this process that provides hauora with its holistic nature.

The Research Participants

The first data set to be considered was that obtained from the literature relating to the three selected models for health development in current use, namely, Whare Tapa Wha (Durie, 1998c), Te Wheke (Pere, 1991), and Te Pou Mana (Royal, 1988). As each of these authors are alive and living in New Zealand, I invited them to be interviewed, and analysed the data I obtained.

Key informants included 40 kaumātua: 20 from Ngāti Kahungunu and 20 from the ngā iwi of Taranaki. These provided the second set of data.

Managers (n=13) and health workers (n=29) from nine Māori health organisations provided the third data set.

Data Content

The first respondents – the authors – I treated as key informants in that they helped me structure the research as well as providing insight into their models and the application of them to health development. The data collection process was aided by a semi-structured interview schedule. The face-to-face interviews with the authors of two of the selected models for Māori health service development were undertaken in Palmerston North and Auckland in March and April 2003. Professor Mason Durie was interviewed in March 2003 at Massey University, Dr Manuka Henare at Auckland University in April 2003. The author of Te Wheke, Dr Rangimarie Rose Pere was not interviewed in a face-to-face situation. I was able to obtain relevant information about this model when I attended a Kahungunu hui in Hastings sponsored by the Te Runanga o Ngati Kahungunu in 2004 at which the Te Wheke model for health service development was presented by the author. Answers to my questions about the model were obtained through dialogue at that hui.

Data Collection

The first phase of the research focused on selecting three popular models for Māori health development, analysing the available literature, and interviewing the authors of the models. This approach uncovered information about how the identified models were developed, and whether they were values based. The data provided an information base about values systems for the development of the concept kaupapa hauora Māori.

Data from phases 2 and 3 involving kaumatua, health service managers and community health workers were analysed using content analysis; that is, primary patterns or themes were identified and categorised. This allowed me to identify themes across interviews in each phase of the research. The themes identified were initially analysed manually by the researcher and the results were verified using Nvivo™ software, this qualitative software provided validation for the manual results..

The purpose of this analysis was to identify values that contribute to hauora, and which are inherent in any responsive hauora-based systems of care.

In the second phase of this research the analysis of kaumatua data firstly identified the core set of values that they perceived as crucial to hauora. Associated with this process, additional data were obtained from each participant in relation to: demographics, cultural practices and responsiveness, lifetime experiences, and perceptions of the current provision of health services. Unexpected data were shared by the majority of kaumātua in the form of stories that illustrated their perceptions of 'growing up Māori', and 'Māori and the influence of imposed social systems'.

Many of these stories have been incorporated into the research results, and are presented in Chapter 8. A number of stories did not fit the requirements of the research. It is my intention to revisit all kaumātua with their stories and have them further validate their contributions with a view to publishing them as a document separate from this thesis.

Using these data, I was able to establish a framework that reflected the kaupapa and tikanga of the worldview of my kaumātua key informants. Thus

both the analytical framework for this thesis and the analogous research framework became a reality without which this thesis would be meaningless.

In the third phase of the research data was obtained from managers and health workers within Māori organisations that provide health care to Māori. A similar process of analysis was applied to the data obtained. Such a process was shaped by values, context and assumptions (Durie, 1998), and would have meaning not only for academia, but also for Māori in general. These data can be compared with data obtained from the authors and literature relating to the identified models and to the Kaumātua data.

In the following section I describe the three phases of the research more fully.

Phase 1 – Reviewing the Literature and Interviewing Māori Authors

Purpose

To review the relevant literature relating to the three selected models and to establish that a values base for hauora exists.

To interview the authors of the models with a view to:

- confirming the values base of each model with its author,
- understanding the rationale for the development of the models, and
- exploring any concerns I might have had about using the models for health service development.

Method

I reviewed the literature in order to understand:

- the circumstances surrounding the development of each model,
- the values base of each model, and
- the manner in which each model was applied to health service development.

Each author was contacted by letter, email or telephone to explain what the focus of the research was and to make appointments for interviews.

I planned an unstructured, face-to-face interview with each author, and developed a checklist to ensure consistency of process..

Individual appointments were successfully made with two of the authors.

Data Analysis – Phase 1

The data for Phase 1 were obtained from two sources: a review of the literature and interviews of the authors. The data generated were based on theoretical constructs located within te Ao Māori. The values identified as contributing to hauora were validated from the literature as being sourced from within the Māori worldview.

The analysis of the data indicated that I needed to extend the available knowledge relating to those values integral to hauora identified in the literature and from the interviews with the authors of the identified models. There was a need to obtain experiential data from individuals and groups who were closely aligned with the utilisation and provision of health services for Māori.

Phase 2 – Interviews with Kaumātua

Purpose

The purpose of Phase 2 is to identify the values contributing to Kaupapa Hauora Māori from an experiential base.

The most appropriate method of accessing such knowledge was to approach kaumātua and ask for their assistance. Kaumātua indicated they would be happy to discuss their view of hauora as a values-based concept and would willingly share their knowledge with me. Forty kaumātua from within Ngā Iwi o Kahungunu me Taranaki agreed to be interviewed by me to identify, in a Kaupapa Māori way, the values they believed were part of hauora. They wanted the opportunity to talk about their views and perceptions, including:

- how they had learned about the values,

- their understanding of the values, and
- whether the understanding of the values remain consistent over time.

Developing a Research Tool

To provide a consistency of data collection, an open-ended questionnaire was prepared and pre-tested with a number of kaumātua (See Appendix 4.) The questionnaire was written in language kaumātua understood and with which they felt comfortable.

I designed the questionnaire to allow each participant to respond to a series of questions and at the same time allow for the recording of responses during interview.

Pre-testing of the questionnaire led to the alteration and restating of three questions to include: more specific questions about birthing; and the division of the questions about education into marae-based education, and general education at primary, secondary and tertiary levels.

The questionnaire allowed for two groups of data to be generated:

- Demographic data that provided: iwi/hapū affiliation; birthing experience; educational experience; marae-based data; and general information about work, life history and domicile.
- Identification of values integral to hauora; how these values were learned; the understanding the kaumātua had of them; and the consistency of the understandings over time.

Face-to-face interviews were conducted with each kaumātua.

Data Collection

Each kaumātua who agreed to participate was provided with an information pack and invited to complete an Informed Consent form (Appendix 3, 3a).

I registered each kaumātua by name and a unique number.

Interviews were arranged at a time and place that was convenient for the kaumātua. Interviews were held on marae, at health service provider offices, at the homes of kaumātua, and at my home. The interviews were not time bound.

Each interview followed a set format:

- Karakia,
- mihi mihi,
- Explanation of the interview process,
- kaumātua completed an Informed Consent Form,
- we usually had a cup of tea,
- the kaumātua and I went through the questionnaire, and I recorded their individual responses to each question and noted any extra data provided by the kaumātua,
- I shared the set of values I had identified from the literature, and adapted this at the direction of each kaumātua, and
- after completion of the interviews, I represented the data to each kaumātua for verification.

Analysis of Kaumātua Data

Within 48 hours of completing an interview, I analysed the data provided and entered the results into a spreadsheet. At the conclusion of this phase, I also recorded the data in Rich Text Format and analysed it both manually and using text analysis qualitative software.

Data that did not fit into the established criteria was stored for later consideration. These data took the form of stories, comments, conversations, and observations relating to the perception and understanding of values of the lives of kaumātua, and their experiences of growing up Māori.

Data analysis included identifying themes, the understandings of the values, and similar experiences. I also recorded notes about noticeable aspects of the interviews. I was able to use NVivo™, a qualitative text analysis tool, to analyse the data and graphically highlight similarities and differences. These data provided the basis for the development of an emergent Kaupapa Hauora Māori Research Framework.

Phase 3 – Health Service Managers’ and Health Workers’ Interviews

Purpose

To identify the values health service managers and community health workers employed in Māori Health Service Organisations in the rohe of Taranaki me Kahungunu identified as being integral to Kaupapa Hauora Māori, at both management and operational levels. These values would lead to a definition of the concept of Kaupapa Hauora Māori from the perspective of managers and health workers.

Developing a Research Tool

Open-ended questionnaires were developed and pretested for both managers and health workers. Alterations were made as required (see Appendix 5 and 5a)

Each questionnaire facilitated the collection of four sets of data – demographic, professional, work life and educational data. The questionnaires for the two groups had a similar focus, but provided data from two different perspectives – managers and health workers.

The data identified the values underpinning hauora, the understanding each group had of the data, the consistency of their understanding of these values, and their perception of kaupapa hauora Māori.

I held explanatory hui with managers and workers at which I distributed an information sheet and obtained informed consent from each person.

Data Collection

I conducted face-to-face interviews with managers and health workers using the questionnaires, and asked participants to complete the questionnaires in my presence. I also invited the participants to ask questions as they filled in the questionnaires. At the completion of all questionnaires, I provided the managers and health workers with the findings from both Phase 1 and Phase 2 of the research.

Data Analysis

I analysed the data from each questionnaire within 48 hours and entered the results into a spreadsheet. When all interviews were complete, I analysed the data manually and then applied qualitative analytical software to validate the results.

Information Dissemination from Phase 3

At the conclusion of Phase 3, I provided verbal feedback of my findings to Health Service managers and workers. A number of organisations requested copies of the completed thesis.

Summary

Data from each phase of the research were now available for comparison, and would constitute the primary source for the ensuing discussion to answer the research questions. Table 4.1 summarises the activities for the three data collection phases of the research.

Table 4-1: Phases of the Research Activities and Timelines

| Phases | Activity | Timeline | Comment |
|----------------------------|---|--------------------------------|---|
| Planning the Research | Preparation and submission of application for ethical approval. MUHEC | | Approval No02/117 This allowed for the research to progress. |
| | Funding – HRC grant | | |
| Phase 1. Literature Review | Interview Māori authors as key informants Literature review | 2003 – ongoing Feb/Mar 2003 | 3 Māori scholars approached 2 agreed to direct interview, 1 met at hui |

| Phases | Activity | Timeline | Comment |
|------------------------------------|--|----------------|---|
| Phase 2. Kaumātua Interviews | Decision on geographic location Obtaining kaumātua approval | Jan/Feb 2003 | Hui and individual meetings |
| | Developing & pre-testing questionnaires | Feb/April 2003 | Pre-test revealed need to obtain more comprehensive personal data |
| | Developing data analysis spreadsheet Decision on number of participants from Ngati Kahungunu and Taranaki | | |
| | Selection of 20 kaumātua from both Ngati Kahungunu and Taranaki | May/Jun 2003 | Overwhelmingly positive response from kaumātua |
| | Applying questionnaires | Jul/Dec 2003 | |
| | Initial analysis | | Within 48 hours of interview |
| | In depth analysis | Jan/Jun 2003 | Computer assisted analysis using NVivo |
| | Feedback to kaumātua | | |
| | Validation of kaumātua data | July/Aug 2004 | Note taking. Identifying themes. Written report to kaumātua A total response of 82.5%, consisting of 47.5% written response, 25% responses from hui, 10% telephone responses |
| | Decision to proceed phase 3 | Aug 2004 | Based on kaumātua feedback and analysis of data |
| Phase 3 Manager and Health Workers | Obtain support of managers and health workers; Approached 12 organisations | Jul 2004 | 10 organisations responded positively; 2 organisations did not respond |
| | Develop and pre-test questionnaires | Jul/Aug 2004 | |
| | Arrange for hui with managers and health workers in 10 organisations Apply questionnaires | Aug/Oct 2004 | Some negotiation took place. Timing was an issue. I utilised regular staff meetings to avoid disruption of work patterns |
| | Inform participants at completion of hui of phase 1 and 2 results | | |
| | Initial analysis | Oct/Nov 2004 | |
| | Comprehensive analysis | Nov/Dec 2004 | Computer assisted analysis memoing. Identifying themes. |

| Phases | Activity | Timeline | Comment |
|--------|---|--------------|---------------------------|
| | | | Note taking. Spreadsheets |
| | Support from 5 organisations to extend findings into values-based quality standards | Feb/Mar 2005 | |

This chapter provides a full description of the processes I used for the three data collection phases of this research. The findings will be discussed in the next chapter.

Conclusions

In this chapter the method and direction employed in establishing the core analytical framework is described. An explanation of a Māori worldview is stated and this base enables the concept of kaupapa hauora Māori to evolve. This worldview informs the research framework proposed in this thesis. It is from this knowledge base that the methods used in collecting and analysing data from each participant groups are developed.

The data for these interviews are described in Chapter 4, and summarized in Table 8.1.

Chapter Six

The Emergence of Models for Māori Health Service Development and Provision Description and Analysis

Mai I te po ki te Ao

From darkness to light

In chapter 3 the models for Māori health service development and service provision were described as one of the outcomes that came from a desire for Māori to become more assertive in relation to the Crown addressing demonstrated Māori health needs. These models provided one means of helping plan and implement health services, using an holistic approach to hauora, and for providing an opportunity for 'by Māori for Māori' service development.

This chapter introduces the three contemporary models commonly used to represent hauora. These models, Whare Tapa Whā (Durie, 1982), Te Wheke (Pere, 1986), and Te Pou Mana (Royal, 1988) are described and analysed following an examination of the relevant literature and interviews with the author's of these models.

The analysis addressed the following:

- What the values depict and what values are addressed,
- The developmental focus and knowledge base of each model, the current use of each model,
- The contribution of each model to a Māori worldview,
- Whether the models have a permanency, and
- Whether the models can be described as KHM.

Introduction

Since the 1980s the growing assertiveness of Māori in health delivery and service development has been accompanied by a continuing debate as to how best to provide these services in a manner that has meaning for Māori. Over this period, health initiatives were developed, implemented and evaluated, and Māori approaches to health care emerged. Durie (1998c) comments that interest moved towards a view of health that made sense to Māori, in Māori terms, and as Māori participation in the health debate escalated a number of Māori perspectives were advanced. (Crengle, 1999) made a similar observation, and refers to the emergence of Māori philosophies and models for health.

The emergence of these health models provides a perception of health service development to which Māori can relate. The models provide frameworks that demonstrate, at least in part, the holistic nature of hauora, and express the principle of interconnectedness between people, the environment and the elements. These models also identify the relationships people have developed with community social systems, and these relationships continue to contribute to the ongoing development of hauora in the contemporary world.

Models and Frameworks for Hauora

Models that describe and depict hauora have emerged without the obvious application of Western theoretical frameworks. The frameworks that exist in Western methodologies (for example, bio-cultural and bio-medical models) bring about a synthesis between cultural and biological anthropology – Cartesian dualism (Hewa & Hetherington, 1995).

Western models rely on an illness orientation, failing to demonstrate the principles of holism as described by Māori and demonstrated in their history and in the development of models and Māori health research frameworks. These Western models are most likely to be output oriented as evidenced in an analysis of funder contracts carried out by the researcher in 1999. Frameworks for hauora draw on a wellness construct that have roots in Māori knowledge, and are formulated to provide direction for the development of

hauora – optimal health and wellbeing for Māori – as an outcome, as opposed to the output orientation of Western frameworks.

A holistic approach for hauora is defined by the parameters of each of the models described. It is possible to demonstrate that each model contains an implicit set of values, however there is an inconsistency of these between models.

The three models to be analysed and discussed are:

- Whare Tapa Whā (Durie, 1982),
- Te Wheke (Pere, 1986), and
- Nga Pou Mana (Royal Commission on Social Policy, 1988).

Each model is introduced and discussed with respect to its values base and the understanding the authors give to these values. The models are also critiqued regarding the influence they exert on the development and application of a kaupapa hauora Māori framework for health service development; and the contribution they make to a Māori worldview.

Whare Tapa Wha

Professor Mason Durie initially this model was developed in 1982 at an MWWL training session for field workers in preparation for the Rapuora research project (Durie, 1998c).and was developed in relation to a specified health need. The model conveyed to the researchers the notion of the holism within hauora. Whare Tapa Whā has since enjoyed considerable exposure, being used in a variety of healthcare applications, for example, health care funders use this model in the contracting process as a means of addressing the kaupapa Māori component of service delivery; health service managers use the model as a tool for service development; and community health workers develop packages of care based on its principles.

Whare Tapa Whā provides a set of interacting variables, firmly anchored on a spiritual base (Durie, 1998). The model likens health to the four walls of a whare, with each wall supporting the other three. An imbalance in one wall

affects the whole, resulting in ill health. The model displays a high level of connection between the values. Any imbalance is addressed to allow a strengthening of the walls and to ensure the preservation of balance as well as to restore any demonstrated weakness.

The late Erihapeti Murchie(1984) describes hauora as having four strands that correspond to the four values of Whare Tapa Wha – tinana (the physical element), hinengaro (the mental element), wairua and whānau. These strands according to her describe the shimmering depths of hauora.

The Values of Whare Tapa Whā

This model encapsulates four interacting values:-.

Tahu Wairua represents the spiritual dimension of health.

Māori generally believe it to be the most essential requirement for positive health. It implies a capacity to have faith and to be able to understand the links between the human situation and the environment. Without a spiritual awareness, and a mauri (life force), an individual cannot be healthy and is more prone to illness and misfortune (Durie, 1998c).

Wairua encompasses religious beliefs and practices, but is not synonymous with regular churchgoing or adherence to a particular denomination (Durie, 1998c).. It refers to the interconnectedness people develop with each other, with the natural environment, with the elements, with their history, with space, and with place. It is integral both to identity and to wellbeing or optimal health.

Taha Whānau acknowledges the relevance of the extended whānau to health and wellbeing. Whānau is the primary holistic support system that each individual has in his or her lifetime. It refers not only to immediate or extended kin, but also to the close-knit groups that individuals move in and out of during their lifetime and beyond. Māori maintain that ill health in an individual is a reflection on whānau and it is the whānau that should accept the responsibility for an illness, even if there are no proven causal links for this.

There are cultural practices associated with poor whānau support. For example, Durie (1998c) refers to abuse, and how when this is identified, the implementation of various strategies, including the removal of abused family members or the seeking of some kind of retribution, may ensue.

Taha whānau also helps develop a sense of identity and belonging. A sense of identity relies more on the individual's ability to establish links, and demonstrate the support of whānau and hapū, than on qualifications and experience. Durie (1998c) and Metge (1995) both explain that while the comprehensiveness of whānau has a pre-European meaning derived and this has been adapted and altered to meet the challenges of the contemporary world.

Taha Hinengaro refers to thoughts and feelings, and how these are expressed. The notion that they are important to the health of Māori is part of a Māori worldview. This is a feature of the culture of all indigenous peoples, and examples are to be found in literature pertaining to First Nations people (Deloria, 1995). Western thinking has developed the same ideas through discovery and by making the understanding of the term part of an accepted scientific process.

Taha hinengaro serves to further emphasise the interconnectedness of the processes contributing to kaupapa hauora Māori, and includes both overt and covert forms of communication and feelings; the spoken word is frequently redundant for example:

- shedding tears may be used to express grief, and
- touching or positioning oneself close to another person may be used to express joy or happiness.

The importance of hinengaro to individuals and whānau should never be underestimated.

A touch of a hand, a hug, or tears, frequently convey more than words (Durie, 1998c).

Taha tinana refers to physical or bodily health.

Tinana must be viewed in both its cultural and its physical context; and must be in balance with the other three values if hauora is to be achieved in its totality.

The following table describes the values of Whare Tapa Wha, and its application to health. The four values presented have a universal application within Māoridom, providing a focus on whānau and the emotional and physical dimensions of health

Table 6-1: Whare Tapa Wha (Durie, 1998c)

| | Taha Wairua | Taha Hinengaro | Taha Tinana | Taha Whānau |
|-------------|---|--|---|---|
| Focus | Spiritual | Mental | Physical | Extended family |
| Key Aspects | The capacity for faith and wider communion | The capacity to communicate, to think, and to feel | The capacity for physical growth and development | The capacity to belong, to care, and to share |
| Themes | Health is related to unseen and unspoken energies | Mind and body are inseparable | Good physical health is necessary for optimal development | Individuals are part of wider social systems |

The model of Whare Tapa Whā, representing its four values (wairua, whānau, tinana and hinengaro), provides direction for health and development. The model has been universally accepted by health service planners and providers in both the Māori and Pākeha health service environments. It demonstrates the need for balance and synergy; the concept is simple, and the depiction of the model by the four walls of a whare is readily understood (Durie, 1998c). The literature suggests that the application of the model in the contemporary world is based upon a definitional understanding of the values as opposed to an experiential understanding of them.

The simplicity the model demonstrates has been readily accepted. The idea that each wall has a relationship with the other walls is easily understood. The fact that damage to one wall results in damage to the whare in total, demonstrates the principle of interconnectedness – a fact sometimes overlooked by health funders.

Te Wheke

Pere (1991) uses Te Wheke (the octopus), to visualise the values-based model that has the capability to conceptualise the dynamic, multifaceted relatedness of the values associated with hauora or Māori wellbeing. It includes an appreciation of divine uniqueness, wairua, and ancestral treasures (Palmer 2002). This model has evolved from Māori cosmogony and there are no political reasons for its development.

Te Wheke is a model that demonstrates flexibility – it can be adapted and applied in a variety of settings. First presented within an educational setting, in the 1984 Hui Whakaoranga, the model has since been further developed by the author to encompass other concepts, including hauora.

Currently (2004–2006), Te Wheke is being promoted in the Rohe o Ngāti Kahungunu as a tool that can be used in applications for hauora service development; in Kohanga Reo, and in organisations providing social services to Māori. An attempt has also been made to use this model as a developmental tool for a PHO Māori Health Plan. It is too early, however, to evaluate the outcomes of these applications. It has also been used in relation to developing KHM health promotion and health education services.

The values encompassed by Te Wheke have been expanded over time. The following table summarises some of the published changes (Durie, 1998c; (Pere, 1988, 1991).

Table 6-2: The Identified Values of Te Wheke over Time.

| 1984 Hui Whakaoranga | 1991 Publication | Human Rights Commission – Undated Paper 1988 |
|-----------------------|--|--|
| Body | Body | Body |
| Whānau | Whānau | Te Whānau |
| Eye | Eye | Eye |
| Waiora | Waiora | Waiora |
| Tentacles | Tentacles | Tentacles |
| Wairuatanga | Wairuatanga | Wairuatanga |
| Hinengaro | Hinengaro | Taha Hinengaro |
| Tinana | Tinana | Taha Tinana |
| Whānaungātanga | Whānaungātanga | Whānaungātanga |
| Mana ake | Mana ake | Mana ake |
| Mauri | Mauri | Mauri |
| Ha a Koro ma a Kui ma | | Ha a Koro ma a Kui ma |
| Whatumanawa | Whatumanawa | Whatumanawa |
| | Te Reo Māori,whenua,ha Taonga Iho,Tikanga, Tapu, Noa, Ohaoha | |

The use of Te Wheke as a model demonstrates a flexibility that conveys interconnectedness and fluidity, indicating both change and balance. Te Wheke is values based, and was initially applied in educational settings in the area of child development. More recently, it has been offered to health service providers for their use in developing KHM services. as a means of promoting service development for hauora and the delivery of kaupapa hauora Māori services particularly those that focus upon health promotion and health education.. The tentacles of Te Wheke each represent a value that has meaning when developing a model for positive hauora or optimal health

The Values of Te Wheke

Waiora is described in the undated model as the eyes of the symbolic family unit, and reflects total wellbeing. In the 1984 presentation, the eye of Te Wheke represented whānaungātanga, and depicted kinship ties. The eye is based on whānau and on ancestral, historical, traditional, and kinship ties. It

forms a strong bond that influences the way individuals, whānau, and hapū live and how they react to each other and to the world around and beyond them. In the undated depiction of the model, waiora is the value or dimension depicted by the eye; representing the family unit, and reflecting total wellbeing. In a later version, a tentacle represents whānaungatanga.

Te Whānau is represented by the head and body of Te Wheke, and reflects the individual family/whānau unit.

Whenua is the land, the country, and the earth, and presents a feeling of warmth, security and nourishment, a feeling of belonging. It also represents the placenta, which embraces and nurtures the developing child from conception until birth.

Wairua/AIO is represented by one of the tentacles of Te Wheke and reflects the divine parents, the creators of everything across the universe. Wairua depicts two rivers, with positive and negative streams, which function to provide balance.

Tikanga is applying what is right in a given context, and is based on particular systems of values, beliefs, traditions, and custom.

Te Reo Māori is the language that was given to Māori and that provides a lifeline to enable the linking of all that is important to hauora. Language empowers, educates, and enhances communication between individuals, groups and the universe.

Hinengaro is the mind, derived from hine (the conscious whole of mind) and ngaro (hidden, the closed consciousness). Hinengaro refers to mental thought, intuitiveness, and feeling, the seat of the emotions.

Tinana is the physical dimension; each person must discover his or her own physical self.

Ha, Taonga Tuku Iho refers to the breath of life handed down from AIO, reflecting the wairua and the taonga or treasures from te Ao Māori. Contains the cultural heritage that influences the perspectives developed within the te Wheke

Ranga Whatumanawa relates to the emotions and senses. Every emotion provides a positive and a negative side and a balance is to be found..

Aroha is unconditional love. It is an important concept related to the true strength of whānaungātanga. It is a quality that is essential to survival and to the total wellbeing of the world community.

Mauri is the life principle, an abstract concept. Mauri helps one understand and care for everyone and everything. Every person and every thing has mauri, which remains with them throughout their life. The interpretation of mauri depends upon the individual's experiences in Te Ao Māori.

Mana is divine right, influence. It is prestige, power, vested and acquired authority, and influence.

Tāpu is religious and secular restriction. It is a protective measure, a way of imposing disciplines and social control. It is a way of developing an understanding of spirituality and its implications, and an appreciation and a respect for another human being, another life force, and also life in general.

Noa is ordinary, neutral, and free from restriction. The influence and power of noa is significant to the wellbeing of people; it frees them from the restriction placed on them by spiritual or ceremonial constraints.

Ohaoha refer to the system of economics, including domestic affairs that allows for holistic development.

Te Wheke demonstrates the interconnectedness of these cultural values, all emanating from Te Wheke's head. The values have been passed down to her from the learned teachers and forebears, from Ngāti Ruapani, Tuhoē Potiki and Ngāti Kahungunu who received insight and knowledge transmitted to them over a period of 12,000 years (Pere, 1991).

In today's environment, Te Wheke can best be described as a charismatic model based in Māori cosmogony thus retaining its links with the past, while adapting to the contemporary world. The interpretation is fluid, as demonstrated by the additions of dimensions (or values) that have been presented in the 1991 publication. The actual application of the Te Wheke

model is an area that needs to be fully explored examples of successful application have been demonstrated in Kohanga Reo (Otane) An attempt was made in the Wairarapa PHO to write a Māori Health Plan using this model, however it did not integrate positively into a primarily pakeha environment.

It is my experience that services built on this model are not always acceptable to the funder because of the complexity of the relationships between values that are founded within Maori cosmogony and the retention of their original understanding. Te Wheke acknowledges the Māori worldview as providing knowledge relating to the origins of its values, and demonstrates the principles of interconnectedness. It is most effective when applied to health promotion and education and is of little positive use when applied to a sickness oriented service.

Ngā Pou Mana

Attributed to Manuka Henare(1988)this model had its origins in the report of the Royal Commission on Social Policy.(1988) It describes a set of values that are integral to Maori development, originally developed to examine the foundations of social policy and social wellbeing it does have relevance for environmental development. The values it encompasses can be viewed as the pre-requisites for health and well being and could be aligned with a health development and health promotion within a KHM framework.

The model is centred on four pou, that could represent the prerequisites for hauora, they represent the social, cultural and economic dimensions of hauora in a way that has meaning for Māori and demonstrates a link between the institution of health viz; land, language and health as described by Durie (1985) which are represented by:

- whānaungātanga (family),
- taonga tuku iho (cultural heritage),
- te au turua (physical environment), and

- turangawaewae (land rights; access to an economic base; marae as an institution where Māori custom, tradition, and the inclusion of te reo Māori, have priority).

The four values contained in Ngā Pou Mana are a set of interacting variables that together produce wellbeing, at both an individual and a collective level. They provide a sense of confidence and continuity, and allow greater emphasis to be placed on the external environment. This model is relevant to health providing an holistic approach, with interrelationships between individuals, whānau, hapū, iwi, whenua, te reo Māori, and the environment. Although its use in health service development has been minimal, its strength lies in its ability to describe an interconnectedness that contributes a holistic approach to hauora, however nga Pou Mana has not enjoyed the universality of Whare Tapa Wha and Te Wheke.

Models for Māori health Development and the Contribution they make to a Māori Worldview

Te Wheke demonstrates an established relationship with Māori intellectual tradition. The contribution it makes to a Māori worldview is one that describes its origins in Maori cosmogony and it is possible to track its development through time to the contemporary Māori world.

Whare Tapa Wha and Nga Pou Mana contribute to a Māori Worldview in terms of the kaupapa and the tikanga that they contain and utilise.

Do These Models Have Permanency

Te Wheke, because of its origins in Māori Intellectual Tradition has a timeliness that affirms its permanency. Because of this this model is most effective when applied to the development of KHM services, particularly those that have a health promotion, public health situation and are planned to be applied in situations that involve positive outputs for Māori.

Whare Tapa Wha and Nga Pou Mana can be applied in the contemporary world and can be used by persons other than Māori. Funders have applied Whare Tapa Wha to a variety of situations with the resultant restriction of meaning and in some cases totally incorrect applications e.g; when used by

funders as a means of proving that their obligations to the Treaty of Waitangi have been met.

In their original form these two models have an application to specific periods of health development history and for permanency to remain the models have to adapt to the requirements of the funder, provider and consumer, and this may alter the original intent.

Do These Models Mirror the Concept of Kaupapa Hauora Māori?

Each of the models is values based and the origins of these has been described as being located within the kaupapa and tikanga of a Māori Worldview they inform the concept of KHM.

Conclusions

The values base for all three models has been identified, and the flexibility in the manner in which they are depicted and applied has been demonstrated. These models present differing approaches to developing and describing hauora. .

Te Wheke remains a model for hauora māori and it is not constructed to be compromised. Whare Tapa Wha and Nga Pou Mana contribute to and grow from a Māori worldview that is relevant to the contemporary world. All three meet the requirements of a KHM framework although the kaupapa and tikanga content vary because of the orientation each has.

All three models contribute to Māori knowledge and Whare Tapa Wha and Nga Pou Mana have been vulnerable to influence by the Crown, manipulation by health professionals and even by our own people. It has been possible to alter the understanding of the value that restrict or change the original understanding of the values and the intended application. This is evidenced in the strategic and operational policies of DHB's and Crown agencies.

The above information is inconclusive, there are degrees of consistency in the understanding of the model's stated values. It is apparent that the processes to which each model has been exposed, and the situations in

which they have been applied, detract from the origins and restrict both understanding and meaning.

Chapter Seven

Research Findings

Te Kimi Huarahi

To set the path to follow

This chapter presents the research findings that identify the core value-set that are viewed as being integral to hauora. These findings have been derived from a synthesis of the literature, the data obtained from the authors of the three models, kaumātua data and that data obtained from health service managers and community health workers.

The KHM research framework is applied as a tool to analyse the research data from four sources, and these analyses are reported on as follows:

- data generated from the interviews with the key informants authors of the three identified models,
- data obtained from kaumātua key informant interviews, and
- data obtained from interviews with managers and the community health workers.

The three popular, contemporary models for hauora are described and compared in the previous chapter. These models are Whare Tapa Whā (Durie, 1982) Te Wheke (Pere, 1984, 1991) and Te Pou Mana (Royal, 1988).

The research findings from the analysis of interviews with kaumātua are presented, and are contextualised in the kaumātua' stories, which reinforce kaumātua responses and positions in relation to the identification and understanding of the values that are integral to hauora.

Finally, findings from the analysis of data provided by health service managers and community health workers are presented. These indicate

whether, in their view, there is an identifiable set of values that have consistency of meaning and are integral to hauora.

In chapters 4 and 5 I have described the kaupapa hauora Māori theoretical framework and the analogous research framework.

In the following sections I describe the research findings (as a result of applying both frameworks) as follows:

- a comparison of the three popular models for hauora (phase 1 of the research),
- a full description of the data in phase 2 – the kaumātua interviews,
- a description of the data from phase 3 – managers and health workers, and
- the agreed value-set for hauora (consistent with kaupapa hauora Māori).

Findings 1: The Popular Models of Hauora

The popular models for Māori health have been fully discussed and analysed in chapter 6.

Summary of Findings 1

- i. The models are values based.
- ii. All the models possess elements of KHM and can be used to describe hauora in terms that have meaning for Māori; their interconnection is also demonstrated, as is the holistic nature of KHM.
- iii. The models are based upon Māori knowledge, and as such contribute to a Māori worldview.
- iv. The structures they depict have been vulnerable to influence by the Crown, manipulation by health professionals, and even by our own people

- v. The information shared in the discussions is inconclusive – there is a degree of consistency in the understanding of the values that contributes to the models. Each model has its own set of core values contributing to the essence of hauora it describes. The understanding of the values is consistent when applied correctly. In some applications, the values included in the models are understood in a way that is consistent with their specific application and they therefore convey a weaker understanding than they should, e.g., wairua, when applied by a crown funder has a limited interpretation that restricts it to an understanding that has its roots in Christianity.

Findings 2: Phase 2 of the research

Research Findings Derived From Kaumātua Interviews

These data were derived from the analysis of the answers to questions posed in interviews held with 40 kaumātua from Ngāti Kahungunu and ngā Iwi o Taranaki; and from the analysis of the stories kaumātua provided to reinforce their responses to the questions (see Appendix 7).

The data are presented in two parts:

- Part 1 presents and discusses data providing a profile of the kaumātua and relating to 'growing up' Māori, and
- Part 2 presents and discusses data relating to the identification and meanings of those values kaumātua saw as integral to hauora.

The data are presented in a series of bar graphs, accompanied by descriptions of the findings.

Demographic Data

Figure 7-1: Kaumātua Key Informants - Age

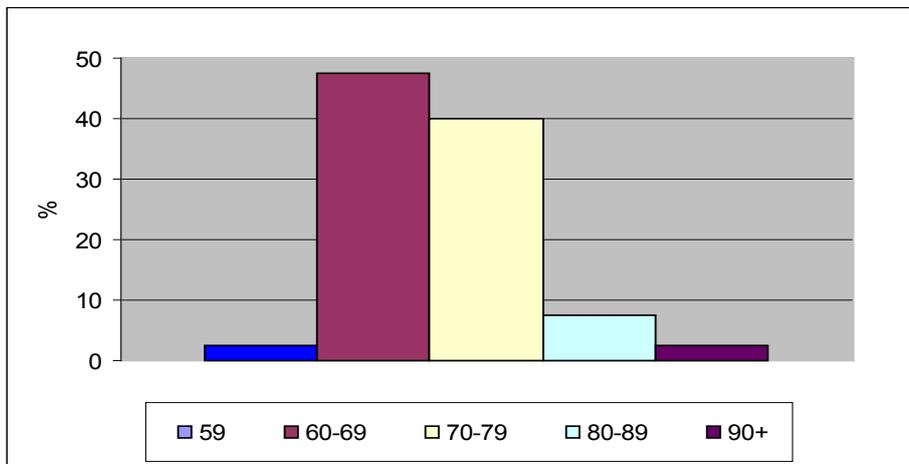
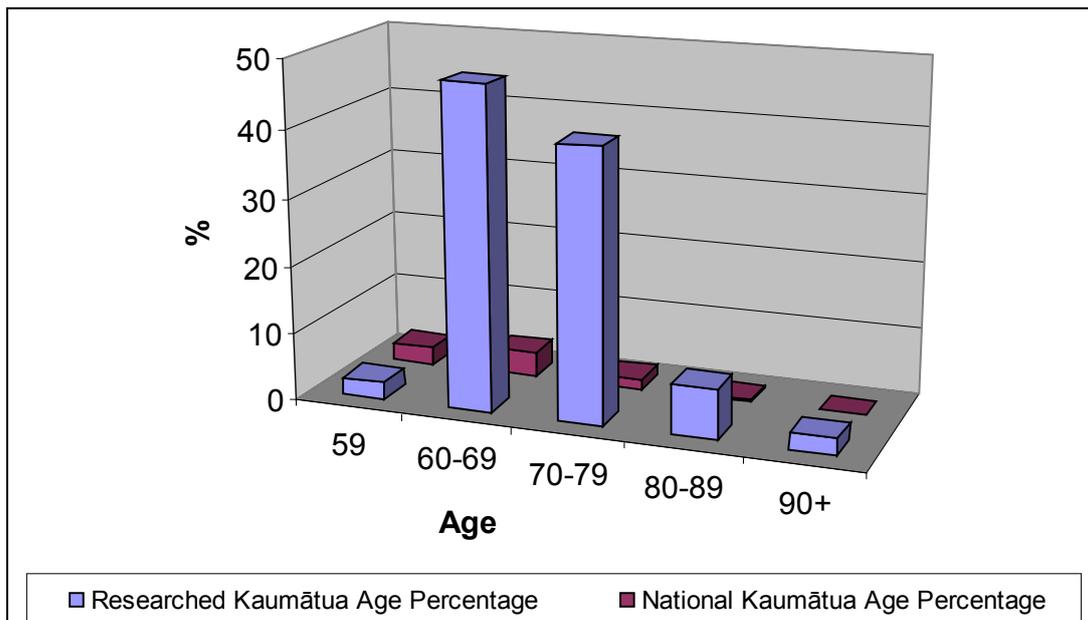


Figure 7-1a: Kaumātua Key Informants – Comparison of Participants’ Age with National Average.

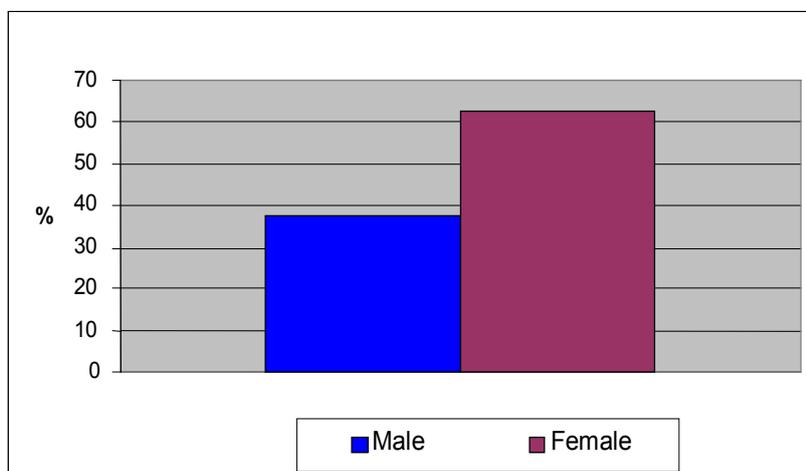


Description

The age range of kaumātua respondents was 59 to 92 years – the mean age was 70 years. No lower age limit was placed on those kaumātua included in this research – they self-selected to participate in this research. The age range of the participants does not mirror a national average. The sample of

40 kaumātua represents a group that are somewhat older than those of their national counterparts.

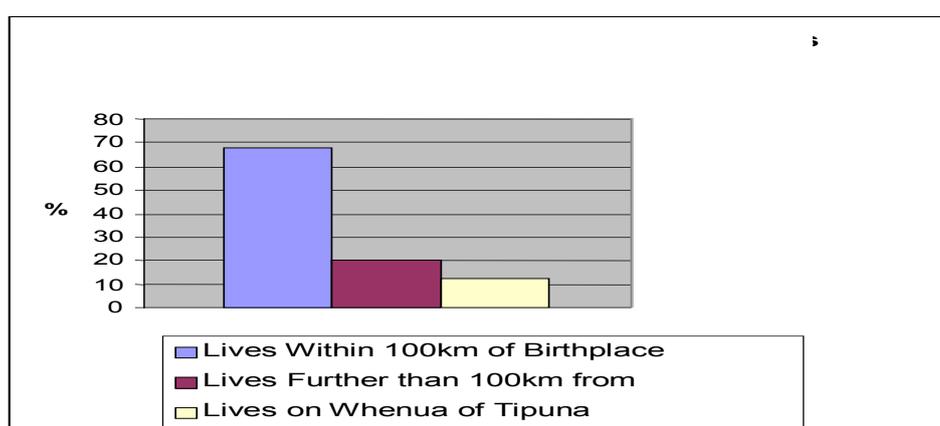
Figure 7-2: Kaumatua Key Informants – Gender



Description

The gender distribution of kaumātua participants reflected the kaumātua attendance at marae based hui held during the dissemination of information. Females also dominated attendance at hui. This mirrors the national gender dispersion of Kaumātua where females provide a greater percentage of the total kaumātua population.

Figure 7-3: Kaumatua Key Informants – Residence in Relation to Birthplace



Description

67.5 % of kaumātua currently live within 100 kms of their birthplace.

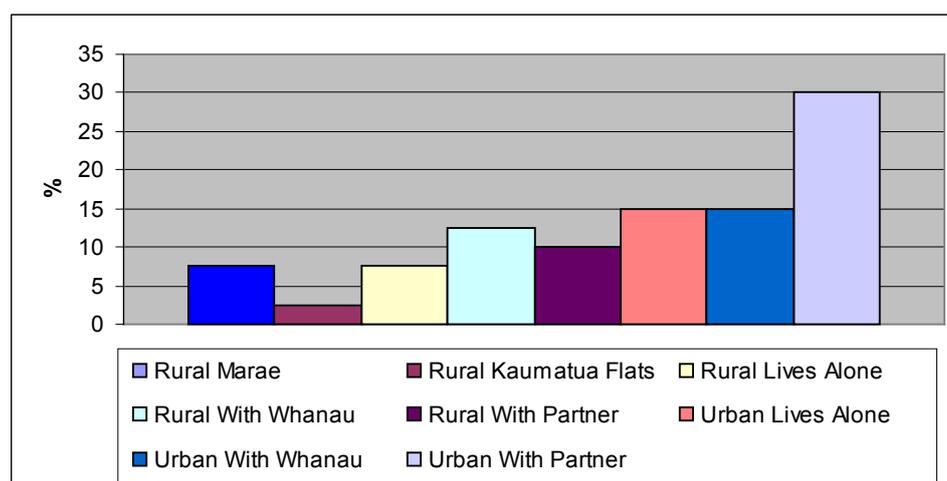
20% of kaumātua currently reside away from their birthplace for reasons of marriage and work.

12.5% had moved from their birthplace back to the whenua of their tīpuna.

80% of the participants now live in close proximity to the whenua that contributes to their whakapapa, and to their whanau. Kaumātua expressed the view that they were now able to participate in the upbringing of their mokopuna (grandchildren) domiciled in the area.

From discussion with kaumātua participants, it was apparent that they had a special relationship with both whānau and whenua, and that this influenced their perception of the world in which they lived and to which they related.

Figure 7-4: Kaumātua Key Informants – Current Domicile Status



Description

- 7.5% of kaumātus reside in a rural area on marae.
- 2.5% of kaumātua reside in a rural area in kaumātua flats.
- 7.5% of kaumātua reside in a rural area and live alone.
- 12.5% of kaumātua reside in a rural area with whānau.
- 10% of kaumātua reside in a rural area with partner.
- 15% of kaumātua live alone in an urban area.

- 15% of kaumātua live with whānau in an urban area.
- 30% of kaumātua live with a partner in an urban area.

In total, 40% of kaumātua live in a rural area and 60% of kaumātua live in an urban area. These data both reinforce and provide a further dimension to the developing kaumātua profiles.

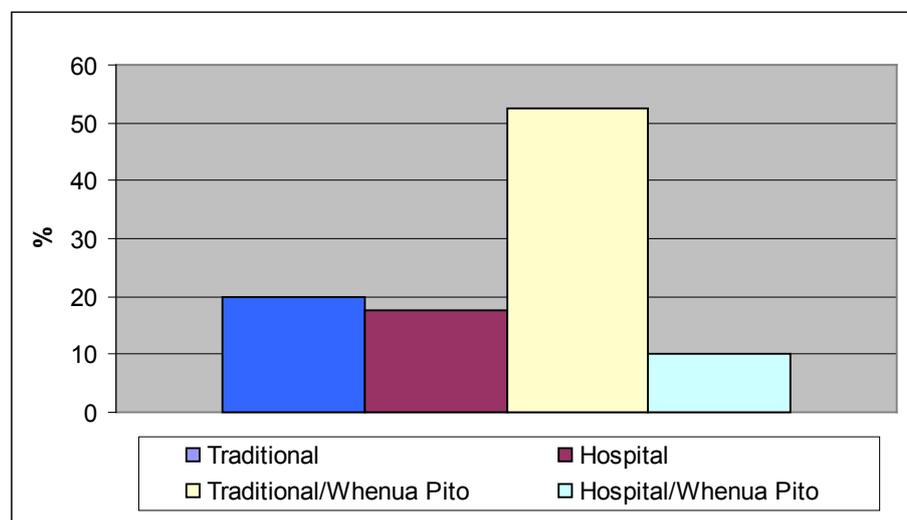
Birth and Its Associated Rituals

Kaumātua defined traditional birth as being born either at the marae, or at the home of their koro and kuia (old man and old woman), or matua and whaea (father and mother). In this environment, the pregnancy, birth process, and the immediate care of mother and her pepe (baby) were managed by koro and kuia, with a traditional midwife assisting as required. Other whānau members, including matua, whaea and tane, were present and participated at the delivery. In one instance, a medical doctor attended to ensure the safety of the pregnant wahine.

The rituals associated with childbirth were observed, and the whenua was inspected meticulously on delivery by the kuia. Karakia was an important part of the birth process. The whenua was often placed in a specially prepared container before returning to Papatūānuku. Following its separation from the pepe, the pito (umbilical cord) was placed in a designated place.

The significance of these rituals relates both to the observance of identified values and cultural practices, and to the relationship that exists between the whenua, pito, and the placement of these with Papatūānuku.

Figure 7-5: Kaumatua Key Informants – Birthing Type



Description

- 20% of kaumātua had traditional births, but were unaware of the placement of whenua and pito. They stated that their kuia or their whaea knew of this, but it was never discussed.
- 17.5% of kaumātua had hospital births and were unaware of the placement of their whenua and pito.
- 52.5% of kaumātua had traditional births and were aware of the placement of their whenua and pito.
- 10% of kaumātua had hospital births and were aware of the placement of their whenua and pito.

In total, 62.5% of the kaumātua were aware of the placement of both their whenua and pito.

Kaumātua shared a series of stories relating to the birthing process. KKI 28 regularly visits the farm on which she was born to say karakia in the pine plantation where her whenua was placed. KKI 10 tells of the suppression of the role of traditional midwife, an English trained midwife arrived in the small

town in which she was born. All deliveries were to take place in the local maternity hospital, and traditional midwives were forbidden to practise. The traditional rituals associated with whenua and pito were not observed in these instances. This action was possibly part of the process that followed the suppression of the role of tohunga, when other traditional healers were also forbidden to practice.

In some instances, women delivering in designated hospitals were required to remain in hospital until the pito had separated. According to KKI 27, this practice was in place between the 1920s and 1950s. This action meant that mother and child were sometimes separated from whanau for 2 or more weeks, and bonding between pepe and whānau was delayed. Until the late 1970s, whenua and pito were not offered back to wāhine Māori, even when requested.

KP1 tells how her Nanny, a traditional midwife, would deliver the whenua; examining it carefully and chanting karakia as she did this. She says:

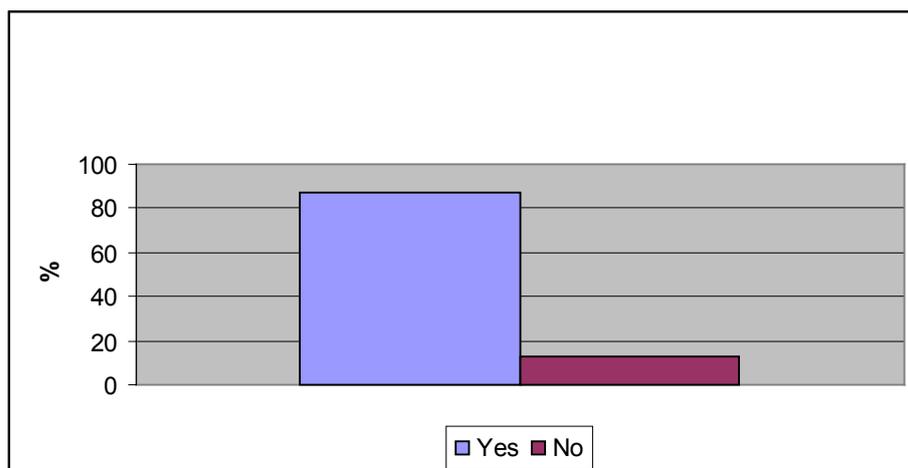
I remembered this later in life when I had seen a hospital midwife examine a placenta for completeness, and it came to me that this is what I saw my Nanny do. Nanny observed the tikanga that was associated with this, and she made the whenua part of our whanau. It was treated with respect.

KP31 states:

Although I was born here, my whenua and pito were returned to my mother's people, and taken up the awa to a special place. It is the people from that place that taught me about myself and what was expected of me.

There appears to be a positive relationship between the type of birth an individual had, the knowledge of the placement of whenua and pito, and the place of current domicile. Together, these strengthen the individual's relationship with whenua, and with whānau and hapū members.

Figure7-6: Kaumātua Key Informants – Te Reo Māori as First Language



Description

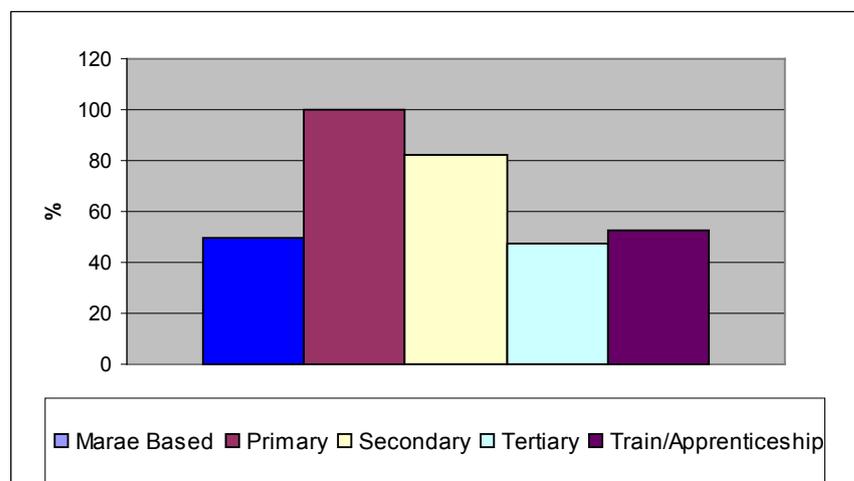
87.5% of Kaumātua stated that te reo Māori was their first language, and that they had learned this in a whānau setting.

A number of kaumātua started school without knowing the English language. When KP5 transferred from a native school to a general primary school, he expressed his concern that English was the only language spoken in the classroom. Another Māori student, who spoke English, had to translate for him.

KP5, KP13, and KP35 spoke of the beauty of Te Reo Māori, and of how it was so much more expressive than the English language. They spoke of the gradations of meaning for many words, and of their hope that their mokopuna would become fluent speakers of Te Reo Māori.

KP12 and KP35 spoke of

Te Reo Māori as belonging to Māori, and that it should never be compromised. The language belongs to Māori, it is ours.

Figure 7-7: Kaumatua Key Informants – Educational Background

Description

- 50% of kaumatua said their first educational experience occurred on the marae, with kuia and koro as kaiako.
- 100% of kaumatua had attended primary school.
- 82.5% of kaumatua had attended secondary school.
- 47.5% of kaumatua had attended post-secondary educational organisations.
- 52.5% of kaumatua had had training and or apprenticeship experience.

Marae-Based Education

The marae-based experience took a number of forms, beginning in the pre-school years and, for some, continuing until they joined the workforce and beyond. One participant reported that the hapū provided obligatory wānanga 1 day a week, even after they had begun primary school.

Others spoke of learning skills in household management and gardening to provide enough produce for the whānau; to ensure the kaumatua had sufficient wood for the winter; and to provide health and welfare care for them.

KKI 12 commented:

I don't know why we ever left the marae and went to schools; we were taught all we really needed to know at the marae.

KP18 stated:

When I started primary school, I continued to have one full day a week when I attended a wānanga and continued my learning with the old people. The war (WW2) stopped this kind of learning; and we had to help on the marae, in the gardens, and with other jobs. I continue to respect our old people and to practise our tikanga; we knew our whakapapa.

Primary Schooling

KKI 19 described how, when she was in Standards Five and Six at a country state school:

The kids from the marae spent one day a week at the home of a Pākeha, doing housework, gardening and the weekly wash for them. It was a full day, but we Māori had to be taught to have clean homes!

Some males reported starting school quite late, at between 8 and 12 years of age. KKI 14 said this was so that:

We could play rugby for the school and be part of the boxing team.

KKI 11 reported starting at primary school at aged 8 and deciding to excel:

There was a prize of a china tea set for the student who came top of the Standard Six class. I wanted that tea set and I topped the class in all subjects, but I didn't get the tea set.

Those who started school later spoke of feeling stupid, because they were so much bigger than their Pākeha classmates.

5% of primary students led itinerant lives accompanying their matua in his seasonal work. They moved from school to school, returning to whānau in

the off-season. They spoke of being concerned that they did not have the same opportunities as their peers.

The change from native to primary schools caused stress to young Māori – marginalisation of Māori pupils occurred. KP3 and KP5 reported:

We were open to a lot of labelling; we had never before been called 'nigger', 'dirty Māori', or been laughed at when we tried to speak English.

KP13 said:

While we were at primary school my whaea and kuia taught us a lot about home management; we learned about how to gather kaimoana and to this day I have remembered to respect Tangaroa , and never to take more kaimoana than we needed. We knew our whakapapa and we spoke only Te Reo Māori; we acknowledged the rituals around gathering kaimoana and we gave thanks for our kai.

Four (10%) kaumātua, KKI 7, KKI 20, KKI 27, and KKI 37, reported attending various schools for short periods of time. The 5% (2) who made the transition from a native school to a larger primary school reported discrimination, in the form of name calling and marginalisation, in some of the school activities.

One of the features of attending primary school was that whānau were also in attendance, so that there was always support available. Another reported feature was that the 'Māori' were called on to entertain visitors with poi, haka and waiata , *we felt 'showcased'*.

Secondary Education

Secondary school provided a lonely environment. Whānau were not always available, and in some cases there would be a single Māori in a class of up to 30 students. Teachers changed for each subject, and the sheer numbers of students caused concern to some kaumātua. KKI 36 stated that:

at the end of two years I could not face attending this large school with so many pupils, I remained lonely, so I left school and worked in a milk bar.

KKI 30 reported that:

I wanted to be a nurse and knew that I had to study hard to achieve this. Being the oldest of a large family, and living in a small house close to a marae, the family always had whānau staying and I frequently had to give up my bed to a visitor; which meant that sleep was difficult at times. I was also expected to assist with the siblings after school, so that invariably I did my homework on my schoolbag, travelling by bus to high school.

Education was coveted for mokopuna and KP8 reports that

I went to a Māori Girls School. The whanau supported us in our education, so we moved as a whanau from Wharekauri to Christchurch, we brought all our belongings including the piano and lots of kai. We settled in several houses, and we lost something of being whanau.

The average time at secondary school was 2 years. Those who continued were encouraged to do so by whānau, who provided all the support they could.

Post-Primary Education

Post-primary educational institutions were attended by 47.5% (19) of kaumātua – some immediately after leaving school, attended Teachers Training colleges, 10% (4), or those entering hospital Schools of Nursing, 10% (4). Of the remaining 27.5% (11) attended wānanga and universities for short programmes, or completed full degrees.

Of those kaumātua who had various types of training or apprenticeships, 7.5% (3) became cadets in government departments. They had to leave home and relocate into hostels in cities. KKI 3, and KKI 30 reported suffering from frequent illnesses; and having their whaea journey to the city and take

them home to be restored to wellness through the use of karakia and traditional methods of healing. Some helped with whānau businesses for a number of years, and then sought training and apprenticeships in dairying, cheese making, managing marae development programmes, hotel management, and community health work.

Findings 2: Kaumatua background data

The data collected from kaumātua in the first part of this research indicate that the age range and gender of the participants closely mirror the national pattern for older Māori.

There is evidence to suggest that a positive relationship exists between the birthing process, observance of cultural practices relating to the placement of whenua and pito, having Māori as their first language, and having one's first educational experience on a marae. Kaumātua who demonstrated this relationship as part of their development were also more likely to identify values as being integral to hauora with consistent understanding.

Where the current area of domicile is within the vicinity of the area of their birth, kaumātua demonstrated a positive relationship and interconnectedness with the identified values contributing to hauora.

Educational experience outside the marae was tolerated during the primary school period, because whānau were present to provide support. Some participants reported marginalisation as a result of their inability to speak English, being showcased, being singled out for domestic science education, and not being treated with equity.

Once participants graduated into secondary education they found it a lonely experience and felt unsupported. The exception was the 7.5% (3) who attended supportive Boarding Schools for Māori.

At tertiary levels and trade training programmes, Māori were motivated to succeed. They set goals for themselves and proceeded to achieve these.

The Phase 2 Part 1 data indicate that the two groups of kaumātua have similar perceptions in the demographic and personal data analysed. The data

also provide insight into the importance of such things as having a traditional birth, knowing where one's whenua and pito are, having Maori as the first language, and having one's first educational experience on a marae. The data also strengthen understanding of identified values and contribute to the constancy of these.

Findings 3: Values identified by kaumātua.

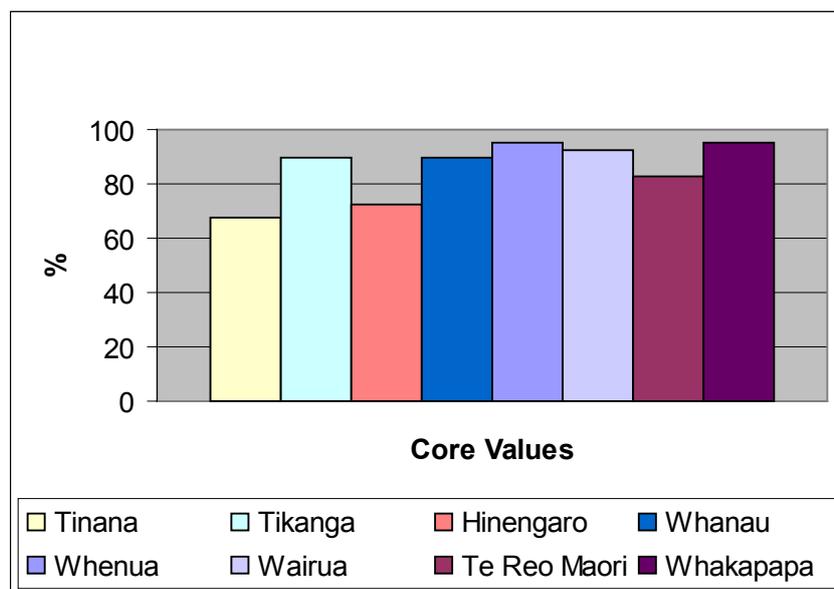
In this section of the research, kaumātua were invited to identify the values they viewed as being integral to hauora. The results (see Appendix 8) are recorded below in a series of bar graphs. They provide information about the values identified and the understanding the kaumātua have of these values. The constancy of the understanding of identified values is also presented.

To provide a level of validity at the end of the interview, a list of the values was presented to each kaumātua for comment. If there were any changes to be made to the original list provided by them, these were discussed; and if it was their wish, values were added.

In addition to the structured questions that invited kaumātua to identify values integral to hauora, kaumātua were asked about their understanding of these values and whether this understanding had remained constant over time. When some change in understanding of the values was evident, kaumātua were invited to provide reasons for this change.

This phase of the research provided further unsolicited stories about the acquisition and understanding of the identified values. Some of these stories have been included to reinforce the identification and understanding of the values conveyed by kaumātua.

Figure 7-8: Kaumātua Key Informants –Identified Core Values



Description

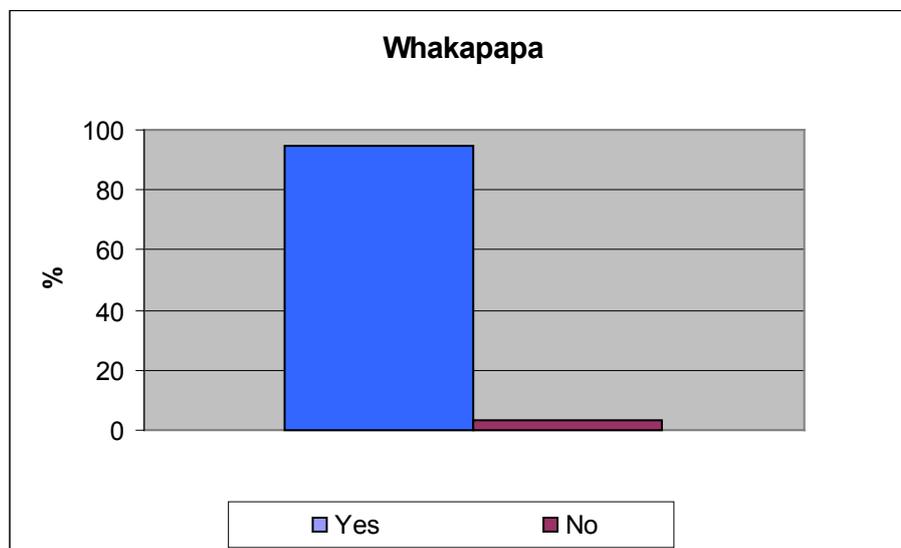
Eight prime values were identified, and will be expanded on individually. Further values were identified at lesser frequency, and are recorded in Table 7.2. All identified values are listed in the table below. Kaumātua identified three groups of values from the data collected.

Table 7-1: Kaumatua Key Informants - Grouping Value-Set

| Group 1: 80–95% | Group 2: 67.5–75% | Group 3: less than 10% |
|-----------------|-------------------|------------------------|
| Whakapapa | Hinengāro | Karakia |
| Whenua | Tinana | Aroha |
| Wairua | | Manaākitanga |
| Whānau | | Koha |
| Tikanga | | Whakapono |
| Te Reo Māori | | |

Whakapapa.

Figure 7-9: Kaumātua Key Informants – % Identifying Whakapapa as a Core Value



Whakapapa is the value that links individuals to the world in a holistic way. It contains one's history and one's future. It includes who an individual is, where they originate from and who and what they relate to. (KKI 4)

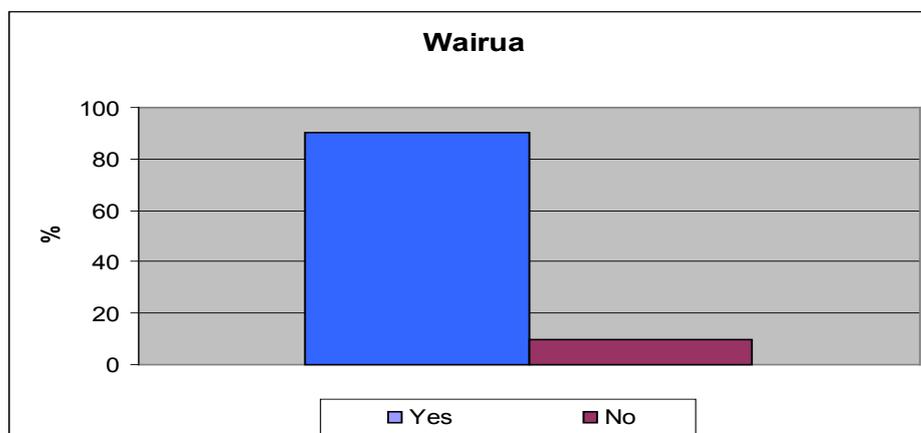
Included in this are the creation stories and whakapapa explains the effect of these upon the world in which we now live. (KKI 3, 31, 35)

95% of kaumātua agreed that whakapapa was a positive value.

5% disagreed; KKI2 and KKI5 expressed the view that *they had never thought of whakapapa as having anything to do with hauora.*

Wairua.

Figure 7-10: Kaumatua Key Informant – % Identifying Wairua as a Core Value



Description

92.5% of kaumātua agreed that wairua was a positive value influencing hauora.

7.5% of kaumātua disagreed.

KKI 35 you are born with wairua; as you grow so does your understanding of the value. Wairua belongs to the inner self.

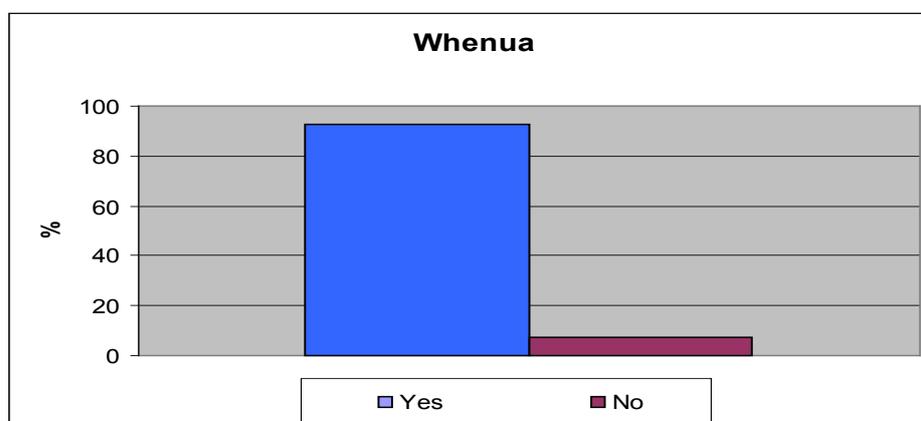
KK31 Wairua is nurtured by your tīpuna, your Kuia, Koro, your whānau and hapū

It is the influence of life and teachings that one experiences, that nurture wairua and influence the way in which you perceive and live your life. (KKI 9)

Wairua, like whakapapa, is interconnected to all the other values, which impinge upon the way you feel about yourself and others. If you are able to balance wairua and the other connected values, you are able to perceive the world in a balanced manner. (KKI 12)

Whenua.

Figure 7-11: Kaumātua Key Informants – % Identifying Whenua as a Core Value



Description

Whenua, like whakapapa and wairua, is part of an interconnected whole. It forms part of an individual's view of their world. It refers not just to the land but to all the elements that contribute both from a tangible and intangible perspective; it specifically refers to the land to which an individual and their whānau and hapū relate; it is part of an individual's whakapapa. It also refers to the placenta/whenua and the cultural practice of returning the whenua back to its source – Papatuanuku.

Similarly, one takes from the whenua special qualities, that become part of your inner-self, or your wairua (KKI 8)

Emphasising the importance of interconnectedness and interrelationships of identified values (KKI 27).

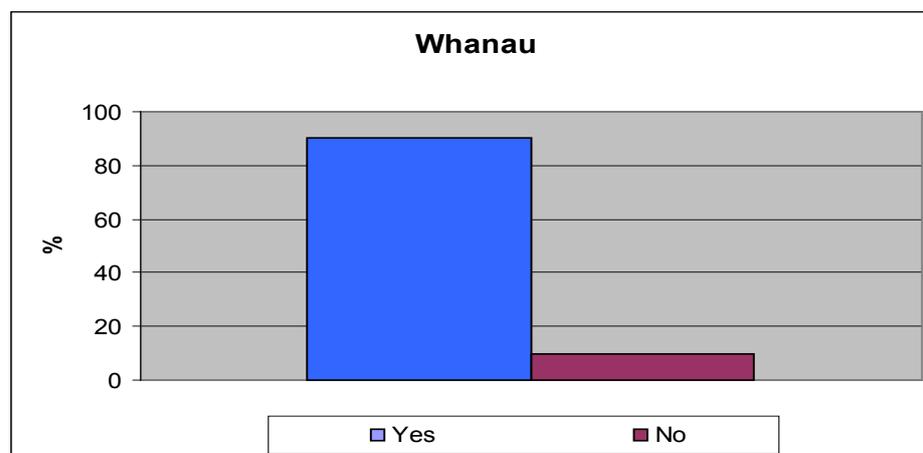
The practice of having a Kuia or Koro deliver and accept the whenua at birth and then place it back with Papatuānuku too is significant, as it emphasises your relationship with the land and the link you have with your tīpuna. (KKI 28)

95% of Kaumātua agreed that whenua was a positive value of hauora.

5% disagreed as they did not see the relationship between whenua and hauora.

Whānau.

Figure 7-12: Kaumātua Key Informants – % Identifying Whānau as a Core Value



For kaumātua, whānau is a value of which everyone has had some experience because it encompasses the notion of birth and the collectivity of being. Whānau may relate to a culturally dynamic group, not necessarily a nuclear group but one in which positive relationships and similarity of interests is fostered. The literal translation is family; however, we are all part of a whānau structure. This is evidenced in many of the comments made to me during the interviews.

I enjoyed my early schooling because I was with my whānau. (KKI 19, 21)

We were really poor and all we really knew was work. We had to grow enough in our gardens to feed the whānau. We had two sets of clothes, one for school and one for working at home. I had to help Nanny and my Aunty look after my mother, as well as work in the garden and go to school. That is all I knew about growing up. Our whānau were important; we knew our whakapapa and our tikanga. (KP4)

One kaumātua provided a particularly perceptive explanation of whānau and of being educated on a marae when he said:

We learned to listen to what was being said by our old people at an early age. As we grew older, we were taught about helping in the

gardens, then in the kitchen. We had to see that there was enough wood for the old people's fires in the winter. As we grew into teenagers, we had the task of ensuring that our old people were well provided for; that meant seeing that there was enough wood and water. When one of the old people took sick, the rangatahi stayed with them to ensure that the basic caring was done; and if they got worse, other kaumātua came and took over the care; but we were still responsible for the basics. (KKI 31)

Whānau can be described as family – a group of people providing support for each other. They may have a shared whakapapa, a shared experience of place, lifestyle, and the influence of significant people. In the contemporary world, there is a broader meaning that all participants appeared to accept, namely:

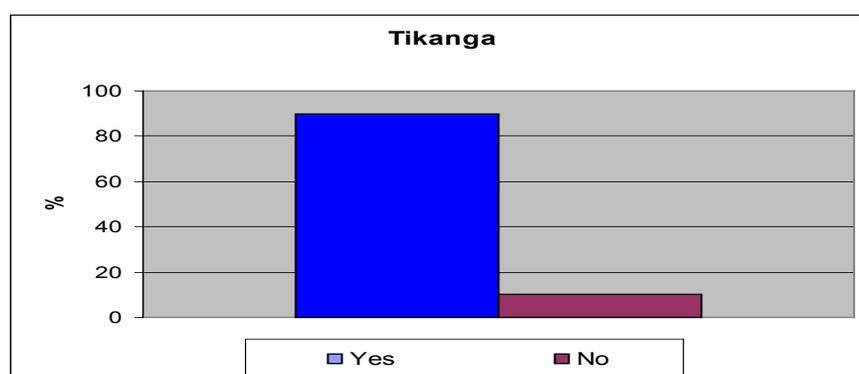
Whānau can include people who have shared experiences and who share a common place, or set of goals, they relate positively to one another and provide support and nurture each other (Durie, 1996 p72 Metge, p85 1995).

90% of kaumātua agreed that whānau was a positive value that influenced hauora.

10% of kaumātua disagreed.

Tikanga.

Figure 7-13: Kaumatua Key Informants – % Identifying Tikanga as a Core Value



You have said to me during the interviews that tikanga is handed down from our tīpuna; they have given us an understanding, not only of what is right and what is wrong, but also in what situations these teachings apply. In response to this kaumātua provided the following response

Tikanga is not a static concept. It can change its focus over time, in response to the changes that occur in one's circumstances, in changing lifestyles, and the requirements these may place upon us. (KP31)

The essence of tikanga remains central to our understanding and reflects the teaching we have received from Tīpuna, Koro, Kuia and other significant people. (KP31)

Tikanga exists within hauora, and is part of the interconnectedness of the values that shape it.

There is tikanga that is associated with childbirth, (KKI 6, 9, 13, 26, 27, 28, 31, 33, 34), tikanga which is associated with the gathering of kai, (KKI 8, 13, 17, 29). There is in fact tikanga that guides us in everything we do. (KKI 31)

In today's world tikanga has a changing meaning. We were taught about tikanga by our koro and kuia, and these teachings came from our tīpuna. (KKI 31) What is happening today is that many of the actions have been changed to suit modern day conditions, and the true understanding has been lost. (KKI 17, 12, 16)

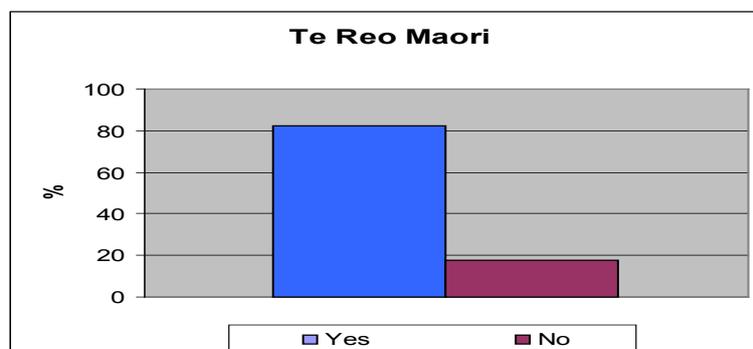
Understanding true tikanga, and incorporating it into your life, shapes your wellness; and this is what you want to retain and reclaim for your mokopuna. (KKI 40)

90% of kaumātua agreed that tikanga was a positive value influencing hauora.

10% of kaumātua disagreed.

Te Reo Māori.

Figure 7.14: Kaumatua Key Informants – % Identifying Te Reo Māori as First Language



Description

82.5% of kaumātua agreed that Te Reo Māori was a positive value influencing hauora.

17.5% of kaumātua disagreed with the notion that Te Reo Māori was a positive value. A number of kaumātua did not learn Te Reo Māori until later in life; and 5% still do not have an in depth knowledge of Te Reo Māori.

KKI 12 stated Te Reo Māori is the language given to Māori; it is ours, and should not be compromised.

Some kaumātua (KKI 5, 14, 18, 31) commented that understanding modern Māori was difficult at times, as the meanings get confused.

When something is expressed in the Māori language, it carries with it a deeper meaning, which has special significance for the speaker. The speaker hopes to communicate the meaning, and the way in which they are using the language, to the person(s) being spoken to. (KKI 13)

When you are teaching your tamariki or your mokopuna, Te Reo Māori carries with it greater depth; and it sounds less harsh than when you try to express the same thing in English. Take the word mimi, for

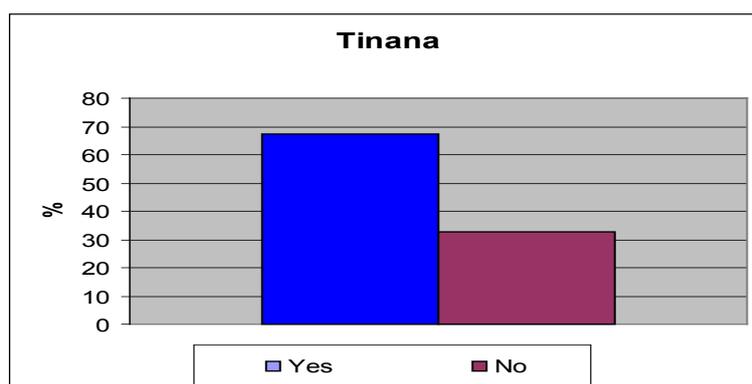
example, it is easier to convey to tamariki what this means, than trying to explain the Pākeha word pee or urine. (KKI 13)

The Māori language is rich in colour and expression. If, for example, you are talking about the sky, the shades of colour can be expressed in such a way as to convey a range of one colour, and the meaning of the words conveys so much more than its Pākeha counterpart, so that you can understand the time of day, the weather, and something of the whakapapa of the sky. (KKI 21)

There was also understanding of the process of colonisation and the efforts of the colonisers to suppress the language (KKI 3, 5, 6, 11, 14, 19, 27, 39).

Tinana.

Figure 7-15: Kaumatua Key Informants – % Identifying Tinana as a Core Value



Description

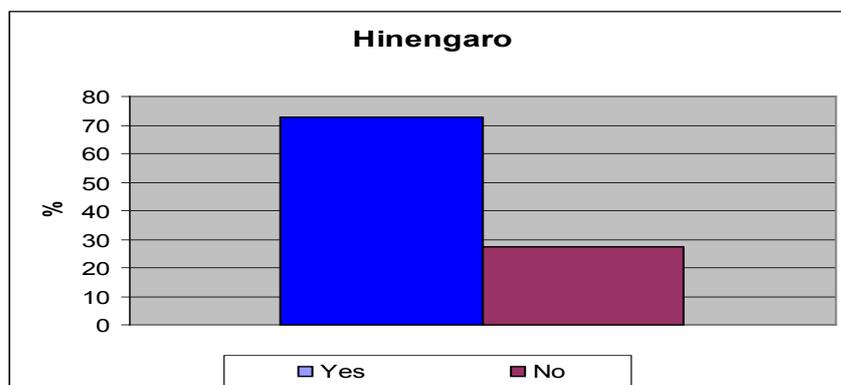
Tinana refers to the physical dimensions of hauora. It should not be understood in isolation, but rather, where the tinana is impaired, it is often an indicator that there are other factors at play.

The wairua is inside the tinana. (KKI35)

67.5% of kaumātua agreed that tinana was a positive value contributing to hauora.

Hinengaro.

Figure 7-16: Kaumātua Key Informants – % Identifying Hinengaro as a Core Value



Description

It was generally believed that hinengāro was a component of wairua, and therefore did not have to be identified separately. The overt use of the term hinengāro was relatively new, and the kaumātua had not had experience of this.

Hinengāro is that part of hauora which focuses upon one's innermost thoughts and feelings. It balances with all the other values, which make up a positive hauora for each individual. It is recognised that when one's hinengāro is repressed, or becomes an individual's sole focus, positive wellness is not achieved. (KKI 4)

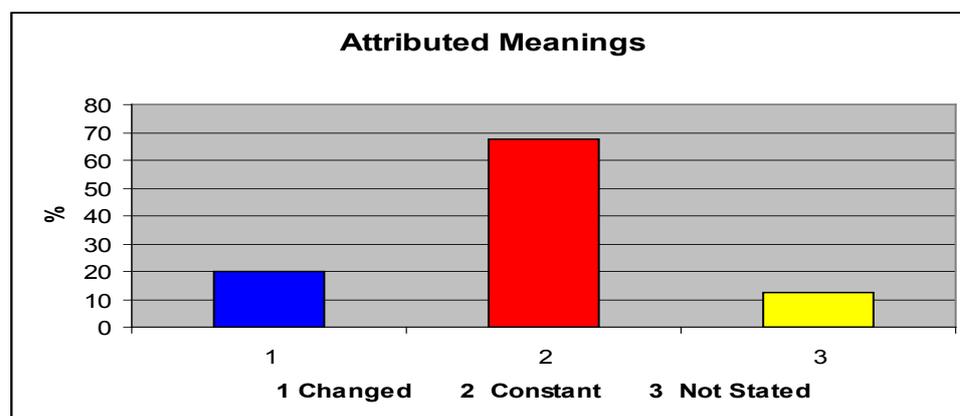
Hinengāro is interconnected to all other values, which influence hauora. You can observe rangātahi in their quest for establishing their whakapapa, which allows them to relate to place, time and people. With help this can be achieved, and the hinengāro will gradually become part of the whole. (KKI 40)

72.5% of kaumātua agreed that hinengāro was a positive value contributing to hauora.

17.5% of kaumātua disagreed.

Constancy of Understanding.

Figure 7-17: Kuamatua Key Informants – Level of Constancy of Understanding Values



Description

67.50% of kaumātua stated values remained constant.

20% of kaumātua stated that values had changed.

12.50% of kaumātua were unable to make any connection between identifying the core values, and expressing a view as to whether the meanings were constant or had changed. Reasons given for change in meaning included the process of colonisation; the loss of the use of Te Reo Māori; and the need to adapt to a changing environment, where new values, and reduction in the depth of meaning, characterised their understanding of core values.

Key Kaumātua Informants – Validation of Identified Values

To validate the research findings and the understandings of the identified values, I prepared a report of these findings (see Appendix 6) that I forwarded to kaumātua respondents. I asked kaumātua to read the prepared report and either complete an attached questionnaire, or to contact me directly with comments (see Appendix 7)

A total of 62.5% of kaumātua responded.

Summary of validated results is presented in Table 7.2 and 7.3.

Table 7-2: Summary of the Identified Values. Numbers and % Frequency

| VALUE | AGREE | AGREE IN PART | DISAGREE |
|--------------|-------|---------------|----------|
| Whakapapa | 18 | | |
| Wairua | 18 | | |
| Whānau | 18 | | |
| Whenua | 18 | | |
| Tikanga | 18 | | |
| Te Reo Māori | 16 | 2 | |
| Hinengāro | 17 | 1 | |
| Tinana | 17 | 1 | |

Table 7-3: Kaumātua Key Informants – Validation of Values

| VALUE | AGREE | AGREE IN PART | DISAGREE |
|--------------|-------|---------------|----------|
| Whakapapa | 18 | | |
| Wairua | 18 | | |
| Whānau | 18 | | |
| Whenua | 18 | | |
| Tikanga | 18 | | |
| Te Reo Māori | 16 | 2 | |
| Tinana | 18 | | |
| Hinengāro | 18 | | |

Summary of Kaumātua Findings

The identified values

The values identified by kaumātua have been divided into 3 groups (see Table 7.2). The values identified in Groups 1 and 2 have been described using the actual words of kaumātua, conveying their own descriptions of their understanding of the values and, in some instances, the manner in which these are applied.

It is significant that 67.5% of the kaumātua have an understanding of the application of the identified values that have remained constant.

The values identified by participating kaumātua are a living component of their perception of hauora, and are viewed as part of an interconnected and holistic whole.

Kaumātua commented that a change in one value affects perception of the other values. For example, where whenua (land) is removed from hapū ownership, changes occur in wairua, which in turn affects the perception one may have of hauora. This reinforces the view expressed by Durie (1996).

The korero of the kaumātua belongs to them. I have simply recorded their understandings of the values, which have helped shape the next phase of this research.

Findings 4: The Core Value-Set for Kaupapa Hauora Māori

The values that shape kaupapa hauora Māori originate in te ao Māori and are integral to hauora. I have been able to identify a possible set of 'candidate' values from the literature through the writings of (Durie, 1994; Jackson, 2002; Marsden, 1992; Metge, 1995; Pere 1991). From this source within the literature, and from my interviews with kaumātua, a core value-set has been identified these are: whakapapa, wairua, whānau, whenua, tikanga, te reo Māori, tinana, and hinengaro.

The following descriptions of these values are a synthesis of the research findings and the literature. To understand these values in the contemporary world, it is necessary to recognise that the process of colonisation may have influenced the original understandings. People's experiences account for different interpretations of values, although the integrity of the original meaning is preserved within a Māori intellectual tradition. While it is possible to understand and operationalise these values within a KHM research framework in the contemporary world, it is also important to be aware of the original understanding and application applied by our tīpuna in te ao Māori.

The core value-set that has become identified by this research, i.e., whakapapa, wairua, whānau, whenua, tikanga, te reo Māori, tinana, and hinengaro, are described in the following sections. Each value is described based on the research data and the process of peer review by kaumātua, a perspective I have taken as paramount.

Whakapapa

***Tatai whetu ki te rangi,
tatai tangata ki te whenua (Mikaere Kawana)
Like the stars are connected to the sky,
the people are connected to the earth***

As a core value whakapapa relates largely to human ancestry and relationships and is central to the concept of hauora. Whakapapa holds the key to personal history in a multi-dimensional way. Through it, individuals can establish who they are, where they are from, how they relate to whenua (earth, afterbirth), and how they are placed in the history of their whānau (family). For some, whakapapa is perceived as part of the life-span – beginning at pre-conception and continuing after death – and they describe this life-span as a cohesive whole. As whakapapa is described, words and visions attributed to tīpuna, and to the cosmogony that contributes to history, are included.

This value is present in both a temporal and spatial sphere – Ranginui and Papatuanuku both existed in Te Ao Māori, and emerged into Te Ao Marama. In this situation, whakapapa represented the relationships between humankind, the elements, the whenua – all have whakapapa that interconnect and intertwine, one with the other.

Whakapapa provides information about relationships and identity. When applied in a variety of situations, this information becomes ordered. It can be added to existing knowledge, or used to create new Māori knowledge. It is the manner in which the information is ordered that permits the creation of new and specific knowledge (Wenn, 1993).

Whakapapa provides an organisational framework and, literally translated, can mean: to activate, to cause to bring into being, to create active foundations (Takino, 1998)

It is accepted that whakapapa includes and describes relationships between humankind and the world in which individuals live. The events in history include the cosmogony and the creation stories it contains. Whakapapa is a value that binds us, and gives meaning to our world – everyone and everything has whakapapa.

Our people gave meaning to life and found its origins through the interactions of a complex whakapapa that transformed darkness into light, ‘nothingness’ into a dazzling reality, and a void into a life filled experience. Such is whakapapa. (Jackson, 2002)

Wairua-Hinengaro-Tinana

He wairua reretonu, ka rere ake nei

Hauora or optimal health allows us to achieve anything.

Wairua is a complex core-value that, for hauora, *provides a centrality to life, and living* (Marsden, 1992). Wairua may be described as the spiritual dimension of the inner-self. Everyone is born with wairua and has the potential to optimise it, but the manner in which wairua is expressed is a product of an individual’s experience and perception of the world in which he or she lives. It allows an individual ‘to be’ and, like all other aspects of te ao Māori, has a whakapapa that links it to one’s mauri, providing the elemental energy for growth. Thus, wairua is central to hauora. Its presence allows an individual to balance the inner-self with the rigours experienced in the physical world, by providing a spiritual dimension to life, symbolism, and beauty, and an explanation of how one perceives the world and understands both individual and collective hauora.

According to (Marsden, 1992), within Te Ao Māori the universe is perceived as a two-world system, in which the material proceeds from the spiritual, and the spiritual interpenetrates the material and the physical. At the time of

creation, each living thing within the world was given mauri (a portion of the sacred fire), and this contributes to wairua. Wairua is inclusive of:

- the existence of spiritual beings,
- the existence of a spiritual realm which intersects with the human world, and
- the existence of a spiritual dimension of life in this world.

Wairua permeates all activities, and is nourished through positive interaction with people and with the taonga of te ao Māori.

Hinengaro

Hinengaro refers to emotional health and the expression of thoughts and feelings. According to Durie (1998c) this value is located within the innerself. Maori accept that hinengaro is vital to health. Hinengaro supports the notion of holism; it involves the '*intangible qualities of knowledge, wisdom, memory and intelligence*' (Palmer, 2002). The word itself indicates that there are both tangible (overt) and intangible (covert) aspects of this value.

Tinana

Tinana refers to bodily health and is inclusive of a set of rituals associated with the physical functioning of the body (Durie, 1998c). Various rituals are practised that are associated with the maintenance of personal equilibrium. These rituals reflect various levels of importance, and are required for different parts of the body and for different purposes. Palmer (2002) maintains that it is through tinana that we keep the physical attributes of our tipuna alive

She states (p128) *Tinana is able to reflect each stage of our life cycle, our capacity for good physical health and wellness. 'Tinana provides the gift of life'.*

Whānau

Ka tu au, ka tu hoki, toku whānau

A family may be a single person or many

Whānau means to 'be born' and relates to family. It is applied in an intensive and extensive manner; connecting an individual through blood ties, interests, place, and space. Whānau is regarded as a fundamental building block for Māori society – it is upon this concept that society is built and developed. The value-base is characterised by the strength and unity, bound together by shared ancestry, values, beliefs, and goals – all of which are components of whānau.

Whānau provides identity and a sense of purpose. It reinforces the notion of interconnectedness that exists between a person, the whenua, the elements, and other values, for example, whakapapa. Whānau can be identified in cosmogony as the original beings – Ranginui (Sky Father) and Papatuanuku (Earth Mother) - who created a whānau that was inclusive of all living things. Whakapapa within whānau is shared, and relationships with whenua are established.

Metge (1995) defines whānau as encompassing the principles of nurturing, caring and compassion. She describes a spectrum, at one end of which exist whānau, whose members are determined strictly by ancestry or whakapapa (spouses and whangai (foster parents/children) are omitted). At the other end of the spectrum are kaupapa whānau, who are not related through any ancestral link, but who are bound together by shared commitment. (Pihama, 1998) describes whānau as having a more inclusive and expansive potential than is usually recognised. Whānau have the potential to influence health in both positive and negative ways (Durie, 2001).

Whānau conveys a connectedness between people that contributes to positive whānau development. The recent use of the whānau structure as a therapeutic and rehabilitative tool has contributed to hauora in a positive way. Where whānau are unable to contribute positively to whānau development and healing, they are more likely to become dysfunctional, and hauora is not realised.

KKI3 The value whānau is a positive contributor to hauora, and is essential to the development of health services designed to make a positive difference

Whenua

Whatangarongaro te tangata, toitu te whenua

People come and go but the land is permanent

In te ao Māori, whenua is both the land and the afterbirth, or placenta. Individuals, whānau, and hapū have a strong affinity with the whenua.

Following discovery, land could be obtained by recognised claim to title; either through take tīpuna (ancestral right), take raupatu (conquest), or occupation. Ancestral right to land was validated by whakapapa, or through other acts of ownership such as cultivation, the citing of battlegrounds, urupa (burial grounds), papakainga (traditional home), and hunting grounds with tohu (territorial marks).

The custom of placing the whenua (placenta) back into the whenua (earth) connects the newborn with Papatuanuku. The bonding of individuals with the land is central to whenua.

The dual meaning of

whenua serves as a constant reminder that we are born out of the womb of the primeval mother (Marsden, 1992).

Marsden refers to both a primeval and a symbiotic relationship. This implies that whenua has its origins in cosmogony and is interconnected to all other values identified as being integral to hauora.

Tikanga

O tiki ki roto o 'Wharekura' e (Tuteremoana)

Fetches from the wharekura or house of learning

Tikanga refers to what is right: the method, plan, and reason for doing something (Marsden quoted in (Royal, 2002). *Tikanga is the value that provides the appropriate actions and responses to what is morally and socially correct.*

(Mead, 2003) describes tikanga as the Māori ethic, referring in particular to a system of philosophy of conduct and principles practised by a person or

group dealing with what is right and wrong. Tika literally means to be right, tikanga focuses on the correct way to do something. Tikanga Māori provides a system that deals with the norms of society. As such, tikanga is an essential part of Māori knowledge, and provides the processes by which hauora can be achieved. Tikanga reflects the knowledge and the wisdom of our tīpuna, fosters wellbeing, and has the capacity to strengthen and calm situations, whether spiritual or physical in origin.

Tikanga contains the processes by which wrongs can be righted, disputes resolved, and grievances addressed. As such, it should be viewed as a value that interacts with, and is interconnected to, the values that contribute to hauora. Tikanga binds the values of kaupapa hauora Māori.

Te Reo Māori

Toku Mapihi Maurea (Ngati Moe)

My precious pendant

Ko te reo te aha te poutokomanawa o te Māoritanga,

He taonga tuku iho ate Atua (John Rangihau, 1984)

Te Reo Māori is the main supporting pole in the house of Māoritanga.

It has been given from a spiritual source

John Rangihau (1975) suggests that, without te reo Maori, one cannot plumb the depths of Māoridom. There are many things that are incapable of translation, and many concepts that can only be understood in te reo Maori.

The Māori language is the basis and the lifeblood of Māori culture. There is a need for us, as Māori, to retain and regain our language as a source of spiritual power, strength and identity. There is a need to know:

- what our rights are in relation to hauora and healthcare systems,
- what our rights are as we stand on this land, and
- how, through the use of te reo Māori, we can advance this understanding while staying true to our tikanga

This is the essence of tinorangatirtanga, and the use of Te Reo Māori expresses this.

Te Reo Māori is a value that contributes to hauora, and is recognised as having its source within the teachings of our tīpuna. Language is the vehicle by which we express our thoughts, customs, hopes, frustrations, history, mythology, dreams, and knowledge. It is the means by which we communicate, one with another. It is an oral language, passed down through time. As such, it had built into it certain things the communicators felt were important, understood by both the speaker and the listener. Without our own language we cannot have our unique identity, nor can we accumulate the power that we express within our Tino Rangatiratanga.

Summary of Core Values

Eight interconnected candidate core values that influence hauora and its ongoing development have been identified. These central values will be tested through this research to establish whether such a core set of values, integral to hauora, can be said to exist.

Findings 5: Analysis of the health service managers and community health workers data

My analysis of the kaumātua data in Phase 2 of the research, suggests there is a core set of eight values that are integral to kaupapa hauora Māori. In Phase 3 of the research, I discuss those values identified by health service managers and community health workers as being integral to hauora. The participants involved in this part/section of the research were all employed in organisations that state they provide kaupapa Māori health services.

Health Service Managers and Health Worker Participant Results

This section presents the results of the analysis of the data provided by 13 managers, and 29 health workers, employed in 10 organisations that provide community-based health services to Māori. Four organisations were based in Kahungunu, and six in Taranaki

Table 7-4: Professional Qualifications of Health Service Managers and Community Health Workers

| Preparation for position | Manager (n=13) | Health Workers (n=29) |
|--------------------------------|----------------|-----------------------|
| Tertiary | 10 | 4 |
| Nursing | 5 | 10 |
| On the job preparation | 2 | 15 |
| Ongoing professional education | 13 | 29 |

Discussion

Both groups of participants met the requirements for the positions they held as specified in their job descriptions and appeared well-established in these positions. All were committed to providing services to their clients and to ongoing professional development.

Those in managers positions had a low employment turn-over rate, with work experience ranging from 2.5 to 10 years. The work experience of Community health workers was somewhat less, with their tenure with their current employer ranging from 0.5 to 6 years.

All participants are involved in ongoing professional education. Community health workers demonstrated a wide range of job-related qualifications obtained on the job as either day release or block release courses and had gained work-specific certificates.

Kaupapa Hauora Māori Defined

Managers and community health workers were asked to define the concept kaupapa hauora Māori, and their responses were analysed separately to derive the definitions of kaupapa hauora Māori as perceived by each group..

Table 7-5: Kaupapa Hauora Māori – Defined by Managers and Workers

| Managers' Definition | Workers' Definition |
|---|---|
| Identified cultural values that are understood and integrated into the policies and procedures. | Cultural values are central to service delivery. |
| Kaumātua involvement at each level of the organisation. | Kaumātua are relied on for their wisdom and advice. |
| Whanau and hapu participation are integral to decision making. | Feedback is sought from kaumātua. |

| | |
|---|--|
| Tikanga is recognised and practised. | Tikanga of whanau, hapu, and iwi is recognised. |
| Tinorangatiratanga is central to the organisation. Empowerment of whanau and self is crucial. | Tinorangatiratanga and the principles of the Treaty of Waitangi are recognised in service delivery. The service is holistic in nature. The organisation has an accepted kaupapa hauora Māori infrastructure. |

Finally, I asked managers and community health workers to identify the values contributing to hauora and their understanding of these.

Managers and community health workers both expressed the view that:

A kaupapa hauora Māori service was one that focused upon serving whānau and hapū; recognised the tikanga of whānau, hapū and iwi; and integrated these into service delivery.

Whānau and hapū played an integral part in decision-making, and in the dissemination of information relating to hauora. Kaumātua guidance was an essential part of the governance and management process.

The principle of rangatiratanga was upheld, and service delivery was by Māori, for Māori. Cultural values were recognised and addressed.

Health workers made the point that a kaupapa Māori health service was holistic, and that the principles of Te Tiriti o Waitangi applied.

Table 7-6: Determinants of a Kaupapa Hauora Māori Service

| Determinants | Managers | | Health Workers | |
|-------------------------------------|----------|------------|----------------|------------|
| | Count | Percentage | Count | Percentage |
| Values based | 13 | 100% | 28 | 96.37% |
| Whanau & hapu participation | 8 | 60.1% | 16 | 55.02% |
| Kaumātua guidance | 10 | 74.5% | 6 | 20.6% |
| Recognising and integrating tikanga | 9 | 66.6% | 2 | 41.35% |
| Upholding tinorangatiratanga | 6 | 46.6% | 6 | 20.6% |
| Holistic | | | 4 | 13.7% |
| Te Tiriti O Waitangi | | | 6 | 20.6% |
| Te Whare Tapa Wha | | | 4 | 13.7% |

Findings 6: Values Identified by Health Service Managers and Health Workers

Managers and workers identified the values they believed were integral to hauora. I initially analysed these data in relation to the core value-set identified by kaumātua. Table 7.7 compares the identified values and understandings for managers, workers and kaumātua.

Table 7-7: Understanding of core values.

| Kaumātua | Health Service Managers | Health Service Workers |
|--|--|--|
| Whakapapa | Whakapapa | Whakapapa |
| Links individuals to the world in a holistic way. Contains one's history and future, who an individual is, where they come from, and who they relate to. Includes the creation stories and whakapapa; explains them, and the effect of them on the contemporary world. Frequency 95% | Interconnectedness between people, their past, and their future. Links to whānau, hapū and iwi. Organisationally, whakapapa is integral to the success and survival of the health service. It is integral to the achievement of hauora. Frequency 25% | Links you back to your hapū. Tells you who you are, where you come from, where you belong, who your tīpuna are. Frequency 27.5% |
| Wairua | Wairua | Wairua |
| You are born with wairua; it is nurtured by your tīpuna, kuia, koro, whānau and hapū. Wairua belongs to the inner-self. Life, and teachings that one experiences, influence wairua and the way you live. Wairua is interconnected to all other values. It provides balance in life. Frequency 92.5% | Recognition of spirituality inherent in every person. It is a strength and a belief. Keeps the spirit strong. Frequency. 15.3% ¹ | Recognition of an individual's spiritual beliefs and balance. Provides harmony and equilibrium. Frequency 48.3% |
| Whānau | Whānau | Whānau |

¹ Noted as an interconnected value.

| Kaumātua | Health Service Managers | Health Service Workers |
|--|--|---|
| <p>Family, a group of people providing support for each other. They have shared whakapapa, shared experiences of place, lifestyle and the influence of significant people.</p> <p>Frequency 90%</p> | <p>Central to hauora. Contributes to its strength and that of hapū and iwi. The success of service delivery is reliant upon the cohesiveness of whānau. Relates to the interconnectedness of whānau with the universe. Success of whānau ora is reliant on whānau</p> <p>Frequency 66%</p> | <p>Everyone has whānau. Whānau know tangata whaiora best. Provides a sense of belonging.</p> <p>Frequency 48.3%</p> |
| Whenua | Whenua | Whenua |
| <p>The land, particularly that to which whānau and hapū relate. Interconnectedness with whakapapa, wairua.</p> <p>Frequency 95%</p> | <p>Not defined.</p> <p>Frequency</p> | <p>Indicates the land and our relationship with it. Whenua nourishes and heals; there is reciprocity of relationship.</p> <p>Frequency 10.3%</p> |
| Tikanga | Tikanga | Tikanga |
| <p>Tikanga comes from our tīpuna. They have given us an understanding of what is right, what is wrong, and in what situations they apply. It is not a static concept. It can change its focus over time in response to stimuli. The essence of Tikanga remains central to our understanding – it shapes our wellness.</p> <p>Frequency 90%</p> | <p>Indicates what actions are 'tika' in different situations. Provides a framework for direction and practice. Is fundamental to effective service development and delivery.</p> <p>Frequency 46%</p> | <p>A set of collective values that demonstrate the way a culture operates. Defines what appropriate behaviour is. Customary respect for Māori value systems.</p> <p>Frequency 27.5%</p> |
| Te Reo Māori | Te Reo Māori | Te Reo Māori |
| <p>This is the language which was given to Māori; it is ours and should not be compromised. It conveys a deeper meaning, which has special significance for the speaker.</p> <p>Frequency 82.5%</p> | <p>A means of communicating our culture. Should be used as often as possible.</p> <p>Frequency 23%</p> | <p>We need to be familiar with our language and use it whenever possible</p> <p>Frequency 17.26%</p> |
| Tinana | Tinana | Tinana |
| <p>The physical dimensions of hauora. Should be considered in relation to a holistic approach to hauora.</p> <p>Frequency 67.5%</p> | <p>Not defined.</p> <p>Frequency</p> | <p>Physical wellness, contributes to hauora.</p> <p>Frequency 17.26%</p> |
| Hinengāro | Hinengāro | Hinengāro |

| Kaumātua | Health Service Managers | Health Service Workers |
|---|--|--|
| Focuses upon the innermost thoughts and feelings. It balances with all other values concerned with hauora. Frequency 72.5% | Not defined. Frequency | An awareness of all that is necessary for oranga Hinengaro. Frequency 17.26% |
| Other Identified Values | Other Identified Values | Other Identified Values |
| Karakia aroha manaakitanga koha whakapono. | Manaakitanga kotahitanga kanohi ki te kanohi aroha mai aroha atua tinorangatiratanga | Te whare tapa wha, mana, karakia, mauri, manaakitanga, aroha, tautoko, awhi, tinorangatiratanga, tapu noa pono. |
| Frequency less than 10% | Frequency of less than 10% | Frequency less than 10% |

Discussion

Managers and workers identified each value less frequently than kaumātua. A greater number of values were identified at a lower frequency rate. Table 8.7 compares the values identified by each group of participants and the frequency of identification. The understandings of the values for each group of participants are also described.

It is suggested that the reason for the differences in frequency between kaumātua, on one hand and the health services managers and community health workers can be attributed in part to the intergenerational gap between the two groups of participants, different sets of experiences and a more established form of colonisation that influences perception and applies more variables developed from exposure to a western system of education, experiences and understanding of cultural beliefs.

Further factors influencing these perceived differences can be attributed to Crown and funder expectation and the emphasis placed upon health outputs as opposed to outcomes.

This research generated three sets of data from three sets of participants and will be summarised in the following way:

- participant background data,
- identification and understanding of values seen as contributing to hauora, and
- definition of kaupapa hauora Māori.

Summary

Kaumātua Profiles

Background data from kaumātua provides a profile of what it meant to 'grow up Māori'. The cultural values and beliefs have been presented – both individually and as a group. The data provided an insight into the life of kaumātua from the first decade of the 20th century to the present. It provided a profile of life experience; of growing up in an environment of constant change and adaptation over a period of over 90 years; for some it included two world wars, for others one. The majority of kaumātua continue to acknowledge their early teaching and experiences, as is evident in their responses to later questions. A considerable amount of unsolicited information was shared during this phase of the research.

Managers and Health Workers Profiles

The focus here was on work-life, and preparation for positions held. The data provide an overview of the work-life of both managers and health workers; an indication of the preparation they had for the positions they held within organisations; and the time they had spent in their current positions (see Appendix 7 and 7a).

Defining Kaupapa Hauora Māori

I asked the managers and community health workers to describe what they understood by a kaupapa hauora Māori health service. I have presented a possible working definition from the data they provided.

The perceptions of health service managers were influenced by the positions they held. The understandings they provided were influenced by the need to combine what they perceived as kaupapa hauora Māori with their obligations to the funder.

The managers believed they managed a kaupapa hauora Māori service. The perceptions of the community health workers were also influenced by their experience, and their interpretation of the roles they held, that is, delivering health services to clients. Their interpretation was experience and work-related, rather than an organisational/management perspective.

The Identification and Understanding of Core Values

While kaumātua and community health workers identified similar core values, there is some variance between the two groups in the understanding of each value. Of the eight core values nominated by kaumātua and community health workers, managers identified only five. The levels of identification varied, with each group identifying the values with different frequencies.

Kaumātua identified a core set of values, and their understandings were based on experiential learning. The level of agreement among kaumātua was higher than among managers and health workers.

Community health workers identified a larger set of values than their managers. While the values identified were similar to those identified by kaumātua, their understanding of these values was primarily subjective, based on their experience and a desire to provide services with which clients felt comfortable. There was an element of organisational expectation that at times influenced their interpretation. Working and communicating with clients had at times influenced their understanding of the values, and how they applied these both to their personal and their professional lives.

The Constancy of Understanding Assigned to Values

As shown in Fig 7.17, 66.6% of kaumātua thought that the original understandings of the values had remained constant overtime. With the impact of colonisation, and changing lifestyles and expectations, some reported that their understanding of the values had been compromised

through changing beliefs, imposed social systems, and, for some, the necessity of having to survive in the changing world. Urbanisation and technology (including the media) have exerted influence. As a result some participants have one set of behaviours and beliefs that are associated with their cultural world, and another set that are practised in their daily lives. Kaumātua endeavour to retain and reclaim the behaviour that they grew up with and to apply this in their daily lives recognising that at times the effects of colonisation may influence their actions

Managers' understandings of values are closely aligned with the organisational structure in which they work. These understandings have become restricted, for example, the understanding of wairua is closely linked to Christianity, whenua to where one resides, and whānau is frequently interpreted as either the whānau of clients or the whānau in the workplace.

Although managers may demonstrate a wider understanding of identified values, application is restricted. Some managers believe that, by applying a Māori model of health care to health service development the outcome will be a kaupapa Māori service.

Many health providers work within two worlds: the world in which they learned about the values they uphold, i.e., te ao Māori, and the world where structures and organisational goals are imposed. Those workers who are Māori have no difficulty in listening to their clients, and providing the type of service with which the client feels comfortable. The workers then translate the services they deliver into output terms, as required by their contracts. This creates an ethical dilemma, and the workers have voiced their concerns about this dilemma. However, the structure of the health service is such that the manner in which workers provide services is safely hidden in a raft of often meaningless figures.

Conclusions

This chapter presents the research findings that have been generated by applying a KHM research framework and its associated methodology and methods to the data collected from the four data sources viz; the literature

and from interviews with the authors of the three models identified, kaumātua, health services managers and community health managers Kaumātua who provided information for this research did so from an experiential base. They had lived lives where the recognition of values, and the influence these values had on how they thought, learned and lived, were part of their way of life. To illustrate this point, kaumātua shared many stories; some of which reinforced how they learned about values and how they applied these in their lives. They are precious stories that kaumātua have given me permission to share.

Chapter Eight

Combining the Research Findings

Te Whakariterite

To set the path for the future

The data supporting this research have been obtained from five different sources: the literature, kaumātua, health service managers, community health workers, and the authors of three models for Māori health. The purpose of this chapter is to bring together the five sets of data elicited from the research and provide a means of comparing and contrasting these using the kaupapa hauora Māori research framework.

Introduction

The nature of the research undertaken requires that a Māori research framework be developed and applied. Such a framework has therefore been developed from *within* the kaumātua data. These data includes tipuna knowledge that has shaped the perceptions and understandings of the kaumātua world and been combined with the experiential knowledge contributed by kaumātua as they relate their experiences and stories and their understanding of history. It became apparent that the quality and comprehensive nature of the data provided by kaumātua was focused more widely than their responses to the interview questions showed. It was therefore necessary to understand the data in their applied context, which included the experiences and the intellectual pathways from which the identified values were identified and validated.

An emergent research framework was presented initially in Chapter 4, and this demonstrates how the kaupapa (base values) and tikanga (ethics) identified by kaumātua contribute to the aronga or a kaumātua worldview. It is this research framework that allows the concept of kaupapa hauora Maori

to become a reality that has meaning and application in describing hauora as a values-based concept.

As an analogue, the research framework provides the analytic tool applied to the data derived in the research process. The framework described initially in Chapter 3 was applied to all data obtained from the following sources:

- the literature,
- data obtained from interviews with authors of the three popular models for Maori health,
- data obtained from kaumātua interviews,
- data obtained from health service managers, and
- data obtained from community health workers.

These data are presented in a series of tables that outline the research findings and allow for comparison and differences to be identified and explained.

The Values Identified within Each Data Set.

Central to the kaumātua worldview is the identification of values integral to hauora. Table 8.1 below names the identified values within each data set

Table 8-1: The Kaupapa (values) Identified Within the Research Data

| Kaumātua | Whare Tapa Wha | Te Wheke | Nga Pou Mana | Managers | Community Health Workers |
|--------------|----------------|--|-----------------------------|---|---|
| Whakapapa | | | | Whakapapa | whakapapa |
| Wairua | Wairua | Wairuatanga | | Wairua | wairua |
| Whanau | Whanau | Whanaungatanga | Whanaungatanga | Whānau | whanau |
| Whenua | | | Turangawaewa | | Whenua |
| Tikanga | | | | Tikanga | tikanga |
| Te Reo Māori | | | | Te Reo Māori | Te Reo Māori |
| Tinana | Tinana | Tinana | | | Tinana |
| Hinengaro | Hinengaro | Hinengaro | | | Hinengaro |
| | | Mana ake Mauira He koro ma he kuia ma Whatumanawa | Taonga tuku iho Te ao turua | Manaakitanga Kotahitanga tinorangatiranga | Manaakitanga Kotahitanga tinorangatiranga |

Discussion

Examination of the data makes it possible to establish the following points:

- Kaumātua and community health workers participants hold a similar set of core values derived primarily from an experiential base, i.e., the understanding of the values and their application by both groups have been derived from experience and practice. This view is supported in both sets of data.
- Managers identified a set of values that excluded whenua, tinana, and hinengaro, i.e., they identified with only five of the core values identified by kaumātua. There is no apparent reason for this exclusion. I would suggest, following korero with this group of participants, that this is not a true reflection of the position. Knowledge and understanding of these values have been demonstrated by the

managers; however, they have felt some restriction as a result of the positions they occupy within their organisations and the funder expectations of them. The exclusion of *whenua*, *tinana*, and *hinengaro* may relate to the managers' perception of their role in relation to the Crown's contractual requirements. Managers tended to favour a theoretical approach when explaining an identified values-base in an organisational setting.

- In the identified models for Māori health, a more disparate set of values is identified, and only the value *whanau* is common to all three models. *Wairua*, *tinana* and *hinengaro* were identified in two of the three models. It may be concluded that the models, developed for specific application to Māori health, focus on those values that have most significance for the situations for which the models are developed and to which they are applied. These models have been developed from a theoretical base as opposed to the experiential base used by *kaumātua* and community health workers.

In summary, each data set demonstrates a values base that shows some variation in terms of nominated values. Two models, *Whare Tapa Wha* and *Te Wheke*, nominate values that are included in the core set of values identified by *kaumatua* and adopted as the base set for this research. The identification of this core set of values by *kaumātua* was based on experience and practice, and as such predates the values set provided in the identified models.

The differences in each set of identified values relates primarily to the experiences and knowledge base from which they are generated. *Kaumātua* and community health workers rely on an experiential approach to values identification. Managers develop a values base that is organisationally grounded on theory but when they apply these values to people they tend to rely in part on experience.

All three popular models of Maori health examined in this research have been developed for specific purposes, and thus their value base is derived from a theoretical base. Once established, the experiential variable may

influence the understanding of the values and the manner in which each model is applied.

Identifying the Tikanga Base within Each Data Set

Mead (1996) and Kingi (2002) have contributed some valuable guidelines when considering tikanga as applied to research, and these are included in Table 9.2, where the tikanga content of each data set is described, compared and contrasted.

Table 8.2: The Tikanga (Ethics) Identified within the Research Data and Compared with the findings of Mead (1996) and Kingi (2002)

| Kaumātua | Managers | Community Health Workers | The Models | Mead (1996) | Kingi (2002) |
|---|--|---|---|---|--|
| <p>Identified tikanga as being developed from the teachings of Tipuna and from the experiences of growing up Māori. They identified the normative behaviours that related to respect, trust integrity and acceptance of the interconnectedness of people, place and environment.</p> | <p>Demonstrated an understanding of tikanga from a dual perspective. The tikanga that had been identified and described by funders related closely to a Crown interpretation of the identified values.</p> <p>When interpreting tikanga with staff or clients the focus is upon an experiential understanding of tikanga in terms of respect, trust, integrity and holism.</p> | <p>Community Health Workers in the course of their practical work apply and understand tikanga from an experiential perspective. Tikanga involves the behaviours associated with mutual trust, integrity respect and holism. When there are pressures placed on them to conform to funder's requirements there is a tendency to manipulate the understanding they have of tikanga so that they overtly demonstrate a level of acceptable conformity.</p> <p>The original research frame work applies.</p> | <p>The tikanga that is found within Te Wheke is expressed within the framework as being generated from Māori Intellectual tradition. The application of tikanga is prescribed by the Tipuna from whom the model originated.</p> <p>Whare Tapa Wha. The descriptions in the literature indicate that the tikanga is based within the theoretical base of Māori Intellectual Tradition and therefore is based upon the principles of trust, integrity; respect and holism, In applying the model to Māori health there is evidence to suggest that the understanding of tikanga is restricted to fit with the Crown's requirements.</p> <p>Nga Pou Mana. The application of tikanga remains constant and the underlying principles for application remain within a macro environmental framework. The principles of holism are a priority as is that of mutual respect.</p> | <p>Aroha ki te tangata. Kanohi ki te kanohi. Titiro, whakaronga korero. Manaaki ki te tangata. Kia tupato. Kaua e takahia te mana o te tangata Kaua e mahaki.</p> | <p>Attitudes to research .Its practices, customs and beliefs.</p> <p>Commitment to things Māori, rangatiratanga integrity; trust.</p> <p>Recognition of the tikanga that shapes a Māori worldview.</p> |
| <p>COMMENTS</p> <p>The ethical considerations or tikanga contained within this framework have all been developed from an experiential viewpoint. Kaumātua have expressed the normative behaviour in relationship terms. (The ability to understand and apply the tikanga in a practical sense.)</p> | <p>The research framework applies to the data provided by these participants. A variation occurs only when the requirements of the Crown are applied, when the variables relating to colonisation, politicisation and the environment apply.</p> | <p>When applied by Māori to describe and analyse Māori applications of this model the original framework applies. When the model is applied by the funder there is a need to adapt to the understanding and interpretation of the Crown.</p> <p>The tikanga remains constant and is related to developmental and environmental applications.</p> | <p>The research framework is capable of describing the tikanga found in each of these models and describing the behaviours the application of these produces.</p> | <p>Mead has described the tikanga as demonstrating the importance of relationships between man and the environment.</p> | <p>Kingi has placed his considerations into a research framework</p> |

The information in Table 8.2 is summarised as follows:

- Kaumātua interpret tikanga experientially as a set of behaviours that include trust integrity and respect for others. The tikanga identified by kaumātua refers primarily to the upholding of human relationships, relationships they may have within the environment, and to the cultural beliefs that influence their perception of the world. The tikanga of kaumātua supports the holistic nature of hauora and its integral values.
- This view aligns with the tikanga expressed by both Mead and Kingi. It is tikanga that shapes the kaumātua perception of the world.
- Community health workers demonstrate a similar experiential orientation to tikanga with recognition of mutual trust, integrity, respect and the identification of the recognition of holism. This view also aligns with the views of Mead and Kingi. People and relationships are the primary focus.
- Managers have a dual approach to the understanding and application of tikanga. In their professional managerial role there is a tendency for managers to interpret tikanga from a restrictive Crown perspective. When working in a one-to-one situation with clients or staff there an experiential interpretation is placed upon tikanga. This application is at times restrictive and there is recognition of both Mead and Kingi's representations.
- The tikanga of Te Wheke is derived from Māori intellectual tradition and translated into an experiential base. The tikanga, like the values, cannot be readily adapted to meet the Crown's requirements; thus the model has a limited application to health service development that is Crown driven. Where development takes full cognisance of tinorangatiranga, Te Wheke incorporates the tikanga of tipuna.
- The tikanga of Whare Tapa Whā is expressed as being developed from the principles of trust, integrity and respect. The tikanga, like the values, can be readily adapted to meet the Crown's requirements; thus the model is sometimes given a restrictive interpretation and

application and this influences the manner in which tikanga is interpreted and applied.

- The tikanga of Nga Pou Mana describes a macro-environmental situation where relationships are between man, the environment and the elements. Trust and integrity are important components of this relationship and are the basis for the tikanga the model contains. This too relates to the models of both Mead and Kingi. Specifically, Mead's descriptions readily fit the intention of Nga Pou Mana in that the environmental thrust of this model is comprehensively explained.
- The deliberations of Mead and Kingi indicate that tikanga contributes to the understanding of the practical and research behaviours required in this research framework.
- Overall, through the application of the research framework to the data it is possible identify the tikanga and demonstrate how this enhances the understanding of the values and the associated behaviours that each data set identifies.

In summary, the data obtained are inclusive of tikanga and can be identified in a kaumātua worldview. The framework enhances, supports and reinforces the kaupapa and tikanga base of the research framework and further enhances the concept of kaupapa hauora Māori.

It is also noted that the identified values and the understanding attributed to these demonstrate a holism and although in this context are attributed to hauora are essentially the same values that can be identified within an ecological or holistic perspective. The whole then is more than the sum of the parts.

Applying the Kaupapa Hauora Māori Research Framework.

The research framework below provides an analytical tool that has been applied to each data set elicited during the research. Its application allows for the identification of the kaupapa and the tikanga contained within a kaumātua worldview.

The framework was described initially in Chapter 4 and has been further developed to accommodate those variables that could influence this worldview:

- nga whakaaro tirohanga, the application of this variable allows quality, kaupapa and tikanga to be combined in a research framework,
- nga ahuatanga o te wa me nga whakaaro hurihuri: allows the inclusion of new or expanded knowledge in the worldview,
- a final group of variables relates to colonisation and politicisation, and this affects the final interpretation and application of the kaupapa and tikanga.

With the inclusion of these variables in the research framework there is an opportunity to address the content of worldview more effectively and to allow for the inclusion of variables that influence an understanding within the contemporary world.

Figure 8.1: An Expanded Kaupapa Hauora Māori Research Framework

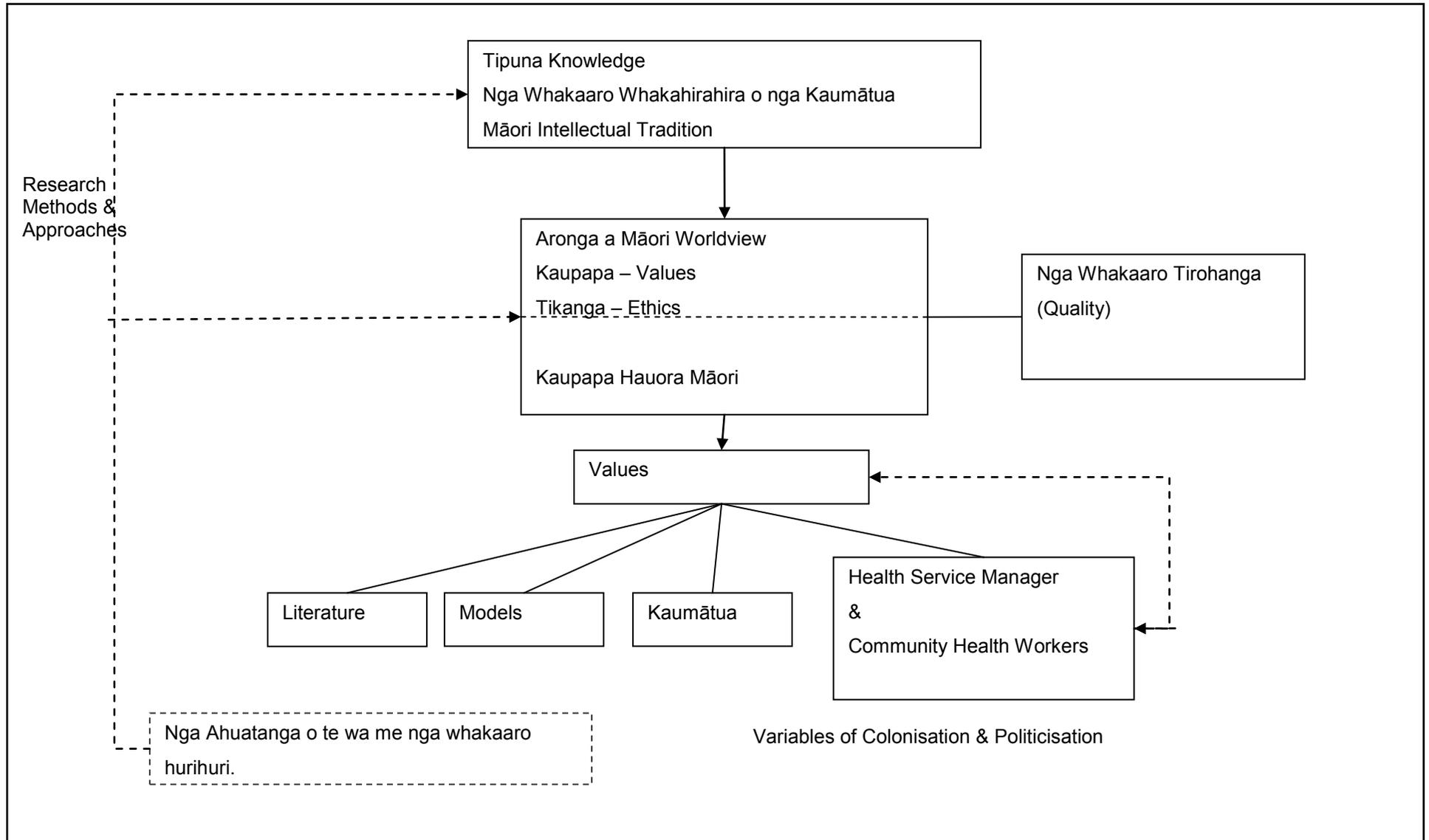


Table 9.3 demonstrates how, by applying the research framework, the data can be combined to provide a total analysis of the data.

Table 9.3: Applying the Research Framework to Analyse Each Set of Data

| | Knowledge base | Aronga (World View) | Kaupapa (Values) | Tikanga (Ethics) | Variables |
|---------------------------------|--|---|--|---|---|
| Kaumātua Data | Experiential. Tipuna knowledge Māori Worldview | Kaupapa Tikanga Kaupapa Hauora Māori | Whakapapa Wairua, Whānau Whenua Tikanga Te Reo Māori, Tinana Hinengaro | Aroha ki te tangata. Kanohi ki te kanohi Titiro, whakarongo, korero. Manaaki ki te tangata, kia tupato. kua e takahia te mene o te tangata Kua e mahaki. These are related to an experiential interpretation. | Nga ahuatanga me nga huatanga o nga wa. Colonisation, politicisation, and environmental variables. |
| Community health Workers. | Experiential knowledge plus practical theoretical knowledge | Kaupapa. Tikanga Kaupapa Hauora Māori | Whakapapa Wairua. Whanau Whenua, Tikanga, Te Reo Māori, Tinana, Hinengaro, manaakitanga, Kotahitanga Tinorangatiranga | Aroha ki te tangata. Kanohi ki te kanohi. Titiro, Whakarongo, Korero, Manaaki ki te tangata. kia tupato, kua e takahia te mene o te tangata, Kua e mahaki. This tikanga is related to an experiential interpretation. There will occasionally be a theoretical interpretation that restricts the application to the parameters set by management. | Applies variables present in nga ahuatanga me nga huatanga o nga wa. |
| Managers | Based on theoretical management framework. When working with individuals tends to apply from an experiential base. | Kaupapa Tikanga Kaupapa Hauora Māori Interpretation is influenced by the variables and the environment in which the framework is applied. | Whakapapa, wairua whānau, tikanga, te reo Māori, manaakitanga, kotahitanga tinorangatiranga | The tikanga or normative behaviour is very much influenced by the situational application of the framework. When applying to a management / funder situation the environment is altered and the variables of colonisation, politicisation and environment apply and parameters are place around the tikanga restricting application and understanding. | Applies the variables of colonisation, politicisation, and the environment. |
| Models | Based upon a theoretical framework. The discussion that has taken place may include some experiential input when involving kaumātua. | The tikanga and kaupapa are restrictive thus influencing the development of Kaupapa Hauora Māori. | Wairua, whānau, whenua Tinana | When applying Whare Tapa Whā and Nga Pou Mana the restricted number of values and the limiting of understanding of them bring with it a limiting of the associated tikanga or normative behaviour. This limitation is brought about by the application of the variables relating to colonisation, politicisation and the environment. The tikanga that applies to Te Wheke belonged something missing? | Te Wheke applies the variables of nga ahuatanga me nga huatanga o nga wa. Whare Tapa Whā and Nga Pou Mana are adapted by the variables of colonisation, politicisation, and the environment. |

The research framework possesses a flexibility that allows comprehensive application to research and to service development. Both the kaupapa and the tikanga contributing to aronga are recognised by the kaupapa hauora Māori research framework

The framework places the identified values as derived from a body of knowledge and located in the kaupapa and tikanga of Aronga or a kaupapa hauora Māori worldview that becomes the central focus for this research framework. Understanding of the values cited, may be influenced by the variables of colonisation and this restricts meaning e.g., wairua translates into Christian spirituality; whanau to immediate family; tinana to a purely physical understanding.

Some applications of Whare Tapa Whā are generalised and restricted in application, and as such fail to recognise the experiential processes that allow for the full recognition and understanding of the kaupapa and tikanga base of a Māori worldview, thus restricting the application of the framework to express kaupapa hauora Māori.

This table is further refined in Chapter 9.

Kaupapa and Tikanga.

Information gathered in accordance with the kaupapa kauora Māori research framework indicates that:

- each model has been developed initially for a particular reason,
- each model had been generalized to other applications,
- the values base differs between models. On analysis, a set of core values provides the central focus, viz. wairua and whānau,
- the kaupapa (values base) and tikanga (ethics) are readily identified, and
- the understanding of the values remains constant providing the application relates to the settings that Māori services are being developed within.

Aronga (Worldview)

Aronga or worldview is interpreted in relation not only to the values and the application of tikanga but to the total environment in which each model is developed and applied. Worldview can be influenced by the kaupapa and the application of tikanga within particular environments and each model makes its own contribution to this

Experiences of growing up revealed a core set of values and associated tikanga integral to hauora. From this data a theoretical framework emerged that has the kaupapa and tikanga of aronga or worldview as its focal point. It is this data that has acted as a catalyst in developing the framework applied to each phase of the research.

The Kaupapa Hauora Māori Research Framework and its Application to Nga Whakaaro Tirohanga (The Seeing Thought)

In Chapter 4 of this thesis the issue of quality was presented as a process that builds on the kaupapa, tikanga and knowledge sourced in Māori intellectual tradition and called Nga Whakaaro Tirohanga or the seeing thought in Kahungunutanga (Jackson, 2006). The nature of this concept allows the process to become a part of the research framework. The idea of thought and sight being combined within the framework indicates that not only can kaupapa hauora Māori be recognised as a legitimate concept but that there is an ability in the framework to establish a means of identifying aspects of quality standards and criteria that relate to the interconnectedness of hauora.

Conclusion

At the outset of this thesis a decision was made to focus this research on the identification of the values that are integral to hauora in an attempt to map changes in their definition over time. It soon became evident that this approach was wholly inadequate and that there was a need to develop a specific methodology that would analyse data in a way that had meaning for those respondents who gave the data. The data collected from kaumātua

exhibited a richness that could not be analysed using a generic, Western-grounded qualitative methodology.

The data given me by kaumātua indicated that it might be possible to develop a specific framework that describes their worldview and that would allow analytical insight into the changing concept of hauora. Further, in order to allow me to interpret my data it was necessary to articulate a research framework based on the concept 'kaupapa hauora Māori'. This research framework incorporates components of Royal's (2002) analysis of the Māori worldview with components of the work of Linda Tuhiwai Smith (2002), and then particularises the focus to hauora. Using the framework it became possible to examine kaumātua data to identify both the kaupapa or values base, and the tikanga or ethical components of hauora. Thus, the framework became the *Kaupapa Hauora Māori Research Framework*.

The concept of kaupapa hauora Māori has its base in aronga or a Māori worldview as described by kaumātua. As the data base grew it became evident that there was a set of variables that affected the application of the framework both in research and the development of hauora-based services. These variables have been identified, and combining the research findings demonstrates that in nga whakaaro whakahirahira o nga kaumatua there is the ability to preserve, retain and reclaim knowledge that belongs to Māori intellectual tradition.

A second set of variables arose from the processes of colonisation, politicisation and environmental change that served to restrict the understanding and application of the kaupapa and tikanga found within a kaumātua worldview.

The final research framework is therefore developed to include a flexibility that retained and renamed knowledge and research, allowed for the development of new knowledge, and demonstrated both the effect of the variables on the framework and the outcomes for hauora.

The context in which the framework has been applied in this thesis relates to the analysis of data and the legitimising of the concept of kaupapa hauora

Māori. It demonstrates that the research process and methods the framework informs have– the capability to analyse data effectively, and are capable of identifying and applying variables that influence the information provided while demonstrating the ability to generalise. This chapter has also demonstrated that this research framework has the ability to bring the research findings together into a meaningful whole.

Issues raised in this chapter may be further addressed in the discussion provided in Chapter 9.

Chapter Nine

Discussion of the Research Results

Te Hikoitanga

Preparing to Walk the Talk

In the prologue, reference was made to a set of questions that needed to be confronted as I defined and described kaupapa hauora Māori. These questions provided the basis for the research questions that have been addressed in this thesis. There is a major question to be answered:-

- Does there exist a set of values that can be identified and understood that influence and are integral to positive hauora outcomes and the concept of Kaupapa Hauora?

And a set of sub questions that are associated with this:-

- What is the appropriate methodology for engaging with kaumātua?
- What is the theoretical framework that underpins the concept of kaupapa hauora Māori?
- What is the values base of kaupapa hauora Māori?
- Do the models for Māori health service delivery, identified in this thesis, fit into the proposed research framework?

This chapter discusses the research findings in relation to these questions, as well as the research limitations.

Introduction

.At the outset, this thesis established that the concept of hauora differed from the generally held concepts of health and illness (Cunningham & Durie, 1999). Hauora is associated with a holistic approach to health and focuses

on wellbeing, as opposed to the Western approach provided by a health-illness continuum.

Values associated with hauora have been identified in the literature and from discussions with the authors of identified models for Māori health service development. It is established that each of the three models identified in this thesis are values based and contribute to a Māori worldview. What has not been made clear is whether the understanding of each of the nominated values has remained consistent over time

Of the kaumātua informants involved in this research, 66% maintain their understanding of the identified values has remained constant over time, and 34% cite colonisation and political expediency as reasons for the alterations to the meanings of these values. The identified models are values based but are not fully consistent with each other, because they have developed for different reasons and involve different applications.

I was aware that kaumātua participation in the research held the key not only to the identification of those values integral to hauora but also to the provision of a direction for the establishment of a research framework that would have relevance for Māori involved in the planning, and for the development of kaupapa hauora Māori research and quality health service development.

The idea of researching the values base of hauora was discussed with kaumātua, their advice was received, and their support offered. This resulted in the research proceeding.

In conjunction with kaumātua, it was decided that the most effective way of establishing whether a core set of values integral to hauora existed was to engage with kaumātua and have them validate the view that hauora is a values-based concept.

Further, it was the kaumātua who decided that the term 'kaupapa Māori' would be more effective if it became 'kaupapa hauora Māori', thus providing a clear focus for the values base; 'kaupapa' refers to the values base contained in the concept of hauora.

The models identified in this thesis were examined in relation to the values base of each model, i.e., did the values base of each model support the concept of kaupapa hauora Māori and did the proposed kaupapa hauora Māori research framework provided a responsive tool for analysing the models

What is the Appropriate Method of Engaging with Kaumātua?

Kaumātua are themselves taonga, who have invested in them the knowledge and experience of tipuna. The information they shared was based on personal experiences obtained in a world where change is a constant, and where 'growing up Māori' places barriers to how one is perceived. Engaging with kaumātua and obtaining data from them provided an opportunity for developing a research framework that has relevance for Māori. The lives of kaumātua are influenced by their perception of historical events, their experience of poverty, and the struggle for survival and the desire to preserve the values they had learned and which had shaped their lives. This is to accept the generalised frameworks of kaupapa Māori research.

The Expectation of Kaupapa Hauora Māori Research

The expectation in undertaking kaupapa hauora Māori research is that the researcher will be Māori and will develop processes with the research participants rather than elicit data by imposing a system upon them; it is not sufficient for a Māori researcher to apply systems from other methodologies to obtain data that will not meet the rigours of research processes.

The first essential for a Māori researcher working within a kaupapa hauora Māori perspective is to accept the generalized framework of kaupapa Māori research that requires an understanding of the kaupapa (base values) and tikanga (ethics) within a Māori worldview. In addition, kaupapa hauora Māori research also requires an understanding of a different paradigm at play in the Māori notion of wellness and the forces that have affected and ameliorated this over time. In practical terms, there is an expectation that research, defined as kaupapa hauora Māori, has a methodology that allows for input from participants at all levels of the research. There should not be an

expectation that in this proposed research kaumātua simply answer a list of prepared questions or fill in questionnaires. Rather, the environment was deliberately manipulated so that the participants were in control of the situation and the researcher was regarded as their guest. It was the kaumātua who decided what information they would share and what information they would retain in their own private knowledge domain.

Establishing a Relationship with Kaumātua, and Addressing Safety Issues

I was informed by the kaumatia key informants that my approach to them was non-threatening and not time bound. The process of obtaining data was very mu

in the hands of each kaumātua informant. The elements of worldview, viz. the kaupapa (values base) and the tikanga (ethics), provided the focus for the research. Crucial to the process was the establishment of a trust relationship where, at the wish of kaumātua, karakia preceded any discussion, and the korero then focused on the sharing of common whakapapa, experiences and history. Following on from this kaumātua would ask me to proceed.

The research process was then explained, and the information pack (Appendix 3 and 3a) was introduced and explained. Emphasis was placed on the safety of kaumātua and the researcher, and informed consent was explained and obtained. These processes had a dual purpose: the researcher was able to share information with the kaumātua about the research, and they became aware of their choices, viz, that it was not obligatory to participate in the research and that they had the right to withdraw at any stage during the research process, or if they wished, have certain data suppressed. The opportunity for kaumātua to contact the researcher's supervisors if they had concerns reinforced the issue of safety. Thus after a secure environment was created for the interviews to take place, the interview proceeded in an environment in which both the participant and I felt comfortable.

Data Collection

During the data collection process, questions were often answered with questions or by the telling of a story, and at the conclusion of this the researcher would return to the question and translate the korero into an answer, prefacing her response with the comment, 'so you are saying that--- ----', and deducing an answer in this way. Kaumātua were comfortable with this, and the opportunity to validate what was recorded was offered in the form of discussion, a written report and through hui when the data had been collated (Appendix 4 – Discussion document and Appendix 9– Validation report).

The following results indicated to me that this method of engagement was successful:

- There was a 100% response rate from kaumātua wishing to participate in the research.
- No kaumātua withdrew from the research.
- No kaumātua felt the need to contact my supervisors.
- The data generated were consistent and a large amount of unsolicited data was made available either as reinforcing data or as stories that also reinforced the initial planned questions.
- There was ongoing engagement and peer review from the kaumātua key informants.
- When sought, feedback from kaumātua was provided both in verbal and written form; the total frequency of response was 80%.
- Kaumātua expressed the view that they felt involved, and this level of involvement of has been sustained throughout the research.

Based on the above, we can be confident that this method of engagement has been successful.

Judging the Efficacy of Engagement with Kaumātua

The generation of this data is relied on the establishment of a mutual trust relationship before any data could be collected. I would, however, suggest that data collected in this way are genuine, and that kaumātua have put considerable thought into the responses they make.

Possible Constraints to Engagement

The researcher was known in a variety of capacities to the majority of kaumātua who volunteered to participate in this research. These previous relationships acted as a catalyst, allowing for previous shared experiences to pave the way for the establishment of a meaningful relationship. For the purpose of this research, kaumātua sometimes opened our korero with comments about members of my whānau, and these statements provided an opening into the kaumātua world. Another kaumātua insisted that our interview take place in a wharenuī beneath the photographs of my tipuna, to ensure that they could participate and support me.

Some researchers would define this as having insider knowledge, which could imply the research methodologies are not notional or objective; however, objectivity is a cultural construct. Jackson (2006, personal communication) states the Māori notion that acknowledging relationships and whakapapa does not preclude a reasoned assessment of knowledge and data. The data have therefore been obtained by processes that fit into a methodology proposed by the kaupapa hauora Māori research framework.

Acceptance of this Method of Engagement

This method of engagement was accepted by both participating kaumātua and those kaumātua who acted as advisors. No objections or concerns relating to the process of engaging kaumātua were received

A Summary of the Process of Kaumātua Engagement

The most appropriate way of engaging kaumātua in the proposed research process is described as follows.

When engaging with kaumātua:

- clearly define the research topic,
- reinforce kaumātua that their contribution will enhance the research process by providing to answers to the research question(s),
- emphasise that kaumātua are regarded as toanga and have a wealth of knowledge and skills. The sharing of these skills and knowledge will contribute to the research and add to the existing knowledge base,
- ensure that kaumātua participate in each step of the research process,
- develop a positive relationship with those kaumātua who are prepared to act as advisors to the researcher,
- develop a similar relationship with kaumātua participants,
- provide adequate descriptions of what the research proposes,
- ensure safety of kaumātua at all times,
- provide kaumātua with a safety net to use if they have any concerns about what the researcher is doing,
- convey to kaumātua that the researcher has as much time for the interview as they want. Do not place time constraints upon your time.
- if kaumātua have prepared refreshments for you do not refuse. This is their way of welcoming you and trusting you,
- allow kaumātua to be in control, they can shape their answers to your questions; it is the task of the researcher to translate kaumātua responses into the data framework and then seek validation of what has been developed,
- at the conclusion of the interview allow time for unwinding,
- provide koha to kaumātua. You may find they wish to reciprocate; within reason allow this to happen,
- keep kaumātua informed of progress of your thesis,

- obtain feedback and validation of the process and the data, and
- always remember that the information you develop from the data is special, and that as the researcher you are privileged to have the opportunity to be the person kaumātua choose to entrust with this.

This is how I approached and interacted with kaumātua during the research. This approach has developed from practice over time. It started by fulfilling simple tasks like taking kaumātua to the tuberculosis clinics in the '60s, to helping them adapt to life-threatening illnesses, or acting as mentor in complex whanau situations. The principles remain the same – retain your integrity and respect the integrity of others, allow participation of kaumātua at all research levels, and keep kaumātua informed of the progress of the research.

Conclusion

From the processes applied in the collection of kaumātua data it can be concluded that the method applied was successful, which is supported by the research findings, which indicate:

- all kaumātua approached about this research agreed to participate,
- no kaumātua withdrew from the research at any stage,
- the advice of kaumātua was sought and used in the planning and implementation of the research, and
- safety issues were addressed in an open and objective manner.

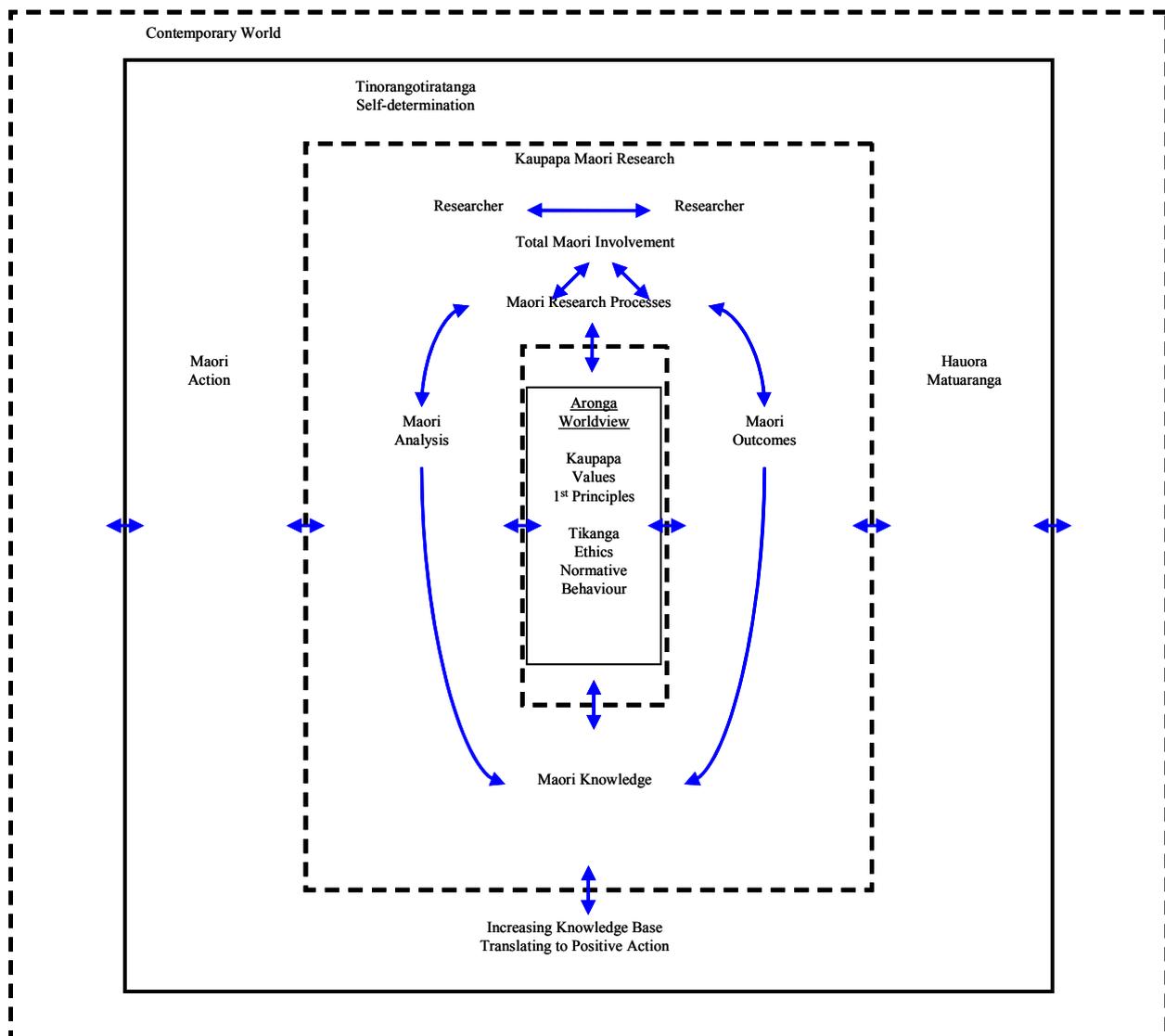
The Theoretical Framework that Underpins Kaupapa Hauora Māori

Introduction

The initial framework proposed for this research focused on the kaupapa (base values) and tikanga (ethics) contained within aronga or a Māori worldview. It is in such a worldview that the knowledge required to develop a research framework that has meaning for Māori can be found.

The initial framework related aronga or worldview to a community setting that restricted the knowledge base and the suggested processes similar to those found in western qualitative methodologies, i.e., the parameters for the research were restrictive and the research results would be stated in output terms. This meant that the kaupapa hauora Māori methodology proposed in this research would be presented in a Western qualitative framework, which was never the intention of this research. Data would have been analysed within set parameters and much of the data generated would not have been able to be positioned within such parameters.

Figure 9-1: The Original Kaupapa Hauora Māori Research Framework



This proposed framework is limited, relying as it does on input/output/outcome measures. It fails to encapsulate the true dimensions

of a Māori research framework, i.e., it may confirm existing knowledge, and it may also fail to add to it or to provide an opportunity for developing new knowledge.

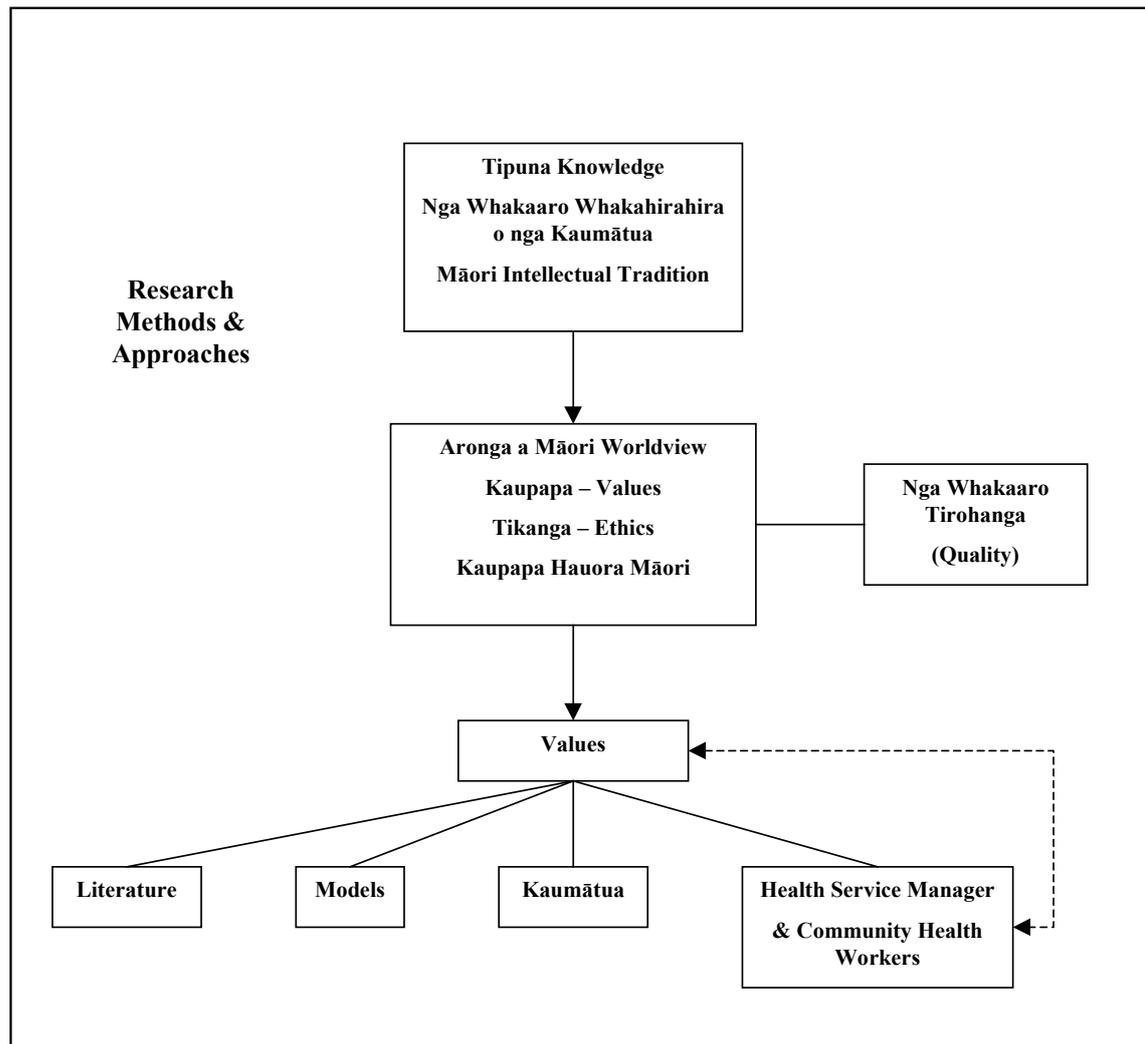
A framework that provides for development, application and evaluation of the research process needed to be considered. Smith. Linda. Tuhiwai, (1999) has indicated that such a framework is a priority when Māori engage in researching Māori: a Māori theoretical framework needs to be developed. The outcomes resulting from the application of such a framework would then have meaning for the kaupapa hauora Māori approaches to research. The intention of this research was to develop such a research framework, which would underpin the concept of Kaupapa Hauora Māori and provide a tool that could be applied when analysing existing models for Māori health development and service provision. The framework would also be able to be applied when developing new approaches to research and service provision that include those variables that influence quality outcomes.

The Development of a Kaupapa Hauora Māori Research Framework

Kaumātua input was invaluable for the development of a research framework. Kaumātua were involved in each phase of the research from the initial planning through to data collection and the validation of research results. The data contributed by kaumātua provided a rich source of objective data and of data rich in description that expressed both an individual and collective perception of their world. Collectively, these data could be compared, contrasted and categorised. Stories as well as direct responses to open-ended questions were recorded. A body of knowledge emerged that provided the shape for the kaupapa hauora Māori research framework based on the knowledge of tipuna, having its roots in Māori intellectual tradition and incorporating the life experiences of kaumātua. After discussion with Jackson in 2005, I have called the knowledge *nga Whakaaro whakahirahira o nga kaumātua* (The special and important thoughts of the kaumātua).

The data, by their very nature, contributes to a kaumātua worldview based the kaupapa and the tikanga of kaumātua.

Figure 9-2: The Basic Kaupapa Hauora Māori Research Framework



This Research framework established the concept of kaupapa hauora Māori as a reality capable of analysis that can be further developed to meet the requirements of expanding quality health services for Māori.

The Basic Kaupapa Hauora Māori Framework

The basic framework emerged from the knowledge, skills and experiences of nga whakaaro whakahirahira o nga kaumātua, and is repeated from Chapter 4.

Associated with this basic framework are a set of the methods that have been applied to the data to further develop and validate the framework and establish the kaupapa hauora Māori values base. These methods include data analysis, comparisons between data, and the application of computer-

assisted analysis, coding, and memoing; all of which were employed and acted as catalysts for the development of the emergent kaupapa hauora Māori research framework.

Because this framework is basic, it is necessary to examine a possible expansion to include the variables or modifiers that may affect the nature of the knowledge within the framework.

A Suggested Expansion of the Framework

The following variables could be included in the initial framework:

Nga Whakaaro Tirohanga

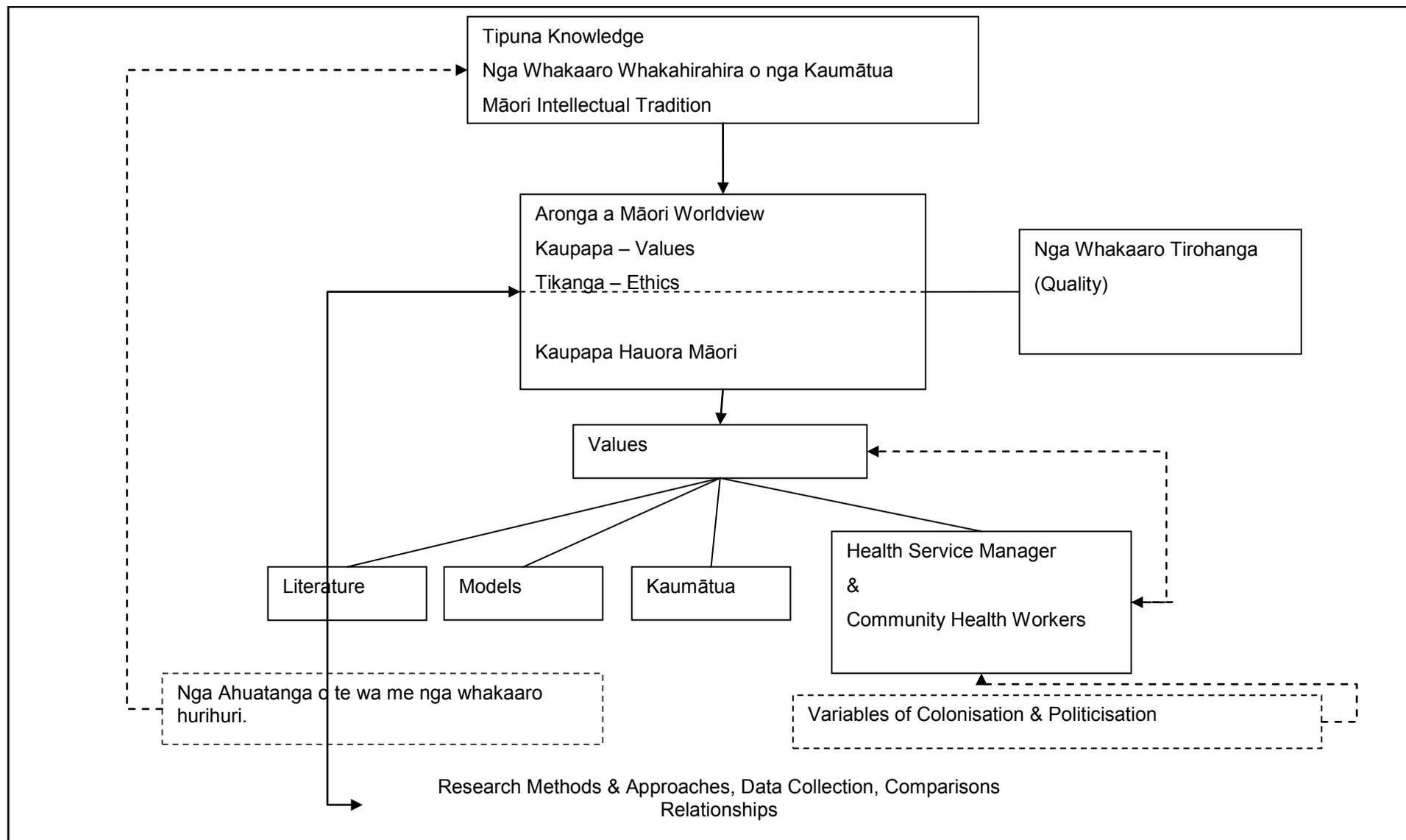
(The seeing thought) becomes an important part of the framework, particularly when considering quality health service development and sustainability. This dimension has its origins in the kaupapa and tikanga of a kaumātua worldview and has been described by Jackson (2005) as the seeing thought. Its inclusion adds to the holistic dimension the framework proposes, can be applied when considering quality standards and criteria for kaupapa hauora Māori.

The second set of variables generated in this research framework is those associated with colonisation, politicisation, and environmental issues. These include such aspects as a restriction of understanding of both kaupapa and tikanga that originate in Māori cosmogony, which are present in a kaumātua worldview, and are integral to kaupapa hauora Māori. The process of colonisation and politicisation has reduced these understandings to fit the requirements of the Crown.

Environmental variables relate to the restrictions placed on Māori in relation to resource management and to the interconnection of whenua, whānau, wairua and whakapapa, which reduces the perception that holism, is central to hauora.

An expanded framework has been developed to include the variables and is presented below.

Figure 9-3: An Expanded Kaupapa Hauora Māori Research Framework



The research framework, described and applied in this thesis provides a holistic approach to defining the concept of kaupapa hauora Māori.

Māori cosmogony, the knowledge and skills of tipuna and the translation of these into nga whakaaro whakahirahira o nga kaumātua provide the knowledge base from which the framework emerges. Through this the kaupapa and tikanga are incorporated and contribute to aronga or a Māori worldview that serves to link the past and the present. It is this combined knowledge that creates the kaupapa hauora Māori framework proposed in this thesis.

The research framework was identified in a developmental way: an initial framework was generated and discarded and a framework based on a worldview model was then suggested and established, which was further developed to include quality factors and those variables that may influence the outcomes.

What is the Values Base of Kaupapa Hauora Māori?

Within each phase of this research sets of values have been identified by each group of participants who support a values base for hauora. These values, integral to the concept of kaupapa hauora Māori, are listed in Table 10.1 below and were described more fully in Chapter 8.

Table 9-1: The Kaupapa (Values Base) Identified in the Research Data

| Kaumātua | Whare Tapa Wha | Te Wheke | Nga Po Mana | Managers | Community health Workers |
|--------------|----------------|--|--------------------------------|---|---|
| Whakapapa | | | | Whakapapa | whakapapa |
| Wairua | Wairua | Wairuatanga | | Wairua | wairua |
| Whanau | Whanau | Whanaungatanga | Whanaungatanga | Whānau | whanau |
| Whenua | | | Turangawaewae | | Whenua |
| Tikanga | | | | tikanga | tikanga |
| Te Reo Māori | | | | Te Reo Māori | Te Reo Māori |
| Tinana | Tinana | Tinana | | | Tinana |
| Hinengaro | Hinengaro | Hinengaro | | | Hinengaro |
| | | Mauri; Mana ake He koro ma he kuia ma Whatumanawa | Taonga tiki iho Te ao turua | Manaakitanga Kotahitanga tinorangatiratanga | Manaakitanga Kotahitanga tinorangatiratanga |

Each data source demonstrates a values base, and there is a limited conformity. A core set of eight values identified by kaumātua as integral to hauora were identified. Community health workers, in turn, also identified the same values, although the frequency of identification was lower and the understanding less descriptive. Health service managers identified with only five of the eight core values and extended the list of identified values by three. Their identification of the five core values was at a lesser frequency than that of kaumātua, and the understanding expressed tended to relate to a management model influenced by the variables of colonisation and politicisation.

The Values Identified within Whare Tapu Wha, Te Wheke and Nga Pou Mana

Each of three identified models is value based, and these have been described in Chapter 5. Over time, the understanding of these values has been restricted and adapted either by the process of colonisation or by the expediency of politicisation. There is evidence to suggest that politicians and health-service funders have further altered the understanding of these values to meet the perceived requirements of the Crown. Such alteration may influence and restrict service provision in order to elicit an understanding of the identified values that fit the Crown's definition. Thus the full understanding and application of these values are restricted, as is the concept of kaupapa hauora Māori and the Māori worldview of which they are part.

Whare Tapa Wha addresses only four values – wairua, whānau, tinana and hinengaro – and these have been described by Rangihau (1975), Metge (1995) and Durie (1996). These values can be said to originate in Māori cosmogony and have extensive applications to the health funding and health service provision environment. The underlying framework for Whare Tapa Whā is found in a Māori worldview where its content and application become animated with meaning for Māori. While Whare Tapa Wha can be seen to relate to the past, the understanding of the values are readily translated to the present, thus providing direction for the future and adding to the knowledge contained within the Māori worldview.

Te Wheke has its origins in the knowledge and teachings of tipuna in Te Wa Māori, and the understanding and translation of the values identified were prescribed by them. This framework is viewed by health service managers and providers as being protected, conveying hauora as having its origins in a Māori worldview that understands the values originating in Māori cosmogony. Te Wheke offers a holistic

approach and supports the development of kaupapa hauora Māori as a values-based concept.

Te Wheke is used as a basis for developing values-based services that retain, maintain and further develop a kaupapa hauora Māori framework for health service development.

The model has not found favour with the funders of health services for Māori as the values described in it do not lend themselves to restriction of understanding or application, nor does the model lend itself to the perfidy of the Crown. The parameters for application of Te Wheke and the understanding of the values contained cannot be adapted or changed to fit with the requirements either of funders or of the Crown. The right to decide and the right to define stay within a Māori worldview, and as such the values base of the kaupapa hauora Māori is established and remains within the domain of a Māori worldview.

Nag Pou Mana is developed to have an environmental impact. The values base refers to external values as opposed to those of a more esoteric origin. Although a definite contribution to Māori worldview can be realised, its contribution to the values base of kaupapa hauora Māori is limited.

In summary, the contribution these models make to Kaupapa Hauora Māori is varied.

Whare Tapa Whā most certainly makes a contribution but its impact is restricted by the limited number of values identified in the model. It could be argued that other values can be identified by implication e.g whānau is identified and by implication whenua can be said to be represented within that particular value. Another reason for restriction is the application of the model within the general health service funding stream where a western model of health service development takes precedence and restrictions of meaning of the identified values occurs as a matter of political expediency.

The values contained in Te Wheke remain in the domain of tipuna knowledge and this governs their understanding and application to hauora. They have meaning within a kaupapa hauora Māori environment and indeed are part of the values base of this concept. The use of this model by funding bodies has not eventuated as both the understanding and application of the values are not negotiable, and the

restrictions funders have applied to some values based models therefore cannot be imposed.

This gives Te Wheke a level of application that is protected by those persons wishing to implement it. Further, it protects the tinorangatiranga inherent in the concept of kaupapa hauora Māori.

While Nga Pou Mana was not originally designed for applications involving hauora, it is underpinned, by both environmental and holistic principles. The values it espouses contribute to wellbeing but, with the exception of whanaungatanga, are less likely to underpin the concept of kaupapa hauora Māori.

Do the models for Māori Health identified in this thesis fit into the proposed research framework?

In considering this question, I have taken the view that to arrive at the best possible answer it is necessary to extend the answer to include all data associated with this research, this will provide a comprehensive view of the efficacy of the framework. I have therefore considered the research data from all sources so that comparisons can be made and assumptions about the framework developed.

Table 9-2: An Application of the Research Framework to All Research Data Sets

| | Knowledge base | Aronga (World View) | Kaupapa (Values) | Tikanga (Ethics) | Variables |
|---------------------------|--|---|---|--|---|
| Kaumātua Data | Experiential. Tipuna knowledge. Māori Worldview | Kaupapa Tikanga Kaupapa Hauora Māori | Whakapapa Wairua, Whānau Whenua Tikanga Te Reo Māori, Tinana Hinengaro | Aroha ki te tangata. Kanohi ki te kanohi Titiro, whakarongo, korero. Manaaki kit e tangata, kia tupato. kaua e takahia te mene o te tangata Kua e mahaki. These are related to an experiential interpretation. | Nga ahuatanga me nga huatanga o nga wa. Colonisation politicisation environmental variables. |
| Community health Workers. | Experiential knowledge plus practical theoretical knowledge. | Kaupapa. Tikanga Kaupapa Hauora Māori | Whakapapa Wairua. Whanau Whenua, Tikanga, Te Reo Māori, Tinana, Hinengaro, manaakitanga, Kotahitanga Tinorangatiratanga | Aroha ki te tangata. Kanohi ki te kanohi. Titiro, Whakarongo, korero, Manaaki ki te tangata. kia tupato, kaua e takahia te mene o te tangata, Kua e mahaki. This tikanga is related to an experiential interpretation. There will occasionally be a theoretical interpretation that restricts the application to the parameters set by management. | Applies the variables present in Nga ahuatanga me nga huatanga o nga wa. |
| Managers | Based on theoretical management framework. When working with individuals tends to apply from an experiential base. | Kaupapa Tikanga Kaupapa Hauora Māori Interpretation is influenced by the variables and the environment in which the framework is applied. | Whakapapa, Wairua whānau, tikanga, te reo Māori, manaakitanga, kotahtanga tinorangatiratanga | The tikanga or normative behaviour is very much influenced by the situational application of the framework. When applying to a management/funder situation the environment is altered and the variables of colonisation, politicisation and environment apply and parameters are place around the tikanga restricting application and understanding. | Applies the variables of colonisation, politicisation and environment. |

| | | | | | |
|----------------|---|---|--|---|---|
| Whare Tapa Wha | Based upon a theoretical framework. The discussion that has taken place may include some experiential input particularly when involving kaumātua. | The tikanga and kaupapa identified are restrictive, thus influencing the development of Kaupapa Hauora Māori. Occurs within set parameters. | Wairua, whānau, whenua Tinana | When applying Whare Tapa Whā, the restricted number of values and the limiting of the understanding of them bring with it a limiting of the associated tikanga. This limitation is bought about by the application of the variables relating to colonisation, politicisation | Whare Tapa Whā and Nga Pou Mana are influenced by the variables of colonisation and, politicisation. |
| Nga Pou mana | Based upon a theoretical framework. | The tikanga and kaupapa identified are restrictive thus influencing the development of kaupapa hauora Māori. Occurs within set parameters. | Whanaungatanga Turangawaewae Taonga tuku iho. Te ao Turua. | When applying Nga Pou Mana, the restricted number of values and the limiting of the understanding of them bring with it a limiting of the associated tikanga. This limitation is bought about by the application of the variables relating to colonisation, politicisation and the environment. | Whare Tapa Whā and Nga Pou Mana are influenced by the variables of colonisation, politicisation and environmental issues. |
| Te Wheke | Based upon the theoretical framework described by tipuna that has its origins in Māori cosmogony. | Te Wheke is flexible and the kaupapa hauora Māori base adapts readily to a number of Māori-based developmental settings. | Whanaungatnga Wairuatanga Hinengaro Tinana Mane ake, Mauri, He a koro ma a kui ma Whatumanawa | The tikanga that applies to Te Wheke are not affected by the variables and are to be found in the kaumātua worldview. The understanding of the tikanga remains constant. | Te Wheke applies the variables of Nga Ahuatanga me nga huatanga o nga wa. Te Wheke applies the variables of nga whakaaro tirohanga (the seeing thought) and nga Ahuatanga. |

Table 9.2 provides an indication of the efficacy of the kaupapa hauora Māori research framework. The framework is an effective tool for analysing each data source in terms of:

- establishing the knowledge base from each data source; differences between an experiential base, a base that includes both experience and theory, and a purely theoretical base.
- whether each data source is based on the worldview expressed in this thesis, i.e., whether the aronga (worldview) contains the kaupapa (base values), and tikanga (ethics)
- a statement of the values and tikanga base and
- whether the variables established within the research framework can be identified in the data.

It is my belief that this framework does in fact allow for the various components of the data to be identified. Further, the research question relating to the identified models can be answered in the affirmative. Table 9.2 provides an indication of the efficacy of this framework. The assumption to be drawn is that this research framework, although only in its developmental infancy, has the potential to be trialled and adapted for both kaupapa hauora Māori research and for the development of quality kaupapa hauora Māori health service development.

Do the findings provide answers to the research questions?

The research has provided answers to the questions that were initially posed:

- Does there exist a set of values that can be identified and understood that influence and are integral to positive hauora outcomes and the concept of Kaupapa Hauora?
- An effective method for engaging with kaumātua has been described and discussed.

- The research framework is emergent, based on nga whakaaro whakahirahira o nga kaumātua, and underpins the concept of kaupapa hauora Māori.
- There is a core set of eight values, identified by kaumātua as being integral to hauora. These same values have been also been identified by community health workers, but at a lesser level of frequency than by kaumātua. Managers identified only five of the eight core values identified by kaumātua, and the percentage frequency of identification was at a lesser rate.
- The three models analysed are all values based, and the values identified vary between models. While there is consensus regarding the value of whānau; only two of the three models identify wairua, tinana and hinengaro.
- The three identified models can be analysed using the kaupapa hauora Māori research framework to reveal the values and tikanga content and to establish the contribution they make to a Māori worldview.
- It was necessary to analyse all data using this research framework so that an indication could be made in relation to its efficacy as a tool to analyse data.

Conclusions and Implications of this Research

For Māori, the concept of health is more effectively expressed as hauora – a state of optimal health and wellbeing that has meaning for Māori. This view has been interpreted and sometimes manipulated by health funders and providers in strategic and operational situations to obtain an organisational fit to produce required health outputs. This has been carried out with complete disregard for the cultural underpinnings that contribute to the achievement of optimal health and wellbeing (outcomes). Such actions place the quality requirements of health service provision within the ambit of systems that do not reflect the nature and depth of hauora.

It has been assumed that at the basis of any Māori health initiative there is a set of values that shape hauora and influence the manner in which services are developed and implemented. It is this that provides the starting point for this research – to establish whether such a core set of values can be identified.

Five conclusions can be made as a result of this study.

1. Establishing a core set of values

In establishing that a core set of values integral to hauora exist, it was necessary to engage with kaumātua as it is they who possess the knowledge, wisdom and experience to understand hauora as part of an holistic and interconnected concept they have called kaupapa hauora Māori. It is this concept that supports hauora as being values based, and that informs a kaumātua worldview. The views of kaumātua have been called nga whakahirahira o nga kaumātua (the important thoughts of kaumātua that have their origins in the teachings of tipuna mai ra ano).

If hauora is to be defined as a state of optimal health and wellness it is necessary to visit the past, and relate this to the present, thus influencing the future.

2. A Kaumātua Worldview

The idea that a worldview expresses a person's perception of the world in which he or she lives has its origins in Māori cosmogony and addresses the values and tikanga that shape our world. This is the starting point for exploring a kaumātua perception of the world.

The kaumātua worldview established within this thesis contains both the kaupapa (base values) and tikanga (ethics or normative behaviours), together they contribute to the aronga (worldview). This worldview provides for the development of a kaumātua worldview that supports the concept of kaupapa hauora Māori.

As an analogue to the establishment of this, a research framework has been developed from the same base. Not only was this framework able to be

applied to all data obtained during the course of the research, but there are also other implications for its use within Māori health service development.

3. The Data Sources

Four data sources contributed to the research, viz, data from the literature pertaining to hauora, and the interview data obtained from the authors of three popular models for Māori health (Whare Tapa Wha, 1982; Te Wheke, 1984; Nga Pou Mana, 1988). These data indicated that while each model contained a set of values that contributed to hauora, these varied depending on the purpose for which each model was developed.

Data from kaumātua provided comprehensive demographic data about individual kaumātua that was analysed to provide a kaumātua profile of each participant. A core set of eight values – whakapapa wairua, whanau, whenua, tikanga, te reo Māori, tinana and hinengaro – were identified, which possessed consistency of understanding and application.

This expressed understanding was based primarily on both tikanga knowledge and experience and was illustrated by stories the kaumātua related about their acquisition of these values and the associated tikanga.

It was from these data, nga whakaaro whakahirahira o nga kaumātua, that the research framework emerged.

The kaumātua data were crucial to the project as not only were they able to inform the research and provide the base for the research framework and methodology but they also provided direction in how to successfully engage kaumātua. The resulting process is, I believe, a successful one to replicate; it is a tikanga-based approach to engagement.

Data provided by health service managers and community health workers revealed that while the identified core values were recognised in total by the community health workers, the managers recognised only six of the eight core values. Both groups' levels of recognition were at a lower percentage level than that of the kamātua, and they had additional values that were recognised by them at a much lower percentage level (less than 10%).

These data provide comprehensive proof of the existence of kaupapa hauora Māori as a values-based concept that has meaning for Māori. Understanding of the values is well-documented, and the constancy of meaning over time has been established, with areas of change being attributed to colonisation and politicisation.

Data were provided from both an experiential and a theoretical base. The experiential data were 'alive' and could be related to by participants, and me. The theoretical data tended to restrict the richness of understanding and application, and placed the research itself in a western framework.

4.The Kaupapa Hauora Māori Research Framework

Research by its very nature requires a framework and methods that are based in kaupapa Māori research or, in this instance, in kaupapa hauora Māori research. The proposed framework allows this focus to be addressed. It was developed in stages beginning with a basic input-process-output-model and continuing with the initial input from the literature and recognition of a worldview as providing the central focus. The beginnings of a basic model began to take shape, but it was not until the analysis of the kaumātua data that the final framework developed, informed by nga whakaaro whakahirahira and allowing for the variables of nga whakaaro tirohanga, nga ahuatanga o te wa me nga whakaaro hurihuri, and those of politicisation and colonisation. A comprehensive model has been developed that can be applied to all the research data.

Applying the framework to the data provided a consistency in the analytic process and generated data that could be readily compared and contrasted. These data provided the answers to the research questions, which have been fully discussed.

The framework provides a basic analytic tool that can be applied to a number of situations, including the planning and implementation of new health-related programmes, the evaluation of existing programmes, and in strategic and operational planning. The framework can be adapted so that a worldview is developed that is relevant both to the service provider and to the consumer.

This worldview then provides direction for the service in Māori terms that has meaning for Māori.

5.The Research Framework and Quality

The worldview that is supported in this research contains those standards and the criteria that will shape a culturally based system of service assessment.

The research framework provides the way forward, and the methods used in achieving this can only be defined by those providing the service and those who use it, be they client or their whanau.

The idea of bringing quality and research together gives life to nga whakaaro tirohanga (the seeing thought).

Implications of these Conclusions

A number of implications arise from these conclusions.

The values base

- The values-based concept of kaupapa hauora Māori is one means of expressing hauora, that is viewed as a state of optimal wellness. It incorporates the concept of holism and interconnection between the values, an individual, the whanau and the hapu, the environment and the elements. This conclusion has implications for all planning, implementation and evaluation of Māori health services.
- The core set of values provides consistency of understanding when applied to contracting, planning, service provision, and the interpretation of outcomes.

Worldview as a focus for a Research Framework.

- A worldview is central to the research framework. The developmental process used can be generalised to other quality Māori health service applications including other research projects, strategic and operational health service planning, the development of values-based

quality standards and criteria, and the associated measurement of these.

- A worldview can be created using this methodology for other research applications.
- Kaupapa hauora Māori research requires Māori to research Māori; and the methodology and method to have meaning for Māori.

Research Methodology and Method.

- It is crucial when planning research involving Māori to seek the support of a group whose views are critical to the research. This group can support and advise on all aspects of the project throughout its duration.
- The inclusion of experiential data in quality research shapes the research framework and contributes to a successful research outcome. Experiential data provide meaning for Māori, be they researchers, participants or providers of healthcare.
- The initial experiential data provide a base from which to develop a research framework that allows for the inclusion of the kaupapa (base values) and tikanga (tikanga) that are central to all quality Māori research.
- As mentioned above, kaupapa Māoriii research requires Māor toi research Māori. The methodology is designed to have meaning for both the Māori researcher and the participants.
- The process of engagement used in this research can be generalised to other populations and adapted for age and focus while keeping in tact the requirements for establishing trust.

Quality and the Research Framework.

- The developing framework provides direction for establishing quality standards and criteria that will relate to the kaupapa and tikanga central to Māori health service development. These standards and

criteria can be developed with providers and consumer groups and can be applied either separately or in parallel with an accepted quality assessment system.

Limitations of this Research.

A number of limitations exist in relation to this research.

- I experienced a difficulty in identifying a suitable research methodology that would both meet the requirements of the research proposal and meet the expectations of the major respondents – nga kaumātua. This difficulty required the development of a specific methodology that took into consideration a kaupapa hauora Māori approach that would accommodate the 'special' nature of the data contained within nga whakaaro whakahirahira o nga kaumātua.
- The research participants were drawn from specifically defined iwi and it is therefore not possible to generalise the results.
- In the initial attempt to define the values integral to hauora, I tended to consider them in isolation and it was not until I analysed the stories share with me by kaumātua that I realised that in the telling, they were sharing their interpretation of the associated tikanga and enhancing the meanings of values beyond the understandings I held. I realised that my initial understanding of the values was somewhat restrictive.
- A further limitation to this research relates to the identification and analysis of the models for Māori health. Three models from the era of Māori development were chosen for this research. No consideration was given to including more recent models in current use. It is possible that the inclusion of the 'Tikanga Recommended Best Practice' (Glavish et al., 2003) would have provided another dimension to the developmental knowledge base. This model is based on the tikanga and the kaupapa defined by the people and is not exclusively applied to Māori health, rather the model is Treaty based and is applied to a total health service. The initial application of this model was well resourced and it has met its objectives of providing a

better understanding of the cultural requirements of our people and how these can be best met. The model has gained approval in various DHBs and among NGOs. It is an experiential model and is well understood. In any further research this experiential model will be included to allow for a values based practical approach to quality issues to be considered as another approach to developing a quality approach to health care provision. Future Research

The Further Development and Application of the KHM Conceptual Framework

Ongoing research is proposed, the aim of which is to develop, test and promulgate a set of quality standards for use by providers and purchasers of kaupapa hauora Māori services. The intention is to contribute to service development and assessment so that services are better able to improve hauora outcomes in a way that has meaning for Māori.

The proposed research strategy will build on the identified conceptual framework for hauora articulated and understood by those kaumātua who contributed to the reported research. The information they provided pre-dated the popular models identified but included elements of each. This study will operationalise the conceptual framework – KHM – into a set of culturally measurable, quality standards to guide Māori service provider development – particularly those services that have relevance for older Maori.

Objectives

- Promulgate findings from the PhD research.
- Develop an agreed kaupapa hauora Māori quality service framework with kaumātua and providers.
- Develop kaupapa hauora Quality Standards and criteria suitable for service audit.
- Contribute to knowledge base through publication.
-

Rationale

Three issues provide the context for this proposed KHM research project, and are briefly examined below:-

First, 'Quality Health and Disability Services for Māori' have long been seen as central to the achievement of improved Māori health outcomes. He Korowai Oranga (Minister of Health & Associate Minister of Health, 2002) identifies this statement as one of three strategic pathways. The need for identified quality health services has been a central demand for decades (Department of Health, 1984). This raises several research questions:-

- What are the appropriate standards and indicators for such quality services?
- Can a quality system for Māori provision be designed to sit alongside or within the existing quality processes in the NZ health system?

Second, 'hauora' and 'whānau ora' are acknowledged as appropriate Māori worldviews of health relevant to many Māori and to the NZ public health system. While many health services have adopted one of the several models of hauora as the philosophical / cultural basis of their service delivery, understanding and articulating a model is not the same as operationalising hauora or whānau ora. This, too, yields a number of research questions:

- Do the popular models satisfactorily capture a community view?
- Are there a core set of values that are relevant to health service development, implementation and evaluation?
- How do or can these services fit in the sectoral health system?

Third, Maori provider development remains a priority area in New Zealand. Compared with international standards, the provision of health services to Māori is mainstreamed: there is in New Zealand no equivalent to other

indigenous health services. Māori health services are a relatively new phenomenon. This raises a further question:

- How can Maori providers be supported in their development consistent with hauora and whānau ora?

This research project will address these three issues contemporaneously, and will also build on previous work, for example, Cunningham's Quality Service work undertaken with the Ministry of Health (Population Health Services Section, 1995), and the quality systems work of Te Wana (Health Care Aotearoa). It is important to recognise that this project has been requested by Maori providers of health services who have experienced some difficulties in aligning their services with current accreditation services and see a further values based development as enhancing systems already in place..

In proposing this research project I am aware of how the contributions of this thesis will enhance the processes and outcomes that the research proposes.

These contributions are considered in four parts:

First:

- The development of a kaupapa hauora Maori research framework, informed by nga whakaaro whakahirahira o nga kaumātua from which an appropriate worldview is developed.
- The possible applications of this current research framework that will be available to include
 - data analysis,
 - hauora service development at strategic, management and service provision levels, and
 - for the establishment and evaluation of specific quality standards and criteria to measure the effectiveness and responsiveness of the provision of health services to Maori.

Second:

- The development of a successful method for engaging with kaumātua. The approach is both simple and effective,
- a relationship of trust between kaumātua and the researcher is central to the process,
- kaumātua are given the power to control the interview process
- individual and group integrity are not compromised,
- there is opportunity for ongoing feedback,
- data are validated by kaumātua, and
- these data are recognised as being 'special', that is, they are unique to each participant.

Third:

Simple conceptual and research frameworks have been developed and these are able to be replicated and adapted to a variety of situations.

Four:

Three popular models have been identified and analysed, and these have varying levels of acceptance within the contemporary world. The impact of the application will depend upon the variables required by the funder.

Finally:

The regaining and renaming of Māori knowledge and their application to the concept of kaupapa hauora Māori.

The development of the research framework adds to the method and methodologies of kaupapa hauora Māori research.

The concept of kaupapa hauora Māori is not new; it was present in te ao Māori and has persisted over time. The research process has contributed towards the legitimisation of the concept and of kaupapa hauora Māori. It has

provided it with a core set of values that are integral to hauora, and it has provided these identified values with a consistency of meaning.

While this research has provided conclusive answers to the research questions and examined the research limitations, this result would have not been possible without the development of the conceptual framework for kaupapa hauora Māori and the analogue –the KHM research framework. The application of the research framework has demonstrated that it is possible to develop a kaupapa hauora Māori methodology that can demonstrate research rigour. In addition, this concept has the capability to be further developed and applied as a means of providing direction for the achievement of optimal health.

This research framework now requires application and further development if a process for developing quality standards and criteria for Māori health service provision is to be achieved.

Consideration must be given to the variables identified within the research framework.

Nga Ahuatanga o te wa nga whakaaro hurihuri allows for the inclusion of new and expanded knowledge base to be included within a developing worldview retaining the original sources of this knowledge and allowing for it being retained and reframed so that it continues to have meaning for Māori.

The variable of politicisation and colonisation is gaining in importance as we as Māori experience imposed political sanctions and situations that will influence the development of new and expanded knowledge. As the Crown moves towards an introduction of further sanctions that will restrict and even remove certain of our rights and disestablish our exercise of tinorangatiratanga. In particular I refer to the proposed legislation that will eliminate reference to Te Tiriti o Waitangi in legislation (MOH Dec 2006), restrictions regarding our use of the seabed and foreshore and the proposed control of waterways.

Research that allows for the expansion of this research framework and from the development of new frameworks that will promote the analysis of data in

a way that has meaning for Māori, adds to Māori knowledge and keeps intact the concept of kaupapa Hauora Maori as a means of improving health status is to be condoned and protected.

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Appendix 1 - Massey University Human Ethics Committee Protocol



Human Ethics Committee: Wellington



Wellington Campus
Private Box 756,
Wellington,
New Zealand
Telephone: 64 4 801 2794
Facsimile: 64 4 801 2692

12 September 2002

Janice Eve Wenn
PhD Student
Te Pumanawa Hauora
School of Maori Studies
Massey University
WELLINGTON

Dear Janice

**Re: MUHEC: WGTN Protocol - 02/117
Kaupapa Maori and Quality Services, An Explanatory Study of a Changing
Concept**

Thank you for your letter of 2 September 2002 and the revised protocol incorporating the changes recommended by the Massey University Wellington Human Ethics Committee.

The amendments you have made now meet the requirements of the Massey University Human Ethics Committee and the ethics of your protocol are approved.

Please note that on the second page of the Information Sheet under *"In agreeing to participate in this study you"* the first bullet point should either be deleted or changed to read, *"have the right to refuse to answer any particular question/s asked during the interview."*

Any departure from the approved protocol will require the researcher to return this project to the Massey University Human Ethics Committee for further consideration and approval.

A reminder to include the following statement on all public documents. "This project has been reviewed and approved by the Massey University Human Ethics Committee, WGTN Protocol 02/117. If you have any concerns about the conduct of this research, please contact Dr Pushpa Wood, Chair, Massey University Wellington Human Ethics Committee, telephone 801 2794 ext 6723, email P.Wood@massey.ac.nz."

Yours sincerely


Dr Pushpa Wood

Chair
Massey University Wellington Human Ethics Committee

Cc: Dr Chris Cunningham

Te Kōwhiri ki Purahuru

Inception to Infinity: Massey University's commitment to learning as a life-long journey



| |
|---|
| Appendix 2: Questionnaire for Kaumātua |
|---|

Part 1: (This section to be filled in by researcher)

1A Demographic Data

| | |
|---|--|
| Kahungunu Iwi | Taranaki |
| Interview number | Interview Number |
| Ingoa | Ingoa |
| Iwi/TaiWhenua (circle) Kahungunu Rangitane Other (please list) | Iwi (circle) Ngāti Tama Ngāti Mutunga Te Atiawa Taranaki Ngā Ruahinerangi Ngāti Ruanui Ngāti Rauru Ngāti Maru |

1B Name Hāpū Affiliation(s) (For Kahungunu)

| |
|--|
| |
|--|

1C What involvement do you have with your: (circle one)

| | | | |
|------|-----|-----------|---------------------|
| Hāpū | Iwi | Taiwhenua | Māori organisations |
|------|-----|-----------|---------------------|

Comment:

1d Gender Male / Female1e Age 60-69 70-79 80-89 90+ (circle range)1f Location Rural Urban1g Domicile Living alone Living with whanauLiving With Partmer Living at Marae

Part 2: (To be answered by participant)

Would you like to tell me about yourself?

Where were you born? (Was your birth a traditional one or were you born in a hospital? Can you remember what happened to your Whenua and pito?)

Where did you spend your early years (0-5 yrs)?

Who were the significant people during your early years (0-5 yrs?) (Please circle)

| | |
|--------------------|------------|
| Kaumātua/Koro/Kuia | Mātua |
| Whaea | Mātua keke |
| Whaea keke | Other |

Did you go to school? (Please circle your response) YES / NO

If yes, circle what type of school you attended below - If no go to:- Question 5

| | | |
|---------------|-------------------|------------------|
| Native School | Mainstream School | Secondary School |
|---------------|-------------------|------------------|

Number of years:-

Educational Qualification:

Have you any comments you would like to make about schools you attended? YES / NO

Comment:

4C Did you attend any of the following institutions and if yes what are your qualifications?
(Circle answer)

Teachers College: - Qualifications:-

University: - Qualifications:-

Polytechnic: - Qualifications:-

4D

Apprenticeship:- Trade Qualifications:-

4E

Other:-

5A Were you in paid work? YES /NO

5B Have you any comments you would like to make about your work life?

6 *Have you been associated with the life of any Marae? If so, can you tell me about this?*

7 Are there any people who influenced your life? (Note: Relationship, Ethnicity)

8A *Have you ever lived away from your whānau? If no, go to Part 3. (This can include movement to partner's whānau) YES / NO*

8B If yes, would you like to tell me about why you moved?

8C Did you move back to your whānau? If yes can you explain this?

Part 3:

In this part of our discussion, I would like you to tell me about the special features or elements which you believe are important to hauora or wellness.

I have questions about these which I would like you to answer if possible.

(Remind participant that they do not have to answer each question if they do not wish to)

3.1 *If your Mokopuna were to ask you "Koro/Nanny what is hauora?" What would you tell them? (Record each element in the space provided. Mark off on prepared list as well)*

Elements:-

3.2 *These are few elements which you have told your Mokopuna about. (Present back the elements mentioned)*

Are there any of these elements which are more important to you than others? (List in priority and feed back comment)

3.3 Your mokopuna asks you "Koro/Nanny what do these words mean?"

How would you explain?

Consider each element telling your Mokopuna:-

- how you learned about each element
- who told you about these
- where you learned about each elements

3.4 I have a list of elements that other people have discussed with me. Do you agree or disagree that these are part of hauora? (Present a set of cards with each element on a single card)

Again which of these elements is most important to you?

3.5.1 If you were to go to hospital, to your Dr. or to a Community Clinic for treatment or advice, would you expect the staff to recognise that the elements you have talked to me about are of importance to you? How would you know this?

3.5.2 If you go to a Māori provider, e.g. a Whānau Ora Service, would you expect the staff to recognize that the elements you have talked to me about are important to you? How would you know this?

3.6 Do you think that the meanings you were first taught for these elements have altered or changed over time? YES/ NO Can you tell me about why this may have happened?

3.7 Is there anything else you would like to tell me about hauora? YES/ NO

Comment:

| Elements of Hauora | 1. Clearly defined 2. Some uncertainty 3. Just know this is important | Indicate if meaning has changed over time and possible reason why |
|--|---|---|
| Whakapapa Wairua Whānau Whenua Te Reo Māori Tikanga Tinana Hinengaro Other | | |

Appendix 3 Information Sheet and Appendix 3a Consent Form



Kaupapa hauora Māori & Quality Health Service Provision: An Explanatory Study of a Changing Concept.

Mihimihi

Kia ora

I am a registered Nurse and Midwife and have worked developing Māori health initiatives for over 30 years.

I am undertaking research into what are the quality determinants for Māori health service provision. Put another way, what are the special cultural values and beliefs that are important to our people (Māori) when they use health services or when we (Māori) provide services for our people. I want to establish a consistent meaning for those determinants and establish whether or not there has been any change in meaning over time.

In undertaking this research I am supported by two supervisors:-

Professor Chris Cunningham – Massey University - Ngāti Raukawa, Ngāti Toa

Mr Moana Jackson – Solicitor - Ngāti Kahungunu, Ngāti Porou

I would like to invite you; Kaumātua of Ngāti Kahungunu me Taranaki Iwi, Māori Development Organisations / Māori Health Providers & Accreditation Organisation personnel, to help me establish what the quality determinants are and how the meaning of these words are defined. Do these determinants play a part in achieving and maintaining wellness?

If you agree to help me, you will be involved in one face to face discussion OR one hui initially. Once the data has been collected you will have an opportunity to have me feed back to you the findings of the research.

Where individuals are interviewed:

I will record your responses on tape. These will be made available to you and your whānau and/or stored as a verbal archive.

Tapes will be stored in a locked container. The contents of the tapes will be analyzed by the researcher.

If you wish your taped interview to be destroyed this will be done one year after the acceptance of the final report.

In the case of Māori health funders, providers and accreditation organisation personnel, you will also be asked to complete a written questionnaire.

The information obtained from you will be used to:-

validate that specific Māori quality determinants are essential to the provision of quality health services for Māori

that recognition of these determinants in accreditation processes is clearly understood and meanings are consistent.

Confidentiality of all data obtained will be preserved.

If you tell me anything that makes me think that you or someone else is at risk of harm, we'll need to talk to you about this and work out a process together for handling the situation. (e.g. if you speak about a diabetic who has decided not to take medication and is at risk of becoming unwell.)

In agreeing to participate in this study you :-

will be asked to sign an informed consent form and a copy of this will be retained by you

will have the right to withdraw from this study at any time

may ask any questions about the study at any time
 will have your anonymity preserved
 will be provided with verbal feedback and/or a written summary
 may contact my supervisors if you have any concerns. Their names, addresses and telephone numbers are included

| | |
|--|--|
| Professor Chris Cunningham Te Pūmanawa Hauora Wellington Campus Massey University Tel: (04) 3800 627 | Mr Moana Jackson Solicitor 8 Meldrum St Naenae Wellington Tel: (04) 5676270 |
|--|--|

Consent Form

First I'm going to explain what this research is about, who is doing the research and what your answers to the interviewers' questions will be used for, then you can decide whether you want to help us.

The person doing the research is a Doctoral candidate from Te Pūmanawa Hauora, Massey University. I am looking at what it is that identifies health services as being Kaupapa Hauora services.

This study has been approved by the Massey University Human Ethics Committee.

I also need to tell you that:

- You don't have to be interviewed if you don't want to. You can choose, and whatever you decide will be respected.
- You don't have to answer all the questions if you don't want to, and you can stop the interview at any time. That is fine. With your permission, I will tape our discussion and if you want to have the tape stopped during this please ask.
- Everything you say is confidential. The papers will be kept in a locked cabinet and will be destroyed after one year on completion of this thesis. If you tell me anything that makes me think you or someone else is at risk of harm, we will need to talk to you about this and work out the process together for handling it.

We'll be publishing a report on this research. Your information will be combined with information from all the other people we interview.

Do you have any questions?

Do you agree to be interviewed? Yes No

It is helpful when we're writing a report if we can include some of the actual words that people say. When we do this we make sure that nobody can be identified. Are you happy for us to use some of your actual words in my final report? Yes No

To avoid taking lots of notes during the interview, I'd like to tape it. If you don't want me to tape the interview that's fine. Is it all right for the interview to be taped? Remember you can ask to have the tape stopped at any stage during the interview. If you wish a copy of your tape, this can be provided to you and/or your whānau. Yes No

Would you like a summary of the report findings? Yes No

If the information is of value to a verbal archive, would you give permission for this?

Yes No

May I take your photograph for possible use in the final report? (a copy of the photo will be sent to you) Yes No

I agreed to be interviewed for this research about Kaupapa hauora Māori quality health determinants. I understand that any information is confidential, and I may withdraw from the study at any time.

Signed:.....Print name:.....

Position: (Kaumātua/Whānau/TaNgāta Whaiora/Funder/Provider/Accrediting Organisation)

Date:.././.....

Witness/Researcher: Print Name:.....

Date:.././.....

Request for Interpreter

| | | | |
|---------|--|-----|-----|
| English | I wish to have an interpreter | Yes | No |
| Māori | E hiahia ana ahau ki tetahi kaiwhaka Māori/kaiwhaka Pākeha korero | Ae | Kao |

Appendix 4: Discussion Document

KAUPAPA HAUORA MĀORI

A discussion document based upon interviews held with 40 Kaumātua between July and November 2003.

Introduction

This paper has been prepared to provide feedback to the forty Kaumātua who participated in intensive interviews to obtain data about whether there are a core set of cultural values and beliefs that are contained within services delivered to Māori by Māori. Put another way, are there cultural values and beliefs which are an essential part of Hauora or wellness.

Approval from the Massey University Human Ethics Committee had been obtained to carry out these interviews, the data from which is crucial to the ongoing planned research about Kaupapa Hauora.

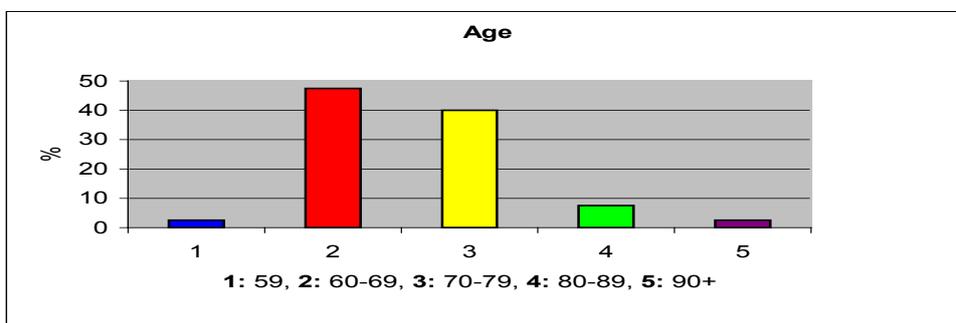
The Kaumātua who participated were approached about their involvement by me or one of my networks. Every person who was approached agreed to be part of this phase of the research.

I am going to feed back to you the findings obtained from the data you have each contributed, this data relates to the establishing of a core set of values but it also has provided data about yourselves and information about growing up Māori. Many of you told me special stories about your lives, an aspect that I had not considered when I planned this research, and these have given me a rare and special insight into the way in which you have lived your lives, and of the history and the stories that influence how you learned about the values that are part of hauora. These stories will be a special part of my final thesis. I have them all recorded and as one of you stated "If I were to write a book I would call it survival". I am going to weave these stories into a special part of the thesis, which I intend to call "Survival Stories".

I want to talk to you about the basic findings of the interviews and I will do this by providing you with a set of graphs which gives you basic data about yourselves, there is also data which allows me to make some assumptions about growing up Māori and understanding some of the cultural practices and processes that you have experienced. Then, I will talk about the cultural values and beliefs which you have identified as being important to Hauora, and what I think you understand about them.

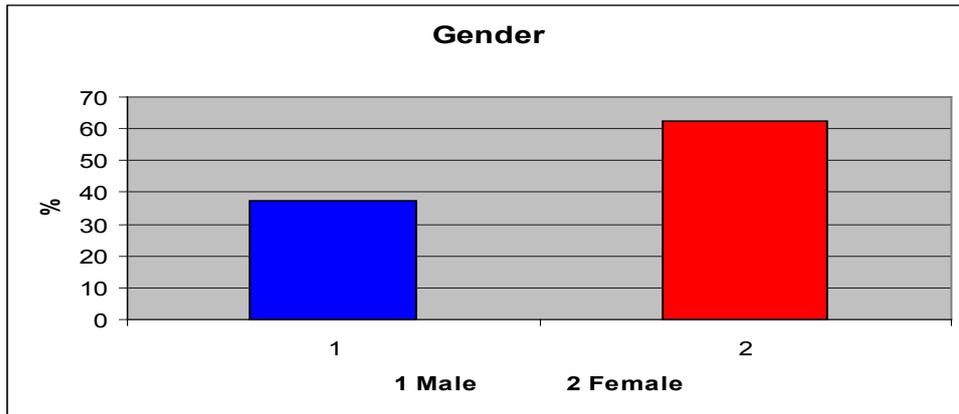
SECTION 1: Facts and Figures

Figure 1: Age range of 40 Kaumātua



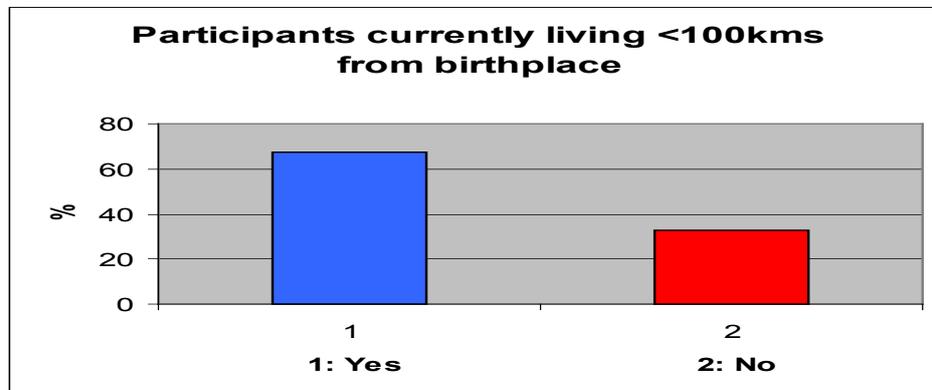
Description: The age range was from 59 to 92 with the mean age being 70 years.

Figure 2: Gender of 40 Kaumātua



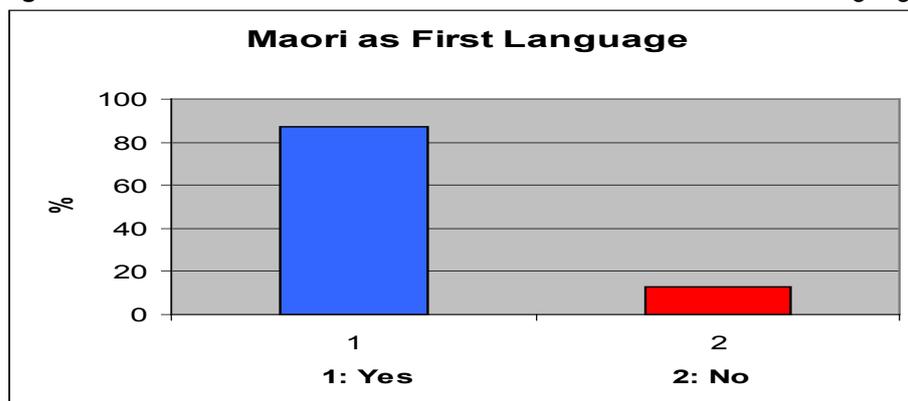
Description: 37.5% of Kaumātua were male. 62.5 were female.

Figure 3: Number of Kaumātua currently living 100 kms or less from their birthplace.



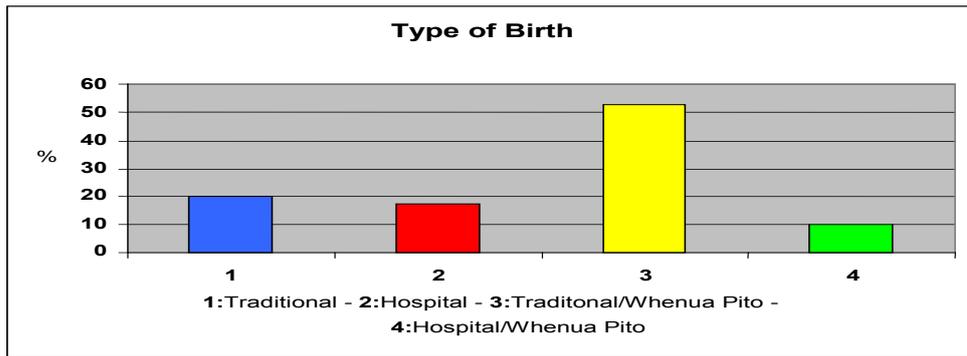
Description: 67.5% of Kaumātua interviewed now live within 100kms of their birthplace. A number of Kaumātua have moved from their original birthplace for a variety of reasons, the most common ones being marriage and work. There is a marked tendency to return to be in close proximity to where they were born, to be closer to whānau and to be able to participate in the upbringing of mokopuna.

Figure 4: Number of Kaumātua who stated that Māori was their first language.



Description: 87.5% Kaumātua declared that Te Reo Māori was their first language and that they had learned this from their Koro, Kuia, Whaea or Matua.

Figure 5: Types of birth and knowledge of the placement of Whenua and Pito.



Description: 20% of Kaumātua had traditional births but did not know what had happened to their Whenua and Pito.

17.5% of Kaumātua had hospital births and had no knowledge of their Whenua and Pito.

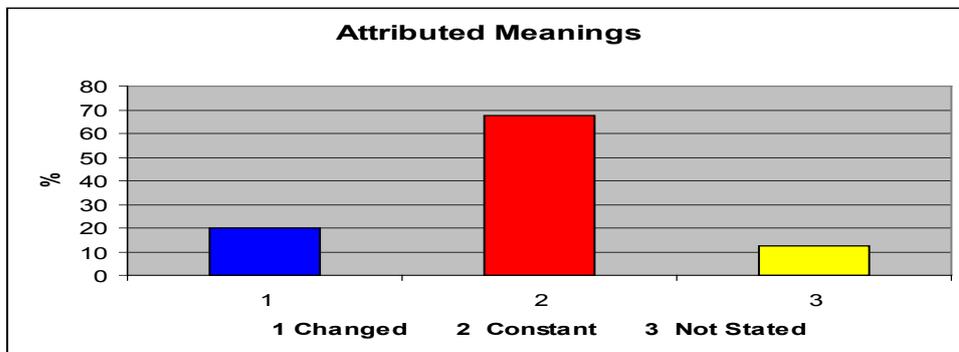
52.5% of Kaumātua had traditional births and were aware of what had happened to their Whenua and Pito.

10% of Kaumātua had hospital births and were aware of what had happened to their Whenua and Pito.

62.5% overall knew where their Whenua and Pito were and this positively correlates with the numbers who now lived within 11kms of where they were born.

Figure 6: Number of Kaumātua who stated that during their lifetime the acquired meanings of values have:

- Changed
- Remained Constant and
- Were unable to define



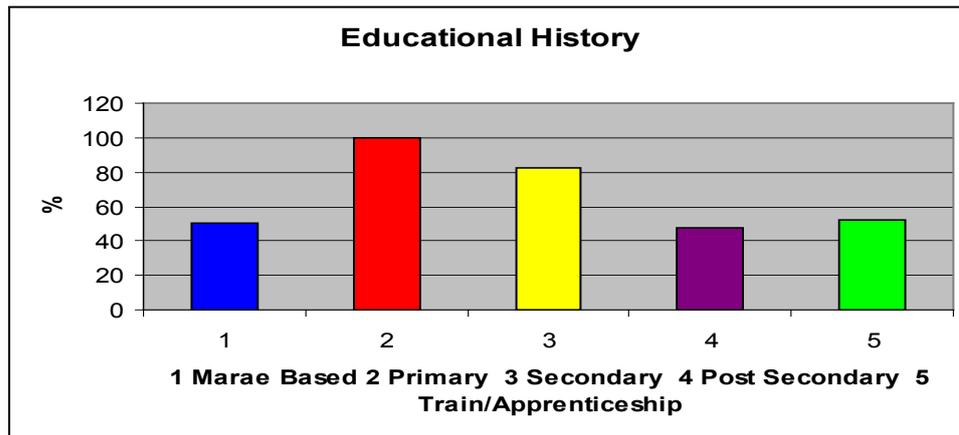
Description: 20% of Kaumātua stated that values had changed

67.50% of Kaumātua stated values remained constant

12.50% of Kaumātua were unable to make any connection between identifying the core values and expressing a view as to whether the meanings were constant or had changed.

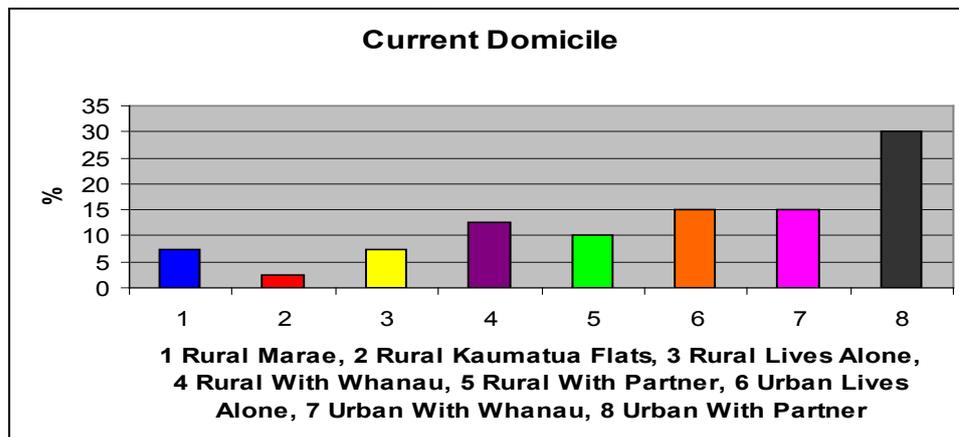
Reasons given for change in meaning related to the process of colonisation, the loss of the use of Te Reo Māori, and the need to adapt to a changing environment where new values and reduction in the depth of meaning characterised their understanding of core values.

Figure 7: Educational background of the 40 Kaumātua participants



Description: 50% of Kaumātua indicated that their first educational experience occurred on the Marae with Kuia, Koro as Kaiako
 100% of Kaumātua indicated attendance at primary schools
 82.5% of Kaumātua indicated that they had had secondary education
 47.5% of Kaumātua had attended post secondary educational organisations
 52.5% of Kaumātua indicated that they had had training and or apprenticeship experience (it is of interest that the post primary and training/apprenticeship experience equals 100 %)
 All participants had experienced some form of the education system, of those attending secondary school, the majority had only two years in the system while a lesser number had obtained such examinations as School Certificate and University Entrance.
 Those with Post Secondary education attended Teacher's College, University and Hospital Schools of Nursing. The latter was classed as a Training/apprenticeship type of education which in most cases required School Certificate as a pre requisite for a three year programme and a lesser requirement of 2 years secondary education was required for Enrolled nursing.
 A number of Kaumātua are currently studying at the Wānanga throughout the country.

Figure 8: Where Kaumātua currently reside



Description: 7.5% of Kaumātua currently reside rurally on the Marae
 2.5% of Kaumātua currently reside in Kaumātua Flats
 7.5% of Kaumātua currently reside rurally and live alone
 12.5% of Kaumātua currently reside rurally with whānau
 10% of Kaumātua currently reside rurally with a partner
 15% of Kaumātua currently live alone in an urban situation
 15% of Kaumātua currently live with whānau in an urban situation
 30% of Kaumātua currently live with a partner in an urban situation

Discussion of Results

These results provide a demographic profile of the Kaumātua interviewed. A deliberate decision was made not to identify the participants by Iwi or Hāpū at this stage, as with a limited sample it is possible for Kaumātua to identify themselves and other members of their Iwi.

Figures 1 and 2 provide basic data.

Figure 3 raises a question about current domicile. It is apparent that a significant number of Kaumātua now live 100 kms or less from the place where they were born. The role of Whenua has to be considered, have they returned for reasons relating to this e.g. to be close to where their Whenua and Pito have been placed, and as well to an area that has shaped their history and where their Koro, Kuia and Tīpuna are associated.

Figure 4 and 5 correlate positively with the figures of Figure 3, so one can establish that there is a correlation between knowing the location of Whenua and Pito, the type of birth one has experienced, ones first language being Te Reo Māori. One then has to examine the way in which values were learned, the understanding of these values and the constancy of meaning for each participant.

Figure 6 indicates that the meanings or understanding of the identified values contributing to Hauora have remained constant throughout each participants lifetime. Where meaning has changed this has been attributed to the various processes of colonisation, the process of education and the participants ability to speak Te Reo Māori.

Figure 8 indicates what kind of education Kaumātua had received and this has been developed within the description of the table.

SECTION 2:

In this section I want to share with you the information I have obtained from you about the cultural values you have discussed in relation to Hauora and will provide you with the values in written form. I would appreciate if you could tell me whether you agree with my understanding of what you have told me.

I have included a form on which you can write down any changes that you believe should be included and I ask you to sign off if you think that the understandings are correct.

Identified Values

These are the values, which you have identified in your interviews as contributing to a positive idea of Hauora. They fall into three groups:-

Group 1: Those values that you believe shape Hauora and are central to positive wellness:-

Whakapapa

Whenua

Wairua

Whānau

Tikanga

Te Reo Māori

Group 2: Those values that you have identified but which may be part of some of the named values in group 1:-

Hinengaro

Tinana

Group 3: Here, there were only a small number who identified these values and which could well be part of the values nominated in Groups 1 and 2:-

Karakia

Aroha

Manākitanga

Koha

Whakapono

From your korero with me about the values, I have developed some of your understandings of these values and I am going to provide you with a copy. I am going to ask you to examine the understandings I have taken from our korero and ask you to tell me if these are, in your view, correct.

If there are any glaring errors or words that you want added, please write these down for me so that these changes can be discussed with your Māori colleagues.

Here are some graphs that provide information about the values

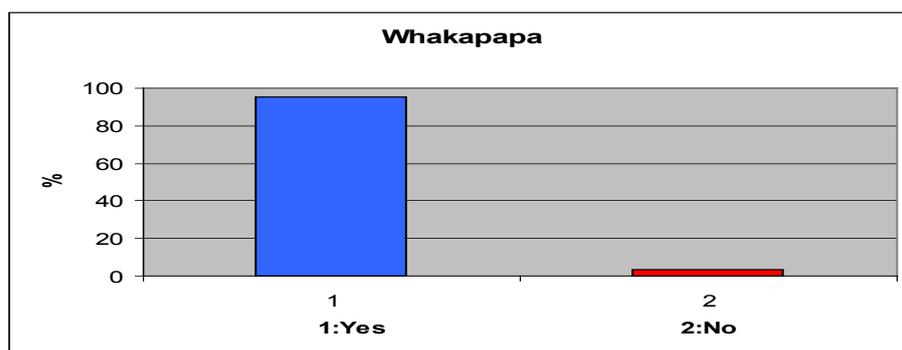
From your korero about the values which I think helped shape your understanding of Kaupapa hauora Māori I have developed these understandings. I want you to consider these and if you want these added to or altered in any way please tell me or if you wish write them down for me to include in this report.

The following excerpts have been taken from the interviews held with 40 Kaumātua who have agreed to take part in this research.

Whakapapa

Whakapapa is the value, which links individuals to the world in a holistic way. It contains ones history and ones future, it includes who an individual is, where they originate from and who and what they relate to. Included in this are the creation stories and Whakapapa explains the effect of these upon the world in which we now live.

Figure 9: Number of Kaumātua selecting Whakapapa as a positive value of Hauora



Description: 95% of Kaumātua agreed that Whakapapa was a positive value.

5% disagreed. Of the 5% who did not think the Whakapapa was a positive value in relation to hauora, they provided the explanation that they had never thought of Whakapapa as having anything to do with Hauora.

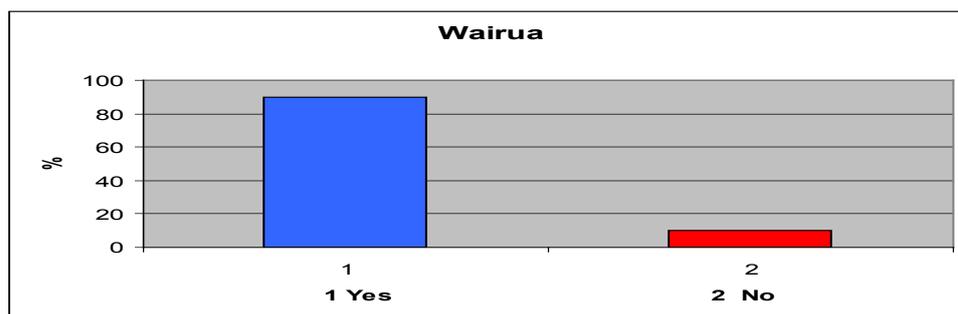
Wairua

As one person said “you are born with Wairua” As you grow so does your understanding of the value Wairua belonging to the inner self.

It is nurtured by your tīpuna, your Kuia, Koro and your whānau and hāpū. It is the influence of life and teachings that one experiences, that nurture Wairua and influence the way in which you perceive and live your life.

Wairua, like Whakapapa is interconnected to all the other values, which impinge upon the way you feel about yourself and others.

If you are able to balance Wairua and the other connected values you are able to perceive the world in a balanced manner.

Figure 10: Number of Kaumātua selecting Wairua as a positive value of Hauora

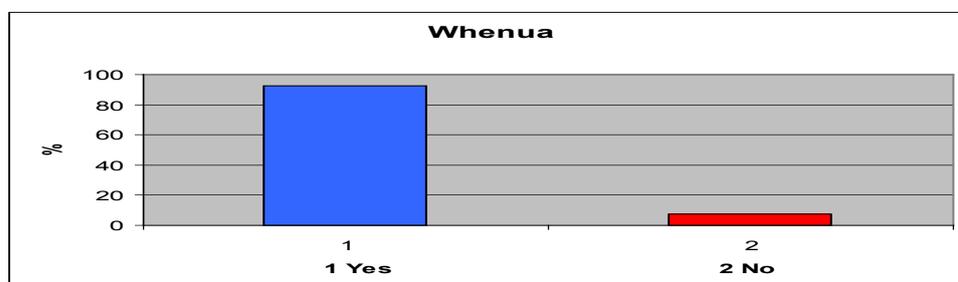
Description: 92.5% of Kaumātua agreed that Wairua was a positive value that influenced Hauora.

8.5% of Kaumātua disagreed.

Whenua

Whenua refers to land but more particularly to the land, which an individual and their whānau and hāpū relate to; thus there is a connection between Whenua and Whakapapa. Similarly one takes from the Whenua special qualities, which become part of your inner self or your Wairua, again emphasising the importance of interconnectedness and interrelationships.

The practice of having a Kuia or Koro deliver and accept the Whenua at birth and then place it back with Papatūānuku too is significant as it emphasises your relationship with the land and the link you have with your Tīpuna.

Figure 11: Number of Kaumātua selecting Whenua as a positive value of Hauora.

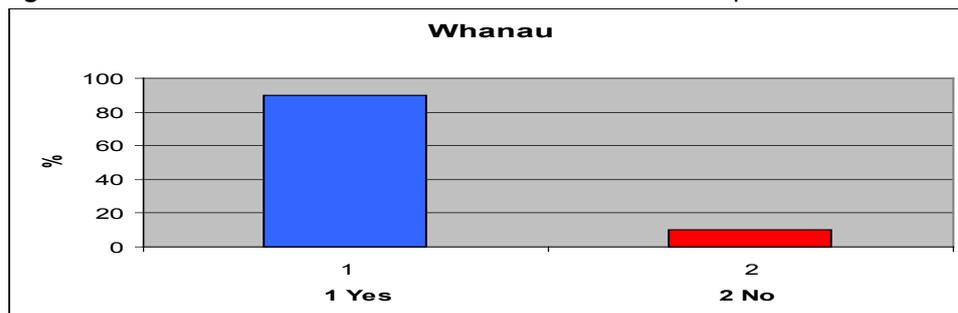
Description: 95% of Kaumātua agreed that Whenua was a positive value of Hauora 5% disagreed, the rationale given again stated that they did not see the relationship between Whenua and Hauora.

Whānau

Whānau is a value, which everyone has had some experience of. The literal translation is family, however, we are all part of a Whānau structure. This is evident in many of the comments made to me during the interviews. "I enjoyed my early schooling because I was with my Whānau."

Whānau can be described as family, a group of people providing support for each other, who may have a shared Whakapapa, whom share the experience of place, lifestyle, and the influence of significant people.

In the world of today there is a broader meaning which all participants appeared to accept. Whānau can include people who have shared experiences and who share a common place, or set of goals, they relate positively to one another and provide support and nurture each other.

Figure 12: Number of Kaumātua who selected Whānau as a positive value of Hauora.

Description: 90% of Kaumātua agreed that Whānau was a positive value that influenced Hauora.

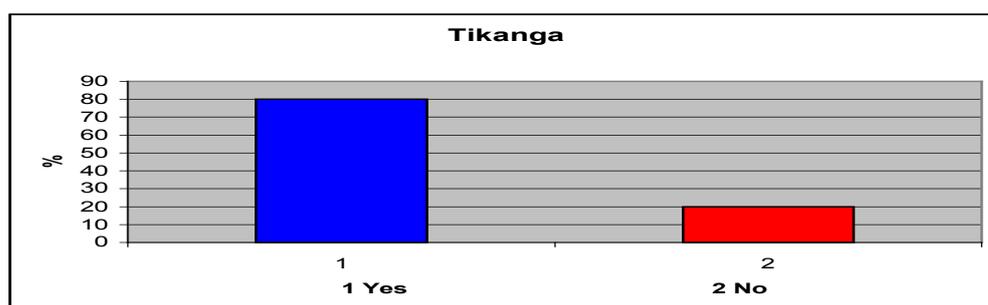
10% of Kaumātua disagreed.

Tikanga

You have said to me during the interviews that Tikanga comes from our Tīpuna, they have given us an understanding not only of what is right and what is wrong but also in what situations these teachings apply. Tikanga is not a static concept and can change its focus over time in response to the changes which occur in ones circumstances and in changing lifestyles and the requirements these may place upon us. The essence of Tikanga remains central to our understanding and reflects the teaching we have received from Tīpuna, Koro, Kuia and other significant people.

Within the concept of Hauora there is Tikanga which is part of the interconnectedness of the values that shape it (hauora). There is Tikanga that is associated with childbirth, Tikanga which is associated with the gathering of Kai, there is in fact Tikanga that guides us in everything we do. You have also referred to reclaiming of the teachings of our Tīpuna about Tikanga. This reference was made because you have observed that present day society does not interpret the action of Tikanga as you do. You were taught about Tikanga by your Koro and Kuia, and these teachings came from your Tīpuna. What is happening today is that many of the actions have been changed to suit modern day conditions and the true understanding has been lost.

Understanding true Tikanga and incorporating it into your life shapes your wellness and this is what you want to retain and reclaim for your Mokopuna.

Figure 13: Number of Kaumātua selecting Tikanga as a positive influencing value of Hauora.

Description: 90% of Kaumātua agreed that Tikanga was a positive value influencing Hauora.

10% of Kaumātua disagreed.

Te Reo Māori

Te Reo Māori is the language given to Māori, it is ours and should not be compromised. Kaumātua did comment that understanding modern Māori was difficult at times as the meanings get confused.

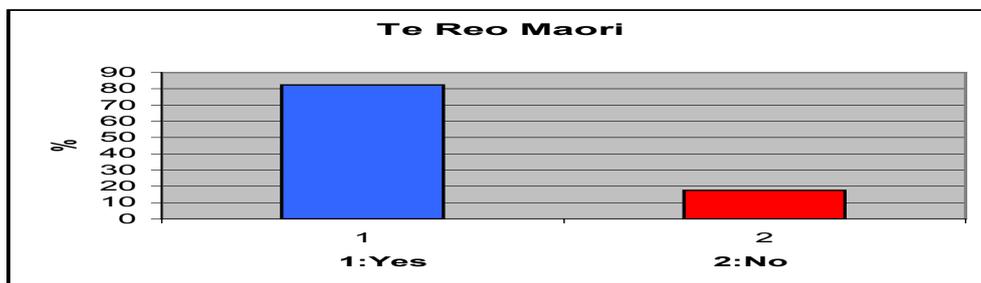
When something is expressed in the Māori language it carries with it a deeper meaning which has special significance for the speaker. The speaker hopes to communicate the meaning and the way in which they are using the language to the person(s) being spoken to.

When you are teaching your tamariki or your moko Te Reo Māori carries with it greater depth and it sounds less harsh than when you try to express the same thing in English. Take the word mimi for example, it is easier to convey to tamarki what that means than trying to explain the Pākeha word pee or urine.

The Māori language is rich in colour and expression, if for example you are talking about the sky the shades of colour can be expressed in such a way as to convey a range of one colour and the meaning of the word conveys so much more than its Pākeha counterpart so that you can understand the time of day, the weather and something of the Whakapapa of the sky.

There was also an understanding of the process of colonisation and the efforts of the colonisers to suppress the language.

Figure 14: Number of Kaumātua selecting Te Reo Māori as a positive value influencing Hauora.



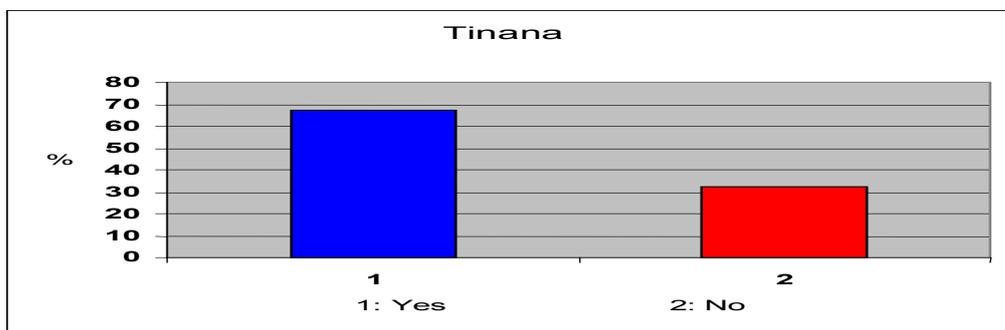
Description: 82.5% of Kaumātua agreed that Te Reo Māori was a positive value influencing Hauora.

17.5% of Kaumātua disagreed of these a number did not learn Te Reo Māori until later in life and of the total there were 5% who have no in depth knowledge of Te Reo Māori.

Tinana

Tinana refers to the physical dimensions of Hauora but it should not be understood in isolation, rather where the Tinana is impaired it is often an indicator that there are other factors at play. One person stated that “The Wairua is inside the Tinana”.

Figure 15: Number of Kaumātua selecting Tinana as a positive value contributing to Hauora.



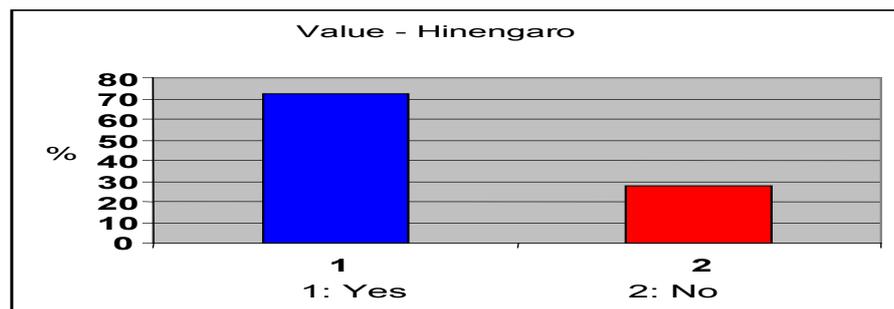
Description: 67.5% of Kaumātua agreed that Tinana was a positive value contributing to Hauora.

Hinengaro

Hinengaro is that part of Hauora, which focuses upon ones innermost thoughts and feelings. It balances with all the other values, which make up a positive Hauora for each individual. It is recognised that when one's Hinengaro is repressed or becomes an individual's sole focus that positive wellness is not achieved.

Hinengaro is interconnected to all other values, which ensure Hauora. It is possible to observe in RaNgātahi their quest for establishing their Whakapapa so that they are able to relate to place, time and people. With help this can be achieved and the Hinengaro will gradually become part of the whole.

Figure 16: Number of Kaumātua selecting Hinengaro as a positive value contributing to Hauora.



Description: 72.5% of Kaumātua agreed that Hinengaro was a positive value contributing to Hauora.

17.5% of Kaumātua disagreed. It was generally believed that hinengaro was a component of Wairua and therefore this did not have to identify separately.

Further the use of the term hinengaro in relation to hauora was a relatively new innovation and the Kaumātua had not had experience with this.

Conclusion

The values identified by our Kaumātua are a living component of Hauora, they should not be regarded as separate entities but rather as part of an interconnected whole.

A change in one affects how one perceives the other interconnected values e.g. Where Whenua (land) is removed from hāpū ownership changes occur in Wairua, this in turn affects the perception one may have of Hauora.

The korero you have shared with me should not be manipulated. This is what I understand from our korero, this information belongs to you and it is these understandings that will form the basis for developing the next two phases of this research.

The Stories

I have referred to the stories that many of the Kaumātua shared with me, these were unsolicited, some are very private and will remain between the individual and myself, they all are to be regarded as Taonga which are part of the matauranga Māori which have contributed to each individuals understanding of the cultural beliefs that have shaped their understanding of Hauora and their lives.

The stories of these Kaumātua's lives that have been shared can be read as stories of survival in which notions of Hauora or wellness were put at risk.

It is important to acknowledge these stories of survival and courage while recognising the damage and hurt that these experiences have caused each of these individuals both personally and politically.

Appendix 5: Questionnaire for Managers

A STUDY OF A CHANGING CONCEPT

Kaupapa hauora Māori Providers: Questionnaires for Managers of Provider Organisations

Mihi

Kia ora koutou katoa

Ka nui taku mihi ki a koe i tenei ra

Ko Janice Wenn taku ingoa

Taku papa ko George Workman

Nō Ngāti Kahungunu ki Wairarapa, me Rangitane hoki

Ko tenei te whakatauki

Ko Kahungunu te taNgāta

Ko Takitimu te waka

Ko Wairarapa te Moana

Ko Tararua ngā maunga

Ko Kohunui me Papawai ngā Marae

Ko Ngāti Rakaiwhakairi me Ngāti Moe ngā hāpū

No reira tenā koutou, tenā koutou, tenā koutou katoa

Thank you for agreeing to meet with me today.

I am undertaking research into what it is that identifies Health Services as Kaupapa hauora Māori.

It is hoped that the data collected will establish what managers of health services for Māori understand by Kaupapa hauora Māori services, which key cultural values contribute to Hauora and what your understanding of these identified values are. As well, the study will examine any perceived change in meaning of the identified cultural values and endeavour to provide reasons as to why this change in meaning has happened.

This study has been approved by the Massey University Human Ethics Committee.

The purpose of this hui is to ask you if you would agree to be involved in this research?

If you agree, you will be involved in completing a questionnaire about your mahi and the cultural values and beliefs which underpin the health services you provide for Māori.

INFORMED CONSENT

(All participants to read and complete this form)

I need to tell you that:-

- You do not have to fill in the questionnaire if you do not wish to.
- You can choose whether you wish to complete this questionnaire and your choice will be respected.
- You do not have to answer all the questions contained within the questionnaire.
- All your answers will be confidential to the researcher. The completed questionnaires will be kept in a locked cabinet and will be destroyed one year after the completion of this thesis.
- We will be publishing a report of this research. The information you provide in your questionnaire will be combined with the information obtained from other health service managers and providers. It will not be possible to identify individuals in this report.

- 1) Do you agree to participate in this research? (Please circle your response) YES/ / NO
- 2) Do you have any questions you wish to ask? It is sometimes helpful when we are writing a report if we can include some of your actual written responses. We make sure that you cannot be identified.
- 3) Are you agreeable to us using some of your responses in the final report if they are applicable? YES NO
- 4) Would you like a summary of the report findings sent to the organisation you are employed by? YES NO
- 5) I agree to complete a questionnaire about my mahi and the cultural values and beliefs which underpin it.

If at any time I wish to withdraw the information contained in the completed questionnaire, I may request that this happens and that the questionnaire is returned to me.

Signed: _____

Printed Name _____

Position: _____

Date: _____

Witness signature: _____

QUESTIONNAIRE – MANAGERS OF HEALTH SERVICE PROVIDER ORGANISATIONS

Name of Organisation: _____

Please state your name, qualifications and your ethnic origin.

Does the organisation you manage provide a Kaupapa hauora Māori service?

(Please circle your response)

YES

NO

If yes, please provide a description of what the organisation defines as Kaupapa hauora Māori.

Does the organisation have an agreed set of cultural values and beliefs contained within its stated strategic direction? YES NO

Please state;-

How the values were decided for your organisation?

What are these stated cultural values and what do you understand by them?

List the cultural values and provide your understanding of each one.

Do these cultural values and beliefs underpin the way in which the organisation delivers health services? If yes, please explain how you recognise this.

YES

NO

How well does the organisation apply these values to its practice?

(On a scale of 1 - 5 where would you place the organisation? Note: Please circle the response which best describes your understanding of this. Circle only ONE response)

Are they fully integrated into all management policies and practices?

Do the cultural values underpin the strategic planning for the organisation?

Do policies and procedures include a section on cultural values and their integration into management practices?

Are cultural values recognised but no attempt is made to integrate these into the management processes of the organisation?

There is no overt reference to cultural values in the management infrastructure?

Has the organisation any measurable standards which demonstrate that the cultural values and beliefs are integrated into service delivery?

YES

NO

Do you believe that the standards you are working with are culturally responsive to a Kaupapa hauora Māori health? (Please comment)

Are there any further comments you would like to make regarding Kaupapa hauora Māori services?

Thank you for completing this questionnaire.

Janice Wenn

Researcher

Appendix 6: Questionnaire for Community Health Workers

A STUDY OF A CHANGING CONCEPT

Kaupapa hauora Māori Providers: Questionnaire for Service Providers

Mihi

Kia ora koutou katoa

Ka nui taku mihi ki a koe i tenei ra

Ko Janice Wenn taku ingoa

Taku papa ko George Workman

Nō Ngāti Kahungunu ki Wairarapa, me Rangitane hoki

Ko tenei te whakatauki

Ko Kahungunu te taNgāta

Ko Takitimu te waka

Ko Wairarapa te Moana

Ko Tararua ngā maunga

Ko Kohunui me Papawai ngā Marae

Ko Ngāti Rakaiwhakairi me Ngāti Moe ngā hāpū

No reira tenā koutou, tenā koutou, tenā koutou katoa

Thank you for agreeing to meet with me today.

I am undertaking research into what it is that identifies Health Services as Kaupapa hauora Māori. It is hoped that the data collected will establish what service providers of health services for Māori understand by Kaupapa hauora Māori services, which key cultural values contribute to hauora and what your understanding of these identified values are. As well, the study will examine any perceived change in meaning of the identified cultural values and endeavour to provide reasons as to why this change in meaning has happened.

This study has been approved by the Massey University Human Ethics Committee.

The purpose of this hui is to ask you if you would agree to be involved in this research?

If you agree, you will be involved in completing a questionnaire about your mahi and the cultural values and beliefs which underpin the health services you provide for Māori.

INFORMED CONSENT

(All participants to read and complete this form)

I need to tell you that:-

You do not have to fill in the questionnaire if you do not wish to.

You can choose whether you wish to complete this questionnaire and your choice will be respected.

You do not have to answer all the questions contained within the questionnaire.

All your answers will be confidential to the researcher. The completed questionnaires will be kept in a locked cabinet and will be destroyed one year after the completion of this thesis.

We will be publishing a report of this research. The information you provide in your questionnaire will be combined with the information obtained from other health service managers and providers. It will not be possible to identify individuals in this report.

Do you agree to participate in this research? *(Please circle your response)* **YES/NO**

Do you have any questions you wish to ask?

It is sometimes helpful when we are writing a report if we can include some of your actual written responses. We make sure that you cannot be identified.

Are you agreeable to us using some of your responses in the final report if they are applicable? **YES / NO**

Would you like a summary of the report findings sent to the organisation you are employed by? **YES / NO**

I agree to complete a questionnaire about my understanding of Kaupapa hauora Māori, about my mahi and the cultural values and beliefs which underpin it.

If at any time I wish to withdraw the information contained in the completed questionnaire, I may request that this happens and that the questionnaire is returned to me.

Signed: _____

Printed Name _____

Position: _____

Date: _____

Witness signature: _____

QUESTIONNAIRE – HEALTH SERVICE PROVIDERS

Name: _____

Ethnicity: _____

Professional Qualifications (including training programmes currently participating in)

1. What is the name of your organisation? _____
2. What is your current position? _____
3. How long have you worked for this employing organisation? _____
4. How long have you been in your current position? _____
5. Do you believe that you provide a Kaupapa Hauora Māori service? **YES / NO**
6. Please tell me what makes the service you provide a Kaupapa hauora Māori service?

7. On a scale of 1 - 5 please indicate how you would assess your service provision as being Kaupapa hauora Māori? *(Circle the response that best describes your service. Note: Please circle ONE response only)*

Service provision is supplied by Māori using a Kaupapa hauora Māori Framework.

Māori service providers are available if requested and a Kaupapa hauora Māori framework is the basis for practice.

Māori service providers are available.

The contract is recognised as requiring Kaupapa hauora Māori service provision.

The service provided does not acknowledge the need to deliver services with a Kaupapa Hauora Māori framework.

8. Are there a set of cultural values and beliefs that underpin your mahi? **YES / NO**

8a If yes, please tell me what these are and what you understand by each of them?

| | |
|--------------|----------------------|
| Value | Understanding |
|--------------|----------------------|

9. How are these cultural values and beliefs reflected in your mahi?

(Provide a brief outline)

10 Are there ways in which you are able to measure whether the cultural values and beliefs are reflected in your practice? YES /NO

10a If yes, please describe how these cultural values are measured by you.

11 On a scale of 1 - 5 indicate how well you think that your practice reflects the cultural values you have identified.

(Circle the response that best describes your view of your practice. **Note:** Please circle ONE response only)

- Cultural values are reflected in all service delivery.
- I incorporate the identified cultural values in all mahi relating to service delivery.
- My work practices are such that the cultural values are integrated into all that I do.
- I sometimes forget to acknowledge the identified cultural values as being part of the way I conduct my mahi.
- I just get on and do my mahi giving little thought to the identified cultural values. They are not part of how I deliver services.

12 Do you believe that within any quality system there should be a separate set of standards for Māori Providers which reflect the level to which cultural values and beliefs are incorporated into practice? **YES** / **NO**

Comment:

13 Would you be prepared to participate in the development of such a set of standards? **YES/NO**

14 Are there any additional comments you would like to make?YES /NO

Comment:

Thankyou for completing this questionnaire.

Janice Wenn
Researcher

Appendix 7: Managers Results

Research – Phase 3 Management data

The objective of this phase of the research was to establish:-

- 1) Whether organisations providing Kaupapa hauora Māori services have a core set of cultural values which are integrated into their infrastructure
- 2) Define Kaupapa hauora Māori in terms of management and service provision
- 3) Whether service providers delivering Kaupapa hauora Māori services to individuals and their whānau, recognise and integrate a core set of cultural values into their practice.

To explore whether these three objectives from the perspective of both managers and service providers. To achieve these two sets of data was collected from:-

- a) Persons designated Managers within Kaupapa hauora Māori organisations
- b) Service providers working within these organisations.

Questionnaires were developed, one for each group (Appendix 4 & 5)

Research - Phase 2 Management Data

ORGANISATIONAL PROFILE

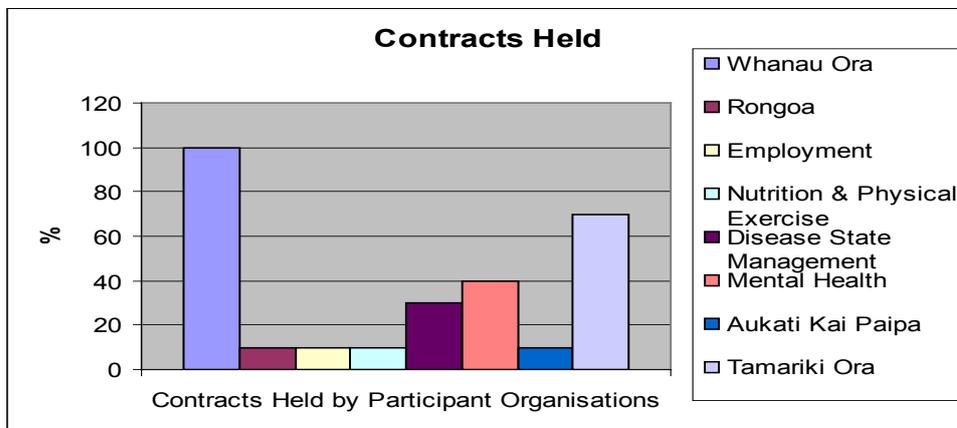
The eleven organisations are profiled in terms of:-

Health contracts held

Organisational structure

CONTRACTS HELD

Fig 1: A variety of contracts are held by the 11 organisations, all are contestable



Two organisations are accredited with Quality Health NZ and the remaining eight are preparing for accreditation with either Quality Health NZ or the Health Care Aotearoa, Te Wana quality system.

GOVERNANCE

All organisations have constitutions which stipulate the governance structure and all have Kaumātua involved in this. The size of the governing body varies with one organisation having representatives from 17 Marae and another having a small group of 3 trustees.

| | | |
|----------------|-----------------------|----------------------------|
| | 100% Māori Membership | Board of Trustees |
| Organistion 1 | Yes | Kaumātua involvement |
| Organistion 2 | Yes | Rep 17 iwi groups |
| Organistion 3 | Yes | Kaumātua involvement |
| Organistion 4 | Yes | Kaumātuadvisory role |
| Organistion 5 | Yes | Kaumātua Chairman position |
| Organistion 6 | Yes | Kaumātua involvement |
| Organistion 7 | Yes | Kaumātua key role |
| Organistion 8 | Yes | Kaumātua membership |
| Organistion 9 | Yes | Kaumātua membership |
| Organistion 10 | Yes | Kaumātua membership |

MANAGEMENT PROFILES

Of all the 13 Managers interviewed the preparation for their current positions varied:-

- 1 was a graduate from an MBA programme
- 3 had an undergraduate degree (BA)
- 1 post graduate Dip in H Science
- 2 Registered Nurse
- 1 Dip Business Management
- 1 Dip Supported Employment
- 1 Dip Teaching
- 1 Certificate in Rongoa
- 1 Certificate in Counselling
- 1 Certificate in Māori Studies
- 2 On the job training
- 1 Certificate in Management
- 1 Post Graduate Cert in Community Child Health

Years in current position

| | |
|---|-----------|
| 1 | 1 yr |
| 2 | 4 yrs (2) |
| 4 | 2 yrs |
| 1 | 3 yrs |
| 1 | 9 yrs |
| 1 | 10 yrs |
| 2 | 18/12 yrs |

Management Profiles from 11 organisations

14 Managers completed questionnaires. Of these, two shared the management function within the organisation:-

| | |
|---|--|
| 1 | was a practice manager working with the overall manager |
| 1 | was a contracts manager working with the overall manager |
| 1 | was in an acting capacity |

Ethnic orientation

| | |
|----|-----------|
| 13 | Māori |
| 1 | Non Māori |

Fig 3: Preparation for current position

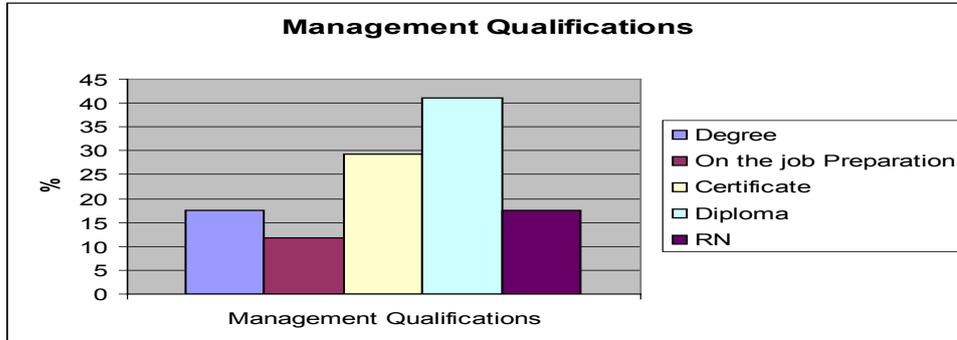
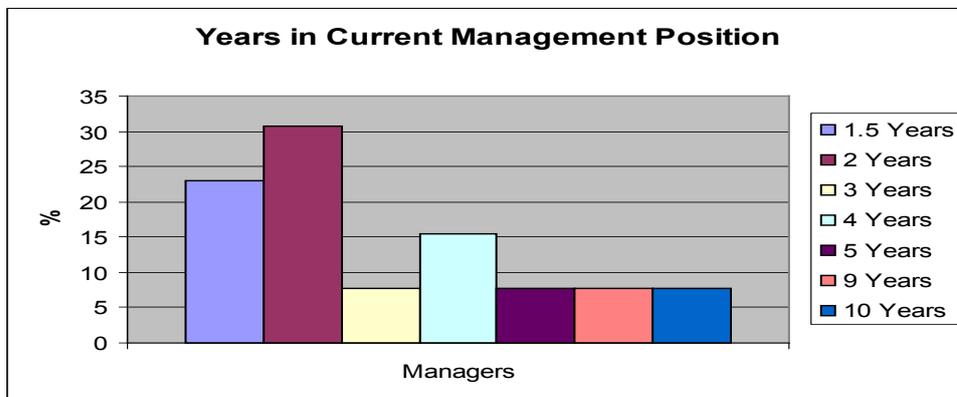


Fig 4: Years in current position



Overall these managers were dedicated to their positions and organisations, controlling staff numbering from 3 through to 20+.

WHAT IS KAUPAPA HAUORA MĀORI SERVICE?

Managers expressed a view that a Kaupapa hauora Māori service was one which focused upon serving Whānau and Hāpū, recognized the Tikanga of Whānau, Hāpū and Iwi, and integrated this into service delivery.

Whānau and Hāpū played an integral part in decision making and the dissemination of information relating to Hauora.

Kaumātua guidance was an essential part of the governance and management process.

The principle of Tino Rangātiratanga was upheld and service delivery was by Māori for Māori.

Cultural values were recognised and addressed.

Therefore a definition of Kaupapa hauora Māori services, could be:-

All managers believed they provided a Kaupapa hauora Māori service and defined this as follows:

- A Kaupapa hauora Māori service is one in which cultural values are recognised and integrated into all that the organisation does;
- Participation by Whānau and Hāpū are integral in the decision making process;
- Kaumātua guidance is sought at governance, management and operational levels;

- The service recognises and integrates the relevant Tikanga into all aspects of health service provision, which includes governance, management and infrastructure development and all operational functions including service delivery;
- The principle of Tino Rangātiratanga is upheld;
- The tikanga of the area is central to the service.

VALUES IDENTIFIED BY MANAGEMENT

Whakapapa

- An integral value that underlies the survival and success of our service;
- We are Hāpū based and this means we are connected and linked by Whakapapa not only physically but genealogically, by illness and by predispositions;
- As a Hāpū based organisation relying strongly upon each other we are more readily able to remove barriers and obstacles which could hinder service delivery;
- Whānau have an unconditional commitment to each other and to the organisation. This provides us with a sense of pride and gives us a reason for wanting to be well;
- The enduring links to our past and to our future. Our individual and collective links to Whānau, Hāpū and Iwi;
- Linking and acknowledging one-self and others;
- Our interconnectedness to each other;
- We are all interconnected Whakapapa. We believe that everyone is bought here for a reason including those who work here – Whānau;
- He whakaaro pai ki ngā tangāta katoa.

Whakawhānaungātanga

- Whānau and Hāpū are directly involved at all levels of the organisation, we seek from within before we seek externally;
- The Hāpū wellbeing is only effective if the Whānau unit is intact and strong;
- As Māori and in line with organisational thinking we do not think individually we have to look to Whānau as a whole. The individual is only part of the whole and we think of the whole by servicing the Whānau we ultimately service the individual;
- It is the how of service delivery that is important and this is flexible depending upon the relationship we have with the Whānau;
- Togetherness;
- The relationship between people and their environment. The importance of building and acknowledging these relationships. Our interaction together with the universe and the seasons;
- Encompassing the Whānau and working towards total Whānau Ora not just for individuals;
- Working with Whānau at the level and pace that they want. Helping Whānau to achieve the **goals that they set for themselves.**

Tikanga

- Themes, fundamentals which underpin service development and delivery, operations staffing that is unique to us as a Hāpū and to the organisation which is based within the Hāpū. What works for us may be unique to our service. Our Tikanga is that which has been handed down;
- Provides a basis or framework for practice;
- Correct way to do things;
- Correct thoughts and thinking;
- Correct attitude to others and to self.

Manaakitanga

- We are guided by Whānau as to how we provide services and when. It is the how that is important.
- Supporting and caring for one another.
- Treating all with respect and dignity. Acknowledgement and respect for each others belief system.
- **Supporting and being supportive and helping along the pathway of wellness.**

Te Reo Māori

- Understanding and providing services using Te Reo Māori.
- Forms the basis for communicating our culture.
- Te Reo me ona Tikanga
- To have a working knowledge of Te Reo and to understand the Tikanga and Kawa of the Hāpū and Iwi with whom we work.

Te Whare Tapa Wha

- Implementing this model. Wairua, Whānau, Hinengaro, Tinana.

Kotahitanga

- We are all working together on the same Kaupapa.

Wairuatanga

- The recognition of spirituality and the acknowledgement that this is an inherent part of each person we come in contact with. Each person is different.
- Spiritual strength, belief, doing things the right way to keep the spirit strong.

Kanohi ki te kanohi, pakahiwi ki te pakahiwi

- We work with our Whānau face to face, shoulder to shoulder. We work in unison with Whānau and Hāpū.
- Te nāro o te kāhu ki a tuwhakarere
- As Mana Whenua we have a Kaitiakitanga role. This carries with it the responsibility of host, protector, to advocate with the crown and its agencies, to ensure that Māori maintain Tino Rangātiratanga;
- As a service provider we ensure that we extend Manaakitanga to our clients.
- Mauri ora ki te mana Māori o
- Giving Mana to our people. Empowerment.

Orangātanga

- Caring for, keeping safe, the wellbeing of our Whānau;
- Karakia and Wairuatanga;
- Linked as a process.

He Kororia ki te Atua ki runga rawa

- Recognition that there is always a greater power force at work.

He maunga rongō ki runga ki te Whenua

- If we want a society that is peaceful and lives and works collaboratively then we need to work with those who at least have resource and power to effect change. If Whānau are to live and work together it is more productive if they are at peace with each other and there is less stress and tension and more chance to celebrate life.

Aroha mai aroha atu

- The notion that an obligation exists in all our relationships regardless of what the basis of the relationship is – whānauNgātanga.

Tino Rangātiratanga

- The ability to make choices for self and Whānau and to be empowered to do so;

- By Māori for Māori.

DISCUSSION OF RESULTS

The managers interviewed were from a variety of backgrounds, All were responsible for Kaupapa Hauora contracts. They had been in their current positions for periods ranging from 6 months to 10 years.

There appeared to be a difference in management style where the Kaupapa Hauora contracts formed only a part of the organisations business. From my observation these organisations (3), appeared to focus upon outputs as opposed to outcomes.

Organisations with only Kaupapa Hauora contracts focused on outcomes and a macroview of the effect of their interventions upon health status of the individual, Whānau and Hāpū.

All organisations had a quality/accreditation focus with two organisations already accredited with QHNZ and 3 awaiting accreditation results from QHNZ, the remaining 6 organisations were preparing for accreditation – 4 with QHNZ and 2 with the HCA Te Wana System.

The cultural values are similar to those identified by Kaumātua:

| | |
|--------------|---|
| Kaumātua | Managers |
| Whakapapa | Whakapapa |
| Wairua | |
| Whānau | Whānaungātanga, Manaakitanga, Kotahitanga |
| Whenua | Whenua Rongoa |
| Tikanga | Tikanga |
| Te Reo Māori | Te Reo Māori |
| Tinana | |
| Hinengaro | |

| | |
|-------------------|-----------|
| Te Whare Tapa Wha | Wairua |
| | Whānau |
| | Tinana |
| | Hinengaro |

The difference is that Kaumātua described their understanding of their identified cultural values in terms of what they understood by these values, how they developed these understandings in relation to their life experiences which included formal and informal educative processes, Whānau and Hāpū influences and the influence of the colonising process upon their world view.

The management group with three exceptions interpreted their understanding in a manner which restricted understanding to definitions which appear to fit with a management theory model. Understanding was limited to a clearly defined narrow concept and there are a number of nominated values which are in fact descriptions of core values e.g. Whānaungātanga, Manaakitanga and Kotahitanga form part of the value Whānau and Whakapapa if the Kaumātua definition is to be accepted.

Of the three exceptions within the management group, one is a Hāpū based organisation which focuses upon Whakapapa as a strength and of the interconnectedness of values. The second organisation provides a Rongoa service and has in place Kaupapa hauora Māori processes which are strictly adhered to as well it adheres to the concept of self empowerment. The third organisation has also been developed on strictly Kaupapa hauora Māori processes and relies upon Kaumātua wisdom in all aspects of its functioning. It adheres strongly to the principle of Tinorangātiratanga.

What appears to have occurred is that Kaumātua had developed an understanding of the cultural values they identified as being central to the development of Kaupapa hauora Māori, they have also explained how they learned about these values and in many instances have illustrated their understanding with stories of Whānau, Hāpū and colonising experiences.

The majority of managers interviewed have developed their understanding through various management theories to which has been added a Kaupapa hauora Māori addendum, rather than developing a model with Kaumātua, Whānau and Hāpū, something that the three organisations forming the 'exception' group did do.

It also appears that some organisations have nominated values which on analysis form part of one of the 8 core cultural values nominated by Kaumātua i.e. they are descriptions of a core value.

The Durie (1196) model Te Whare Tapa Wha has been nominated as a core value by 50% of the management sample. This model provides a basis for service development. Funders of Kaupapa hauora Māori services refer to this model in contracts listing the four components as being essential to services provision development. What contracts fail to do is describe the components in a manner which links their inclusion with outcomes.

Further the research indicates that:

- 8 managers believed cultural values were integrated into their policies and practice.
- cultural values underpinned strategic planning.
- 1 indicated that policies and procedures included a section on cultural values and their integration into management practice.
- 3 cultural values are recognized but no attempt is made to integrate them into management processes.
- 1 there is no overt reference to cultural values in the management infrastructure.

CONCLUSIONS

A gap exists between the stated understanding of the cultural values nominated by Kaumātua as being central to Kaupapa hauora Māori and the understanding of those cultural values nominated by the managers of eleven (11) Kaupapa hauora Māori organisations with Taranaki and Ngāti Kahungunu.

The process of colonisation has had an effect on both groups, the experiences of the Kaumātua in terms of health services, education services and the influence of Whānau and Hāpū have assisted in cementing their understanding of the values and it is to be noted that they have kept their understanding constant throughout their lifetime.

11 Managers however, have had a colonized orientation to cultural values and in relation to their management roles have been influenced by funder requirements and obtaining contracts. The understandings of cultural values in the majority of cases have been constricted to meet the requirements of funders. The remaining three organizations which vary in size and the number of contracts held are reliant upon a Kaupapa Hauora infrastructure and high level people participation.

| |
|---|
| Appendix 8: Community Health Workers Results |
|---|

Overview of Service Provider Participants)

29 Participants from 9 organisations were interviewed. (In two organisations service providers were not able to be interviewed because of the pressure of workloads.)

A Profile of staff, qualifications, time in current position and the contracts held is provided in Table 1.

Table 1: Service Providers -Profile of Participant Interviews

| Organisation | Staff Interviewed | Qualifications Held | Contracts Held |
|--------------|-------------------|--|---|
| Org 1 | 1a | CHW on the job 9/12 | Whānau Ora, Tamariki Ora Disease State Management |
| | 1b | CHW on the job 7/52 | |
| Org 2 | Nil | | |
| Org 3 | 3a | 5yrs RCpN (4) 5yrs | Whānau Ora, Tamariki Ora |
| | 3b | 1yr BN (4) | |
| | 3c | 6yrs Vaccinator (2) | Disease State Management |
| | 3d | 4yrs Well Child | |
| Org 4 | 4a | 3yrs CHW preparation as sexual health educator, asthma educator, Prof grade Amb Cert | Whānau Ora, Tamariki Ora, Disease State Management, Aukati Kai Paipa, Nutrition & Physical Activity |
| | 4b | 3yrs Tympanometry Educ, Cx & Bx Cancer Educator | |
| | 4c | 2yrs Dip Perf Arts, Nutrition & Phys Act Ed, Diabetes Educator | Cervical Screening, Outreach Immunisation |
| | 4d | 3yrs Cert in Soc Comm Serv, Cert in Hauora Māori, Tai Chi Instructor | |
| | 4e | 3yrs Nutrition & Phys Act Cert, Tympanometry Cert, Cert in Hauora | |
| | 4f | 1yr RCpN, COPD Nursing Cert, Disease State Mgmt | |
| | 4g | 2yrs Smoking Cessation mod 3, Asthma Foundation Cert | |
| | 4h | 1½yrs BA Dip Teaching | |
| Org 5 | 5a | 1yr Kaumātua Kaimahi (life experience) | Whānau Ora, Tamariki Ora, Disease State Management |
| | 5b | 1½yrs Office Admin, Business Communication | |
| | 5c | 3yrs Admin Assistant, Studying for BBA | Mental Health |
| | 5d | 1yr Master SW | |
| | 5e | 4½yrs Dip Soc Work, Grad Dip M Health | |
| | 5f | 2yrs BA Hons Psych | |
| Org 6 | 6a | 1½yrs NZQA Accounting | Whānau Ora, Tamariki Ora, Disease State Management, |

Appendix 8: Community Health Workers Results

| | | | | |
|--------|-----|------|---|--|
| | 6b | 1yr | RCpN, PGDipN | Cx Screening, Smoking Cessation |
| | 6c | 2/12 | SRN, HV Cert, MA Applied | |
| Org 7 | Nil | | | |
| Org 8 | 8a | 3yrs | Soc Worker, Dip Counselling | Whānau Ora, Tamariki Ora, Diabetes, Drug & Alcohol Rehab |
| | 8b | 1yr | Cert in Alcohol & Drug | |
| Org 9 | 9a | 3yrs | Nat Cert in Admin, Cert in Small Bus Mgmt | Rongoa Māori |
| | 9b | 4yrs | Dip in Bus Studies | |
| | 9c | 4yrs | On the Job | |
| Org 10 | 10a | 4yrs | Enrolled Nurse, Ongoing Māori Studies | Psychiatric Needs Assessment (NASC), Anger Management |
| | 10b | 8/12 | RN, Studying for Grad Dip in Māori | |

Provider Participants Understanding of Kaupapa hauora Māori

29 Provider participants were interviewed:-

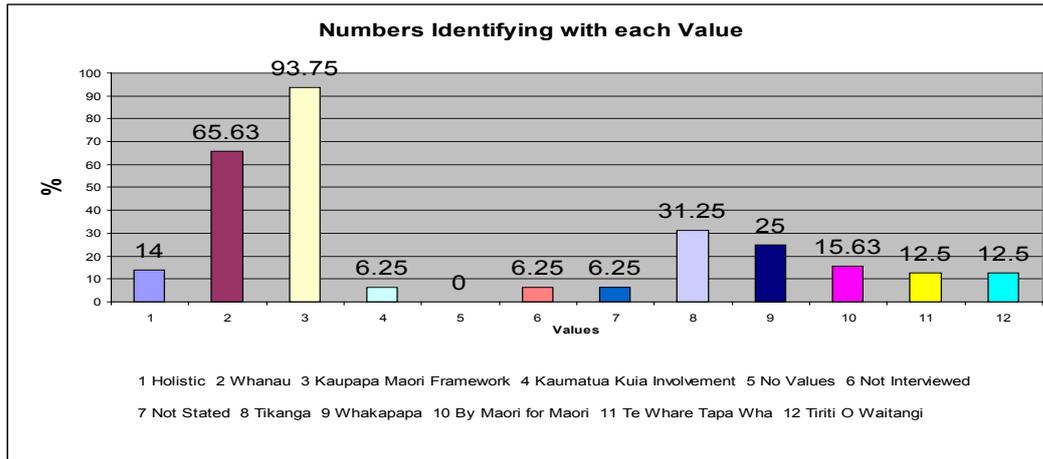
27 stated that the health services provided were Kaupapa Māori;

1 stated that although a Kaupapa hauora Māori framework was used to develop services they were unable to deliver a Kaupapa Māori service;

1 stated that until they mastered Te Reo Māori he was unable to deliver a Kaupapa hauora Māori service.

The provider participants have described a Kaupapa hauora Māori service as being Whānau focused and Tikanga based.

| Components | Numbers Identifying |
|----------------------------------|---------------------|
| Whānau focused | 16 |
| Tikanga | 12 |
| By Māori for Māori | 8 |
| Having a Kaupapa Māori framework | 7 |
| Kaumātua/Kuia involvement | 6 |
| Holistic | 4 |
| Whakapapa | 4 |
| Te Tiriti o Waitangi | 6 |
| Te Whare Tapa Wha | 4 |



The identified components are described as operational in that each one contributes in some way to health outcomes.

A description of Kaupapa hauora Māori service could be:-

A Hauora service which is holistic in approach, whānau focused, relies upon the wisdom of Kaumatua, Kuia and the relevant Tikanga of the Whānau/Hāpū/Iwi to shape the service, integrates cultural values into service delivery and relies upon participation of individuals, Whānau and Hāpū for feedback.

This service is developed within an organisation which applies the principles of Tino Rangātiratanga, applies Te Tiriti o Waitangi to all aspects of service development and has an accepted Kaupapa hauora Māori infrastructure.

Table 2 Identified Cultural Values

| Core Values Identified | – by | Values Identified by Service Providers | Values Identified by Service Providers BUT defined by the researcher as descriptors or components of Values | Values Identified by Service Providers BUT defined by the researcher as processes associated with the core values. |
|------------------------|------|--|---|--|
| Kaumātua | | | | |
| Whakapapa | | Whakapapa | Mana, Toku Iho, Ukaipo. Pono | Whakapono |
| Wairua | | Wairua | Karakia | Wairuatanga, Karakia, TohuNgātanga |
| Whānau | | Whānau | Tīpuna, Ukaipo, Te Ihi, Te Wehi, Te Wana | Whānaungātanga, Manaakitanga, Tautoko |
| Whenua | | Whenua | Whenua Rongoa | |
| Tikanga | | Tikanga | Kawa, Tapu/Noa | Tapu/Noa |
| Te Reo Māori | | Te Reo Māori | | |
| Tinana | | Tinana | | |
| Hinengaro | | Hinengaro | | |
| | | Te Whare Tapa Wha | | |
| | | | Nga Atua te Honore mo | |
| | | | Turangawaewae | |
| | | | Papakainga | |
| | | | Kaumātua | |
| | | | Orangātanga | |

Cultural Values Identified by Service Providers

The 29 service providers identified a wide range of cultural values', 44 in all – the core 8 values identified by Kaumātua were included but there was not the universality demonstrated by the Kaumātua present within the service provider value set e.g.

| Core Values | | | Associated with Core Values | | |
|--------------|--------|------|-----------------------------|-------|------|
| Whakapapa | 27.5% | (8) | Mana | 13.7% | (4) |
| Wairua | 48.3% | (14) | Karakia | 31% | (9), |
| Wairuatanga | 6.8% | (2), | Mauri | 10.3% | (3) |
| Whānau | 48.3% | (14) | Whakawhānaungātanga | 27.5% | (8), |
| | | | Manaakitanga | 31% | (9) |
| Whenua | 10.3% | (3) | | | |
| Tikanga | 27.5% | (8) | | | |
| Te Reo Māori | 17.24% | (5) | | | |
| Hinengaro | 17.24% | (5) | | | |
| Tinana | 17.24% | (5) | | | |
| | | | Te Whare Tapa Wha | 13.7% | (4) |

| Other | | | Other – these identified values were identified by 1 participant |
|--------------------|-------|-----|--|
| Aroha | 24.3% | (7) | Aroha mai aroha atua, Whakamana |
| Tautoko | 10.3% | (3) | TohuNgātanga, Nga atua he honore mo |
| Awhi | 13.7% | (4) | Turangawaewae, Tuku iho |
| Tapu | 13.7% | (4) | Tipuna, Ukaipo |
| Noa | 13.7% | (4) | Tatau, Tatau. Te Ihi |
| Waiata | 6.8% | (2) | Te Wehi, Te Wana |
| Holistic | 13.7% | (4) | Matauranga Māori, Kaumātua |
| Tinorangātiratanga | 20.6% | (6) | Papakainga, OraNgātanga |
| Pono | 10.3% | (3) | Equity of access, Rongoa |

Providers Understanding of Identified Values

Whakapapa

- Links one back to Hāpū
- Holistic to Whānau as well as to individual. Although we have our place in Whānau, there is a bigger picture, who we are, where we come from, where we belong
- Acknowledging and respecting one individuality
- Who you are and who you come from. I am a Mokopuna of Iwi
- The inheritance that was passed on to me
- Ngatipuna, Nga Matua, Nga Tungane, Nga Tuahine, significant relationships
- Belonging and linking to Tipuna
- Integral to who we are

Wairua

- Spirituality, whole person
- Spirituality
- Spiritual and physical wellbeing is acknowledged
- Taking consideration of everyones Wairua/spirit some more wounded than others
- The spiritual face of life
- Spirituality
- Spiritual wellness, Karakia
- Recognition of each individuals spiritual beliefs and spiritual balance
- Always with us and part of us

Whānau

- Our relationship with the people here
- Whānau based
- The support, strength, interdependence that are
- Families
- Holistic to Whānau and individuals. Bigger picture
- We are all Whānau including extended Whānau
- Family wellness
- Everyone has Whānau – need to look beyond the individual to Whānau
- Whānau centres
- Meets needs of whole family and each member
- Whānau know Tangāta Whaiora best
- 3 participants gave no understanding of value

Whenua

- Our bond and relationship we have with and express for the land/our home
- To nourish and heal as we would nourish the Whenua and it would reciprocate
- 1 participant gave no understanding of value

Te Whare Tapa Wha

- Provides the priorities of health care
- Recognises the principle of balance and imbalance
- As assessing tool
- 1 participant gave no understanding of this framework

Tikanga

- How you live your life or what you believe
- Respecting rituals that have been set for you as a people
- What is appropriate and what is not
- A set of collective values which demonstrate the way in which a culture operates
- Customary respect for Māori value systems

- 3 gave no understanding of value

Te Reo Māori

- To use Te Reo Māori as often as possible in my mahi
- Te Reo – communicate in original form
- Te Reo Māori – use it when I can. Reo in Karakia and at Kura
- Te Reo Māori whenever possible
- Te Reo – communication

Hinengaro

- The respect for excellence of intellect in cunning or spirituality or nurturing – vision
- Mental wellness
- Awareness of all that is necessary for oranga hinengaro
- 2 participants gave no understanding of value

Tinana

- The work ethic, the ability to put thought and vision into action
- Physical wellness
- Important for total wellness
- 2 participants gave no understanding of value

Mana

- Mutual respect and acknowledgement of who we are
- The power and authority inherent in aspects of life
- Allow TaNgāta Whaiora self respect
- Strength

Karakia

- Prayer, protection
- Prayer to be said before mahi
- Prayer to start and end so as not to carry unfinished business and burden
- To always acknowledge and give thanks to Matua Io
- Centres and covers client and the mahi. I am about to undertake..
- Necessary for spiritual equilibrium
- Before meetings and hui
- Settling, spiritual acknowledgement
- 1 participant gave no understanding of value

Wairuatanga

- Spirituality
- Harmony or spiritual equilibrium – necessary for good health

Mauri

- Recognition of divinity in all things
- The life force that grows and enables other life
- Our own being in everything

Whakawhānaungātanga

- Building relationships and rapport , connections, networking
- Holistic approach
- A sense of belonging. To be embraced by your family
- Relationship between a people and their environment
- Relationship with clients, providers
- Relationships
- Manaaki, Tautoko, Orana
- Ko wae a hau, Ko wae a koe
- Relationships, Communication
- Whānau, Hāpū and Iwi links

Manaakitanga

- Caring, considering, assisting others
- Offering support, Karakia, Aroha
- Knowledge that will empower Whānau to independence and better outcomes
- Support and loyalty
- Respect is given to all
- Supporting power and authority to work in a positive way
- Assist
- Reciprocity from both TaNgāta Whaiora and self
- Assisting and supporting TaNgāta Whaiora, Whānau and Kaimahi

Aroha

- The love we have for the job we do for our Whānau
- Love, genuine care of Whānau
- To share
- Love for others, for Mahi and self
- The love the transcends difference
- Love
- My own honesty. This helps me to be focused on the present and future

Tautoko

- Support, assist
- Support
- Support

Awhi

- Support

3 participants gave no understanding of value

Tapu/Noa

- Regulators which indicate a certain behaviour in certain situations, a state a person is in
- Restricted
- Free

2 participants gave no understanding of value

Waiata

- Songs/singing

Tino Rangātiratanga

- Empowerment
- Empowered to make choices
- To empower and embrace our Whānau. To make a choice
- Support choices people make
- Provide/support choices people make
- Provide Whānau with information and for then to be confident in accessing services
- The individual has a right to determine the process of care they are to be subjected to and the control must be theirs
- Self determination – allows growth, liberating

Pono

- A knowledge of how things were, how they are to become and subsequent implementation against this philosophy
- 2 participants gave no understanding of value

Other Identified Values were:-

Aroha mai aroha atua

Whakamana

Tohungātanga

Nga atua he honore mo

Turangawaewae

Tuku iho

Tīpuna

Ukaipo

Tatau tatau

Te Ihi

Te Wehi

Te Wana

Matauranga Māori

Kaumātua

Papakaianga

Oranga TaNgāta

Equity of access

Rongoa

Discussion of Service Provider Results

29 responses were received from the Service Provider participants. These responses were

primarily operational i.e. responses revealed an understanding of the questions in terms of the parameters they had set for themselves for service delivery. A number of participants referred to their ability to work outside the parameters set by the various contracts. Reference was made to having the flexibility to provide services for whānau rather than to individuals.

Kaupapa hauora Māori.

The understanding of this concept was broad and flexible, the basic components related to providing a whānau focused service, which was holistic, utilised the wisdom and direction of Kaumātua and Kuia, and acknowledged the relevant tikanga of whānau, hāpū and iwi. This shaped the service and allowed cultural values to be integrated into the service. Participation was sought from individuals, whānau, hāpū and iwi in terms of advice support and feedback.

Each service is developed within an organisation which has a Kaupapa hauora Māori infrastructure and a strategic framework which refers to the cultural values of the organisation. These have been defined by management with a varying degree of consultation from Kaumātua, Kuia, whānau, hāpū depending upon the philosophy and the orientation of management.

Service providers regarded these frameworks and operational parameters as flexible and these were sometimes extended and expanded to meet client needs in a culturally responsive, holistic way.

The principle of Tino Rangātiratanga was recognised as being crucial to the concept of Kaupapa hauora Māori. This understanding of Kaupapa hauora Māori is similar to that provided by managers.

One participant responded that the organisation for which she worked provided “a Kaupapa hauora Māori framework for practice but they were restricted in providing a true Kaupapa hauora Māori service to clients.”

In the service provider participant questionnaire, there are two multiple choice questions relating to Kaupapa hauora Māori, viz;

Q5. On a scale of 1-5 please indicate how you would assess your service provision as being Kaupapa hauora Māori.

(Please circle the response that best describes your service. NOTE: Please circle ONE response only.)

- 1 Service provision is supplied by Māori using a Kaupapa hauora Māori framework.
- 2 Māori service providers are available if requested and a Kaupapa hauora Māori framework is the basis for practice.
- 3 Māori service providers are available.
- 4 The service contract is recognised as requiring Kaupapa hauora Māori service provision.
- 5 The service provided does not acknowledge the need to deliver services within a Kaupapa hauora Māori framework.

The second multiple choice question reads:-

Q9. On a scale of 1-5 indicate how well you think that your practice reflects the cultural values you have identified.

(Please circle the response that best describes your practice. NOTE: circle ONE response only)

- 1 Cultural values are reflected in all service delivery.

- 2 I incorporate the identified cultural values in all mahi relating to service delivery.
- 3 My work practices are such that cultural values are integrated into all that I do.
- 4 I sometimes forget to acknowledge the identified cultural values as being part of the way I conduct my mahi.
- 5 I just get on and do my mahi giving little thought to the identified cultural values. They are not part of how I deliver services.

These two questions basically focused upon:-

whether the service provider saw the organisation as providing a Kaupapa hauora Māori service; and

How each participant incorporated the identified core cultural values into their service delivery (practice)

An analysis of responses indicates relationships which exist between an individual's perception of organisation for which they work providing a Kaupapa hauora Māori service and the manner in which they provide services to their clients.

8 participants believed that – “service provision was supplied by Māori using a Kaupapa hauora Māori framework” and that “cultural values were reflected in all service delivery.” Response 5/1 and 9/1.

6 participants stated “service provision was provided by Māori using a Kaupapa hauora Māori framework.” And that “ they incorporated the identified cultural values in all mahi relating to service delivery.” Response 5/1 and 9/2.

4 participants stated that “service provision is supplied by Māori using a Kaupapa hauora Māori framework’ and that “work practices were such that the identified cultural values are integrated into all I do.” Response 5/1 and (9/3.

4 participants stated that “Māori providers were available if requested and a Kaupapa hauora Māori framework is a basis for practice,” and that “my work practices are such that the identified cultural values are integrated into all that I do.” 5/2 and 9/3.

4 participants identified that “the contract is recognised as requiring a Kaupapa hauora Māori framework” and that “my work practices are such that the cultural values are reflected in all that I do.” 5/4 and 9/3.

2 participants stated that “Māori service providers were available if requested and a Kaupapa hauora Māori framework is a basis for practice” and that “identified cultural values are reflected in all service delivery.” 5/2 and 9/1

1 participant stated that “service provision is supplied by Māori using a Kaupapa hauora Māori framework,” and that “I sometimes forget to acknowledge the identified cultural values as being part of the way in which I conduct my mahi.” 5/1 and 9/4.

Initially there was never an intention to link these two sets of data, however in the process of analysis and ordering there appears to be relationship between ones perception of Kaupapa hauora Māori and the way in which individuals deliver services.

This suggests that an individual's perception of the organisation they work for and their perception of how the deliver services to their clients have a positive relationship. i.e. an

organisation which meets the criteria of being Kaupapa hauora Māori allows for a flexibility of practice which includes the incorporation of identified cultural values into practice.

Cultural Values

Service provider participants identified 44 cultural values. The descriptions of their understanding of these values were generally restrictive. With 8 exclusions, interpretation focused upon a workplace definition and reflected the orientation the providers had to service provision and possibly to their relationship with management.

Participants did identify the 8 core cultural values identified by the 40 Kaumātua participants interviewed in phase 1 of this research (see table 2.). As well the developmental framework Te Whare Tapa Wha (Durie, 1996) was identified, this framework is built upon 4 of the identified core values as its key component.

An analysis of the understanding of all 44 cultural values reveals that the 8 core cultural values identified in phase 1 are perceived as core values by service providers, the remaining 36 identified values have required an analysis which has shown they are best understood as either descriptors or components of values, or as processes associated with the core values (table 2).

The analysis reveals similar understandings in relation to both components and processes. An example would be:-

Whakapapa

Kaumātua understanding is very full referring back to Māori cosmology and the development of the value “Whakapapa” then relating the value to history and to the process of whānau learning.

Understanding Whakapapa as a value which is universal, everyone and everything has Whakapapa.

The interconnectedness of ourselves with our environment, our history and the processes that have been imposed upon us. Finally providing a description of this value to Māori knowledge and Māori reality.

Managers related the concept of Whakapapa to a management model seeing an understanding of this value as part of a whānau ora approach to Hauora, but also perceiving it as important to management’s effectiveness in service delivery.

Service Providers understand Whakapapa as a relationship between people i.e. between individuals, whānau, hāpū, iwi and relating back to Tīpuna.

Neither managers nor service providers demonstrated the comprehensive all encompassing understanding provided by the Kaumātua.

It is somewhat disconcerting that the wealth of understanding provided by our Kaumātua has been restricted down to an operational concept. The notion of interconnectedness has been reduced and we seem to be left with a genealogical explanation.

One way of grouping the cultural values could be as follows, i.e. a set of values remain core and the other similar values are categorised in relation to whether they are part of the whole or they are a process which applies or reinforces the core value.

Associated with the value Whakapapa are the components of:-

Mana Mutual respect and acknowledgement of who we are

The power and authority inherent in aspects of life

Toku Iho Knowledge in terms of kōrero, pēpeha and whakatauki

Ukaipo The seminal fluid that nourishes us and keeps us safe

Pono Truth and knowledge of how things were and how they are to become .

Associated with the value Whakapapa is the process of:-

Whakapono A desire and faith for Māori values to uplift and transcend

This is the area which requires considerable work doing on it. All the values and their components and processes require to be analysed and in the discussion there is a need to accept or refute their understandings of each. This needs to be linked with table 2.

Appendix 9: Validation Report

VALIDATION OF THE UNDERSTANDING OF THE IDENTIFIED CORE CULTURAL VALUES IDENTIFIED BY KAUMĀTUA PARTICIPANTS AT INTERVIEW

A report of the phase 1 research findings was prepared and posted to 39 of the 40 Kaumātua participants (One participant had deceased two months after interview). Included with the report, a respondent questionnaire, and a pre paid addressed envelope was included. The purpose of the questionnaire was to obtain feedback about the understanding of the cultural values derived from the research data.

39 questionnaires were distributed

18 questionnaires were returned

6 participants phoned to state they agreed with the reported understanding of cultural values

46.1% returned questionnaires

Total of 61.5% responded positively to the questionnaire

Two Kaumātua Hui were held to inform non-participant Kaumātua of the research project and its findings.

Hui 1: 30 Kaumātua participated and agreed with the derived understanding of identified core cultural values

Hui 2: 6 Kaumātua were present and they agreed with the derived understanding of identified core cultural values

At both Hui an interest in the identified variables and support was expressed.

SUMMARY OF RESULTS

| VALUE | AGREE | PERCENTAGE |
|--------------|-------|------------|
| Whakapapa | 18 | 100% |
| Wairua | 18 | 100% |
| Whānau | 18 | 100% |
| Whenua | 18 | 100% |
| Tikanga | 18 | 100% |
| Te Reo Māori | 16 | 88.8% |
| Hinengaro | 17 | 94.4% |
| Tinana | 17 | 94.4% |

CONCLUSIONS

These results provide evidence that an identified set of core cultural values exist and are central to Hauora. Participants were asked to rate the reported understanding of each value.

| VALUE | AGREE | AGREE IN PART | DISAGREE |
|--------------|-------|---------------|----------|
| Whakapapa | 18 | | |
| Wairua | 18 | | |
| Whānau | 18 | | |
| Whenua | 18 | | |
| Tikanga | 18 | | |
| Te Reo Māori | 16 | 2 | |
| Tinana | 18 | | |
| Hinengaro | 18 | | |

Comments on report – positive