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**Mā te whiritahi, ka whakatutuki ai ngā pūmanawa ā tāngata:
Together weaving the realisation of potential – Exploring the
social, cultural and health benefits of whānau-centred
initiatives**

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TUHINGA WHAKARĀPOPOTO: ABSTRACT

The persistence of Māori health inequities, exacerbated by deficit narratives, underscores the importance of conducting research on the strengths and capabilities whānau possess and use in their daily lives in order to actively rethink and redesign health promotion practice in Aotearoa New Zealand in a way that will be beneficial for whānau. Focusing on health promotion within an Indigenous context, this thesis synthesises results from three case studies about whānau-centred initiatives where Māori (Indigenous to New Zealand) values and practices are foundational. A kaupapa whānau research framework, developed in collaboration with whānau, draws on mātauranga (Māori epistemologies/ways of knowing) expressed in pūrākau (epistemological narratives), tikanga (cultural principles), te reo (Māori language), and lived experience, which serve as the foundation for the methodology employed in this research. The findings illustrate the diversity and potential capabilities of whānau-centred initiatives in addressing Māori health inequities, emphasising the critical role of whānau in improving Māori health and wellbeing. A conceptual framework, Tū Kahikatea, is developed to present findings demonstrating the connection between the values underpinning the initiatives and their outcomes. Furthermore, the framework emphasises how whānau-centred initiatives can aid whānau in achieving mana motuhake (mana achieved through collective self-determination and control over one's own destiny). Consistent with an Indigenous approach to health promotion, this research indicates that health promotion activities that take into account Māori worldviews and values, as well as those generated within Māori communities, will have a greater influence on Māori health outcomes than programmes that take a top-down, single issue approach to health promotion. As part of a global movement for more inclusive healthcare that prioritises Indigenous voices and knowledge systems, this research bridges the gap between academia and local flax roots community action. With new opportunities created by recent changes to Aotearoa New Zealand's health system, findings highlight the diversity and potential of whānau-centred initiatives, and advocate for the continuation of current strengths-based whānau ora practices as a strategy to attain mana motuhake within whānau and thus improve whānau health outcomes.

TOKU MĀMĀ

Ko tōu kahuwai ā-rangi hei whakaruruhau, ko koe hoki te hua o te kākano i whakatōhia.



I dedicate this thesis to my mum, Joan Edith Heke, who left this world during the course of this work, for her positive caring influence, for always providing us shelter, and for teaching us about the enduring power of whānau to nurture and sustain life.

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KUPU WHAKATAKI: INTRODUCTION



Figure 1. Joan Edith Heke 1947 - 2021

My mum loves to weave. She has always been creative, but weaving was something that she came to later in life. About ten years ago when she was in her sixties, Mum tentatively ventured into her first te reo (Māori language) class. Like many of her generation, being Māori (Indigenous to Aotearoa New Zealand) was not something that was celebrated, and she carried the generational mamae (pain and anguish) that comes from having had a language and culture systematically stripped through processes of colonisation. In this way, Mum was apprehensive about starting her te reo journey, but I was a persistent daughter and coerced her into it, if not reluctantly at first. Mum never became proficient with te reo but through these experiences she had the opportunity to begin weaving, and this was where she really found her place and her connection with te ao Māori (the Māori world). The entire process of

gathering, preparing, and weaving the harakeke really resonated with Mum, and she felt the reawakening of old memories and a sense of bringing back mātauranga (Māori epistemologies/ways of knowing) and parts of herself that she already knew.

Weaving is the art of amalgamating several individual rau (leaves) into a creation piece. On their own, individual strands are frequently unremarkable, but they can be transformed into something spectacular when they are woven together. Likewise, the focus of this thesis is about harnessing different perspectives from whānau about their involvement in whānau-centred initiatives in order to understand collectively how they contribute to positive health and wellbeing. Thus, it seemed fitting to use the whakataukī (Māori proverb) about weaving for the title of this thesis as a metaphor to not only commemorate Mum's journey but also to serve as a reminder that it is through these connections and the support of our whānau that our potential can be realised.

Much like the numerous rau used in weaving, the genesis of this thesis was created through the interaction of numerous components. I had just completed an Honours degree in Health Sciences majoring in Māori health. The degree felt very deficit-oriented; I learned a lot about Māori 'ill' health but didn't feel like I gained much understanding about hauora or Māori wellbeing. The fact that I had become a mother for the first time while completing my Honours degree made me question how the knowledge that I had gained and the narratives that I was hearing would be of use to my son as he navigated the challenges of life. I didn't want my children to grow up believing that they were inferior to others or that they were a problem that needed to be solved. This was something I was thinking about as I walked through the university library, contemplating what it meant for myself and my whānau and what my contribution could be. I ended up in the Ngā Kupu Ora section, where I discovered a small book titled *Fairy Folk Tales of the Māori* (Cowan, 1925). While the book appeared to be unimportant at first glance, as I turned the pages, I was greeted by the image of my tupuna, Te Hau Takiri Wharepapa, at the book's introduction where they had labelled him as a “teller of legends” (Cowan, 1925, p. 1).



Figure 2. Te Hau Takiri Wharepapa

Wharepapa has an uncanny ability to always show up for me when I'm feeling troubled or when I need some guidance or reprimand. Despite its seeming futility, I sensed a summons from my tupuna to continue the university pathway. Later that week, I received a visit from a kaiako (teacher) from Māori studies who oversaw my Honours degree. She was contacting me about part time job opportunities and wanted to actively encourage me to pursue a doctorate degree. Even though I excelled in the Honours programme, university education was unfamiliar territory for our whānau, and I had never contemplated the doctorate programme. However, I had been summoned by my tupuna to follow a pathway that would open up opportunities for our whānau, and while each of these events may have seemed inconsequential in isolation, collectively, they influenced my decision to undertake the doctorate journey.

Research context

A global call has been issued to prioritise Indigenous voices and knowledge systems in health promotion in order to overcome ongoing health disparities among Indigenous peoples (International Union for Health Promotion and Education (IUHPE), 2019; Ratima et al., 2019; Walters et al., 2020; Watego et al., 2021). In Aotearoa New Zealand, the publicly funded universal health care system, which emphasises individualistic approaches and clinical discourses (Gifford et al., 2017; Graham & Masters-Awatere, 2020; Warbrick et al., 2015; Warbrick et al., 2016), continues to disadvantage Māori who face persistent health inequities in comparison to the settler population (Graham & Masters-Awatere, 2020; Marriott & Sim, 2014; Ministry of

Health, 2016; Reid et al., 2019; Signal et al., 2007). Inequities in Māori health are exacerbated by the way the health system frames whānau in deficit terms, with the narrative frequently attributing Māori health inequities to a lack of involvement and understanding on the part of whānau and/or whānau engaging in harmful health behaviours (Eggleton et al., 2021; Houkamau et al., 2016; Warbrick et al., 2015). The continuance of these inequities (Signal et al., 2007), amplified by deficit narratives (Eggleton et al., 2021; Warbrick et al., 2016), highlights the need for research that examines the strengths and capabilities whānau possess and use in their daily lives. Research of this type can contribute to the active rethinking and redesign of health promotion practice in Aotearoa New Zealand in a way which is beneficial for whānau. While my whānau are at different stages of achieving and realizing their whānau potential, it isn't as oppressive or depressing as statistics about Māori might have us believe. Different examples of whānau generating their own opportunity to develop came to mind as I pondered on some of my experiences with whānau and also some of the incredible whānau-centred initiatives I'd watched develop over the years such as the well-known kōhanga reo movement¹ and Iron Māori², and lesser known initiatives such as Hale Compound Conditioning³, and Whenua Warrior⁴ to name a few. I knew I wanted to be able to share stories that reflected my whānau, to help transform the narrative surrounding how we thought, communicated, and were taught about Māori health to something that was reflective of our reality and our potential. As a result, the overarching question explored in this thesis is: What are the social, cultural, and health benefits of whānau-centred initiatives?

1. Te Kohanga Reo (the language nest) is an early-childhood language immersion programme that relies on the active engagement of whānau. Developed by the Māori community in the 1980s, the kaupapa (purpose) of kōhanga reo aims to strengthen whānau capabilities with education, health and wellbeing inherent within all aspects of the kaupapa.

2. Initiated in 2009, Iron Māori is a half Iron Man triathlon event founded on the vision of a healthy and vibrant whānau actively engaged in all parts of life. Inspired by the vision of a husband and wife team (Wayne and Heather Skipworth) to encourage whānau to get active, Iron Māori now attracts about 2,500 people annually in seven events across Aotearoa New Zealand and the Gold Coast.

3. Hale Compound Conditioning (HCC) was born out of a desire to make a positive impact to support whānau and their community after the Christchurch Earthquakes of 2010 & 2011. HCC run a mobile gym service and host health and wellbeing workshops centred on supporting whānau both mentally and physically.

4. Whenua Warrior, founded in 2017 by Kelly Francis, specialises in assisting whānau in developing edible gardens so that they can provide food for their whānau and community.

Research objectives

There are three main objectives of this research, which aim to counter the deficit reporting and negative stereotyping typically associated with Māori health:

- i) To document three whānau-centred initiatives in order to provide a platform for whānau experiences to be heard;
- ii) To identify common experiences and explore beneficial outcomes for whānau, in order to facilitate the continuation and advancement of whānau-centred approaches;
- iii) To recognise and emphasise the importance of community-led health promotion and the crucial role whānau play in promoting health and wellbeing.

This thesis bridges the gap between academic research and local flax roots community action through contributing to the evidence base of effective Indigenous health promotion. The findings of this thesis assert that health promotion activities that take into account Māori worldviews and values, as well as those generated within Māori communities, will have a greater influence on Māori health outcomes than programmes that take a top-down, single issue approach to health promotion. Among the positive outcomes identified in the case studies are enhanced social support networks, greater resilience, increased self-esteem, and a secure sense of cultural identity - all of which are protective factors associated with improved Māori health and wellbeing. Additionally, the results indicate that whānau retention in initiatives is strongly influenced by the integration of Māori values, such as manaakitanga (generosity and caring for others), kaitiakitanga (guardianship), kotahitanga, (collective unity and solidarity) and whanaungatanga (process of forming and maintaining relationships). This led to the development of Tū Kahikatea, a conceptual framework that illustrates the link between values underpinning initiatives and outcomes, emphasising how whānau-centred initiatives can support whānau in achieving mana motuhake (mana achieved through collective self-determination and control). The thesis also introduces a kaupapa whānau framework developed in collaboration with whānau, extending the literature on mātauranga-a-whānau and providing a theoretical framework to consider when conducting research alongside whānau.

Thesis by publication

Thesis by publication was chosen as the pathway to complete this research. A thesis by publication is one in which the core chapters of the thesis are made up of articles that have been submitted for publication, have been accepted for publication, or have already been published. This option was chosen as a more accessible approach for whānau to acquire outcomes along the way rather than waiting until the end of the doctorate process. It was also agreed among whānau that smaller articles would be more accessible than a monograph thesis, which could well end up accumulating dust in the library. Thesis by publication also encourages the candidate to hone academic abilities such as writing concisely and learning how to navigate the review and publishing process.

While there are academic prerequisites for a doctoral journey, because this thesis is about whānau, it was critical that it be disseminated in a way that was understandable and accessible to the whānau involved. One way of doing this was through the production of short films about two of the case studies. The films, while still adhering to a rigorous research process, are more accessible than most forms of academic discourse. Images can be utilised to communicate more holistically than written material, encompassing various layers, and assisting in capturing the ineffable or those things that are difficult to convey verbally. This was also an opportunity to thank whānau for their participation, with films being highly appreciated by whānau groups as a way to commemorate their journey as well as an avenue to use for recruitment and/or exploring funding opportunities.

Another factor to consider when completing a thesis by publication, is the journals to which the articles will be submitted. This can influence the structure, length, and tone of an article, with writing styles changing to meet the journal's publication criteria. For example, it was difficult to condense a 7,000-word manuscript into a 4,000-word article, but the experience taught me to be more succinct and precise in my writing and to think critically about the essential points I was attempting to convey. Throughout my journey, I was also fortunate to have amazing mentors, including my supervisors and my colleagues at Te Pūtahi-a-Toi, particularly the Toi Hauora unit where I currently work. This resulted in the opportunity to work in partnership on a couple of articles that were submitted for this thesis, teaching me the value of collaborative research and writing.

Even though each of the articles, including the two short films, has a distinct writing style, it was important to me for academic integrity that my own voice be heard throughout the thesis. Even though te reo is not my first language and I still have limitations in my ability to express myself, I felt it was necessary to prioritise the use of te reo and mātauranga (Māori epistemologies/ways of knowing) to the best of my ability in order to stay true to the genesis of the thesis and to reclaim knowledge in a way that is meaningful for whānau. As such, this research is firmly grounded in a Māori perspective on whānau, drawing on systems of knowledge such as whakapapa (system to order knowledge, genealogy), pūrākau (epistemological narratives), whakataukī (Māori proverb), tikanga (cultural principles, collective beliefs, and values), and te reo to help explain Māori beliefs and aspirations about whānau and wellbeing. This thesis asserts that by privileging mātauranga, kupu (words) originating from a Māori worldview need not be explicitly defined as 'Māori'. For example, Māori ways of knowing is referred to as mātauranga instead of mātauranga Māori and Māori language is referred to as te reo instead of te reo Māori. Maori experience is thus positioned as primary knowledge without having to be labelled. Te reo is emphasised throughout this thesis, with Māori words and phrases chosen to represent essential concepts. Following the use of each new Māori word, term, or phrase in a given chapter, English translations are provided in brackets, with further in-depth explanations offered when appropriate. In addition, the thesis includes a glossary that provides basic translations, although it is crucial to note that te reo does not readily convert into English words, therefore this glossary is not definitive and only applies to the context of te reo used in the publication.

Challenges and opportunities

For me, it's critical to acknowledge that the doctorate journey does not just happen by sitting at a computer desk and writing, but rather develops as a result of the many life experiences that we have, each of which contributes to our knowledge base and understanding. Challenges frequently present us with the most opportunities for growth, and there were many to negotiate throughout the process of writing this thesis.

The significance of researching and writing during the Covid-19 global pandemic needs to be recognised. Lockdowns and the transition to a new way of life, including the closure of schools and workplaces, had both positive and negative effects on our

immediate whānau. Due to the demands of caring for young tamariki (children), study and work had to take a back seat. However, the positive benefits of spending quality time with our whānau allowed us to refocus our priorities and pay attention to how we were living our lives. Instead of racing through the daily grind of school drop-offs, work, study, and pickups, we had a change of pace that included regular walks with our tamariki along our local awa (river), more home cooking, and creative activities to keep everyone engaged. While I had to apply for a suspension of study during these periods, this time gave me an opportunity to think about the different learnings that I had been exposed to through each of the whānau-centred initiatives, as well as what they signified in relation to the broader picture of whānau health and development.

Following the initial Covid-19 lockdown period, my mum had an episode that sent her to the hospital, where she lost her ability to maintain any short-term memory. We spent the following six weeks in the hospital with her while the doctors sought to figure out what was wrong. It came out that her diagnosis of anxiety, which she had been visiting a doctor about for the preceding five years, was actually a brain tumour that had grown so extensively across the brain stem that it could no longer be cured. We took Mum home, where we were able to gather together as a whānau to provide her with round-the-clock care for the last six months of her life. Mum was the heart and soul of our whānau, and very involved in the daily activities of all of her tamariki and mokopuna (grandchildren). Even though it was a huge adjustment for our whānau to reverse the caregiving roles, with us looking after Mum instead of Mum looking after our tamariki, this was a really precious time for us as a whānau. I couldn't help but reflect on the strength of whānau as being the primary reason we were able to cope with Mum's illness and subsequent passing. While this definitely influenced my capacity to focus on the doctorate, it also reinforced my conviction about the critical role whānau play in a people's health and wellbeing.

From a publication perspective, there have also been some difficulties. As my research has a health focus, processing for manuscripts have been affected by the global pandemic through decreased availability and capacity of reviewers and editors to assess and make decisions as many have been commandeered to lead responses to the pandemic or are overburdened with demands elsewhere. This has resulted in

significant delays in the review process, with some articles taking up to 10 months to receive a response.

The most difficult aspect of thesis by publication for me was discovering how the academic publication process marginalised the usage of te reo and Indigenous research methodologies. Journals frequently require a fixed outline of what they anticipate seeing in any given piece, which often contradicts a te ao Māori approach. One experience in particular caused me to really consider the value of producing content for publication. While the journal stated its commitment to increasing the visibility of Indigenous health views, including creating space for and prioritising the use of Indigenous peoples' voices and knowledge, the editor's reply suggested a different picture. We were critiqued for our "incidental sprinkling of Māori words and expressions" and urged to recontextualize our essay to meet the editors' idea of hauora, even though, as non-Māori, they didn't seem to have an expansive understanding of the kaupapa. As an emerging academic, I found this difficult to process, and it was challenging to find avenues of support within the academy to confront what I perceived to be an injustice.

After much thought and wānanga with various people, we wrote a response back to the editor outlining our commitment to raising the profile of Indigenous health perspectives and explaining that one way we had done this was by foregrounding and prioritising the use of te reo in our article, which was integrated into the discussion alongside an extensive glossary. To my mind, the editors' response was discriminatory and aimed to undermine our capacity to write for scholarly journals. We chose not to continue with publication in this journal. As a result of this experience, I am more aware of institutional racism in academia and have had to actively work towards ways to convey information that preserves the mana of the research without rationalising or reducing content that does not fit into a Westernised knowledge system. These are just a handful of the challenges I have encountered while working towards the doctorate, but they're significant since they all helped shape who I have become as a person and a Māori academic.

Thesis organisation

A multi-case study approach was used in this thesis, which comprises the work of three whānau-centred initiatives. This type of approach provides a vehicle for narratives to be heard, examined, and analysed, and facilitates an understanding of real-life situations as experienced by those who express their stories. Each of the case studies focus on health promotion within an Indigenous context, where Māori values and practices are foundational. Case Study 1 focuses on an initiative established by a whakapapa (genealogical) whānau (Reweti whānau hui). Case Study 2 is an example of a kaupapa whānau initiative originating from within the community (Waka Ama), while Case study 3 was instigated through the support of a local District Health Board and a community sporting agency (Sport Manawatū WhānauTri). Collectively, the case studies provide insight into a diversity of whānau-centred initiatives.

The thesis consists of seven chapters, in addition to Kupu Whakataki (Introduction) and Kupu Whakakapi (Final Words). At times, articles express similar and overlapping messages, therefore some duplication was unavoidable in order to retain the integrity of each individual article. Upoko Kotahi (Chapter One) is the first of two chapters that provide context for the thesis, presenting diversity of meanings and understandings attributed to whānau. A succinct background on whānau health and wellbeing is covered, as well as the creation of whānau-centred policy initiatives such as Whānau Ora, before briefly discussing how these programmes connect to a national and global perspective. The chapter concludes with some examples of whānau-centred projects initiated by the state, the community, and within whānau, and argues the importance of researching the social, cultural, and health benefits of whānau-centred initiatives to add to the evidence base on whānau-centred approaches that can lead to improved health outcomes.

To reflect a shared understanding of Māori health and wellbeing, Upoko Tuarua (Chapter Two) synthesises knowledge from Indigenous and Māori rights, mātauranga expressed in pūrākau, tikanga, te reo, and lived experience. This article considers the status of Māori pre-colonisation, the ongoing impacts of colonisation, and Māori led responses to health issues. In this paper, it is proposed that health for Māori, like many Indigenous peoples, can be informed through an enhanced understanding of Indigenous rights, an Indigenous worldview, and notions of wellbeing. We argue that a tangata whenua (Indigenous to Aotearoa) approach is integral to the effectiveness of health policy and initiatives that focus on sustainably improving outcomes for Māori.

The methodology and methods chapter, Upoko Tuatoru (Chapter Three), outlines a kaupapa whānau research framework that was developed in collaboration with whānau and used to guide this research. The conceptualisation of the kaupapa whānau framework reflects kōwhaiwhai (artwork that tells a story) from within a whare tūpuna (ancestral house) and introduces concepts of whakapapa (system to order knowledge, genealogy), wairua (spiritual element), kia whakatōmuri te haere whakamua (Māori perspective of time), wānanga (gathering for the purpose of learning), and mana ake (unique identity of individual and whānau) as guiding principles for conducting research alongside whānau. The framework emphasises the importance of being able to work alongside one's own whānau by creating and utilising a research framework built around whānau worldviews and what they value. The article is followed by a section outlining the methods used for the case studies and throughout the thesis.

The first of three case studies, the Reweti whānau hui, is discussed in Upoko Tuawhā (Chapter Four). Instigated by whānau in 2012, the Reweti Whānau Hui (RWH) provides an opportunity for whānau to strengthen connections with their marae (ancestral meeting house) and whenua (land). With most of the Reweti whānau living in an urban context away from their ancestral land, the RWH creates a safe space for whānau to engage in te ao Māori, at whatever level they may be, while fostering and developing bonds of unity amongst extended whānau members. The RWH illustrates how securing cultural identity enables whānau to develop protective factors for health, such as greater social support networks, enhanced resilience, and improved self-esteem. These results demonstrate how enhanced connections to culture and whenua help build stronger individual and collective identities improving overall whānau health and wellbeing. This article is supported by a short film, “Mana whānau: Fostering cultural identity and whānau wellbeing at the marae”.

Upoko Tuarima (Chapter Five) draws on the Indigenous framework Te Pae Māhutonga as a guide for presenting narratives collated from members of a waka ama rōpū (group). The article findings highlight the multiple benefits of engagement in waka ama and illustrate effective techniques for enhancing wellbeing within local communities. The study shows how Indigenous health promotion activities like waka ama can help people adopt healthier lifestyles together in a sustained manner. It also

contends that the role of health practitioners must continue to transition away from individual behaviour change strategies and towards organic, community-based health promotion initiatives that already exists within communities, because it is through the process of community participation that culturally relevant and meaningful programmes are developed. A short film, "Waka Ama: Expressions of hauora", accompanies this article.

The final case study, presented in Upoko Tuaono (Chapter Six), is based on the experiences of whānau engaging in a local community based WhānauTri initiative. Using an inductive approach, experiences of whānau were used to develop a framework - Tū Kahikatea, which highlights the concept of whanaungatanga as a catalyst for wellbeing. The published framework shows the effectiveness of whānau inspired programmes that are based on Māori cultural principles, in this case manaakitanga, kotahitanga, and whakapapa, and the successes that can be derived from programmes that are aligned to whānau values. Tū Kahitakea provides a framework that, from a whānau perspective, highlights the link between values and outcomes, as well as the way in which whānau-centred initiatives can pave the way for whānau self-determination

The article presented in Upoko Tuawhitu (Chapter Seven) synthesises insights from the three case studies about whānau-centred initiatives in response to the worldwide need for Indigenous voices and Indigenous knowledge systems to be prioritised in health promotion. Building on Tū Kahikatea as a conceptual framework, it contextualises findings within the context of Aotearoa New Zealand's health system reforms, emphasising the diversity and potential of whānau-centred initiatives for capacity building. Moreover, the article recommends the continuation of current strengths-based whanau ora practices as a strategy to foster mana motuhake within whānau and improve whānau health outcomes.

Kupu Whakakapi (Final Words) concludes the thesis by discussing the contribution of the research, the limitations, and opportunities for further study.

UPOKO TUATAHI: THE WHĀNAU CONTEXT

Whānau have long been recognised as the crucial change agent for positive Māori development and for realising Māori health and wellbeing (Durie, 2011; Te Puni Kōkiri, 2007; Turia, 2003). Starting with an overview of different concepts of whānau, this literature review chapter discusses different meanings and understandings attributed to whānau. A background on whānau health and wellbeing is provided, as well as the creation of whānau-centred policy initiatives such as Whānau Ora, before analysing how these programmes connect to a national and global viewpoint. The chapter concludes with some examples of whānau-centred initiatives initiated by the state, the community, and from within whānau, and argues for the importance of researching the social, cultural, and health benefits of whānau-centred initiatives to add to the evidence base on whānau-centred approaches that can lead to improved health outcomes.

Understanding concepts of whānau

Literature emphasises how the word whānau is open to a multitude of interpretations with no single universal definition (Lawson-Te Aho, 2010). For example, Durie (1999) describes whānau as being the epicentre for Māori society and the key to realising Māori health and wellbeing. Other definitions focus on the literal meaning of the word which is ‘to give birth’, however it is most commonly used to refer to a group of people brought together for a special purpose whether that be from sharing a common ancestor (whakapapa whānau), or a person’s involvement in a common mission such as a kōhanga reo or whānau support group (kaupapa whānau) (Durie, 1999; Metge, 1995).

The more traditional of these two interpretations is whakapapa whānau where members are connected as whānau through the sharing of a common ancestor (Lawson-Te Aho, 2010). Creating a sense of identity and belonging, whakapapa strengthens the cohesiveness of whānau units while informing them of their joint obligations and responsibilities in maintaining their linkages with the past, present, and future (Lawson-Te Aho, 2010). Unlike whakapapa whānau, kaupapa whānau are not always connected through bloodlines, but rather through working together to achieve a common goal (Lawson-Te Aho, 2010). Kaupapa whānau recognise the vital aspect of working collectively to support the needs of each member and have been successful in generating supportive environments in a society dominated by Western

ideology. Kaupapa whānau have become particularly important as a tool for those who have lost connections to their whakapapa whānau through the processes of colonisation and urbanisation (Cunningham et al., 2005; Durie, 2001). Kōhanga reo, churches, sports groups and kapahaka rōpū are examples of kaupapa whānau each demanding a similar level of dedication to the collective as identified in relation to whakapapa whānau (Cram & Kennedy, 2010; Durie, 2001). In a contemporary context members of a whānau are not always of solely Māori descent, for example, non-Māori may marry into the whānau. Durie (2003) and Lawson Te Aho (2010) state that there can be a crossover of both whakapapa and kaupapa dimensions with individuals often belonging to a combination of both.

Substantial research has taken place exploring the context of whānau and the roles whānau plays in both traditional and contemporary Māori society (Buck, 1949; Firth, 1972; Hohepa, 1970; Kawharu, 1975; Metge, 1995, 2001; Durie, 1997, 2003). Rather than simply acting as an extension of the immediate family, whānau exemplifies the collective orientation of Māori serving as a setting for upholding certain responsibilities and obligations (Durie, 1994; Metge, 1995). According to Pihama, Lee et al. (2015), whānau can be thought about as a framework that serves to reinforce societal and cultural standards by providing members with knowledge of the world and opportunities to learn values and beliefs that benefit society and individuals alike. Initial teachings concerning customs and knowledge are passed down through whānau members as they are acculturated and socialised into their whānau norms, processes, and support structures (Buck, 1949; Durie, 1994; Firth, 1972; Irwin et al., 2011; Moeke-Pickering, 1996; Papakura, 1986).

A further understanding of whānau can also be derived from various pūrākau which often centre on personal relationships whether that be relationships within our self, our whānau, hapū, iwi, the natural environment or connecting with the spiritual realm (Lee, 2009; McBreen, 2016; Marsden & Henare, 1992). For example, the creation narrative about Ranginui and Papatūānuku demonstrates both positive and negative consequences about a whānau who on one hand are coping with change, loss, and grief and on the other hand are benefiting from change with the growth of human potential. Tāne, one of the sons of Ranginui and Papatūānuku, ascension through the 12 heavens in search of knowledge drew upon the support of other siblings to achieve the goal of bringing enlightenment to future generations. From Māui, we learn about the importance of whānau in affirming our identity and place in the world, having

courage, and believing in oneself to overcome obstacles in our path. Niwareka and Mataora provide understandings about the types of relationships that are not acceptable within our whānau and the ways in which our whānau can collectively take responsibility for ensuring the wellbeing and safety of all members, including facilitating pathways of redemption for those who have erred (Pihama, Lee, et al., 2015). Patterns in te taiao (the natural environment) can also teach us about the role and function of whānau. For example, Harakeke is a native plant to Aotearoa with many functional uses including as rongoā (medicinal use) and can be used to demonstrate intergenerational and interdependent relationships, and responsibilities. A single plant is called a whānau. It is made up of a fan with a rito (pēpi/ new shoot) in the centre, surrounded by the awahi rito (parent leaves/supporting growth) and then the tūpuna rau (grandparent leaves/old growth). The rito and mātua rau are always nurtured and never harvested as they are taonga (treasured) and ensure the future survival and wellbeing of the plant. The saying “Mātua rautia” (a child nurtured by many) reinforces that all the rau (leaves) of the harakeke plant (the whole whānau) has a role and responsibility in the development and wellbeing of the rito (pēpi). The symbolism of harakeke is utilised by numerous practitioners as a model of practice in both research (Watson, 2020) and for considering health and wellbeing (Metge, 1995; McLean & Gush, 2011; Pihama, Lee, et al., 2015; Turia, 2013). As a model, Pā Harakeke acknowledges the collective strength of whānau and the inter-generational roles and responsibilities of whānau in protecting and nurturing whakapapa (Pihama, Lee, et al., 2015; Turia, 2013).

Kahikatea, which are considered to be the tallest Indigenous tree in Aotearoa, is another example. Kahikatea grow in close proximity to one another, causing their roots to become entwined, giving security for individual trees and allowing them to endure any forces that may come against them. In this way, they are reliant on one another for support in order to grow and develop to their maximum potential (Marsden & Royal, 2003). The concept of Kahikatea inspired the creation of a framework, Tū Kahikatea, which focuses on whanaungatanga as a catalyst for whānau wellbeing. Tū Kahikatea enables us to visualise the relationships between core principles and associated outcomes of whānau-centred initiatives, as well as how this translates into whānau achieving mana motuhake (mana achieved through collective self-determination and control) (Reweti, 2019).

Another source from te taiao that exemplifies what can be achieved when working as a collective is the kuaka (Bar-tailed Godwit). Flying 29,000km from the northern hemisphere to Aotearoa and back, this small bird has been keenly observed by Māori across the generations resulting in many whakataukī linking the kuaka to whānau behaviour (Elder, 2017; Te Mana Kaha o te Whānau, 2022). Using the same organisational strategies that kuaka use to traverse their long migrations, Elder (2017) developed Te Waka Kuaka as a cultural assessment tool to aid whānau in organising their thinking in order to identify their needs and navigate their healing journeys more effectively. The Kuaka Project is another initiative that uses the Kuaka as a metaphor for whānau strength and solidarity, gaining inspiration from the kuaka and their whānau-focused behaviour to prevent family violence (Te Mana Kaha o te Whānau, 2022). These are just a few examples of how pūrākau and patterns in te taiao might help us understand the dynamics of whānau.

While whānau is a term that can refer to a variety of associated, interconnected values; there are several key principles that distinguish whānau from other groups of people (McNatty & Roa, 2002). These include principles of manaakitanga (generosity and caring for others), kaitiakitanga (guardianship), kotahitanga (collective unity), whakapapa (system to order knowledge, genealogy), and wairuatanga (spirituality) (McNatty & Roa, 2002; Metge, 1990; Rameka, 2018). Incorporating aspects of each of these principles is the term whanaungatanga (McNatty & Roa, 2002; Moeke-Pickering, 1996). Originating from the root word 'whanau' (which means to rely on, to be inclined towards, or to be supported), whanaungatanga is all about the process and practice of creating, maintaining, and sustaining relationships. Whānau share a sense of commitment, responsibility, and obligation towards supporting each other which in turn provides whānau with a sense of connectedness and belonging (Berryman, 2008; Mead, 2003; Pere, 1994; Rameka, 2018).

Research demonstrates a wide range of circumstances and contexts in which the notion of whanaungatanga is employed, such as formal procedures on the marae (ancestral meeting house), health and education frameworks (Lyford & Cook, 2005; Marshall, 2014), and a variety of social activities such as kapa haka and sporting activities (Jones, 2020; Pohatu, 2015; Te Kotahi Research Institute, 2014). Numerous scholars have also used whanaungatanga as a framework for conducting research with and for Māori (Bishop, 1996; L. T. Smith, 2021; Tinirau, 2008; Walker et al., 2006; White, 2017). For some scholars, whakapapa is seen as a crucial aspect of whanaungatanga,

with connections to whakapapa formed and cultivated through shared whanaungatanga experiences (Gillies et al., 2007; Pere, 1994; Royal, 1998). However, a contemporary expression of whanaungatanga include non-whakapapa linkages and relationships of individuals who are bound together by common goals (Edwards, 2009; McNatty & Roa, 2002; O'Carroll, 2013).

Through the building of relationships amongst whānau members, research demonstrates whanaungatanga is viewed as critical to individual and collective identities, community cohesiveness, and social organisation (Gillies et al., 2007; Herbert et al., 2018; Nikora, 2007; O'Carroll, 2013). Research by King et al., (2015) emphasises the benefits of whanaungatanga for older Māori men who are homeless, who come together to garden at the marae, offering respite, reconnection, and a sense of belonging. In their study of alcohol consumption in older Māori, Herbert et al. (2018) identified opportunities for whanaungatanga as a primary factor behind why older Māori consume alcohol, emphasising how providing opportunities for non-alcohol events and activities to support this cultural practice may contribute to improved health and wellbeing. O'Carroll (2013) demonstrates that, despite the lack of direct face-to-face contact, whanaungatanga can be practiced in virtual environments while maintaining important concepts like kotahitanga, manaakitanga, and wairuatanga. In a recent study, Greaves et al. (2021) describes the development of a whanaungatanga scale that can be used to predict wellbeing for Māori in mana-enhancing ways. The study emphasises the role of whanaungatanga as active participation in, belonging to, and reciprocal caring relationships within social groups. These varied perspectives demonstrate how the concept of whanaungatanga has evolved to meet the everyday needs of Māori in current times, as well as the significance Māori place on developing whānau or kin-like relationships to maintain a sense of wellbeing.

Whānau health and the emergence of whānau-centred initiatives

This section provides a brief overview of whānau health and wellbeing pre-and post-colonisation followed by a summary of how whānau development emerged from the Māori development movement in the late 1960s. This provides insight into the journey many whānau have been on as well as an understanding around the central role whānau plays in the overall health and wellbeing of Māori.

Whānau health and wellbeing: An overview

Whānau are recognised as the basic social structure within Māori society and carry out functions that are critically important in our communities (Ministry of Social Development, 2004; Moeke-Pickering, 1996; Richardson, 2009). Prior to colonisation, the structure of whānau helped to ensure the survival of Māori with each member of the whānau, hapū (kinship group, sub-tribe) and iwi (extended kinship group, tribe) having specific roles and responsibilities related to their inherit gifts, talents, and lineage (Metge, 1995). This collective lifestyle resulted in an efficient social organisation in which knowledge and values were kept and handed down, fostering a strong sense of identity and an acute awareness of their interconnections with one another and with the environment in which whānau lived (Durie, 1994; Metge, 1995). It also led to the evolution of a public health system based on a set of values that reflected the close and intimate relationship between people and the natural environment with Māori being renowned by early European surveyors for their good health and resilience to environmental challenges (Durie, 1994; Kingi, 2005).

Literature demonstrates that this all changed with the arrival of the Settler population whose colonisation methods led to a number of factors that adversely impacted on whānau structures, the impacts of which are still felt across Māori society today. Māori were under siege from new diseases to which they had no immunity; the introduction of muskets which changed the nature of Māori warfare; and the missionary message delivered in a manner which undermined and belittled the values system of Māori (Chile, 2006; Durie, 1994; Kingi, 2005; Moewaka Barnes & McCreanor, 2019). The colonisation process was further entrenched through the loss of land and resources through war, forced sales, and illegal confiscation. Alienating Māori from their lands and resources impacted on their ability to economically provide for whānau while also separating them from their cultural and spiritual sources of identity and wellbeing (Chile, 2006; Durie, 1994; Moewaka Barnes & McCreanor, 2019; Robson & Harris, 2007). This led to the fragmentation of traditional structures and dislocation of whānau support systems which had contributed to the collective health and wellbeing of Māori for generations. The dehumanising aspect of colonisation was exacerbated further by the loss of mana motuhake imposed on Māori by political systems that effectively silenced Māori and a political agenda aimed at assimilating the 'heathen' Māori race into that of the 'superior' Settler population (Churchill, 1996; Robson & Harris, 2007).

Literature by Durie (2001), Moewaka Barnes & McCreanor (2019), and Robson & Harris (2007) show how whānau structures were further undermined by the mass migration of Māori to the cities following World War II with most urban migrants being young, single Māori escaping landlessness, poverty, and a lack of opportunity. This resulted in many Māori becoming socially isolated in an environment that was in direct opposition to the collective nature of whānau that they were used to. It also disconnected them from their whenua and whakapapa resulting in a loss of culture and sense of identity (Robson & Harris, 2007; Moewaka Barnes & McCreanor, 2019). Despite these changes, one of the core strengths of whānau has always been the capacity to adapt to new and challenging physical and social circumstances. Research shows that whānau have persevered in the face of overwhelming odds (Boulton & Gifford, 2014a; 2014b; Kahukore, 2010) and with the emergence of whānau-centred policies at the turn of the 21st century, whānau have now become recognised as the key component in being able to realise Māori health and wellbeing (Durie, 2001).

The emergence of whānau-centred policy initiatives

Influenced by global activities such as the American black civil rights, anti-Vietnam war, and women's rights movement, the 1960s marked the commencement of an Indigenous protest movement in Aotearoa New Zealand (Durie, 1998; Fleras & Spoonley, 1999; Harris, 2004). This renewed vigour within Māori communities led to a range of significant protests focusing on issues such as te Tiriti o Waitangi, Māori land rights, and cultural identity resulting in significant changes between Māori-Crown relationships (Durie, 1998; Harris, 2004). The passing of the Treaty of Waitangi Act in 1975 led to an increased recognition of Māori aspirations and their rights as Indigenous people while revitalisation initiatives such as the kōhanga reo movement helped to renew and strengthen Māori social and cultural institutions (Durie, 2001; Fleras & Spoonley, 1999).

This momentum was built upon in the 1980s with the launching of a number of important initiatives such as the Hui Whakaoranga and the Hui Taumata (Māori Economic Summit) (Durie, 2005). Held in 1984, the Hui Taumata defined Māori aspirations for greater autonomy outlining key goals which included te Tiriti o Waitangi, tino rangatiratanga, iwi development, economic self-reliance, social equity, and cultural advancement (Durie, 2001). With an emphasis on self-sufficiency and

strengthening the tribal base of Māori, iwi emerged as the main vehicle for Māori development during this period (Durie et al., 2005).

In 1994, focus turned to consider the importance of whānau within the context of Māori development with the Hui Whakapūmau (Māori Development Conference) declaring whānau development a priority for the coming decade (Durie, 2001). With the majority of Māori living outside of their tribal boundaries, whānau was considered a more appropriate vehicle for assisting the socio-economic situation of all Māori regardless of their tribal connections. This set the scene for the emergence of whānau-centred policy initiatives.

He Korowai Oranga (Ministry of Health, 2002) was one of the first policy initiatives specifically highlighting the importance of whānau. The overarching goal of the strategy was to achieve whānau ora which was defined as “Māori families supported to achieve their maximum health” (Ministry of Health, 2002, p. 1). It recognised whānau as being the central pillar of Māori society and highlighted the essential role that whānau play in the wellbeing of Māori individually and collectively. The strategy challenged the health sector to view Māori as more than just individuals and highlighted the importance of working with people in their social contexts, not just with their physical symptoms.

In 2009, the Government recognised that current approaches to service delivery were not serving Māori families well enough. A taskforce for whānau-centred initiatives was established assigned with developing a framework for service delivery that would lead to strengthened whānau capabilities; an integrated approach to whānau wellbeing; collaborative relationships between state agencies; meaningful relationships between government and community organisations; and improved cost-effectiveness and value for money (Baker et al., 2015; Durie et al., 2010). Recognising the diversity of whānau circumstances, the taskforce outlined an array of high-level outcome goals from which whānau success could be measured. These included the ability for whānau to be self-managing; living healthy lifestyles; participating fully in society; confidently participating in te ao Māori; economically secure and successfully involved in wealth creation; and cohesive, resilient and nurturing (Baker et al., 2015; Durie et al., 2010). In 2015 another goal focusing on whānau and families as stewards of their living and natural environment was added. The taskforce also outlined the need for government agencies and providers to take a more collaborative approach to

working with whānau putting forward a recommendation for the establishment of a whānau ora trust to coordinate activities across government agencies. This provided the foundation for the establishment of a whānau ora minister and the implementation of the government led whānau ora initiative.

Whānau Ora

Whānau Ora is best understood within the broader context of Māori development, in which gains in cultural knowledge, social wellbeing, and economic standing are the overarching goals. However, unlike Māori development in general, which operates on a national or regional scale, whānau ora is more closely connected to the lives and experiences of people engaged in their everyday pursuits (Durie, 2001). Rather than being led by the State, or by Māori and/or Pākehā experts, the leadership for whānau ora originates from within whānau circles (Smith et al., 2019; Te Puni Kōkiri, 2015).

Whānau ora: The philosophy

Whānau ora is not a new concept (Boulton et al., 2009). As a philosophical approach, whānau ora has been practiced by Māori for generations. It is a way of living for Māori and remains first and foremost a Māori concept of healthy whānau. Whānau ora is about collective responsibility empowering whānau as a whole rather than focusing on individual whānau members and their problems. It recognises that whānau have the inherent capacity to learn, grow, and transform, addressing the strengths and aspirations of whānau rather than focusing on deficits. This approach upholds mana motuhake which recognises that whānau have the ability to define their own problems and the aptitude to devise strategies and solutions to resolve them. While whānau ora will mean different things to different whānau, there are core characteristics of this approach. Some of these include being whānau led; building on Māori cultural foundations; upholding mana motuhake; focusing on strengths rather than deficits; taking a collective approach rather than focusing on individuals; seeking to empower whānau; and contributing to better outcomes for whānau (Baker et al., 2015; Durie, 2003; Durie et al., 2010; Durie, 2011).

Whānau ora: The policy

As discussed, the concept of whānau ora as a policy initiative first appeared in the Māori Health Strategy, He Korowai Oranga (Ministry of Health, 2002). Following the recommendations from the taskforce for whānau-centred initiatives (Durie et al., 2010), a whānau ora ministerial role tasked with developing a new model to implement

a cross-governmental approach was established. The implementation of whānau ora as an approach occurred in two phases (Smith et al., 2019; Te Puni Kōkiri, 2015). Phase one focused on building the capability of providers to deliver whānau-centred services. Te Puni Kōkiri worked with collectives of health and social service providers across the country to re-orientate the way they worked, placing whānau at the centre. Providers across the country were asked to come together to see how they could work to support the needs of whānau. Critique of the first phase was that funding structures were designed in a way that were more focused on service providers than whānau (Moore, 2014; Smith et al., 2019). The decision to manage Whānau Ora through a Crown department, Te Puni Kōkiri, resulted in a framework of state-determined and individually tailored outputs which was in contrast to the original vision of Whānau Ora outlined by the taskforce (Smith et al., 2019).

Phase two saw the creation of commissioning agencies contracted to central government to invest directly into their communities. This means funding decisions are made closer to communities and allows for flexible and innovative approaches to more readily meet the needs and aspirations of whānau (Smith et al., 2019; Te Puni Kōkiri, 2015). Despite critical feedback about the delivery of Whānau Ora, including insufficient funding to meet whānau needs, and the use of limited resources being diverted to crisis intervention that other government agencies were tasked to deliver, a 2018 evaluation of the programme concluded that the commissioning approach contributed to positive change for a large number of whānau across Aotearoa New Zealand.

Importance of whānau-centred initiatives

Māori are a diverse population group with different cultural values, goals, and aspirations (Durie, 2001, 2011). While some whānau identify strongly with their iwi and hapū others have fewer active connections being dislocated from their cultural heritage (Ringold, 2005; Turia, 2003). According to Stats NZ (2018), just 47% of Māori adults were registered with their iwi. As a result, whānau development provides an outlet for participation for those who are cut off from their iwi or hapū, making it more accessible for the wider Māori population. While iwi development focuses more on the broad strategies for maximising tribal infrastructure and capacity, whānau development is more readily able to concentrate on developing the potential of Māori in their everyday pursuits (Durie, 2011). This in turn lays the foundations to strengthen

the hapū and iwi base of Māori making whānau-centred initiatives a significant contributor to Māori development.

The ability to exercise mana motuhake is recognised as a key determinant of health (Health Promotion Forum of New Zealand, 2002; Jackson et al., 2018; Te One & Clifford, 2021). While contemporary definitions of mana motuhake are multifaceted, the term encapsulates a desire for Māori to determine their own destiny and have control over their lives including participation in Māori development and resource control, as well as a move away from state dependency (Durie, 2003; Fleras & Spoonley, 1999). Mana motuhake is a central concept of whānau-centred initiatives. According to Durie (2003; 2011), these types of activities demonstrate that whānau are capable of defining their own aspirations as well as establishing strategies and methods for accomplishing these goals. Similarly, Turia (2013) contends that empowering whānau to transform and take charge of their own lives by allowing transformation to be carried out by whānau rather than for whānau, signals a move away from state dependency recognising that mana motuhake begins with whānau.

Wider development context

This section considers whānau-centred initiatives within the wider national and global context of Indigenous development by providing an outline of te Tiriti o Waitangi as it relates to whānau health and wellbeing; the United Nations' Declaration on the Rights of Indigenous Peoples (2007); and the World Health Organisation's Ottawa Charter for Health Promotion (1986). Each demonstrates the importance and essential role of empowering whānau to achieve good health.

Te Tiriti o Waitangi

Any discussion of Māori health should begin with te Tiriti o Waitangi (Health Promotion Forum, 2002; Ministry of Health, 1998; Came et al., 2016). A partnership between the Crown and Māori, it provides a framework for health by actively promoting the health and wellbeing of Māori and non-Māori through the expression of kāwanatanga, tino rangatiratanga, and ōritetanga (Health Promotion Forum of New Zealand, 2002; Came et al., 2016). Kāwanatanga (governorship) is found in article one of the Treaty and outlines the Crown's obligations and responsibilities to govern and protect Māori and non-Māori interests by developing policies and services that contribute to the health and wellbeing of citizens (Health Promotion Forum of New Zealand, 2002). Article Two provides for Māori to exercise their tino rangatiratanga

(self-determination) and guarantees Māori the control of their resources and taonga. Article Three is about *ōritetanga* (equity) implying that Māori and non-Māori should enjoy the same benefits of society including good health. This provision requires the Crown to actively protect and reduce disparities between Māori and non-Māori and may require affirmative action to ensure Māori are able to enjoy equitable health status with non-Māori (Health Promotion Forum of New Zealand, 2002; Berghan et al., 2017).

While *te Tiriti* has provisions for protecting the health and wellbeing of Māori, it needs to be incorporated into legislation to have any effectual power (Durie, 2011). Health policy has led the way in this regard with the New Zealand Public Health and Disability Act (2000) being the first piece of social policy to incorporate *te Tiriti* into legislation. It provides mechanisms to enable Māori to contribute to decision-making and to participate in the delivery of health and disability services (Kingi, 2007; New Zealand Public Health and Disability Act, 2000). In 2021, reforms to Aotearoa New Zealand's Health system were announced which will see the merging of the 20 current District Health Boards into a new organisation, Health New Zealand (Department of the Prime Minister and Cabinet, 2021). Alongside this, a new statutory entity, the Māori Health Authority, will be established to work in partnership with both Health NZ and the Ministry of Health. With rights to commission kaupapa Māori services and other services targeting Māori communities, the establishment of the Māori Health Authority provides opportunity for *te Tiriti o Waitangi* to be recognised and firmly embedded into health services throughout the country.

United Nations Declaration on the Rights of Indigenous Peoples

The Indigenous rights of Māori embodied in *te Tiriti o Waitangi* are reinforced by the United Nations' Declaration on the Rights of Indigenous Peoples (United Nations, 2007; Berghan et al., 2017). While *te Tiriti o Waitangi* asserts the rights of Māori as the Indigenous peoples of Aotearoa New Zealand, the Declaration expands upon these rights by setting out a number of principles. These include that Indigenous peoples have the right to self-determination; Indigenous peoples have the right to be actively involved in developing and determining health and social programmes that affect them and the right to administer such programmes through their own institutions; and Indigenous individuals have an equal right to the enjoyment of the highest attainable

standard of physical and mental health with States taking the necessary steps to achieve the realisation of this (United Nations, 2007).

While the Declaration was tabled by the United Nations in September 2007, Aotearoa New Zealand was one of four countries that initially did not support it. In April 2010, the Government of Aotearoa New Zealand belatedly endorsed the Declaration, committing itself to operate in a spirit of partnership with Māori working together to achieve better results for Māori and the people of Aotearoa New Zealand in accordance with the Declaration's principles (Sharples, 2010). While in practice the Declaration supports the concept of whānau development and achieving self-determination and better health for Māori, like te Tiriti o Waitangi, how this will be translated into practice and implemented by Aotearoa New Zealand legislation remains to be seen. As previously mentioned, the recent announcements of major reforms to Aotearoa New Zealand's health care system, including the establishment of a Māori Health Authority, have the potential to create an authentic opportunity for Māori to engage in partnership with the Crown and the ability to express mana motuhake.

The Ottawa Charter for Health Promotion

The Ottawa Charter is central to the World Health Organisation's strategy for improving health and is commonly used in Aotearoa New Zealand as a framework for planning public health and health promotion strategies (Health Promotion Forum of New Zealand, 2002; Ministry of Health, 2008). Similar to a whānau-centred perspective, this charter for action takes a holistic approach to health defining health promotion as "the process of enabling people to increase control over and improve their health" (World Health Organisation (WHO), 1986). Five critical areas for action in Health Promotion are outlined in the Ottawa Charter, including building healthy public policies, creating supportive settings for healthy living, strengthening community action for health and re-orienting health services, as well as three fundamental health promotion strategies - to enable, mediate, and advocate (WHO, 1986).

Like the Declaration of the Rights of Indigenous Peoples, there is also a close relationship between the Ottawa Charter and te Tiriti o Waitangi and whānau development. The charter acknowledges the unique spiritual and cultural relationship between Indigenous peoples and the physical environment and recognises the

preservation of cultural heritage as being fundamental to health development (Ministry of Health, 1998; WHO, 1991). Furthermore, it focuses on the importance of communities having a sense of ownership and control over the development of health services linking it to the concept of mana motuhake (Ministry of Health, 1998; WHO, 1991).

The principles of the Ottawa Charter were further developed with the signing of the Jakarta Declaration in 1997 (WHO, 1997) which gave additional emphasis to certain aspects of health promotion including areas of increasing community capacity and empowering individuals and families to increase control over, and to improve their health (WHO, 1997). These concepts were extended with the signing of the Bangkok Charter for Health Promotion in 2005 which focused on addressing the determinants of health in a globalised environment (WHO, 2005). Areas for action include advocacy for the right to good health, building capacity for leadership and health promotion, and enabling equal opportunity for health and wellbeing for all people.

Building on the principles of the Ottawa charter, Durie (1999) developed Te Pae Māhutonga as a public health tool specifically related to meeting the needs and aspirations of Māori (Durie, 1999; Durie, 2004; Ministry of Health, 2008). Te Pae Māhutonga (the Southern Cross star constellation) brings together elements of modern health promotion as they apply to Māori health (Durie, 1999; Durie, 2004; Ministry of Health, 2008). Presented in the shape of Te Pae Māhutonga, the four large stars represent four key areas for health promotion which include mauriora (access to the Māori world), waiora (environmental protection), toiora (healthy lifestyles), and te oranga (participation in society). The two pointer stars symbolise ngā manukura (leadership) and te mana whakahaere (autonomy) as being two important prerequisites for health promotion (Durie, 1999; Durie, 2004; Ministry of Health, 2008). Like the Ottawa charter (WHO, 1986), the Jakarta Declaration (WHO, 1997), and the more recent Bangkok Charter (WHO, 2005), Te Pae Māhutonga focuses on the importance of developing environments in which human potential can be realised and the multiple pathways required to achieve such results enhanced.

Whānau-centred initiatives in practice

Whānau-centred initiatives incorporate a range of activities. Some whānau are actively involved in developing their whānau through their own whānau-led initiatives while other whānau may initially need structured support through outside organisations. This

section explores some different options by demonstrating examples of whānau-centred initiatives instigated from the state, from the community, and from within whānau.

Te Pūtahitanga o Te Waipounamu

Whānau ora commissioning agency Te Pūtahitanga o Te Waipounamu has invested in more than 200 kaupapa whānau initiatives over the course of five years helping to amplify and reinvigorate the restoration of whānau self-determination in their communities (McMeeking et al., 2020). These include activities such as the whānau wānanga (discussion forum) held by the PS Haitana Whānau Trust centred around finding ways to more effectively respond to mental health issues within their whānau (Savage et al., 2019); Wero Warrior instigated by the S J Pikia Family Trust that supports whānau to overcome barriers that have affected their ability to lead and manage healthier lifestyles (Savage et al., 2020); Mai Time which works with whānau teaching them traditional Māori healing practices such as mirimiri, romiromi and rongoā; and Awa Ora created by whānau at Whakatū Marae which focuses on whānau cleaning up the local awa (river) to lift and restore the wairua and mauri of the whānau (Savage et al., 2018). These whānau initiatives highlight the strength and resourcefulness of whānau and the ways that communities of people can work together to improve collective wellbeing.

MidCentral Fit Whānau Triathlon

MidCentral District Health Board (MDHB) is one of 20 District Health Boards in Aotearoa New Zealand and caters for a population of around 160,000 (MDHB, 2012). Under health strategies directed by government policy, such as He Korowai Oranga and Whakatātaka Tuarua: Māori Health Action Plan, the MDHB are obligated to undertake programmes utilising a whānau ora approach (Ministry of Health, 2002; Ministry of Health, 2006). To better understand how to deliver whānau ora services to the community, the MDHB established a Whānau Ora Leadership group which was tasked with leading, developing and implementing whānau ora services in the community. They developed a kaupapa Māori planning and assessment tool, Te Ara Whānau Ora, and have been instrumental in developing a more integrated approach to health by increasing opportunities to work more closely with other social agencies in the community (MDHB, 2012).

One such partnership has been with Sport Manawatū and the establishment of the MidCentral Fit Whānau Triathlon. The MidCentral Fit Whānau Triathlon was held for

the first time in March 2013 and was deemed an outstanding success with 210 participants completing the triathlon and a total of over 600 people in attendance on the day (H. Meacheam, personal communication, May 22, 2013). The event focused around a whānau festival day and included a health expo with free heart checks and information on diabetes and health initiatives in the area. The triathlon was the biggest family triathlon held in the MidCentral region with 82% of participants indicating that they were planning to participate in more triathlons next year and over 50 members of the group already having successfully completed their next challenge by participating in another Sport Manawatū initiative, the Great Forest Event in the Waitārere Forest (H. Meacheam, personal communication, May 22, 2013). Vital to the success of these events has been Sport Manawatū engagement with key members of the community who have acted as advocates for the programme; this has been essential in forming the vital links between Sport Manawatū and whānau networks. One of the case studies in the thesis focuses upon the Sport Manawatū whānau TRYathlon initiative.

Ngāti and Healthy project

A further health initiative that has proved successful is the community led Ngāti and Healthy project. Initiated by the Ngāti Porou community of the East coast, it was introduced as a means to tackle the high rates of diabetes amongst Māori. Feedback suggests that the success of the programme was because of the engagement of the community from a grass-roots level with whānau and hapū involved at both the development and implementation phase (Tipene-Leach et al., 2009). While the programme has been deemed a success, again the available research has failed to capture the additional benefits experienced by whānau rather focusing on the biomedical outcomes of the programme (Tipene-Leach et al., 2009).

Iron Māori

Iron Māori is an example of a successful initiative that has led to healthy lifestyle changes for a number of whānau and community groups across the country. Inspired by the vision of a husband-and-wife team (Wayne and Heather Skipworth) to encourage whānau to get active and achieve goals, Iron Māori now attracts over 2,500 people annually in seven events across Aotearoa New Zealand and the Gold Coast. This has resulted in the formation of local support organisations across the country, such as Te Hā o te Uru, which was started by whānau to encourage and assist other whānau to get involved and experience the success and health advantages that

activities like Iron Māori provide. While research into the social, cultural, and health benefits of Iron Māori has been limited to date, studies by Pohatu (2015) and Jones et al. (2020) corroborate findings that key values such as whanaungatanga and manaakitanga are critical to the success of Iron Māori.

Muriwai Sports Tournament and Pā wars

An example of a successful whānau-led initiative which has expanded to incorporate extended hapū is the Muriwai Sports Tournament. Established by whānau over twenty-five years ago, the main kaupapa is to provide a platform of whanaungatanga and a chance for whānau to reconnect with their roots (Robinson, 2002). Sporting activities are combined with retreating to marae to discuss whānau, hapū and iwi matters rekindling links and enabling those who live away from the area to fulfil tribal commitments (Robinson, 2002). A similar initiative is the Ngāti Porou Inter-Marae sports festival known as ‘Pā Wars’ (Te Puni Kōkiri, 2016; Te Runanganui o Ngati Porou, n.d.). Since its inception over 20 years ago, it has grown into a large scale sports event attracting over 4,000 people on an annual basis.

Why research whānau-centred initiatives?

While initiatives such as whānau triathlons, Iron Māori, and marae-based activities have become more prevalent in Aotearoa New Zealand over the last few decades, few studies have examined the social, cultural and health benefits experienced by whānau. This can be attributed to a number of reasons including the limited capacity and/or funding supporting the monitoring and evaluation of such programmes as well as a focus on outcome measurements that do not necessarily reflect aspirations of whānau (Durie et al., 2010; Rolleston et al., 2020). Furthermore, because many of these programmes are led and supported by whānau and/or community groups, there are no formal reporting requirements like those seen in similar state-directed efforts (Rolleston et al., 2020).

Providing a platform for whānau to share their experiences and understanding associated benefits for whānau will help enhance the profile of such initiatives. Understanding the social, cultural and health benefits of such initiatives may provide frameworks for whānau to secure funding and/or assistance based on established outcomes for participants in similar programmes. Shifting the narrative to recognise whānau as being drivers of their own health and wellbeing also provide opportunities to demonstrate the strength and resourcefulness of whānau, as well as the ways in

which communities of people can collaborate to promote collective wellbeing. Additionally, the findings can contribute to the global call (International Union for Health Promotion and Education, 2019; Ratima et al., 2019; Walters et al., 2020; Watego, 2021) for more expansive thinking and the integration of Indigenous perspectives and practices into Westernised healthcare in order to improve Indigenous health outcomes.

Conclusion

While the circumstances in which contemporary whānau live are diverse, encompassing a variety of social, economic, and cultural contexts, the collective responsibility that whānau share remains a unifying factor. Despite varying definitions and compositions over time, it is maintained that whānau remains the core institution of Māori culture and society, providing the basis upon which subsequent generations are raised, introduced, and socialised into the wider environment. Through te Tiriti o Waitangi, the United Nations' Declaration on the Rights of Indigenous People, and principles of both the Ottawa Charter and Jakarta Declaration, the role of whānau and/or communities in health is acknowledged and recognised at both a national and global level. Different examples of whānau-centred initiatives illustrate the immense potential that can be mobilised within whānau and the beneficial impact such initiatives can have on the health and wellbeing of whānau. Identifying the benefits of such initiatives may assist organisations, health practitioners, and whānau to identify pathways towards mana motuhake for whānau based on outcomes achieved by whānau in similar programmes, as well as contribute to the global call for a better integration of Indigenous perspectives and practices into Westernised health promotion practice.

UPOKO TUARUA: A TANGATA WHENUA APPROACH TO CONCEPTUALISING MĀORI HEALTH AND WELLBEING

Reweti, A., Ware, F., & Moriarty, H. (2022 in review). A tangata whenua approach to conceptualising Māori health and wellbeing. *Global Health Promotion*.

This article was written in conjunction with two co-workers, Dr Felicity Ware and Hoani Moriarty (BAHons), and reflects our shared understanding of health and wellbeing, providing context for this thesis.

This article has been submitted to *Global Health Promotion* which is an international and interdisciplinary forum for the dissemination of theory, empirical research, as well as evaluation of health promotion practices in health education and public healthcare. The journal was chosen because it is a part of the International Union for Health Promotion and Education (IUHPE), which has released a statement emphasising the need of giving Indigenous peoples' perspectives and knowledge a voice (IUHPE, 2019).

See Appendices for Statement of Contribution.

The initial context of this article was first presented at the 2018 Critical Health Education Studies Conference held in Queenstown, New Zealand.

Reweti, A. (2018, May 29-June 01). *Poor Māori or Pōmare? Reclaiming, developing and normalising Māori culture, knowledge, language and practices in our teaching* [Paper presentation]. Critical Health Education Studies Conference, Queenstown, Aotearoa New Zealand.

Abstract

From a Māori perspective, health is not confined to the treatment of illness but also includes the philosophical concepts, structures and cultural practices which reinforce health and wellbeing. The ill-health of Māori is often the focus of health initiatives, particularly if there is an equity approach that centres on disparities between ethnic groups. However, an Indigenous approach prioritises our own health and wellbeing aspirations through strengthening self-determination, identity and connection with the environment. This article synthesises knowledge from Indigenous and Māori rights, mātauranga (Māori epistemologies/ways of knowing) expressed in pūrākau (epistemological narratives), tikanga (Māori principles that inform practice), te reo (Māori language), and lived experience to reflect a shared understanding of Māori health and wellbeing. Consideration is given to the status of Māori pre-colonisation, the ongoing impacts of colonisation, and Māori led responses to contemporary health issues. It is proposed that health for Māori, like many Indigenous peoples, should be informed by an enhanced understanding of Indigenous rights, an Indigenous worldview, and notions of wellbeing. We argue that a tangata whenua approach is integral to the effectiveness of health policies and initiatives aimed at improving Māori outcomes sustainably. We propose that the current reorganisation of Aotearoa New Zealand's health system, as well as the Covid-19 pandemic response, provide opportunities to emphasise and embed Māori health leadership and knowledge, as well as a tangata whenua conceptualisation of health and wellbeing.

Introduction

Largely due to the ongoing effects of colonisation, Māori (Indigenous to Aotearoa New Zealand), like many Indigenous peoples, disproportionately suffer from more ill-health and at an earlier age in almost every health and social indicator than their non-Indigenous peers (Tukuitonga, 2016). As a result, Indigenous peoples are often targeted as key groups in health initiatives. Indigenous peoples are commonly treated as dependant consumers of a service as opposed to designers and drivers of their own wellbeing. Indigenous worldviews, language and preferences are therefore often not integrated into such initiatives. With this consumer approach, Indigenous health has not significantly improved suggesting there is opportunity for transformation.

Accounts of 'Māori health' have largely been about relatively contemporary Māori ill-health and disparities as measured by a comparison with Pākehā (non-Māori) health standards (Ellison-Loschmann & Pearce, 2006; Reid & Robson, 2006; 2007; Reid et

al., 2019). While such an equity approach that focuses on grouping populations by ethnicity has helped to expose Māori health inequalities, it still emphasises majority non-Indigenous standards and compares Māori against these standards, often resulting in deficit approaches, and ‘whitestream’ measurements and solutions (Came, 2014). This also contributes to the stigmatisation and problematisation of Māori who are deemed ‘less than’, ‘at-risk’ or ‘vulnerable’ to worse health outcomes (Houkamau et al., 2016).

To effectively engage Māori and transform Māori health outcomes and experiences, requires more than a focus on inequalities and addressing social determinants of health. The broader social determinants of health are essentially controlled by colonisers with Indigenous peoples often required to work within non-Indigenous systems. The extent to which Indigenous peoples can achieve their own aspirations of optimum health and wellbeing within such frameworks are limited.

Rights-based approaches to wellbeing for Indigenous peoples, such as those confirmed in the United Nations Declaration of the Rights of Indigenous Peoples and in Aotearoa New Zealand’s Te Tiriti o Waitangi, ensure the prioritisation of improving outcomes specifically for Māori. Rather than being viewed as consumers, this rights-based approach promotes Māori as the drivers of wellbeing enabling Māori to be involved in every component of the funding, planning, implementation, and evaluation of health and wellbeing initiatives. It also prioritises Indigenous understandings of wellbeing. Indigenous people’s notions of health and wellbeing are embedded in their worldview, culture and language, pursuit of self-determination, diverse identities, aspirations, and colonised realities. A strong cultural identity and self-determination have both been linked with health and wellbeing outcomes (Kingi et al., 2014). This paper presents a broader understanding of Māori health and wellbeing sourced from considering Māori ways of knowing expressed in narratives, language, practices, lived experience and Māori led responses to health issues.

Framing Māori health and wellbeing

Our combined experiences are as members of whānau (extended family) who are actively pursuing wellbeing, teachers of Māori health in a university setting, researchers in our Māori communities, and kaimahi (workers) in local community health initiatives in Aotearoa New Zealand. We draw on knowledge about Indigenous and Māori rights, mātauranga (Māori epistemologies/ways of knowing) expressed in

pūrākau (epistemological narratives), tikanga (Māori principles that inform practice), and te reo (Māori language) to conceptualise Māori health and wellbeing. Knowledge synthesis is about reflecting and combining different sources of knowledge in order to produce new ideas and/or understandings (Ellison, 2014). In this way it can be likened to rāranga (weaving) with each of the different sources of knowledge representing individual rau (leaves) that are woven together to create something new. Raranga requires careful preparation and attributes such as commitment, patience, and creativity, all of which align to the process of knowledge synthesis. Rather than dissecting knowledge into smaller elements, it is through the interweaving of multiple sources, where connections are made to wider dimensions and layers of knowledge, that mātauranga emerges (M.K. Durie, 2021).

Mātauranga expressed through te reo, and tikanga can help to provide an insight into Māori worldviews as well as understanding of health and wellbeing for Māori. Māori language enables us to use the terms that most adequately describe notions of wellbeing associated with our spiritual, social, physical, and mental capacities. Māori principles enable us to continue to manifest the aspirations and wisdom of our ancestors who successfully navigated the Pacific Ocean to live sustainably in Aotearoa. Māori ways of knowing enable us to contextualise wellbeing within a Māori worldview founded upon kinship relationships with the environment through atua (God, primal energy sources) pūrākau (epistemological narratives) about creation, culture, and human endeavour provide meaningful and contextualised explanations of the origins of these relationships.

The way that Māori define themselves as tangata whenua (people of the land) provides some insight into a Māori worldview and Māori conceptualisations of health and wellbeing. Understanding the meaning of the phrase ‘people of the land’ signifies connection with land as central to Māori identity, as opposed to a stronger connection with the sea for Pasifika peoples for example. This connection with the land for Māori is re-enacted through practices such as reciting pēpehā (form of introduction establishing identity), which locates us within places of tribal significance that provide physical and spiritual nourishment such as mountains that protect and bodies of water that cleanse. Another meaning of the word whenua is placenta. This dual meaning emphasises land as the source of all sustenance for people, just as the placenta provides for a child in the womb. A pūrākau about the creation of the first human form from the sacred pubis of Papatūānuku, earth mother, explains how Māori were literally

created from the land. This understanding of the Māori term tangata whenua for people Indigenous to Aotearoa New Zealand provides the foundation for an exploration of health and wellbeing.

Māori ways of knowing about health and wellbeing: Hau, Mauri, Mana, Tapu

This article draws on mātauranga as a unique Māori way of knowing and being in the world. Māori philosophers Marsden and Henare (1992) describes mātauranga as the knowledge, comprehension or understanding of everything visible or invisible that exists across the universe according to Māori. Embracing individual, local, and collective knowledge, mātauranga places importance on Māori histories and experiences and refers to Māori ways of thinking, doing, and acting (L. T. Smith, 2021). It is the basis for a Māori worldview which is founded upon kinship relationships between people and the natural world and the interrelationship of all living things as dependent on each other. Mātauranga is constantly evolving as each new generation learns and adds to the body of knowledge (M.K. Durie, 2021; Mead, 2012). Valuing Indigenous knowledge on its own terms, mātauranga is not framed in the epistemes of others and does not depend on looking for legitimacy or endorsement from other perspectives to determine credibility (Edwards, 2012). Te reo is an important medium to express mātauranga.

Te reo is considered a taonga (treasure) gifted to tūpuna (ancestors) by atua and carries with it its own life force, power, and vitality (Barlow, 1991). Language is a vehicle through which we communicate our thoughts, knowledge, values, and beliefs from one person to another. Therefore, having a knowledge of te reo and its unique nuances is an important part of understanding the depth and breadth of mātauranga (Barlow, 1991; Black, 2002). For example, hauora is often used to refer to Māori notions of health. It is not a translation of the English word health or necessarily equivalent to its definition which is “to be free from illness or injury” or a “person’s mental or physical condition” (Oxford Languages, n.d.). Understanding the Māori language enables us to consider the individual terms that comprise the word in order to explain its full meaning. One of the meanings of hau is the vital essence embodied in all persons and living things according to a Māori worldview. An expression of hau in people is breath. Ora means to be alive, to be well. The word hauora can therefore be defined as the totality of vital elements that contribute to a flourishing, dynamic and vital spirit of life. Hauora is holistic in that all aspects of a person are included, such as their

spirituality and cultural identity. According to a Māori worldview, a person's health is also connected to the health and wellbeing of their whānau (extended family or social grouping) and the natural world through the influence of mauri (physical vitality).

Mauri is the physical manifestation of hau and embodies the life force. It is present in all things and binds people to the environment (taiao) and primal energy sources (atua). (Henare, 2001). It is the physical integrity, vitality and synergy between people (M. Durie, personal communication, September 28, 2020). An elevation of mauri in one realm (between people) also positively affects the mauri of everything surrounding. Different states of mauri can also help to explain different levels of wellbeing. For example, when people are disconnected, their vitality can languish compromising their wellbeing. This can be referred to as a state of mauri noho (languishing). A state of awakening, where something has sparked a person's interest and willingness to engage, can be referred to as mauri oho (activated) (Pohatu, 2011). Mauri rere (unsettled) refers to a state where the mauri is distinctly unsettled and where rejuvenation or renewal may not be possible. Mauri tau (in balance) on the other hand can describe a state whereby the mauri, or life force of a person is settled and open to a process of renewal and rejuvenation. Mauri ora is about being in a state of flourishing and this is the aspiration for our whānau and communities. Mauri is not static, and we may transition fluidly across all of these states of mauri at different times depending on different influences impacting our wellbeing.

An understanding of mauri is derived from one account of the pūrākau (narrative) about the creation of the first human form Hineahuone (earth formed maiden). The construction and retelling of pūrākau is one way Māori preserve knowledge and embody their worldviews (Lee, 2009) and can provide some insight into health and wellbeing from a Māori perspective. Though often erroneously referred to as myth or legend, pūrākau are best understood as deliberate constructs employed to encapsulate mātauranga, informing human endeavour, and a view of the world comprising the whakapapa (genealogical) connections shared between tangata (people), atua (gods, primal energy sources) and taiao (natural environment). In the pūrākau about the creation of the first human form Hineahuone, an additional energy source to those already provided from different atua was required in order to bring her to life. Tāne (god of the forest) was instructed to share his energy source (hau) with Hineahuone in the practice of hōngi (to press noses and share breath). The contemporary re-enactment

of hōngi such as during the pōwhiri (welcoming ceremony) acknowledges the sharing of hau of both people involved and is an act of revitalisation. It is often accompanied by the saying “Tīhei mauri ora!” (let there be life). Mauri is also connected with mana (spiritual vitality).

Māori believe mana to be a sacred force, originating from atua (M.Durie, personal communication, September 28, 2020) connoting dignity, integrity, identity, self-esteem and spiritual vitality. Royal (2006) defines mana as spiritual authority and power. Mana resides outside the control of the individual, recognising that there are obligations created externally from ourselves, and provoking us to appreciate the interconnectedness of all things at many levels (Durie, 2001; Pohatu, 2011). There are different types of mana that can enhance mauri. Mana atua is derived from primary energy sources, mana tūpuna inherited from ancestors, mana whenua sourced from the land and mana tangata based on our human endeavours. Barlow (1991) defined these associations in terms of 'Mana Mauri,' or the capacity for enlightenment, growth, and development. Actions that diminish mana will have negative effects while actions that enhance and uplift mana will have a positive effect. The potency of mana and mauri is upheld through the observation of tapu (state of influence) (M.Durie, personal communication, September 28, 2020).

Tapu can be likened to an invisible forcefield that protects things that we deem to be critically important both to our physical and spiritual wellbeing. Tapu with the addition of noa (unrestricted state), supports balance and the achievement of mauri ora, an essential component of overall health and wellbeing from a Māori worldview (Mead, 2003). As a result, efforts have been made to expand our comprehension of tapu within the health arena to prohibit and restrict potentially harmful protocols including conduct with patients, kai, contagious diseases, pregnant and menstruating women, and the deceased (Barlow, 1991; Durie, 2001). Tikanga or Māori principles also guide our interactions with others and the environment in order to fulfill cultural expectations.

Having an understanding of tikanga also opens up our understanding of mātauranga. Stemming from collective value, tikanga are cultural principles exercised by Māori in their daily lives. The concept is derived from the Māori word ‘tika’ which means ‘right’ or ‘correct’ so, in Māori terms, to act in accordance with tikanga is to behave in a way that is culturally appropriate. Principles are commonly based on experience

and learning that has been handed down through generations and are based on commonly held beliefs associated with a Māori world view.

Concepts such as mauri, mana and tapu help to explain a unique Māori view of health and wellbeing. Pūrākau help to contextualise and give meaning to these Māori concepts and practices. Cultural practices, such as kaitiakitanga (guardianship), rāhui (a conservation measure) and taonga tuku iho (cultural inheritance), for example, collectively highlight our role as tangata whenua to engage with the environment in mutually beneficial ways which maintains and preserves natural integrity and customary resources for the health benefits of ensuing generations (Heke, n.d.; Mead, 2003). The integrity and good health of the natural world after all, cannot be divorced from our own good health and wellbeing as tangata whenua. The health and wellbeing of Māori was significantly impacted by the arrival of settlers.

Poor Māori or Pōmare? Responses to colonisation

The first European surveyors in the early 1800s noted the good health and resilience of Māori to environmental challenges. (Durie, 1994; Kingi, 2005). The collective lifestyle of Māori resulted in an effective form of social organisation in which knowledge and values were preserved and passed down providing a strong sense of identity and a keen understanding of linkages with each other and the environment around them (Metge, 1995). It also led to the evolution of a public health system based on a set of values previously discussed that reflected the close and intimate relationship between people, the natural environment and energy sources.

At the time of the signing of Te Tiriti o Waitangi in 1840, the settlement agreement between the British Crown and rangatira (chiefs), there was already evidence of the influence of new settler technologies and practices on Māori health (Kingi, 2005). Māori lifestyle (āta noho) including rangatiratanga (sovereignty) and tikanga were therefore included in Te Tiriti to ensure that Māori would continue to determine their own health and wellbeing. However, almost immediate dismissal of Te Tiriti o Waitangi, tribal warfare, disease, and rapid colonisation negatively affected the Māori population. Māori suffered a significant loss of land and economic base, autonomy, te reo and culture, as well as their customary way of life and wellbeing. Māori, like many Indigenous peoples, have suffered significant ill health as a result of colonisation, urbanisation and globalisation (Dew et al., 2016).

Nevertheless, Māori have continued to pursue wellbeing which is reflected in the work of our tūpuna (ancestors), such as Sir Māui Pōmare KBE CMG. Graduating as a doctor from California medical school in 1899, Pōmare understood the link between cultural beliefs, attitudes and lifestyle and how these factors influenced the day-to-day practice and health status of Māori (Durie, 1994). He also advocated strongly for Western democracy, justice, education and modern health practices believing it was possible to retain a secure Māori identity while also embracing Pākehā education and technologies. Pōmare understood that health was not something that was prescribed by a doctor but rather something that should be led by the community. His work therefore focused on engaging with, and empowering, Māori communities.

Pōmare's legacy is reflected in the work of subsequent Māori health leaders with the development of Māori health models and frameworks (such as the more commonly referred to Te Whare Tapa Whā (Durie, 1994), Te Pae Māhutonga (Durie, 1999; Durie, 2004), Te Wheke (Pere, 1997), and Whānau Ora (Durie et al., 2010). Māori models of health incorporate values and knowledge such as those discussed earlier that are integral to a Māori world view. While there is diversity amongst different Māori health models, there are also several similarities. These include the interconnectedness between the physical, the spiritual, the environment, the individual and the whānau. Another commonality is the use of symbolic metaphors to represent the health of a people such as the whare used in Te Whare Tapa Whā (Durie, 1994). For example, the concept of the whare is laden with meaning associated with a physical structure as well as an esoteric resource (Heaton, 2015). Whare are often viewed metaphorically as representing a living ancestor characterised through the symbolic design of the building. Whare can also symbolise a repository such as a whare wānanga being a source of learning. Through the use of metaphors, complex topics can be simplified, making it easier for people to comprehend and retain different principles and concepts about health.

While these Māori health models have been developed within the context of contemporary Māori life, all draw upon Māori ways of knowing about health and wellbeing. Having an understanding of mātauranga, te reo, tikanga and pūrākau helps with the correct pronunciation and use of Māori terminology, an appreciation of the underpinning values, and ensures the integrity of the application of Māori health models. English translations within a Western biomedical worldview will limit the comprehension of Māori models. For example, translated into English, the four pillars

of wellbeing in Te Whare Tapa Whā are often referred to as spirit, body, mind and family which fall far short of the full meaning of the Māori words wairua, tinana, hinengaro, and whānau and their significance to wellbeing. While there are benefits to the mass dissemination and utilisation of Māori health models, without understanding the Indigenous knowledge and practices that underpin such models, application can be misinterpreted, superficial, and potentially detrimental to the mana (spiritual vitality) and overall mauri (physical vitality) of Māori (Heaton, 2015).

To further improve Māori wellbeing and position in society necessitates a shift away from the deficit and narrow focus of reducing disparities that a needs-based approach might foster (Houkamau, Tipene-Leach & Clarke, 2016). What is required is the promotion of cultural constructs of wellbeing as prescribed by our own Māori leaders such as Pōmare situated within positive Māori-led notions of self-determination, cultural identity, and collectivity. The recent response in Aotearoa New Zealand to the Covid-19 pandemic provides an example of the need for Māori leadership and expertise to improve the health and wellbeing of Aotearoa New Zealand.

Covid-19 response as a case study

Failure of the government to meaningfully include Māori in the response to the Covid-19 pandemic demonstrates how Indigenous knowledge is undervalued in Aotearoa and raises questions around how the government engages and makes decisions on behalf of Māori communities (Kukutai et al., 2020). Limited consideration for the specific needs of Māori as Treaty partners was apparent (Pihama & Lipsham, 2020). Māori were noticeably absent from any genuine form of decision making with government defaulting to mainstream approaches with a one size fits all mentality (Kukutai et al, 2020; Pihama & Lipsham, 2020). This type of approach fails to take into account health inequities that already exist within our communities and the disproportionately negative impact the consequences of the pandemic and its aftermath is likely to have on Māori communities. Privileging Pākehā voices as ‘authoritative experts’ also diminishes the mana of the many Māori health specialists in Aotearoa whose breadth and depth of knowledge would have contributed much to the response and recovery phase not only for Māori but for the general public also.

Conversely, the effectiveness of how a tangata whenua approach to health and wellbeing could be utilised can be seen through the Māori-led responses during the Covid-19 pandemic. Drawing on intergenerational knowledge of historical epidemics

and introduced diseases to Aotearoa, Māori were acutely aware of the potentially devastating effects of Covid-19 (Te One & Clifford, 2021). Remembering the past to inform our future is a key tenet in Māori culture affirmed by the whakataukī ‘Titiro whakamuri kia anga whakamua’. The devastating impact of the 1918 influenza is remembered through different artforms, such as waiata, haka, carved pou, and the many gaps in our whakapapa which share the story of both grief and resilience. In light of this, Māori communities were quick to respond.

Beyond government driven initiatives, iwi effectively mobilised networks within their communities to establish a number of rāhui (restrictions) to prevent travel of non-essential persons to areas with high Māori populations (Severinsen et al., 2021; Te One & Clifford, 2021). Through processes of whanaungatanga (process of forming and maintaining relationships), vulnerable members of the community were identified with a number of initiatives put in place to support not only physical wellbeing but also spiritual and mental wellbeing of whānau throughout the lockdown period. Different platforms for karakia to be shared, finding ways to increase internet connectivity for isolated whānau, and distribution of care packages are some of the examples around how Māori sought out ways to protect the mana and mauri of their communities during this time. Guided by key tenets such as tino rangatiratanga (sovereignty), kaitiakitanga (guardianship) and manaakitanga (generosity and caring for others), these types of responses demonstrate the effectiveness and capabilities of Māori being readily able to identify public health risks within their communities and to drive locally grounded solutions. It also highlights the holistic approach evident in Māori models of health where Māori were able to think beyond the epidemiological impact of Covid-19 to incorporate fundamental aspects of hauora such as mana, mauri and whānau support.

Despite the success of Māori in responding to the first wave of Covid-19 and the associated lockdowns implemented by the government in all parts of the country, the government did not follow Māori health expertise around the vaccination roll-out to prioritise Māori as a population with disproportionate vulnerability to the virus. As a result, the younger Māori population were disadvantaged through a narrow age targeted approach which meant that fewer Māori were eligible to get the vaccine compared to the general population. This privileging of a larger non-Māori elderly population has predictably resulted in Māori having lower vaccination rates and higher positive cases, hospitalisations, and deaths for the Delta variant (Sinclair et al., 2021).

The current reform of the health system and establishment of the New Māori Health Authority in particular presents an opportunity for the government and Aotearoa New Zealand to create space for Māori determination of health and wellbeing needs and aspirations. The new Health NZ, national public health agency, and locality groups could also make the most of the leadership and expertise inherent within iwi and Māori communities.

Conclusion

To improve Māori wellbeing and position in society, a transition in the health system from a deficit-based approach that treats Māori as at-risk customers to one that allows Māori to determine their own needs and aspirations is necessary. Such a shift requires an Indigenous understanding of health and wellbeing that includes more than the Western medicalised notion of physical and mental (ill) health. By taking a tangata whenua approach to health and wellbeing, which is grounded in Māori rights and ways of knowing expressed through narratives, language, practices, and lived experience, it becomes clear that wellbeing is holistic and inextricably linked to self-determination and the natural environment. We argue that as Indigenous peoples, we should seek solutions and understandings from our own Indigenous knowledge base and leaders rather than from a culture that has historically marginalised Māori. Improved health outcomes for Indigenous peoples can be achieved by the inclusion of Indigenous peoples' traditional knowledge and language in public health curricula, research, policy, and practice. The current restructuring of Aotearoa New Zealand's health system, as well as the Covid-19 pandemic response and future planning, present opportunities to prioritise and embed Māori health leadership and expertise, as well as to integrate a tangata whenua conceptualisation of health and wellbeing into the way we consider our health care.

UPOKO TUATORU: DEVELOPING A KAUPAPA WHĀNAU FRAMEWORK TO EXPLORE THE SOCIAL, CULTURAL AND HEALTH BENEFITS OF A WHĀNAU-CENTRED INITIATIVE

Reweti, A. (2022 in review). Developing a kaupapa whānau framework to explore the social, cultural and health benefits of a whānau centred initiative. *MAI Journal*.

This article outlines the development of a kaupapa whānau research framework developed by whānau involved in a whānau-centred initiative at their marae (ancestral meeting house). Instigated by whānau in 2012, the Reweti Whānau Hui (RWH) stemmed from kōrero (discussion) between cousins looking for ways to meaningful reconnect themselves and their tamariki (children) with their whānau marae. This resulted in the establishment of regular whānau noho marae (sleepover at marae) providing opportunity for whanaungatanga and a chance for whānau to reconnect with and learn about their cultural heritage. Having experienced an increase in individual and whānau wellbeing throughout this time, a research project was initiated by whānau as a means to record their narrative for future generations about the journey they had been on and the subsequent growth they had experienced through engagement in the regular RWH. This article focuses on the methodological approach developed as a guideline for research alongside whānau. Findings on the social, cultural and health benefits associated with the RWH can be found in Upoko Tuawhā (Chapter Four).

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See Appendices for Statement of Contribution

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whānau, and for embodying our ideas in a way that enhances our connection to our tūpuna and te whare tūpuna o Parewahawaha. Ngā mihi maioha ki a koutou.

Abstract

Placing whānau at the centre of research design and delivery empowers whānau to take ownership of their own narrative while leveraging and extending upon their existing resources and knowledge systems. This article outlines the development of a kaupapa whānau research framework developed by whānau involved in a whānau-centred initiative at their marae. Conducted in accordance with whānau principles, the research was guided by a tikanga approach to ensure that the experience was mana enhancing for all engaged. The conceptualisation of the kaupapa whānau framework reflects kōwhaiwhai (artwork that tells a story) from within te whare tūpuna o Parewahawaha and introduces concepts of whakapapa (system to order knowledge, genealogy), wairua (spiritual element), kia whakatōmuri te haere whakamua (Māori perspective of time), wānanga (gathering for the purpose of learning), and mana ake (unique identity of individual and whānau) as guiding principles for conducting research alongside whānau. The framework emphasises the importance of being able to work alongside one's own whānau by creating and utilising a research framework built around whānau worldviews and what they value.

Introduction

A kaupapa Māori (Māori philosophical approach) research paradigm prioritises the validity and legitimacy of Māori ways of knowing and doing and encourages researchers to develop methodology and approaches that are tailored to the study being conducted (Cram et al., 2015; Stevenson, 2017). Described by Cram (2001), A. Durie (1990) and Powick (2002) as a process that contributes to positive Māori development, a kaupapa Māori approach is driven by research participants and is orientated towards benefiting the collective. Underpinned by Māori worldviews, knowledge, and traditions, the approach ensures that the research process affirms Māori norms ensuring the process of the research is mana enhancing for all involved (Cram, 2001; A. Durie, 1990; Stevenson, 2017; L. T. Smith, 2021).

Groundwork laid down by kaupapa Māori proponents over the past few decades has helped reclaim a space for Māori to conduct mātauranga (Māori epistemologies/ways of knowing) research (Edwards, 2012; Royal, 2012; G. H. Smith, 2003). As epistemology, mātauranga is a unique way of knowing and being in the world that includes not only what we know but also how that knowledge is acquired (Edwards, 2012; Royal, 2009). While the term mātauranga itself can be considered relatively new

(Edwards, 2012; Royal, 2009), the genesis of knowledge is ancient arriving to Aotearoa shores with our Polynesian ancestors hundreds of years ago (Broughton & McBreen, 2015; Edwards, 2012; Royal, 2009). This ever-evolving continuum of knowledge was passed down and adapted by each ensuing generation to meet changing circumstances and to provide ways in which to make sense of the relationships and environments around them (Mead, 2012; Royal, 2004, 2009). Mātauranga seeks to identify connections between all phenomena whether animate or inanimate (Sadler, 2007; 2012). Through whakapapa (system to order knowledge, genealogy), an essential tool of mātauranga, the world can be ordered and understood linking all things as part of an organic system of relationships that can be traced back to primary parents Papatūānuku and Ranginui (Tau, 1999). This way of thinking inextricably connects the researcher to the phenomena being studied through links to, and understandings of, place in the universe (Sadler, 2007; 2012). Drawing on mātauranga enables us to reflect on past events that can help us understand the present and inspire future solutions (Mead, 2012; Royal, 2009).

Mātauranga is diverse, nuanced, and localised to specific whānau (family group), hapū (kinship group, sub-tribe) and iwi (extended kinship group, tribe) (Doherty, 2019; Le Grice et al., 2017) recognising that each whānau has developed their own body of knowledge derived from their experiences, relationships, and environments in which they live. This knowledge is shared through whānau-specific pūrākau (epistemological narratives), waiata (song), and tikanga (cultural principles, collective beliefs and values) which may vary across rohe (regions). For example, tikanga associated with pōwhiri (welcoming ceremony) in one context may differ from the engagement and tikanga of another iwi. While te reo (Māori language) is a critical factor in being able to grasp concepts of mātauranga, there are also numerous other ways in which mātauranga can be expressed and transmitted. Engaging in activities, such as raranga (weaving), waiata, kapa haka (ceremonial dance), learning about whakapapa, interactions in te taiao (the natural environment), are all ways in which mātauranga can be accessed with the wairua (spiritual element) associated with these tasks opening up pathways of learning and understanding (Edwards, 2012). In this way, whānau who have systematically been stripped of their ability to kōrero (speak) Māori through processes of colonisation, are not restricted from being able to access, engage, and begin a journey in mātauranga.

This article outlines the researcher's journey alongside whānau involved in a whānau-centred initiative and the subsequent development of a kaupapa whānau framework that can be used to guide research. An overview of different whānau research strategies is followed by background context of the Reweti whānau hui (RWH) before outlining researcher positionality and a tikanga-guided approach to research. The conceptualisation of the kaupapa whānau framework is then introduced followed by discussion around the components of the framework – whakapapa, wairua, kia whakatōmuri te haere, wānanga, and mana ake. The application of the framework and how it applies to the Reweti Whānau Hui is published elsewhere (Reweti, 2022). This includes access to a short film that illustrates the experiences of the Reweti Whānau Hui.

Whānau research strategies

Methodology refers to the philosophical framework which determines how research will proceed. For research with whānau, it is important that the methodology and methods used empower whānau whilst also enabling critical analysis of the kaupapa and the benefits for whānau involved. G. H. Smith (1995) states that many traditional values, customs, and practices related to whānau structure and processes are fundamental to a kaupapa Māori approach. It is the collective nature of whānau that facilitates the sharing of knowledge, respect of others' worldviews, of consensus discussion and decision making (G. H. Smith, 1995). L. T. Smith (2021) likewise describes whānau as a way of organising a research group, incorporating ethical procedures that report back to the community as well as debating ideas and issues that impact a research project.

Tinirau (2020) argues that while many researchers have engaged whānau in research, few have explored notions of how whānau research should be conducted pointing to a need for further research that is for, by, and with whānau. There are a variety of frameworks such as Durie's (2003) whānau capacities; whānau ora outcome goals (Durie et al., 2010); and the whānau rangatiratanga framework (Baker, 2016) that have been developed to analyse and/or to evaluate programmes designed for whānau participation. These frameworks emphasise the importance of core values and principles such as whakapapa, manaakitanga (process of showing respect, generosity, and care for others), wairuatanga (spirituality), and kotahitanga (collective unity and solidarity), that may serve as guidelines for conducting research with whānau. These

core values were also recognised as being important in Tomlins-Jahnke and Gillies' research (2012), which looked at the correlations between intra-whānau communication and whānau ora over a three-year period.

Jones et al. (2010) whānau tuatahi research framework extends on some of these concepts incorporating additional values such as whakawhirinaki (trust), ngāwari (flexibility), utu (reciprocity), and hurihuringa (reflexivity). Stevenson's (2017) framework uses terms like kaitiaki (being empathetic), wāhi haumarū (providing a safe space), whakaaro (engaging in Māori philosophies) and hononga (building and maintaining relationships) to explain the attitudes and procedures that went into creating research methods used to explore whānau experiences of harm and loss around birth. Similarly, Lipsham's (2020) mātauranga ā-whānau framework builds on principles like whanaungatanga (process of forming and maintaining relationships) by incorporating knowledge passed down intergenerationally, such as the use of pūrākau, ako (practice of teaching and learning), wā (time) and wānanga (gathering for the purpose of learning).

These examples can encourage researchers to abandon dominant methodologies that assume research processes are generic and universally applicable to all populations (L. T. Smith, 2021; Stevenson, 2017). Māori diversity highlights that each whānau has its own set of values and principles that contribute to mātauranga ā-whānau, or knowledge systems, which are shaped by the experiences and environments in which whānau live (Doherty, 2019; Pohatu, 2015). This heterogeneous approach to research is reinforced by extensive literature which emphasises the importance of recognising that Māori are not a homogenous group but rather operate in a world of diverse realities (Durie, 2011, Doherty, 2012; Le Grice et al., 2017; G. H. Smith, 1995). Therefore, developing localised frameworks for research projects will enable best practice for those engaging in research alongside whānau (Stevenson, 2017).

Reweti whānau hui

Nestled on the west bank of the Rangitīkei awa (river) stands te whare tūpuna o Parewahawaha. Built on the whenua (land) known as Ōhinepuhiawe, the marae is a cultural, physical, and spiritual home for the descendants of Ngāti Parewahawaha. Over the past nine years, the Reweti whānau have come together to hold regular whānau hui at their marae. This provides a platform of whanaungatanga and a chance for whānau to reconnect with and learn about their cultural heritage. Whānau acquire

knowledge about their whakapapa and connections to the whenua and each other through learning their pepeha (form of introduction establishing identity), waiata (song), and haka (ceremonial dance), which in turn also increases their confidence using te reo. They retreat to the wharehau to discuss and celebrate whānau successes, rekindling links and enabling those who live away from the area to feel a sense of connectedness. Having experienced an increase in individual and whānau wellbeing throughout this time, a research project was initiated by whānau as a means to record their narrative for future generations about the journey they had been on and the subsequent growth they had experienced through engagement in the regular Reweti whānau hui (RWH). This whānau-centred research project draws on public health approaches to grass root health promotion and whānau development. As such, it sought to evaluate the RWH's social, cultural, and health benefits in order to create a model for other whānau to learn from. The purpose of this article focuses on the development of the framework whānau created to guide the research process.

Tikanga-guided approach

Contextual knowledge was gained through being a whānau member and having participated at each of the RWH since their inception. As a whānau member, the researcher had established relationships and a personal commitment to invest in the kaupapa. While engaging whānau in research is typically considered a conflict of interest in Western techniques (Chilisa, 2020; L. T. Smith, 2021; D. Wilson, Mikahere-Hall, et al., 2021), this privileged position provided access to kōrero that would not be readily available to others outside the extended whānau unit. However, it is critical to recognise that the researcher serves a dual role when conducting research with and within their whānau. Beyond simply documenting whānau kōrero, the researcher's role also includes compiling, analysing, and interpreting data that may cast the researcher as an outsider, even when conducting research within their own whānau (L. T. Smith, 2006). As a result, the researcher's role is not without personal bias. There is a constant need to negotiate the most effective methods for conducting research that is cognisant of and reflective of whānau realities, that is, to reflect on how things are rather than merely what we hope or desire to find.

At the RWH, whānau interactions are not governed by the same ethical standards or rules as Western institutions. This led to the consideration of a number of ethical requirements beyond that of institutional and professional regulations and codes of

conduct. As opposed to imported rules such as signed informed consent or the researcher's pre-determined agenda, tikanga, as established by the marae and whānau, determined how the research process should proceed. Tikanga are collective beliefs and values that inform attitudes and behaviours and ensure that whatever endeavour is undertaken is done in an ethical and moral way. As the foundation of Māori epistemology, tikanga are commonly built on intergenerational learning and experiences, as well as logic and common sense connected with a Māori worldview.

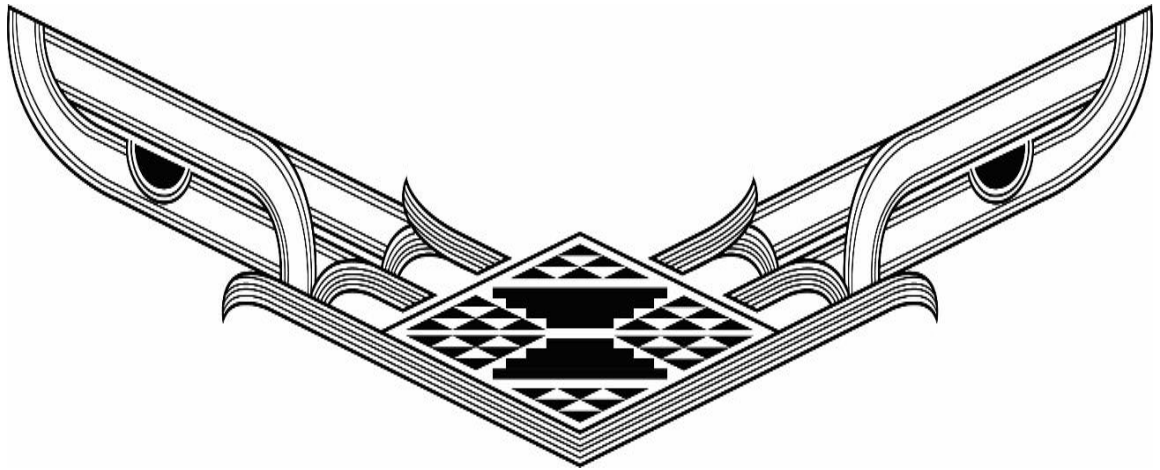
This is where tikanga-guided research diverges from Western institutional ethics. For example, as part of Western institutional ethics, researchers are often required to prepare several forms such as the Participant Information Sheet which outlines a predetermined research agenda prior to obtaining consent from participants through individually signed consent forms (Fa'avae et al., 2016). Pre-determined agendas can suggest that the researcher holds an upper hand in determining the direction research should take. Individual consent forms can also constitute a problem in terms of collective knowledge protection because individuals may inadvertently release information without the informed consent of those who may be impacted by the distribution (L. T. Smith, 2006). These types of institutional formalities can be incongruent with a collective whānau approach to research creating a power imbalance between researcher and participants. Balancing these power relationships and ethical concerns was a driving factor behind whānau wanting to develop a kaupapa whānau framework from which to base this research.

A kaupapa whānau framework to guide research

The kaupapa whānau framework was patterned after kōwhaiwhai (artwork that tells a story) panels inside te whare tūpuna o Parewahawaha. This inspiration came after kōrero with whānau who shared childhood memories of watching their parents carefully paint the intricate designs of the kōwhaiwhai panels in preparation for the opening of the marae. They spoke about the care and precision that was needed and the wairua they had felt as this work was being completed. Mediated through the mechanism of whakapapa, the symbolic design of the kōwhaiwhai represents our connections to the natural world and to one another, and as such the process of painting them needed to be treated with reverence. The development of the kaupapa whānau framework reflects the kōwhaiwhai and guides how we carry out whānau research. Whakapapa, wairua, kia whakatōmuri te haere whakamua (Māori perspective of

time), wananga, and mana ake were identified as critical guiding principles. These ideas were transformed into the tohu (symbol to instruct) below (Figure 3.), which serves as a symbolic depiction of the Reweti whānau pursuit for learning.

Figure 3. RWH tohu to guide research



Whānau saw the development of a tohu as a way of making information more accessible and meaningful than a list of statements. Concepts are not explicitly referenced, but rather are understood through the exploration of imagery and symbolism, which is a common method of transmitting knowledge in Te Ao Maori. Metaphors and imagery can help us learn on a variety of levels, depending on how we perceive and understand a kaupapa, and can help us understand things that are often too complex for words alone. Using images such as the RWH tohu can convey information about our values, beliefs, and motivations and challenges the idea that knowledge must be explicitly expressed in words for it to be meaningful and valid.

Recognising Parewahawaha as the eponymous ancestor after whom the whareniui is named, the tohu reinforces a strong female presence. Using the maihi (arms) of the whareniui as inspiration, and focusing on the act of nurturing, the maihi shape was inverted to resemble a “mother’s hug” or a woman wrapping her arms around her belly to comfort the child within. This represents the nurturing approach of whānau research and how information needs to be cultivated to grow from a seed into a womb-like state before finally reaching the realm of light in the final analysis and dissemination of the study. At the centre of the framework, two different tāniko patterns are used to reinforce the aim of the kaupapa – whānau and learning. The central poutama depicts

Tāne Māhuta (God of the forest) and his ascension of the heavens to retrieve the baskets of knowledge while the surrounding pattern embodies the whakataukī (Māori proverb) – Waikato taniwha rau, he piko he taniwha, he piko he taniwha – to represent all the tūpuna (ancestors) of the descendants of Parewahawaha. The two manaia (figures) in the framework represent Ira Tāne and Ira Wahine, both the male and female influence of those past, present, and future who commit to upholding the mana of the kaupapa. The way the different parts of the manaia are placed are intended to give the sense of harakeke (native plant to Aotearoa) being woven and layered linking us together through whakapapa. While the framework does not contain a comprehensive list of what to do and what not to do when conducting whānau research, it does contain foundational concepts and principles that, when followed, can provide direction and guidance necessary to account for unique circumstances.

Guiding principles

Table 1. Overview of guiding principles

Guiding principles	Overview
Whakapapa	Acknowledge and value the lived experiences of our tūpuna, our relationships with our whenua, and people to whom the research belongs. Create systems of order with the narrative collected by drawing strength from whānau connections and relationships.
Wairua	Trust in a higher power keeps us accountable for our actions. Woven into and experienced through our beliefs, values, and practices, providing us with inspiration and strength to guide the research journey.
Wānanga	Whānau actively participate in the knowledge creation process through having a space to come together, to share kōrero, and to debate different viewpoints.

	Provides whānau the opportunity to exercise authority over data sovereignty and how information arising from research will be shared.
Kia whakatōmuri te haere whakamua	Allows whānau to express themselves and explore different avenues at their own pace rather than being confined by external factors such as academic deadlines.
Mana ake	Emphasises the importance of developing a positive whānau identity while embracing the unique contributions that different whānau members bring to the kaupapa.

Whakapapa

Whakapapa is a fundamental principle that allows Māori to connect to people, time, and places, enabling them to understand their position in the universe (Marsden & Henare, 1992; Penetito, 2008). Reviewing Māori creation narratives helps us comprehend our whakapapa to atua and the beginning of existence itself. This understanding allows us to see the connections between ourselves and everything else in the universe as well as our boundless potential as created beings. Māori creation narratives typically begin at Te Kore, the great nothingness/infinite void, and describe the birth of the cosmos as it progresses through various levels of darkness to Te Ao Mārama, the realm of light. While Te Kore embodies the great and infinite nothingness in which no life could exist, it did contain a latent seed of equal magnitude, a seed of promise, of primary energy, and the possibility for life. The potential within this seed was released during the long dark nights of Te Pō succeeding Te Kore, and its energy resonated throughout the darkness, eventually sustaining the formation of the earth mother, Papatūānuku, and sky father, Ranginui. Their primordial energy was later imbued within a number of offspring including the god of the forest, Tāne Māhuta. Tāne begat the world of light, Te Ao Mārama, by forcing apart his parents loving but oppressive embrace, thus enabling the light to enter. These are some of the pūrākau that connect Māori to past, present, and future; to whenua (land), maunga (mountains), awa (rivers), whānau, hapū and iwi. In this sense whakapapa represents the summation of all our ancestors and their activities and

by reciting our whakapapa we are making order of this knowledge base that has been passed down through the generations. These teachings remind us of our enduring connections and relationships with both animate and inanimate entities, as well as the need of maintaining, enhancing, and advancing these enduring relationships for our wellbeing (Edwards, 2012).

My personal whakapapa qualifies me as a researcher alongside my whānau in the RWH. Being connected to the whare tūpuna named after the eponymous ancestor, Parewahawaha, reminds whānau of the unbroken lineage shared with the women whom the marae is named after. These connections are further explored through learning and sharing of pepeha, pūrākau and waiata associated with Parewahawaha and other tūpuna whose photos grace the walls of the marae. Storytelling preserves tikanga and historical messages and values, including philosophical and cultural norms, all of which are vital to Māori conceptions of self and identity. These experiences are central in assisting the Reweti whānau to understand both their personal and whānau identity and belonging as Māori.

For the research project, the RWH used a whakapapa approach to establish a system of order by layering information and discovering connections between the narratives that were collected. Narratives were developed using a variety of data sources, including kanohi ki te kanohi (face to face) interviews, kōrero from wānanga, and video footage of whānau participation at the RWH. Data was examined both within and across cases. Opportunities to discuss merging ideas with whānau members was undertaken at subsequent RWH where whakapapa was used to co-construct the layering of knowledge and to seek out connections. This shifted the emphasis away from isolated observations and towards facilitating the acquisition and analysis of new knowledge based on contemporary experiences of whānau. For example, using a whakapapa approach enabled whānau to identify linkages between the current state of whenua and issues affecting the mental wellbeing of whānau. It is believed that protecting and caring for sacred sites can help with both the repair of the whenua and the emotional wellbeing of whānau. This highlights how whakapapa can be utilised to ascertain the underlying causes of an issue, which can then be translated into solutions.

Wairua

More than just being an intellectual exercise, the research journey is a spiritual one that requires the element of wairua. Marsden (as cited in Marsden & Royal, 2003) describes wairua as the source of existent being and life which concerns our capacity to interact with spirituality and belief. Wairua is inherently built into the framework of Māori cosmology (Valentine, 2009) beginning with Io Matua, the supreme wairua whose energy gave life to all things. It is a source of stability, strength, and power that necessitates trust in its presence as well as confidence in a higher force that keeps us responsible for our behaviour (Ripikoi, 2015). Influenced by the means through which a person engages with their world, wairua is not stagnant, having a profound effect on the way that we perceive the world and everything in it (Valentine, 2009). Wairua knows no boundaries (Valentine, 2009) and can be discussed and expressed in a number of ways (Moewaka Barnes et al., 2017).

Involvement in the RWH naturally provides space for wairua to be nourished through engagement in activities such as karakia (incantation), waiata, being on the marae, connecting with tūpuna and speaking te reo. These activities help us maintain a connection with, and link into, the spiritual realm. It was important therefore, to have a framework which acknowledges the ways that wairua guides our practice and the spiritual wellbeing of whānau.

Awakening our connection to wairua takes time and patience. For example, setting aside time for peaceful and silent reflection by visiting the whānau urupā (burial ground) and immersing ourselves in te taiao helped us as a whānau in the research space to slow down and be more present. This provided opportunities to connect with and be guided by the Spirit. Tools such as karakia and fasting were also used to secure connection to wairua. Fasting is an ancient practice of our tūpuna (Marsden & Royal, 2003) often used for certain occasions or for divine assistance. Refraining from eating and drinking coupled with karakia for a particular purpose, increases our connection to wairua and can fill our minds with revelations of the Spirit. This guidance can come through various channels according to the needs and circumstances of individuals and whānau such as gentle promptings and impressions, dreams, and assistance from tūpuna (Kennedy et al., 2015; Moewaka Barnes et al., 2017).

Wairua in this framework is also about maintaining the spiritual wellbeing of whānau to ensure the mana of whānau is upheld. Mana can be described as spiritual vitality, a sacred force originating from atua, that influences our ability to act and to be acted

upon. This teaches us that approaches to research ought to be engaging in ways that cares for the spiritual, emotional, physical, and intellectual dimensions of whānau, thus being a mana enhancing approach (Royal, 2006). Safeguarding the mana of whānau means acting with generosity and kindness and being mindful about knowledge and how it is disseminated both within and outside of the whānau. For example, because of established relationships, some whānau members felt open to sharing kōrero, sometimes of a sensitive nature, which required the researcher to be cautious with and protective of information that was shared. It was therefore important to frame research in a manner that accurately presented whānau perspective of truths whilst also ensuring that any sharing of knowledge in a public forum would not invite unwarranted criticism back towards the whānau. This mindfulness helps to protect the mana of individual whānau members while also letting everyone contribute to the collective knowledge database. As discussed in the following section, the collective nature of wānanga provides a space for the regulation and governance of collective knowledge (Mahuika & Mahuika, 2020) including how the transmission of mātauranga-a-whānau might be shared with a wider audience.

Wānanga

Figure 4. Tauparapara (chant)

Tēnei au, tēnei au, ko te hōkai nei o taku tapuwae
 Ko te hōkai nuku, ko te hōkai rangi, Ko te hōkai a tō tūpuna a Tānenui-a-rangi
 I pikitia ai ki te rangi tūhāhā ki te Tihi-o-Manono,
 I rokohina atu rā, ko Io Matua-kore anake
 I riro iho ai ngā kete o te wānanga
 Ko te kete-tuauri, Ko te kete-tuatea, Ko te kete-aronui
 Ka tiritiria, ka poupoua, kia Papa-tū-ā-nuku
 Ka puta te ira tangata
 Ki te whei ao, ki te ao mārama
 Tihei-mauri ora!

Here am I, here am I, Swiftly moving by the power of my karakia,
 Swiftly moving over the earth, Swiftly moving through the heavens, the swift movement
 of your ancestor Tānenui-a-rangi
 who climbed up to the isolated heavens, the summit of Manono,
 and there found Io the parentless, alone.
 He brought back down the baskets of knowledge,
 the basket named Tuauri, the basket named Tuatea, the basket named Aronui.
 Portioned out and planted in Mother Earth,
 the life principle of human beings comes forth into the dawn,
 into the world of light.
 I sneeze, there is life!

The sentiments expressed in the Tauparapara (chant) (Figure 4.) are reflected at the RWH with regular whānau wānanga providing a framework for collective knowledge creation and decision-making. The RWH wānanga creates a space for whānau engagement with a focus on service and accountability to the collective as opposed to being driven by ego or individuals. At times, wānanga are repetitive sharing collective histories and whakapapa which grounds whānau in their shared identity. At other times, wānanga are organic in nature enabling kōrero to flow and emerging kaupapa to take shape. As a result, whānau are actively involved in the knowledge creation process enabling the contribution of multiple voices and perspectives. This encourages critical thinking and debate and may include numerous gatherings over several months or years.

Built on a foundation of whānau values and priorities, the RWH's wānanga process is guided by tikanga of the marae, reinforcing the mana and rangatiratanga (right to exercise authority) of the iwi (Royal, 2011). An example is the expression of manaakitanga which is upheld at the RWH wānanga through rituals such as pōwhiri, whakatau, mihimihi, whakawhanaungatanga, karakia and the sharing of kai. Tuakana-teina (mentoring relationship) connections are enhanced as kuia and kaumātua (elders) are given responsibilities to mentor and teach, while younger whānau members are given opportunity to develop new skills and explore boundaries in a safe atmosphere. This is especially important with the use of te reo which is encouraged at whatever level whānau are at, whether they be at the start of their te reo journey or are more proficient and confident with the language. Another manifestation of tikanga at the RWH wānanga is the concept of kaitiakitanga (guardianship), in which whānau acknowledge their responsibility to preserve and care for the teachings shared through the wānanga space. This is related to the idea of Indigenous data sovereignty (Kukutai & Taylor, 2016).

When conducting research with whānau, we need to be aware that not all information obtained during the course of wānanga is suitable for sharing outside of the wānanga environment. Data sourced from whānau has its own mauri (physical vitality) and whakapapa and can be considered as a living taonga (treasure) (Dewes, 2017; Hudson et al., 2018). As such, data must be subjected to protocols to assure its safekeeping and integrity (Kukutai & Taylor, 2016). Whānau must be able to exercise authority over data collected and decisions concerning dissemination should be made by all those involved, not one member of the group alone. Finding accessible channels for

knowledge sharing was a critical consideration for this research project, which inspired whānau to create a short film capturing the RWH's experiences. More than the limits of literary structures on a page, using visual material such as short films, adds another dynamic to the research process. The use of images improves knowledge translation by allowing a broader audience to understand the findings and ideas presented by whānau, making the research more accessible.

Kia whakatōmuri te haere whakamua

A number of concepts are taught through the above whakataukī around how Māori perceive time. It encourages us to think about the circular nature of time where the past, present, and future are all intertwined (Rameka, 2016). Rather than the linear, chronological approach common in Western methodologies, Māori orientations of time are based on the nature of events and how they relate to one another (Lo & Houkamau, 2012; Whiteford & Barns, 2002). As whānau, we are situated in time and space by tracing the actions and events of our tūpuna and then connecting ourselves to them. In this way, time can be conceived as an intergenerational continuum in which we use the footsteps of our tūpuna to shape and navigate our own path ahead, so serving as conduits for the future to emerge.

Concepts of time are also expressed through the pūrākau about Māui capturing the sun. In the beginning, the sun travelled quickly across the sky. The days were too short, and the nights were too long. People were constantly chasing time never having enough to complete what they needed to do. Taming the sun enabled Māui and his brothers to slow down the sun harnessing the energy required to complete their tasks. Similarly, we do not need to be enslaved by time constraints, and, like Māui, we can learn to use time to our advantage rather than allowing it to dominate and determine our priorities and outcomes.

This differs from a Western perspective of time which can be viewed as linear flowing in a straight line with past, present, and future seen as separate points in time. This Western orientation towards temporality operates through people scheduling their lives around time through making appointments, organising schedules, and creating deadlines (Lo & Houkamau, 2012). Failure to reach predetermined deadlines may be viewed as a lack of work ethic or incompetence. This is evident in academic timeframes which often push for resolution with specific deadlines required to

complete research projects. Understanding that these types of demands may not suit whānau is an important consideration when conducting research alongside whānau. At the RWH, clock time takes a subordinate position to the contexts of events that unfold at each wānanga. Understanding the importance of everyone's right to express themselves at their own pace is a key tenet of tikanga followed at the RWH. As discussed in the previous section, wānanga means not to be dictated to by time but rather to have an understanding that each kaupapa will take the time that is required until it feels settled to move on. Rushing whānau or placing stringent time constraints on those speaking impedes their mana and can affect the mauri of the hui. Being overly concerned with one's own schedule, such as academic timeframes that may be tied to research outputs, is considered disrespectful. Placing time restrictions on these processes may leave whānau feeling that their needs and mana are not being upheld (Lo & Houkamau, 2012) which can halt the sharing process.

Mana Ake

One thing that comes to mind is character, we all are different, and accepting each other as who we are sort of connects us uniquely, we're different people and we accept one another and that's, I think, quite beautiful (M, Rangatahi, RWH)

The above kōrero shared by a whānau member summarises the concept of mana ake expressed at the RWH. While whānau evolves around the notion of collective wellbeing, mana ake is about incorporating a balance between individual and group identity. It implies a celebration of our uniqueness both as a whānau and as individuals. Embracing the strength and uniqueness of individuals within the whānau context enables whānau to support each other to achieve their own unique potential, to express their mana ake (Pere, 1997).

These differences can be seen through the diverse roles' whānau take on at the marae according to their inherent gifts and talents. Some are out front performing karanga (ceremonial call) and whaikōrero (formal speaker) while others may be less visible, such as the ringawera (kitchen worker) who operate behind the scenes. The whakataukī “Ka pai ā muri, ka pai ā mua” illustrates this complementary relationship between those at the back, such as ringawera who are often unseen, and those who are visible at the front. Like individuals within a whānau, each role at the marae is different

but when working together, the differences are what help keep the structure together to help whānau accomplish their common purpose.

Similarly, when conducting research alongside whānau, it is important to accept differences within the whānau and allow space for the uniqueness of each voice to come together. To derive meaning from the collective body of knowledge, each participant's unique perspective and experiences must be fully comprehended in order to convey value and respect (Jones et al., 2006). Research should enhance the mana of the person and the whānau (NiaNia et al., 2019) and be applied in ways that will protect, nourish and nurture whānau both individually and collectively (M.K Durie, 2021). At the RWH, this means allowing space for whānau to be open and expressive and finding ways to synthesise voices to achieve harmony. If whānau are nourished in a way that reinforces a positive identity with their mana intact, they will have the power to pursue those goals that can elevate them (Pere, 1994).

Conclusion

Drawing on tikanga of the marae and inspiration from whakataukī, pūrākau, and visual cues encased within the marae setting increases whānau connection to te ao Māori, providing pathways of learning and opportunity for whānau to understand more about themselves and the world in which they live. This provides a rich resource in which mātauranga-a-whānau and the pursuit of knowledge can flourish. The evolution of the kaupapa whānau framework across numerous wānanga demonstrates the wealth of knowledge that exists within whānau when given a setting that adheres to whānau principles and allows for the organic growth of knowledge. This framework outlines the important role of whakapapa as both a qualifier to conduct whānau research and also as a tool to layer and interpret knowledge. Another important lesson reinforced by the framework is the importance of understanding the role of wairua in our research alongside whānau and being receptive to its guidance.

While undertaking a research journey such as the one used to develop this framework can be time consuming, the researcher argues that it is necessary when working with whānau because it generates the space and conditions for whānau to create effective knowledge and solutions for themselves. In order to attain their shared goals and achievements, whānau must be able to produce and utilise knowledge, data, and evidence that originates within their own whānau community. Whānau must also be able to maintain sovereignty over that knowledge base in order to protect and use it

effectively. While the framework presented in this article may be freely adopted, altered, and used by other whānau for their own objectives, it may also serve as a theoretical foundation for whānau to consider the various approaches they may employ when conducting research alongside their whānau.

Methods

Rather than a collection of specific methods, the Kaupapa Whānau Framework discussed in the previous section aims to provide a theoretical framework and guidance for conducting research alongside whānau. Research methods refers to specific tools and procedures used to carry out a research project (Leavy, 2017; Tolley at al., 2016). For this thesis, methods were defined by both the overarching research question and objectives as well as the specific context of each case study, both of which contributed significantly to the method selection process. As each case study involved different groups of whānau with different expectations and timeframes, the methods used for each case study were slightly different (see. Table 1. Overview of research processes used for Case Studies). This section provides an explanation of the rationale for the case study approach used in this study, as well as some of the reasoning behind the chosen methods employed, such as the development of the two short films.

Case Study research

Case study research allows in-depth analysis of an event or phenomenon and is a particularly suitable approach for gaining concrete, contextual, and in-depth knowledge about a particular kaupapa. (Hunziker & Blankenagel, 2021; Gillies, 2006; Stake, 2003; Tight, 2017; Yin, 2014). Case Studies enable narratives to be heard, examined, and analysed, and facilitate an understanding of real-life situations as experienced by those whose stories are shared (Stake, 2003; Yin, 2014). A well-designed case study can provide new or unexpected insights into a kaupapa, challenge existing assumptions and theories, propose practical solutions to problems, and suggest new avenues for future research (Hunziker & Blankenagel, 2021; Stake, 2003; Tight, 2017; Yin, 2014).

Typically, a case study approach involves the collection of a variety of data sources to develop a comprehensive understanding of the kaupapa being studied. By doing so, a variety of lenses are used to explore the issue, allowing for a fuller understanding and appreciation of the kaupapa. The use of multiple data sources (data triangulation) has been advocated as an effective method for improving the internal validity of a study, which pertains to how suitable the method is for addressing the research question (Mays & Pope, 2000; Stake, 2003). By finding patterns of convergence, triangulation of data may be used to ensure comprehensiveness and to develop or validate an overall

interpretation of the data. (Mays & Pope, 2000; Stake, 2003). Furthermore, the use of multiple case studies provides the researcher with the opportunity to compare and illuminate different aspects of a kaupapa by exploring within and between case studies. Multiple case studies require a flexible method of data collection to allow for a detailed description of each case to be developed within its specific context before considering the similarities and differences between cases (Hunziker & Blankenagel, 2021). A multiple case study design allows this thesis to provide a broader understanding of the benefits of whānau-centered initiatives providing a platform to capture a wide range of whānau experiences.

Research using case studies is highly adaptable to the needs of the project and the nature of the research question, which made it appropriate for exploring the diverse range of whānau-centred initiatives in this thesis. Taking such an approach also aligns well with the objectives of this thesis, which aim to elevate whānau experiences, identify common experiences, and explore beneficial outcomes for whānau to facilitate the continuation and advancement of whānau-centred initiatives. Depending on the researcher's epistemological position, case studies can be analysed in a variety of ways. This enabled the researcher to employ a mātauranga Māori approach engaging whānau in a series of wānanga that led to the development of a kaupapa whānau framework used to guide the research. Whānau were also able to actively contribute towards the knowledge creation process by helping to identify key themes arising from data and relating these to how relevant they felt they were to their own experiences and the kaupapa. This illustrates the flexibility of a case study approach and how they can be tailored to meet the specific goals and tikanga of each project.

Ethics

The kaupapa whānau framework discussed in the previous section was used to guide decisions on ethical issues from a tikanga Māori perspective. Principles underpinning this framework are whakapapa, wairua, kia whakatōmuri te haere whakamua, wānanga, and mana ake. Each of these principles guided the research determining the approaches taken and ultimately providing a way for knowledge to be realised. In addition, there was a requirement to apply for ethical consent through Massey University Human Ethics Committee (MUHEC) prior to carrying out any research procedures. Therefore, this study received ethical approval from MUHEC that covered

each of the case studies (see Appendices). Separate low risk ethics approval from MUHEC was also received for the short films associated with Case Studies One and Two (see Appendices).

Despite having the best of intentions and observing all of the procedures that are laid out in an ethics application, it is always essential to take into account cultural nuances when interacting with different whānau. Prior to commencement of interviews, a thorough examination of the ethical issues involved was conducted. There was consideration of what protocols might be required depending on whether I had an existing relationship with whānau or if I was meeting whānau for the first time. It was important to find an appropriate space in which to conduct interviews that would provide a degree of privacy as well as maintain a sense of security for those involved. This was especially important when conducting interviews with whānau that I had never met before, in order to avoid discomfort on the part of the researcher or whānau and to avoid placing either in a vulnerable position. Some interviews were more formal commencing and closing with karakia while others followed a less formal process, such as conducting interview with rangatahi while doing dishes at the marae. In each case, informed and voluntary consent was necessary as was respect for privacy and confidentiality of all material that was shared. While most whānau members were happy for their identity to be known, after further discussion with different whānau groups, it was decided to maintain some anonymity. This was achieved by referencing whānau experiences under pseudonyms or by identifying whānau members by gender and/or age group. Consideration also needed to be given to the safety and security of storing data. All data was maintained electronically using strong passwords to secure files. Additional backup of data were created to avoid the risk of loss through accidental deletion or damage of IT equipment. This involved storing information in password protected cloud storage options supported by the Massey University Information Technology System.

Recruitment

Recruitment was facilitated through existing relationships between the researcher and the different case study initiatives. Case Study 1 involved whakapapa whānau with involvement in the research initiated and discussed at the Reweti Whānau (RWH). Ten whānau members ranging in age from 15 to 80 years were involved in kanohi ki te

kanohi interviews while six whānau members participated in short interviews that were filmed. Interviews were held during the RWH at Parewahawaha marae and in the homes of different whānau members. For Case Study 2, an established relationship between the co-researcher and Heretaunga Ararau o Ngāti Kahungunu Waka Ama Rōpū (name of the waka ama club) led to researchers being invited to attend two training sessions and meet with interested waka ama members. Sixteen members of the waka ama rōpū were interviewed kanohi ki te kanohi. Nine whānau members were involved in short interviews that were filmed for the purpose of developing a short film. Interviews were held during the two training sessions located at the club home base in Clive and at a local café affiliated with the waka ama rōpū. Recruitment for Case Study 3 evolved through an existing relationship between the researcher and event organiser Sport Manawatū who facilitated connection with whānau interested in participating in the research. Six whānau groups incorporating 30 whānau members were interviewed kanohi ki te kanohi. Because the researcher and whānau members did not have an existing relationship prior to meeting for interviews, mutually agreed public spaces accessible to the participants, such as local cafes, local recreation areas, and/or shared workspaces, were used to ensure both the researcher and whānau members would not be placed in a vulnerable position.

Interview processes

The aim was to create an environment that enabled whānau to freely share their whakaaro (thoughts) and to give whānau the space and time to take the kōrero (discussion) in a direction that was comfortable for them. As part of preparation for meeting with whānau, interview guides containing general lines of inquiry were prepared along with some more structured questions (See Appendices). The interview guides provided direction for starting a dialogue with whānau and the structured questions provided a fallback option in case the conversation stalled. Interview topics that were common across all three case studies were gaining an understanding of what the initiative meant to participants, any lifestyle changes that resulted in healthier living and wellbeing, exploring lifestyle changes from a holistic perspective, and discussing the benefits of involvement. Each interview was a different experience, and it was important that as a researcher, I was prepared and in a good space to engage with whānau members – some who I already had existing relationships with and others that I was meeting for the first time. In both cases, whanaungatanga and informal

kōrero began the interview process in an effort to create a more natural feeling of dialogue rather than a formal one.

Engaging in active listening is a vital part of conducting a successful interview (Leavy, 2017) and also a way of expressing manaakitanga towards the person sharing information (Bishop, 1996; Moyle, 2014). Active listening involves ensuring whānau know that their kōrero is being listened to. Several methods can be employed to achieve this, including paraphrasing, where parts of the kōrero are repeated back to the whānau; reflecting, where you discuss the meaning or feeling of what has been shared; and by asking probing questions to elicit richer data such as 'tell me more, do you have a story about that? Or 'could you give me an example of what you mean? Additionally, eye contact and non-verbal gestures, such as nodding in agreement, can serve as effective ways of expressing interest in what participants have to say. With permission from whānau, interviews were recorded.

Interviews for Case Study 1 and Case Study 3 were conducted by the author of this thesis, while interviews for Case Study 2 were conducted by the author and co-researcher of this study, Dr Christina Severinsen.

Data analysis and interpretation

On its own, data does not tell a story; rather, it is through the process of analysis and interpretation that meaningful accounts of data can be generated (L.T. Smith, 2006; Tolley et al., 2016). In order to derive meaning from the collected data, the following steps were taken. Interviews were transcribed verbatim to preserve a complete record of the interviews. Following transcription, whānau were able to review their transcribed interview to add or delete any information. This provided an opportunity for whānau to reflect on what they had shared and, in some cases, whānau chose to provide additional information to what had been discussed during the interview. While transcription software programs are available to assist this process, the decision was made to transcribe by myself in order to gain an in-depth understanding of the data, to hear the participants' voices, and to make notes along the way concerning their emphasis and tone of speech. In doing so, I became intimately acquainted with each of the interviews, which made the data analysis process much easier. As part of early analysis, it is important to read and reread transcripts repeatedly to observe the content and recognise patterns (Leavy, 2017; Tolley et al., 2016). This process required

immersing myself in the kōrero and continually returning to the line of inquiry to ensure that findings relevant to the research objectives were prioritised.

As part of this first stage of immersion, I began jotting down notes about initial thoughts and compiling them into an excel sheet. Phrases and segments of data were grouped according to the overarching research question around exploring the social, cultural, and health benefits of whānau-centred initiatives. Again, while there are software programs that can automate the conversion of data into codes and themes, my preference was to do this manually in order to remain intimately familiar with the data. Based on the analysis of the data, these groups were then classified into subcategories. It is important to note, that a lot of data was interconnected and could sit under multiple categories. As I was going through this process of deconstructing kōrero from whānau groups, I was particularly careful to avoid misinterpreting or losing the context of the overall message. Guided by a whakapapa approach, I was constantly searching for relationships within and between data sets, thinking about what the patterns would look like when woven together, how they were related and what conclusions they might lead to.

Once this initial coding was completed, I started looking for patterns and relationships between codes to see if any potential themes emerged. In contrast to codes, themes consist of extended phrases or sentences which indicate the larger meaning of the code or a group of codes (Leavy, 2017; Saldāna, 2014). It was evident that Māori concepts such as manaakitanga (generosity and caring for others), kaitiakitanga (guardianship), kotahitanga, (collective unity and solidarity) and whanaungatanga (process of forming and maintaining relationships) were recurrent themes across all case study materials. Emerging themes were discussed with whānau for their feedback. The RWH provided opportunity for whānau involved in Case Study 1 to wānanga over a period of time resulting in core areas of whanaungatanga (process of forming and maintaining relationships), accessing tūrangawaewae (place to stand), he taonga tuku iho (treasures passed down by ancestors), and opportunities to discover and realise pūmanawa (personal characteristics) and pūkenga (skills) to guide presentation of narratives. Case Study 2 was discussed and evaluated in hui with the coresearcher, Dr Christina Severinsen, and further refined according to feedback from the waka ama rōpū. In identifying key themes from this case study, it was noted that they mapped well to the Te Pae Māhutonga model for health promotion, thus we chose to use this framework to organise the narratives. Te Pae Māhutonga was also selected as a guide

for presenting narratives because it highlights not only the explicit health benefits of whānau experiences, but it also demonstrates the effectiveness of flax roots leadership to improve health in communities. Whānau from Case Study 3 helped confirm the overarching theme of whanaungatanga and mana motuhake as being central to their experiences. This led to the development of Tū Kahikatea, a conceptual framework that illustrates the link between values underpinning initiatives and outcomes, emphasising how whānau-centred initiatives can support whānau in achieving mana motuhake (mana achieved through collective self-determination and control).

Dissemination of research

Providing access to research does not necessarily ensure that those who need to know about it will be able to access it or understand its implications. For those outside the academic community, the language of academic research can often be difficult to understand, making it difficult for whānau to access the information it contains. Therefore, alongside journal articles attributed to a doctoral thesis, alternative methods of dissemination were considered at the start of the research project in order to ensure that the process would be a meaningful exchange of knowledge, thereby benefitting all those involved in the research. As a result, the development of two short films based on Case Studies One and Two was undertaken as a koha (gift) for whānau as well as a means of disseminating information to a wider audience.

Developing short films

As discussed, creating meaningful ways to disseminate results for both whānau and the wider community were an important consideration for this research. The idea of developing short films to capture whānau initiatives was discussed with whānau involved in both Case Study 1 and Case Study 2. Whānau were receptive to the idea of having a record of their journey captured on film, and consequently, short films were created for both case studies. Funds were procured to fund the employment of a professional videographer to conduct the filming and editing process.

While most ethical considerations remained the same, there were some additional areas that needed to be addressed around the use and publication of whānau images. As discussed under the Ethics section, separate ethics approval for each of the short films was required and received from MUHEC. Interviews on film also needed to be more directed in order to capture sound bites, therefore consideration was given to the

types of prompts that would be required to elicit discussion from whānau (See Appendices).

For Case Study 1, filming was conducted during one of the regular whānau hui over a 2-day period enabling the videographer to capture images of the RWH along with individual interviews. Likewise, Case Study 2 was conducted following 2 early morning training sessions, in which both researchers conducted individual interviews at a local café affiliated with the waka ama rōpū. The videographer timestamped and sent the video footage to the researcher, who then transcribed each interview. This process was similar to transcribing recorded interviews, however there were additional layers of visual imagery that captured nonverbal communication such as different facial expressions and hand gestures, which added to the richness of the data.

In a process similar to that used to develop the journal articles, key themes were recorded in an excel sheet alongside specific quotes that were timestamped, allowing the researcher to refer back and forth to the recorded material in search of further cues that may enhance the information gathering process. Using a storyboard, the researcher then assembled information to construct a narrative that reflected both the research question and the integrity of what had been shared. As a result of the rich information captured on film, selecting what to include and what to exclude was a challenging task. Using key themes from the data, a script was created that helped hold whānau interviews together. This needed to be carefully crafted as it was necessary to highlight each person who had given their time to be interviewed on camera at some point during the film while also avoiding repetition of ideas and ensuring that the film had logical flow. The writing style for the script also needed to be less formal than that of a journal article, which required effort to strike the right balance between being informative and engaging. The script was prepared, including where to insert whānau sound bites in preparation for the editing stage of the film. The overarching narrative was recorded at the videographer's studio, taking a couple of hours to complete for each case study. From here, the film was edited by the professional videographer according to the storyboard script that had been prepared and guidance from researchers around the different images to use. The draft film was sent back to the researcher to review and make appropriate changes before finalising the short film.

In order to ensure whānau had the opportunity to examine the films before they were released on public platforms, special care was taken with their dissemination. The film Mana whānau (associated with Case Study 1) was originally intended to be released

at a RWH, but due to the restrictions imposed by Covid-19 at the time, it was decided to be released on the private whānau facebook page. Promoting health through waka ama (associated with Case Study 2) was disseminated by invitation at a waka ama general meeting. Both films were received with great emotion and aroha by the whānau.

Conclusion

Based on the guidelines developed in the Kaupapa Whānau Framework, this section explored more explicitly what methods were employed in this thesis. The section has been prepared with conciseness in mind; however, it is important to remember that qualitative research is an iterative process rather than a linear one; the researcher continuously questions or reflects on data as it is collected and analysed, and it has taken considerable time and multiple revisions to determine the significance of what has been revealed. In each stage of this journey, I have kept the needs of whānau at the forefront of my mind in order to preserve the integrity of what they generously shared and to uphold and elevate the mana of the whānau involved.

Table 2. Overview of research processes used for Case Studies

Research Processes	Case Study 1	Case Study 2	Case Study 3
<i>Recruitment</i>	<ul style="list-style-type: none"> – Existing relationships through whakapapa whānau and participation in RWH since its inception – Whānau interest discussed at subsequent whānau hui 	<ul style="list-style-type: none"> – Existing relationship between the co-researcher and Heretaunga Ararau o Ngāti Kahungunu Waka Ama Rōpū (name of the waka ama club) – Waka ama member disseminated information about research and facilitated involvement from rōpū 	<ul style="list-style-type: none"> – Existing relationship through Sport Manawatū having previously been involved in supporting similar activity within church community – Sport Manawatū facilitated researcher making a connection with interested whānau groups
<i>Participants</i>	<ul style="list-style-type: none"> – 10 whānau members ranging in age from 15 to 80 years involved in kanohi ki te kanohi interviews – 6 whānau members involved in short interviews that were 	<ul style="list-style-type: none"> – 16 members of the waka ama rōpū were interviewed kanohi ki te kanohi. – 9 whānau members involved in short interviews that were filmed for the purpose of developing a short film 	<ul style="list-style-type: none"> – 6 whānau groups incorporating 30 whānau members

	filmed for the purpose of developing a short film		
<i>Ethics</i>	<ul style="list-style-type: none"> – Guided by tikanga of marae leading to development of Kaupapa Whānau Framework – Ethics approval obtained from Massey University Human Ethics Committee 	<ul style="list-style-type: none"> – Guided by tikanga of rōpū – Ethics approval obtained from Massey University Human Ethics Committee 	<ul style="list-style-type: none"> – Guided by tikanga of whānau – Ethics approval obtained from Massey University Human Ethics Committee
<i>Data collection</i>	<ul style="list-style-type: none"> – Interviews with whānau members held at Parewahawaha marae and home addresses of different whānau members. – Video footage including interviews with whānau members and footage from RWH gathering 	<ul style="list-style-type: none"> – Both researchers conducted interviews with waka ama members at a local café affiliated with waka ama. – Both researchers conducted video interviews with waka ama members, along with video recordings of two morning training sessions. 	<ul style="list-style-type: none"> – Interviews with whānau groups held at a variety of public places negotiated between researcher and whānau groups (café, park, mutual workspace)

<i>Coding</i>	<ul style="list-style-type: none"> – Initially sorted into codes linked to social, cultural and health benefits for whānau 	<ul style="list-style-type: none"> – Initially sorted into codes linked to social, cultural and health benefits for whānau 	<ul style="list-style-type: none"> – Initially sorted into codes linked to social, cultural and health benefits for whānau
<i>Analysis</i>	<ul style="list-style-type: none"> – Thematic analysis carried out to identify, analyse and report patterns of meaning. – Merging ideas identified and discussed at subsequent RWH – Resulted in four key areas to guide presentation of narratives – Whanaungatanga (process of forming and maintaining relationships), accessing tūrangawaewae (place to stand), he taonga tuku iho (treasures passed down by ancestors), and opportunities 	<ul style="list-style-type: none"> – Thematic analysis carried out to identify, analyse and report patterns of meaning. – Utilised Te Pae Māhutonga to guide presentation of narratives for journal article – Script for film framed around social, cultural and health benefits for whānau 	<ul style="list-style-type: none"> – Thematic analysis carried out to identify, analyse and report patterns of meaning. – Merging ideas identified and discussed with participants for feedback – Whanaungatanga identified as overarching theme which led to development of Tū Kahikatea Framework

	<p>to discover and realise pūmanawa (personal characteristics) and pūkenga (skills).</p> <ul style="list-style-type: none"> – Script for film framed around social, cultural and health benefits for whānau. 		
<i>Dissemination</i>	<ul style="list-style-type: none"> – Journal Articles and short film produced – Film distributed via whānau Facebook group (during Covid-19 lockdown period) 	<ul style="list-style-type: none"> – Journal Articles and short film produced – Film distributed at waka ama Annual General Meeting 	<ul style="list-style-type: none"> – Journal Articles produced and shared with whānau members

UPOKO TUAWHĀ: MĀ NGĀ PAKIAKA E TŪ AI TE RĀKAU: SECURING CULTURAL IDENTITY FOR WHĀNAU WELLBEING

Reweti, A. (2021 in review). Mā ngā pakiaka e tū ai te rākau: Securing cultural identity for whānau wellbeing. *AlterNative*. <https://doi.org/10.1177/11771801221118623>

This case study builds upon the previous article by presenting findings associated with the Reweti Whānau Hui (RWH). Being a member of the Reweti whānau, contextual knowledge for this case study was gained through having participated at each of the RWH since their inception in 2012. The article, alongside the short film, *Mana Whānau: Fostering cultural identity and whānau wellbeing at the marae*, has been submitted to *AlterNative: An International Journal of Indigenous Peoples*. *AlterNative* presents research on Indigenous worldviews and experiences of decolonisation seeking to bridge the gap between academia and practice.

See Appendices for Statement of Contribution.

The short film can be accessed by the following link

<https://vimeo.com/421393094/afd9884c88> or by scanning the QR code below.



Additionally, the findings of this study were presented at the 9th Biennial International Indigenous Research Conference 2020.

Reweti, A. (2020, November 18-20). *Mana whānau: Strengthening cultural identity and whānau wellbeing at the marae* [Paper presentation]. 9th Biennial International Indigenous Research Conference, Aotearoa New Zealand.

Abstract

Colonial processes have severely disrupted Māori social organisation and attachment to place through land alienation and different experiences of urban migration. As a result, many whānau have lost connection to their whenua and ancestral marae causing intergenerational loss of knowledge and values that strengthen cultural identity and belonging. Finding accessible pathways to restore fragmented knowledge and reconnect whānau to te ao Māori is an essential part of securing cultural identity in order to facilitate wellbeing. This case study explores the social, cultural, and health benefits experienced by whānau involved in a whānau-led initiative at their ancestral marae. This research asserts that securing connections to culture and whenua help build stronger individual and collective identities improving overall whānau health and wellbeing. Sharing such narratives provides a platform for whānau experiences to be heard illuminating a pathway to potentially inspire other whānau.

Introduction

Mā ngā pakiaka e tū ai te rākau refers to the need for a tree to have strong roots in order to stand. As a whakataukī (Māori proverb) it teaches us the importance of knowing where we are from, the importance of nourishing our cultural roots, and the need to maintain those ties to whānau (extended family) and whenua (land) which enable the development of secure cultural identity for current and future generations (Pihama et al., 2015). Prior to coloniser-settlers, the collective lifestyle of Māori was an effective form of social organisation in which knowledge and values were preserved and passed down providing a secure sense of identity and a keen understanding of linkages with each other and the surrounding environment (Durie, 1994; Metge, 1995). It also led to the evolution of a public health system based on a set of values that reflected the close and intimate relationship between people and the natural environment with Māori being renowned by early European surveyors for their good health and resilience to environmental challenges (Durie, 1994).

Colonisation severely disrupted Māori social organisation and attachment to place through various methods, including land theft, social upheaval caused by introduced diseases against which Māori had no immunity, the introduction of muskets, which altered the nature of Māori warfare, and the missionary message delivered in a manner that undermined and degenerated Māori values system (Cram et al., 2019; Mikaere, 2011; Moewaka Barnes & McCreanor, 2019). Alienating Māori from their lands and resources weakened their ability

to provide for whānau economically whilst also separating them from their cultural and spiritual sources of identity and well-being (Moewaka Barnes & McCreanor, 2019; Ryks et al., 2014). This separation led to the fragmentation of traditional structures and dislocation of whānau support systems which had contributed to the collective health and well-being of Māori for generations.

Structures, such as whānau, hapū, and iwi, were further challenged by the mass migration of Māori to the cities following World War II (Ryks et al., 2014). Māori experiences of urbanisation are diverse (Williams, 2015) and were influenced by several factors such as the theft of ancestral land, a shortage of jobs in rural areas, and the perception of better living conditions in cities (Ryks et al., 2018; Walker, 1990). Due to the absence of support from traditional social networks, Māori were proactive in establishing new forms of social institutions, such as urban marae as well as the Māori Women's Welfare League, which served as ways to preserve and maintain cultural identity in urban environments (Walker, 1990). Nevertheless, for many whānau, urbanisation resulted in a disconnection from their whenua and ancestral marae causing intergenerational loss of knowledge and values that strengthen cultural identity and belonging. (Moewaka Barnes & McCreanor, 2019; Rameka, 2018).

Cultural identity is about the extent to which an individual identifies with a particular culture (Pere, 2006) providing them with a sense of place and belonging in the world (Jahnke, 2002). Cultural identity is an important contributor to wellbeing and has been linked to positive outcomes in areas such as health, education, and mental wellbeing (Milne, 2001; Ministry of Social Development, 2016; Williams, et al., 2018). Research asserts that a secure cultural identity for Māori results from being able to access markers of te ao Māori such as a knowledge of whakapapa, tikanga (Māori principles that inform practice), language, as well as lived experience with other Māori (Durie, 1997, 2001, Milne, 2001; Pere, 1994; Ratima et al., 2015). Finding accessible pathways to restore fragmented knowledge and reconnect whānau to te ao Māori is an essential part of securing cultural identity in order to facilitate wellbeing. One of these pathways identified by noted Māori leaders is having meaningful access to marae (Durie, 2017; Milne, 2001). Marae are spaces where the active expression of Māori culture can be felt and heard and remain one of the most authentic places for accessing te ao Māori (Durie, 2017). They are places of teaching and learning where

intergenerational transfer of knowledge is passed down and where Māori culture can be celebrated as part of a lived experience.

This case study explores the social, cultural, and health benefits experienced by whānau involved in a whānau-led initiative at their ancestral marae. Instigated by whānau in 2012, the genesis of the RWH was about reconnecting whānau back to the marae due to a diaspora of whānau having left the area and feeling disconnected from their ancestral roots. Initiated by a group of cousins who were seeking ways to foster whānau connections and secure cultural identity, the RWH now involves an average of 80 members per hui. With most of the Reweti whānau living in an urban context away from their ancestral land, the RWH creates a safe space for whānau to engage in te ao Māori, at whatever level they may be, while fostering and developing bonds of unity amongst extended whānau members. With a strong focus on health and whānau development, whānau learn about their whakapapa and connections to the whenua and each other through learning their pepeha (introduction establishing identity) as well as local waiata (song), and haka (ceremonial dance), which in turn also increases their confidence using te reo Māori (Māori language). They retreat to the whare tūpuna (ancestral house) to discuss and celebrate whānau successes, rekindling links and enabling those who live away from the area to feel a sense of connectedness.

Research approach and methods

The qualitative research conducted over a three year period, was initiated by whānau as a means to record their narrative for future generations about the journey they had been on and the subsequent growth they had experienced through engagement in the regular RWH. The author facilitated the research with the support of whānau as part of her doctoral research. As an insider researcher, contextual knowledge was gained through being a whānau member and having participated at each of the RWH since their inception. Ethics approval for this research was obtained from the Massey University Human Research Ethics Committee.

Kaupapa whānau framework

Groundwork laid down by kaupapa Māori proponents over the past few decades has helped Māori researchers reclaim a space to develop their own methodological theories (Royal, 2012; G.H. Smith, 2003; G.H. Smith & L. T Smith, 2018). As such, a kaupapa whānau framework inspired by whānau kōrero was developed to guide the research. A few whānau

members recalled watching their parents paint the intricate designs of the kōwhaiwhai panels inside te whare tūpuna o Parewahawaha and the care and precision required as well as the wairua that was felt as the work was being conducted. Based upon whakapapa, the symbolic design of the kōwhaiwhai represents whānau connections to the natural world and to one another, and as such the process of painting the kōwhaiwhai demanded respect. Whānau likened this process to that of conducting whānau research, with five principles identified as being of importance to whānau, to guide and uphold the research - whakapapa, wairua, ka mua ka muri, wānanga, and mana ake.

As a research tool, whakapapa enables us to acknowledge and value the lived experiences of our tūpuna (ancestors) (Edwards, 2012), our relationships to our whenua, and the people to whom the research belongs. It is a process that enables Māori to understand and access higher levels of understanding (Sadler, 2012), and empowered the researcher to draw strength from whānau connections and relationships to create systems of order with the narrative that was collated. Wairua is intrinsic to everyday life and cultural vitality; it is woven into and experienced through our beliefs, values, and practices, providing a source of strength and inspiration to guide us along the way (Kennedy et al., 2015; Moewaka Barnes et al., 2017; Ripikoi, 2015). Through a diversity of means, including karanga (ceremonial call), karakia (incantation), waiata (music), fasting, tūpuna, dreams and visions (Moewaka Barnes et al., 2017), and through the relationships we have between people and the environment, wairua connects us to something beyond ourselves. This requires both trust and confidence in a higher force that keeps us accountable for our actions. The whakataukī ka mua ka muri expresses a Māori perspective of time, where the past, present and future are intertwined, and where life is seen as a continuous process. Within this perspective, time has no restrictions and is not ruled by determinants such as a clock or academic deadline. This orientation to time provided space for whānau to express themselves and explore different avenues that arose throughout the research journey in depth and at a pace determined by whānau. Wānanga speaks of the importance of having opportunity for whānau to gather to share and learn from each other and also provides a depository for information to be disseminated. Given that this research centred around a specific whānau hui, it was important to recognise tikanga that guide these hui as been applicable to this research journey. Mana ake focuses on developing positive whānau identity and embracing the distinct attributes that different whānau members bring to the kaupapa (purpose). Each

of these principles guided the research determining the approaches taken and ultimately providing a way for knowledge to be realised. Further reading on the kaupapa whānau framework that underpins this research can be found in Upoko Tuatoru (Chapter Three).

Participation and data collection

The research was open for all whānau to be involved which resulted in 10 participants ranging in age from 15 to 80 years sharing their experiences through kanohi ki te kanohi interviews and at a later date, video interviews were obtained from six whānau members. The wider whānau were also in agreeance to have a videographer film a RWH that it might be recorded for posterity. Participants were interviewed using a semi-structured interview guide that explored the social, cultural, and health benefits they had experienced as being a part of the RWH. With participants' permission, interviews were recorded and transcribed verbatim. Transcriptions were available for whānau to review and to edit or add kōrero as they felt inspired. This provided an opportunity for whānau to reflect on what they had shared and, in some cases, whānau chose to provide additional information to what had been discussed during the interview.

Data analysis

The inductive analysis aimed to identify the social, cultural, and health benefits for whānau involved in the RWH. As part of early analysis, it was important to listen to interviews and to read transcripts repeatedly to observe the content and recognize any patterns across data sets. Guided by whakapapa as outlined in the kaupapa whānau framework, relationships within and between data sets were continuously sought, considering what the patterns might look like when woven together, how they were related, and what conclusions might be drawn from them. Opportunities to discuss merging ideas with whānau members was undertaken at subsequent RWH. This enabled whānau to wānanga and to reach a consensus about ways in which to derive meaning from the collected data. Core areas of whanaungatanga (interwoven web of balanced relations), accessing tūrangawaewae (place to stand), he taonga tuku iho (treasures passed down by ancestors), and opportunities to discover and realise pūmanawa (personal characteristics) and pūkenga (skills) were chosen by whānau as being central themes across kōrero and were used to guide presentation of narratives.

Interview extracts are purposefully used throughout the article as a means of providing whānau with a platform for their voices to be heard. While participants were happy for their

identity to be known, after further discussion it was decided to maintain some anonymity. Voices are identified by signaling their sex (W-Wahine, T-Tāne) and the age group to which that whānau member belonged, Rangatahi (Youth), 15-24 years; Matua (Adults), 25-64 years; Kaumātua (Elders), 65-85 years). A short film about the RWH and its values was produced as a koha (gift) for the whānau and as a potential resource for the health and education sector demonstrating ways in which cultural identity and whānau wellbeing can be secured. See supplemental material for access to video.

Findings

Whanaungatanga

A great feeling, a great feeling, a feeling of love, aroha. (Wahine, Kaumātua)

Whanaungatanga is the process and practice of creating, maintaining and sustaining relationships. Whānau share a sense of commitment, responsibility, and obligation towards supporting each other which in turn provides whānau with a sense of connectedness and belonging (Mead, 2003; Pere, 1994; Rameka, 2018). With whānau dispersed across the country and overseas, the RWH has provided a space for whānau to reconnect and strengthen bonds of whakapapa. This was affirmed by a number of whānau who spoke of the positive feelings associated with coming together for the RWH.

Whanaungatanga, the enjoyment, you can hear the kids are just having so much fun, they love coming, they look forward to it, it's a time to learn, it's a time to teach, it's a time to be who we are in our inner home and enjoy one another while we're here.
(Wahine, Matua)

Sentiments of feeling at home, were echoed by younger whānau members with the RWH providing an opportunity for some whānau members to connect with each other and the marae for the first time.

So previously I never knew this place existed but I've kind of felt like that since coming here with whānau it's made it home... so um discovering who you are and who your whānau is, I feel like that is vitally important. (Tāne, Rangatahi)

I think it impacts hugely on like your mental hauora, just knowing who you are and where you belong (Wahine, Rangatahi)

One of the strengths of the hui is the regularity in which whānau meet. This has allowed space and time for relationships to be cultivated increasing whānau understanding of the different journeys of whānau members. This provides both an opportunity for whānau to

learn from each other's experiences while also helping the collective to better understand behavioural dynamics within the group. As one rangatahi commented:

One thing that comes to mind is character, we all are different, and accepting each other as who we are sort of connects us uniquely, we're different people and we accept one another and that's, I think, quite beautiful. (Tāne, Rangatahi)

Rangatahi also appreciated the opportunity to build relationships with their elders and saw this as an essential part of their self-development and discovering who they are:

My highlight is truly connecting with the older people, I love to know their backgrounds, their stories, because a part of who they are is invested into their children, and then their children unto us, then such and such, yeah getting to know your nanas yeah. (Tāne, Rangatahi)

As evidenced by these whānau narratives, the RWH has provided opportunities for whānau to strengthen their relationships with one another, to foster intergenerational learning, and to gain a deeper understanding of their identity and how they can contribute to the continued growth of their whānau. Having these experiences of whanaungatanga has contributed to whānau members feeling valued, loved, and cared for, thus contributing to an overall sense of wellbeing both personally and collectively.

Tūrangawaewae

It's that engrained, cultural identity, that if we don't have a connection to some land, somewhere, then we're lost. (Tāne, Matua)

Whenua is an anchor for whānau identity and a tangible expression of whakapapa (Hond et al., 2018; Kawharu, 2000). As Māori, we make connections to whenua starting with our primeval parents, Ranginui and Papatūānuku, through pūrākau (epistemological narratives) of significant features that make up the landscape, and stories of tūpuna that lived on the land. This whakapapa nourishes a sense of continuity between generations, reinforcing the ways in which we are spiritually, emotionally, and physically connected through place and time (Panelli & Tipa, 2007). A core component of the RWH is to provide whānau with a lived experience of connecting with their tūrangawaewae. This is achieved through learning their pepeha by physically accessing maunga (mountain), awa (river), and wāhi tapu (sacred spaces). The importance of this was highlighted by a number of whānau:

I think that the first thing is having a connection to the land, it ensures a connection between us all and the ability to distribute tikanga. (Tāne, Matua)

We are connected to this land through our genealogy, our whakapapa, we, the whare who it is named after, Parewahawaha, is our eponymous ancestor who the Reweti come through as direct descendants, I'm a 9th direct descendent to Parewahawaha, therefore my children are 10th direct descendent, and so there is the connection in terms of the unbroken lineage that we share with the women who the marae is named after. (Tāne, Matua)

Whānau also spoke about the link between connecting with tūrangawaewae and an increase in their self-confidence in knowing who they are as Māori, and more specifically as Reweti whānau:

I feel like connecting to places like your marae can bring back a lot of who you are even though you don't know yourself that well. (Tāne, Rangatahi)

I think the one thing that I've seen is an increase in confidence in my own tamariki... they're able to stand in their tūrangawaewae and feel confident in who they are, who they were, and who they can become. (Tāne, Matua).

Through the RWH, whānau are learning about their role as kaitiaki (guardians) of their whānau urupā (burial ground) which they visit and tend to during each hui. They are also discovering other wāhi tapu associated with their tūpuna and trying to find ways to restore these areas so that mana (spiritual vitality) can be upheld. A challenge of this is that some of the land is now privately owned with whānau requiring permission to enter the property. One such area has become overgrown with gorse and has become a dumping ground for used vehicles. This not only creates an eyesore on the landscape but also impacts on the mauri (physical vitality) of the whenua and therefore the mana of the whānau. Through tracing whakapapa of experiences associated with the loss of whenua, whānau have made connections between the state of the whenua and challenges to whānau mental wellbeing. There is a belief amongst whānau that restoring and caring for these sacred sites will help to balance mental wellbeing of whānau:

I believe there is hara in our family that hasn't been resolved, and a lot of that has to do with the alienation of us from our land ... you know there was a bad transaction at some time that has gone on to affect our family through the generations and there

needs to be something done within our family to settle it, to take that away. (Tāne, Matua)

Ngaio is a microcosm of us, it's a reflection of us, it's in a diseased state currently, it's not completely diseased and it's not completely flourishing, but it's not 100% effective right, so I think as probably we progress, we could naturally implement things to start cleaning up, and so we start walking in a parallel state with the environments which will be reflective of us, if we are able to work together in such a way that we could start clearing that, obviously then we're going to start clearing away any hara that we have within ourselves. (Tāne, Matua)

These whānau narratives highlight the inherent importance of whenua to the identity and well-being of whānau members and the significance of connecting with ancestral lands once inhabited by their tūpuna. In addition, it emphasizes the importance of re-establishing relationships between whānau and whenua, and improving the state of whenua itself, as important steps towards enabling whānau to heal from the destructive effects of colonisation, and to achieve a state of overall whānau wellbeing.

He taonga tuku iho

One of the main highlights has been seeing our tamariki respond to our waiata, to our reo, and respond to all the whakapapa that they receive while they're here. (Wahine, Kaumātua)

He taonga tuku iho can be expressed as ancestral treasures passed down from tūpuna through the generations providing a sense of identity and continuity (Kawharu, 2000; Marsden, 2003). Imbued with ihi, wehi, and wana (essential force, awe inspiring, respect) (Mead, 2003), taonga can be both tangible, such as mere (stone weapon) and heitiki (pendant representing ancestor), and intangible, such as sacred knowledge that might be gifted for example through studying and learning whakapapa, mōteatea (traditional chant) and haka (Craig et al., 2012). The RWH has provided a vehicle through which whānau can engage and prepare themselves to receive such knowledge once readily shared inter-generationally. Whānau felt their diligence in seeking knowledge was now being expounded upon:

I feel as though we're getting taonga coming back, you know, even though we don't realise it but we are, there are taonga coming back to the whānau because of the right positivity that things are happening with our wānanga so we are getting taonga, and isn't that what happens, if you do good things in good ways and the right ways there's

taonga coming to you. But it's true isn't it, it's a true saying, and you see like we got a big taonga, we got the knowledge about the whare, and then the knowledge about the whakapapa, and the photos, and the kids will get to know all the photos...so I can see taonga coming in the droves, and I think more is going to come too, the more we keep going. (Wahine, Kaumātua)

Other examples of taonga manifesting at the RWH include te reo Māori me ōna tikanga. Tikanga Māori provides a way of learning which embeds the values, traditions, social and spiritual wellbeing of te ao Māori. This enables an environment for intergenerational learning where values and skillsets important to whānau can be passed down. The use of tikanga Māori is evident throughout the RWH. While there have been gaps in learning, the continued effort of whānau to meet on a regular basis has provided much needed confidence in participating in marae activities and has opened opportunities for learning. More than just going through the motions, whānau are able to learn about the whakapapa associated with different practices as they are interwoven into the day-to-day experiences of being on the marae. As one whānau member commented:

So tikanga Māori is the backbone of everything that we do, we perform whakatau, pōwhiri, mihi, we go through all the protocols and ceremonies that are necessary pertaining to tikanga while we're here, and we do that for two reasons, firstly, because as Māori it's important that we do, and secondly, as an opportunity for us to pass that knowledge down and transmit it down to our uri whakaheke, to the next generation. (Tāne, Matua)

Kaumātua also remarked on the natural way in which tikanga was being taught:

I like the togetherness, the taha Māori that is practiced here, little by little the children are learning the protocol, it's not forced upon them, it's just that it's part of marae life (Wahine, Kaumātua)

They're just learning in a natural way, it's role modelling, and they love it and they feel happy and they feel secure and safe and not 'made' to do it, it's all natural and that's how, that's the Māori way of doing things isn't it. (Wahine, Kaumātua)

With most of the Reweti whānau being second language learners of te reo Māori, the RWH provides a safe space to explore the use of te reo Māori through learning pepeha, waiata, mōteatea, haka and conversational te reo Māori used within the whare tūpuna. Providing a

safe environment and encouraging the use of te reo Māori was seen as an important part of the RWH:

When we come to the marae it helps us reinforce environments where it's safe to speak Māori at whatever level you are whether you are at a total beginner's level, intermediate, or fluent as, so we encourage the normalisation of speaking Māori here at the marae amongst our whānau. (Tāne, Matua)

This connection to language and identity was reiterated by rangatahi who spoke about the RWH as being a safe place to express themselves as Māori and that they were developing more confidence with the reo and in identifying as being Māori:

Yeah, cause like I don't take Māori at school but it's like cool hearing stuff on the marae, I don't know cause Māori is like part of me and then when I come here, I get to express my Māori side. (Wahine, Rangatahi)

Ever since I came here, I've gotten more confident with speaking te reo cause we do our mihi and learn our pepeha. (Wahine, Rangatahi)

It is evident that whānau are benefiting from the RWH as a space for accessing taonga tuku iho, which has helped improve their self-esteem and increased their confidence in asserting and better understanding their identity as both Māori and more specifically as Reweti whānau members. Whānau narratives demonstrate the importance of whānau being able to access their culture and language in environments where they feel safe and supported, as well as the benefits this can bring to their overall identity, self-esteem, health, and wellbeing.

Pūmanawa and Pūkenga

Gosh what we see developing down here since we've had our hui, it's absolutely, I'm going to use the term mind-blowing! (Wahine, Kaumātua)

Pūmanawa are inherent gifts that we are born with while pūkenga are skills that can be developed through training and life experience. Embracing the strength and uniqueness of individuals within the whānau context enables whānau to support each other to achieve their own unique potential, which in turn contributes to the growth and mana of the collective whānau. A core focus of the RWH is centred around celebrating whānau successes and providing space for different whānau members, both young and old, to lead discussion and activities aligned with their areas of interest. This provides recognition and support to whānau in their daily endeavours outside of the marae. Building confidence in whānau members through this mana enhancing practice is important in

helping whānau realise their potential. Whānau members explained the importance of the kaupapa:

We spend time sharing each other's successes, what has happened since the last hui, we also spend time encouraging our young rangatahi to talk about what they've been up to, so we find that our whānau hui are a platform for us, and more importantly the rangatahi in our whānau, to be able to express themselves and the successes that they've had, and we celebrate that, we acknowledge that, we encourage that, and it helps them feel affirmed in terms of what they're doing out in their broader context of everyday life. (Tāne, Matua)

This is a context where we can come together, and celebrate each other, and talk about our own successes and celebrate each other's successes and yeah, it's really important because it gives you a safe environment to do so and everybody is happy to hear your successes and encourages you on, it's really cool. (Wahine, Matua)

Rangatahi described how this process of whānau support felt to them:

I just feel really encouraged to keep going and that your success is recognised by your family not just qualifications or teachers but also by people that are important to you. (Wahine, Rangatahi)

Well, I feel like it's an encouraging aspect to, just to lift someone up about what they've done, and for that acknowledgement, it's just like I feel good, I feel so supported in this way (Tāne, Rangatahi)

Creating a learning environment where skills are shared, interests are fostered, and achievements are celebrated, has led to an increase in self-esteem for whānau members, as well as increased visibility for what whānau members are involved with. Whānau members transfer ideas more readily between each other, which enhances the potential of the whānau as well as its overall mana.

Future aspirations

The short-term goals of bringing whānau back to the marae and re-establishing whānau connections has been achieved in the eight years that the RWH have been running. The medium-term goal is to focus on building the collective knowledge of whānau in terms of te ao Māori specifically linked to their marae, hapū, and iwi with the ultimate goal of the RWH being held in te reo Māori. Given that only a small number of whānau currently kōrero

Māori, this is a goal that will require commitment and support from each other to achieve, however the large number of tamariki being provided with opportunities to kōrero Māori at a young age shows encouraging signs of this goal coming to fruition. The long-term goal is focused on thinking about inter-generational benefits. For example, while there is currently a shortage of whānau who are able to karanga and whaikōrero, thinking longer term in 50 plus years, aspirations are that whānau will have a strong base of kaikaranga and kaikōrero to draw upon, all who have been nurtured from the seeds planted at the RWH.

I think these hui can take us anywhere, anywhere that we want to go with it, I think it can take us there. I can see in the future, with the waiata and the haka that we're learning, one day Uncle's going to stand up and do a whaikōrero somewhere big and he'll have all his boys who will stand up and will know the haka off by heart and do it well or if we need to do a waiata tautoko, we're going to learn that tonight, you know it's there, as a big group, not just one or two, like how things can sometimes look, there's a whole lot of us and its strength. (Wahine, Matua).

As demonstrated in this whānau narrative, an outcome of the RWH has been the ability for whānau as a collective to envision a future where they feel confident in te ao Māori. Through a greater sense of collective identity, there is a sense of excitement for what the future holds and how the seeds planted through the inception of the RWH might flourish for future generations. This has helped improve whānau confidence and collective wellbeing and helped to install an increased sense of pride in being Māori and affiliating to the Reweti whānau name.

Discussion and conclusion

Experiences from the RWH indicate that enhanced connections to culture and whenua foster a stronger sense of individual and collective identity that promotes health and wellbeing within whānau. The RWH narratives illustrate how securing cultural identity enables whānau to develop protective factors for health, such as greater social support networks, enhanced resilience, and improved self-esteem. Resilient whānau are more readily able to draw on resources to support each other providing mechanisms to combat stressors that occur in everyday life (Waiti & Kingi, 2014; Boulton & Gifford, 2014). Having access to extended whānau also facilitates connections to intergenerational learning providing a context where whānau identity can be positively expressed and cultivated (Stuart & Jose,

2014).

The RWH also identified access to whenua as being fundamental to securing their cultural identity, and how the state of the whenua is directly related to whānau wellbeing. For many whānau, colonial processes have severely disrupted attachment to whenua dismantling connections and understanding about their lineage and their ability to practice kaitiakitanga on their ancestral lands (Moewaka Barnes & McCreanor, 2019; Wakefield et al., 2006). This physical dislocation of whānau from their whenua, and the current state of whenua, is associated with poor health (Ormond & Ormond, 2018; Smith, 2007) as was attested to by members of the RWH. These types of whānau-led initiatives demonstrate the importance of identifying effective strategies to restore relationships between whānau and whenua in order to facilitate the healing of whānau affected by colonialism.

Different approaches to elevating the mana of whānau were also demonstrated at the RWH, which is essential in a society that frequently upholds detrimental attitudes and stereotypes towards Māori. Whānau not only have to mitigate against harmful social constructions of being Māori reinforced in their day-to-day environments but also to navigate the excessive exposure to cultures other than their own which are normalised and shown in a positive light (Pack et al., 2015). This can be damaging to how whānau view themselves and their abilities impacting on the mental health and wellbeing of whānau and influencing career and lifestyle choices based on these negative stereotypes (Hirini & Collings, 2005; Houkamau, 2016; Reid et al., 2016). The impact of this was reflected in RWH experiences with rangatahi speaking about lacking the confidence to speak te reo Māori or to overtly identify with being Māori in places outside of the marae. Displacement of identity and subsequent low self-esteem amongst rangatahi correlate with mental health challenges and high rates of Māori youth suicide (Hirini & Collings, 2005; George et al., 2017; Williams et al., 2018). This demonstrates the importance of initiatives such as the RWH where whānau are able to access their culture and language in environments where they feel safe and supported and the subsequent benefits this can have on overall identity, self-esteem, health and wellbeing.

Overall, the RWH is an example of whānau exercising their mana motuhake by developing their own aspirations and devising strategies to achieve them. It has created a space where whānau identity can be positively expressed and cultivated and where for this whānau, being Māori, and identifying with the Reweti whānau name, is celebrated. This has enhanced the

mana of the whānau as a collective through being more connected physically, spiritually, and emotionally with each other, with their cultural identity, with their whenua, and with their marae. The sharing of such narratives offers a platform for whānau success stories to be heard, giving insight into a possible pathway for other whānau to follow.

Mā ngā pakiaka e tū ai te rākau: With strong roots, a tree will stand

UPOKO TUARIMA: WAKA AMA: AN EXEMPLAR OF INDIGENOUS HEALTH PROMOTION IN AOTEAROA NEW ZEALAND

Reweti, A., & Severinsen, C. (2022 in review). Waka ama: An exemplar of indigenous health promotion in Aotearoa New Zealand. *Health Promotion Journal of Australia*. <https://doi.org/10.1002/hpja.632>

This case study is co-authored alongside one of my supervisors Dr Christina Severinsen. We were approached to undertake this research on waka ama by paddlers through an existing relationship between the co-author and her brother-in-law, who is a paddler for Heretaunga Ararau waka ama rōpū.

This article has been submitted to Health Promotion Journal of Australia. As a peer-reviewed publication, the journal publishes work that advances health promotion in the Australasian area by bringing together the expertise of researchers, decision-makers, and practitioners. The publication was chosen specifically because it published one of the first articles on Te Pae Māhutonga, (developed by Sir Professor Mason Durie) which serves as the framework for this piece.

See Appendices for Statement of Contribution

The short film accompanying this article has been published in the Global Journal of Community Psychology Practice. The GJCPP is committed to distributing practical information on community practice to a diverse group of professionals involved in the development, implementation, and evaluation of community interventions.

Promoting health through waka ama. (2020). *Global Journal of Community Psychology Practice*, 11(1). <https://www.gjcpp.org/en/photovid.php?issue=34&photovid=69>

The short film can be accessed by either of the following links

<https://youtu.be/QS8qgLCVb0Q> or

<https://www.gjcpp.org/en/photovid.php?issue=34&photovid=69> or by scanning the QR code below.



Additionally, the findings of this study were written and presented as follows:

Palmer, F., Erueti, B., Reweti, A., Severinsen, C.A., & Hapeta, J. (2022). Whakamaua kia tina!

Sport, wellbeing, and the influence of Māori (Indigenous) knowledge. In D. Sturm & R. Kerr (Eds.), *Sport in Aotearoa New Zealand: Contested terrain*. Routledge.

Severinsen, C.A., & Reweti, A. (2021). Health promotion through waka ama in Aotearoa New Zealand. In M. McKinnon (Ed.), *Health promotion: A practical guide to effective communication*. Cambridge University Press.

Severinsen, C.A., & Reweti, A. (2021). Waiora: Connecting people, well-being, and environment through waka ama in Aotearoa New Zealand. *Health Promotion Practice*, 22(4), 524-530. <https://doi.org/10.1177/1524839920978156>

Severinsen, C.A., & Reweti, A. (2019, July). *Waiora and waka ama: An exemplar of Indigenous health promotion*. [Paper presentation]. 11th Biennial Conference of the International Society of Critical Health Psychology, Slovakia.

Severinsen, C., & Reweti, A. (2019, April 7-11). *Waiora: Connecting tangata (people), hauora (health), and taiao (environment) through participation in waka ama* [Paper presentation]. IUHPE World Conference on Health Promotion, Rotorua, Aotearoa New Zealand.

Severinsen, C.A., & Reweti, A. (2018, September). *Waka ama as health promotion*. [Paper presentation]. Australian Public Health Conference, Cairns, Australia.

Husband, D. (Interviewer). (2018). *Waka ama* [Audio file]. Radio Waatea.
https://www.waateanews.com/uma/play_podcast/x_podlink/NzAzNzY=/

More, E. (Interviewer). (2018). New research highlights benefits of waka ama. Māori Television. [TV Broadcast]. *New research highlights benefits of waka ama. Māori Television*. <http://www.maoritelevision.com/news/sport/new-research-highlights-benefits-waka-ama>

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ABSTRACT

Issue addressed

The use of old-style, top-down health education and awareness programmes in Aotearoa New Zealand, which adopt a single issue-based approach to health promotion, primarily ignores a broad approach to social determinants of health, as well as indigenous Māori understandings of well-being.

Methods

This paper draws on the indigenous framework Te Pae Māhutonga as a guide for presenting narratives collated from members of a waka ama rōpū (group) who were interviewed about the social, cultural, and health benefits of waka ama.

Results

This waka ama case study is an exemplar of community led health promotion within an indigenous context, where Māori values and practices, such as whanaungatanga (process of forming and maintaining relationships), manaakitanga (generosity and caring for others), and kaitiakitanga (guardianship), are foundational. The findings highlight the multiple benefits of engagement in waka ama and illustrate effective techniques for enhancing wellbeing within local communities.

Conclusions

At a time when Aotearoa New Zealand is seeing a decreasing trend in physical activity levels and an increase in mental health challenges, waka ama provides us with an exemplar of ways to increase health and wellbeing within our communities

So what?

The findings of this research contribute to the evidence base of effective indigenous health promotion, bridging the gap between academia and local community action. To better recognise, comprehend, and improve indigenous health and wellbeing, we argue that active participation of people in the community is required to achieve long-term and revolutionary change.

Introduction

Health promotion includes a wide variety of actions performed in diverse contexts. Rather than focusing on individual lifestyle health promotion, the New Public Health movement emphasises community involvement and structural and environmental change as the primary means of improving health (Baum, 2015). However, it is argued that there has been some drift away from these original New Public Health broad and holistic understandings of health promotion over time. Baum & Fisher (2014) argue that health promotion remains narrowly and unduly focused on individual behaviour change strategies in spite of evidence that health is determined by wider social determinants.

As is the case with other indigenous people worldwide, Māori are disproportionately affected by lifestyle-related illnesses and continue to experience persistent health and social inequities when compared to others living in Aotearoa New Zealand (Warbrick et al., 2016; Wilson et al., 2019). Disparities in avoidable diseases between Māori and Pākehā (non-indigenous population of Aotearoa New Zealand) are significantly linked to broader sociocultural/political determinants of health, such as income, housing, and education. These broader variables often underpin specific behaviours that we attribute to be causative of chronic illness, such as increased alcohol, sugar, stress, and inactivity. As a result of these discrepancies, current discourses hold indigenous peoples responsible for their own ill health.³ The continuous use of traditional, top-down health education and awareness campaigns in Aotearoa New Zealand primarily ignores a broad approach to social determinants of health, as well as indigenous Māori concepts of well-being (Warbrick et al., 2016).

Indigenous Māori understandings of health are holistic, take a collectivist approach, and use cultural beliefs and values to guide action (Ratima et al., 2015; Walton et al., 2015). Māori socioecological approaches, such as Te Whare Tapa Whā (Durie, 1998), Te Wheke (Pere, 1982), and Te Pae Māhutonga (Durie, 1999; Durie, 2004) consider the social and physical environment as well as participation within settings. Instead of focusing on those at risk for a specific disease, an indigenous perspective considers individuals and their whānau (extended family) within their social and everyday circumstances. In contrast to individual health promotion, which is dominated by an emphasis on individual lifestyle choices, community and settings-based health promotion incorporates participatory community-level interventions. This type of approach respects that people and communities have the right to

define what health means for them and are empowered to have control over decision making processes which impact on their health (Ratima et al., 2015).

This qualitative case study presents the experiences of paddlers from a local waka ama rōpū (outrigger canoe club) in Heretaunga, Aotearoa New Zealand. Grounded in mātauranga (Māori bodies of knowledge), waka ama (outrigger canoe) is an increasingly popular sport in Aotearoa New Zealand (Sport New Zealand, 2022). Established in 2001, Heretaunga Ararau o Ngāti Kahungunu Waka Ama Rōpū (name of the waka ama club) has paddlers of all ages, including midgets (5 years of age) through to golden masters (70 years and older). Alongside weekly paddling sessions and opportunities to participate in local, national, and international waka ama competitions, paddlers are involved in the organisation and running of the rōpū and conservation activities in the environments in which they operate. Beyond the physical health benefits for paddlers, waka ama enhances wellbeing, connecting paddlers to each other through whanaungatanga (process of forming and maintaining relationships) and manaakitanga (generosity and caring for others), and to the environment through practice of kaitiakitanga (guardianship).

To illustrate the benefits of waka ama as an exemplar of indigenous health promotion, we use Te Pae Māhutonga (Durie, 1999; Durie, 2004), an indigenous health promotion model developed by Emeritus Professor Sir Mason Durie based on the constellation of stars commonly referred to as the Southern Cross. Visible low in the night sky and identifying the magnetic south pole, Te Pae Māhutonga is well known as a navigational tool and closely associated with the discovery of Aotearoa New Zealand (Durie, 1999; Durie 2004). Drawing on influences from Maui Pōmare (first Māori medical practitioner in Aotearoa New Zealand) and the Ottawa Charter,¹² Durie uses the imagery of Te Pae Māhutonga as a way to conceptualise Māori health promotion. The constellation has four central stars arranged in the shape of a cross, and two pointer stars directed towards the cross. The central stars of Te Pae Māhutonga are used to represent four key tasks of health promotion: Mauriora (secure cultural identity), Waiora (environmental protection), Toiora (healthy lifestyles), and Te Oranga (participation in society). The two stars pointing toward the cross formation represent the prerequisites for engagement, Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy) (Durie, 1999; Durie 2004). This research into the social, health, and cultural benefits of waka ama reminds us that it is not always top-down, service and intervention-focused approaches that our communities' benefit from the most. Rather,

it encourages us to think about how we can draw upon the rich resource of mātauranga Māori (bodies of knowledge) and expertise already within our local communities. Māori terms and concepts are used throughout this article. Following each instance of a new Māori word or term, an English translation is provided, as well as a glossary in Appendix A.

Methods

Philosophical approach and research design

The purpose of this qualitative case study was to explore the social, cultural, and health benefits experienced by paddlers involved with a local waka ama rōpū. Research design and interpretation were informed by a kaupapa Māori approach, prioritising a Māori worldview in research design and interpretation. A kaupapa Māori approach seeks to empower communities by validating local knowledge systems and experiences and by ensuring that those involved in the research gain benefits as a result (Bishop, 2005; Cram, 2001; Pihama, 2010; Smith, 2012).

Ethics

Ethical consideration for this project was informed by tikanga (Māori principles that inform practice) of the waka ama rōpū and by following guidelines and procedures set out by Massey University Health and Ethics Committee (MUHEC). Cultural safety, informed consent, privacy and confidentiality issues, access to and ownership of data, and how data might be used were all considered. The project was evaluated by members of the waka ama rōpū and peer reviewed by academic colleagues and was determined to be low risk. The project was recorded in the MUHEC database, Ethics Notification Number: 4000018859.

Participants and recruitment

An established relationship between the primary researcher and Heretaunga Ararau o Ngāti Kahungunu Waka Ama Rōpū led to researchers being invited to attend two training sessions to meet with club members in order to gain more insight into the club's activities. The waka ama rōpū facilitated the involvement of its members, resulting in sixteen club members being interviewed kanohi ki te kanohi (face to face) at the club home base in Clive and at a local café affiliated with the waka ama rōpū. Nine of these members were also involved in short interviews that were filmed for the purpose of developing a short film alongside video footage captured by following two morning training sessions (Severinsen & Reweti, 2020). Paddlers ranged in age from 35 to 65 years of age, which included 7 women and 9 men.

Paddlers were of mixed ethnicity and experience levels, with some who were relatively new to waka ama and others who had participated for many years.

Data collection and analysis

The researchers employed a semi-structured interview approach in order to facilitate the flow of conversation and allow researchers and paddlers to explore specific themes and responses in greater depth. As a topic guide, participants were asked their motivations to join waka ama, what waka ama means to them, what changes they have noticed in themselves since starting waka ama, and about the social, cultural, and health benefits of being involved in waka ama. Participants provided verbal and written consent for the interviews to be recorded. Interviews were transcribed verbatim and thematic analysis was carried out to identify, analyse and report patterns of meaning. Using topic categories relating to health and wellbeing, the transcripts were coded according to the information they contained. In this process, codes of similar nature were grouped together to create concepts, and from these concepts, key themes were evaluated and further refined according to feedback from the waka ama rōpū. As part of the process of identifying key themes, it was noted that they mapped well to Te Pae Māhutonga model for health promotion, and therefore we chose to structure narratives based on this framework.

Results

Based on Te Pae Māhutonga, results are presented under the four key components of health promotion, mauriora (access to te ao Māori), waiora (environmental protection), toiora (healthy lifestyle), and te oranga (participation in society) and the two pointer stars representing ngā manukura (leadership) and mana whakahaere (autonomy). A summary of results is presented in Table 3. Benefits of waka ama.

Table 3. Benefits of waka ama

Mauriora: Access to te ao Māori	<ul style="list-style-type: none"> – Positive integration and normalisation of te ao Māori in experiential setting – Secures cultural identity for both Māori and non-Māori
Waiora: Environmental protection	– Increased environmental awareness and engagement in environmental protection activities

	<ul style="list-style-type: none"> – Affirms identity and place of belonging in relation to the environment – Understanding the relationship between environmental and human health and wellbeing
Toiora: Healthy lifestyles	<ul style="list-style-type: none"> – Integrates healthy choices into daily activities – Promotes smoke free, alcohol free, and sugar sweetened beverage free environments – Intergenerational activity enjoyed across age groups
Te Oranga: Participation in society	<ul style="list-style-type: none"> – Builds social cohesion across diverse groups of people – Broadens community networks and engagement
Ngā manukura: Leadership	<ul style="list-style-type: none"> – Leadership fostered from within the flax roots – Enables leaders to situate themselves in the context of the communities that they serve
Mana whakahaere: Autonomy	<ul style="list-style-type: none"> – Strengthens the capacity of local people within the context of their communities – Ability to realise aspirations through active roles in governance, organisation, decision-making, kaitiakitanga, and growth of rōpū

Mauriora: Access to te ao Māori

Mauriora refers to access to te ao Māori (Māori world) recognising the critical role of cultural identity in the health and wellbeing of a people. Te Ao Māori is holistic and cyclical, with everything connected to everything else through whakapapa. Within this worldview, the waka is positioned as a living component of Māori people, the land and water shared, and the history and traditions that each generation carries forwards. Paddlers learn and use karakia (incantations), waiata (song) and te reo (Māori language) as part of their everyday practice on the water providing a pathway for many to learn and engage in Te Ao Māori (Waka Ama NZ, 2018). Paddlers demonstrate an understanding around waka as having their own mauri (physical vitality) and as such learn about the appropriate language and protocols

to follow to respect the waka, the environment, and their fellow paddlers. These efforts have led to an increased number of members in the rōpū becoming aware of the importance of tikanga with many going on to expand their knowledge of te reo and mātauranga Māori through courses at the local wānanga (tertiary institute).

(It's) a way into tikanga, which isn't sort of academic or heady. It's just about participation and about doing things (Male paddler)

We always have a karakia before we go for a paddle. And just through like respecting the waka as entities. It's not just a boat, you know. It's an entity. It has a gender and requires due respect to be shown to it. You know, the tikanga around what that is, so that opens the door to understanding that things are not just objects (Female paddler)

Waka ama also helps to create a safe space for experiential learning and partnership between Māori and non-Māori providing an opportunity for Pākehā New Zealanders to discover and enhance their own sense of identity relative to Māori culture. Pākehā paddlers discussed how waka ama provides a gateway into te ao Māori that normalises Māori culture demonstrating ways te ao Māori can be incorporated into their daily activities.

It's been a learning curve for me. To the extent that I'm hoping to learn te reo [Māori]. And just the whole thing. It's brought me closer to Māoridom and opened my eyes to that side of it. That's been great, yeah. I've really enjoyed it (Male paddler).

As a Pākehā, there's not many in roads into Māori culture, unless you're born into it, or married into, or quite strong-willed to get involved yourself...so through waka ama, there is, and I've gone on to do the course through the wānanga, which is great for learning karakia and waiata, and being away on noho marae and stuff like that, which I wouldn't have experienced through any other way ... so I think that it's a real positive thing for non-Māori (Male paddler)

Waiora (environmental protection)

Waiora reflects how our health and wellbeing as a people is connected and influenced by our interactions with the external environment. Waka ama provides opportunities for

paddlers to become immersed in the natural environment enabling paddlers to make both physical and spiritual connections. Paddlers were open and expressive about how they felt the connection with the environment impacted their health and wellbeing.

You're outside. You're connecting with the awa and the moana. And just connecting with nature, so that has a really positive effect on your mental health. (Male paddler)

To be on the water, to be out in the elements. Late in the evening, early in the morning, you know, it's absolutely magical. (Male paddler)

Natural features such as awa (rivers) and maunga (mountains) form important aspects of Māori identity, often used to define tribal boundaries, and commonly recalled during pepeha (a Māori introduction). Engaging with the awa has helped paddlers to affirm their identity and place of belonging in their local community.

It's really helped me ... we've lived here for quite a few years, but somehow being on the water and being connected to the river, seeing it in that way, it's really helped me be in a relationship with this land and place more deeply. (Female paddler)

As a task for health promotion, waiora places a strong emphasis on environmental protection. It is about finding mutually beneficial ways to engage with the environment which maintain and preserve natural integrity and resources for the benefit of ensuing generations. Waka ama helps foster a reciprocal relationship between paddlers and the environment, encouraging individuals to recognise their role as kaitiaki (guardians) in caring for the environment that nourishes them.

A lot of people that are into waka ama are also very much into protecting these waterways or fixing them or getting change to happen, because they're in direct contact with them... and to me that's a real Māori thing, you know everything is connected to the land, connected to the water, and so that part I really value as well. (Male paddler)

Toiora (Healthy Lifestyles)

Toiora is about facilitating healthy lifestyles. Within a te ao Māori perspective, maintaining and fostering healthy lifestyles is about enhancing spiritual, mental, physical, and collective health, and as discussed under the waiora section, indigenous health promotion also recognises engagement in the environment as influencing health and wellbeing. While there

are obvious physical benefits to participating in waka ama, there are also other benefits, such as a noticeable increase in individuals' self-confidence, with correlations being formed between improved physical ability and improved mental wellbeing.

I wasn't very fit when I started, and now I feel like I'm fitter and stronger than I've been all my life really. I've got way more energy, way more stamina. And you know it gives you a good head space. (Female paddler)

It has a really positive effect on your mental health (Male paddler)

I'm fitter now and stronger now in my 50s than I have been for 20 years. So it's kind of given me a lot more confidence to trust my body whereas I used to start to worry about whether it was going to break on me (Male paddler)

Paddlers also spoke of the importance of having a positive, strength-based approach to wellbeing within the rōpū. They hold collective aspirations on their journeys to become healthier together. This allows them to realise their aspirations as a group. For many members, it has given them a focus and provided opportunities to realise their potential by competing together at regional, national and international levels. In a whānau atmosphere, their participation has fostered a strong sense of kotahitanga (unity) and manaakitanga (generosity and caring for others), teaching participants a sense of collective responsibility and commitment towards their rōpū:

Being able to train as a team together, has been fantastic, because everybody just motivates each other. So health-wise, it's been great (Female paddler)

It's a team sport. You either all do it, and you all get better or you don't. And if one person doesn't get better, then that's the responsibility of everybody (Male paddler)

Waka ama also encourages intergenerational participation with a wide range of age groups being involved in the initiative.

It's very family oriented. You know, you can have three generations all paddling, which is awesome. It's a very inclusive environment (Female paddler).

Another way that waka ama encourages healthy lifestyles is by establishing smoke-free, alcohol-free, and sugar sweetened beverage free zones at all waka ama National events.

I've done a whole bunch of other sports and, you know, too much drinking and smoking and other rubbish goes with it. But there's nothing like that in this sport (Male paddler).

The healing thing I've found about waka ama events is that you go to the sprint nationals in Karāpiro, and it's a huge event, I think they had 3,000 odd paddlers last time, from all ages, but the thing is, all these food outlets, there's no fizzy, there's no smoking, there's no junk food, it's all a real push for those healthy lifestyle food choices and it just becomes the norm you know (Male paddler)

Te Oranga (Participation in Society)

Te Oranga is about fostering inclusion and participation in society. It is about making space for community voices to be heard and acted upon and ensuring health promotion activities facilitate participation in wider society. Waka ama enables and encourages members to become involved in their community. As an intergenerational activity, it incorporates all age groups and brings together people from diverse backgrounds. Through a number of free waka ama activities, Heretaunga Ararau o Ngāti Kahungunu is instrumental in growing health and awareness within their community.

I went to an event last night where there were 80 people who were trying waka for the first time. So there was a huge community of people coming. And I just think that waka is a community-building activity (Male paddler)

Great people to paddle with. And they are people that I probably wouldn't necessarily cross paths with otherwise, and so your life is much richer for that (Female paddler)

For some paddlers, waka ama has acted as an intermediary enabling community relationships to be instigated and strengthened based on mutual experiences of waka ama. For example, a school teacher noticed improved engagement with her students after sharing mutual experiences of waka ama while a medical professional found her experience in waka ama has broadened her community networks enabling a more consolidated approach to engaging with the people in the community she works in.

Paddling waka ama has been a really great thing that I can talk about with the people that come into my practice, because it makes them give me a second chance in a way. Give me a second look as the nurse, as another way of connecting with the people that I'm working with in a positive, healthy way and coming into more real and deeper connection and understanding, not just at a superficial level, it's been quite big for me in that way. (Female paddler)

Ngā manukura: Leadership and Mana whakahaere: Autonomy

Directing the gaze towards the four health promotion goals are the two pointer stars represented as ngā manukura (leadership) and mana whakahaere (autonomy). These attributes are seen as prerequisites providing guidance on how we might move toward aspirations within Te Pae Māhutonga. Ngā manukura (leadership) from a te ao Māori perspective is about elevating and serving the needs of others (Durie, 1999; Durie, 2004; Katene, 2013). Mana whakahaere refers to a community's ability to exercise autonomy and self-determination in promoting its own health (Durie, 1999; Durie, 2004; Ryks et al., 2018). Aspirations should arise from within the community with actions consistent and responsive to local and cultural contexts (Durie, 1999; Durie, 2004).

The collective, strength-based nature of waka ama builds the organisational capacity of local people within the context of their communities. Paddlers engage not just in the physical activity of paddling, but play roles in governance, organisation, decision-making, kaitiakitanga, learning, teaching and education, leading, and sharing. Waka ama is sustained from the flax roots (at a local level) with many volunteers supporting the rōpū throughout the weekly club activities and participation in national and international events. Paddlers spoke of the vast opportunities they experienced through waka to grow and develop, not only their personal skills, but opportunities for the club to grow and expand its outreach within the community.

It's not just the paddling, we're involved in a lot of other things, projects through the club, so that's part of it (Male paddler)

It's really challenged me in lots of ways, all the different relationships, different types of people, being on the committee, so it's brought a lot of growth in lots of ways (Female paddler)

Everybody is encouraged to share their knowledge and their experiences. And they do, they're all imparting knowledge, and for that, we're all very grateful. That's how the club grows. (Female paddler)

Discussion

Results demonstrate how waka ama aligns to Te Pae Māhutonga, validating an indigenous Māori understanding of wellbeing in a number of ways. Aligned to the principle of mauriora, findings show that waka ama is an example of a health-promoting practice that contributes to securing cultural identity and overall well-being. Participants are provided with a gateway into te ao Māori and a safe space to learn about and explore their cultural identity in relation to the teachings of tikanga Māori. Studies have shown that cultural practises have an inextricable link to health and wellbeing, with evidence that a secure cultural identity enhances mental wellbeing and alleviates symptoms of depression (Durie, 2001; Gray et al., 2008; Muriwai et al., 2015; Verbunt et al., 2021; Williams et al., 2018). This shows that securing cultural identity is an important determinant of health from an indigenous perspective. Activities that facilitate meaningful and positive experiences with culture, such as waka ama, can contribute to an individual's sense of cultural identity and wellbeing.

Water activities like waka ama support the principle of waiora by providing opportunities for participants to immerse themselves in the environment. Understanding the interdependence of environmental and human health is a core concept in te ao Māori and research has shown that engaging with nature is beneficial to overall health and wellbeing (Durie, 1999; Durie, 2004; Harmsworth et al., 2013; Marques et al., 2018). This interdependence relates to the idea that the mauri of the environment has an effect on the mauri of the people and vice versa (Pere, 1982; Harmsworth et al., 2013). There are a number of variables that have a negative impact on health and well-being, including pollution, depletion of natural resources and the loss of land (Marques et al., 2018). Living in cities can also promote detachment and a lack of appreciation for the natural environment.

Participation in activities like waka ama helps connect people with their natural surroundings, which can lead to positive changes to how they interact and view their relationships with the environment. Having direct contact with water increases environmental awareness and motivation for waka ama members to participate in environmental protection activities, ultimately leading to improved health and wellbeing for both people and environment.

Waka ama is a healthy, fun, intergenerational activity incorporating a number of healthy lifestyle benefits that link both physical and spiritual dimensions of wellbeing. This is consistent with the principle of toiora, which emphasises opportunities to promote healthy lifestyles (Durie, 1999; Durie, 2004). Benefits of intergenerational programmes and their ability as being effective in supporting change in health behaviours have been widely supported by research (Anderson et al., 2016; Kuo et al., 2012; Swanson et al., 2011). In Aotearoa New Zealand, mainstream healthcare services are primarily focused on the individual and more concerned with the physical elements of health than with any other aspect (Wilson et al., 2019). Waka ama offers an alternative to these types of individualised programmes by emphasising the value of a whānau like environment and the myriad other dimensions of health, such as emotional and spiritual well-being, that contribute to overall well-being. Research demonstrates that programmes focused on cultural concepts of whānau and enhancing the collective good resonates more strongly with Māori than programmes emphasising individual accomplishment (Warbrick et al., 2016; Hamerton et al., 2012). Participation in waka ama supports these findings, with fundamental Māori concepts such as whanaungatanga, manaakitanga, kotahitanga, and kaitiakitanga underpinning waka ama's success as a sustainable health promotion initiative.

The culture of waka ama also encourages smoke-free, alcohol-free, and sugar sweetened beverage free environments. Despite the fact that unhealthy food and beverage marketing has been identified as a major contributor to obesity and adverse health conditions, sports sponsorship by the fast food industry remains a widespread practice and represents millions of dollars in advertising expenditures (Bragg et al., 2018). For example, alcohol promotion at sporting events, and engagement of clubs and players in alcohol-related activities such as drinking games and alcohol prizes have all been linked to increased alcohol consumption (Brown, 2016; Chambers et al., 2021). Restricting alcohol promotion, including sports

sponsorship, is a highly successful and cost-efficient method for reducing alcohol harm (WHO, 2018). In a society where many indigenous peoples engage in risk-laden lifestyles such as drinking, smoking, and gambling, positive role modelling, such as that exemplified by the kaupapa of waka ama, can serve to promote healthier lifestyles.

As a community activity, waka ama facilitates social cohesion across diverse social groups which is in accordance with the principle of te oranga. Participants demonstrated a strong commitment to the rōpū beyond just going out on the water to paddle which broadens individual's community networks and engagement. This is especially important for Māori, who regularly experience discrimination from different levels of society, including in health, education and politics (Durie, 2011; Moewaka Barnes et al., 2019). For example, there is increasing evidence that Māori and non-Māori differ in terms of access to both primary and secondary health care services (Ellison-Loshmann et al., 2015; Graham & Masters-Awatere 2020). Often non-Māori staff bring attitudes and perceptions to health care delivery that reflect little understanding of Māori realities and cultural values (Houkamau, 2016). The establishment of relationships based on a similar kaupapa, such as waka ama, can help break down implicit bias barriers for both health providers and patients, signifying the crucial role initiatives like waka ama generate in their local communities.

The principles of ngā manukura and mana whakahaere are promoted in waka ama by providing paddlers with opportunities to engage in various leadership and governance roles as well as by creating an environment that facilitates the development of potential within the rōpū. Leadership fostered from within the flax roots enables leaders to situate themselves in the context of the communities that they serve.¹⁹ This is consistent with the requirement of mana whakahaere that ownership of activities and growth objectives be firmly rooted in the communities in which health promoters work. For example, public agencies and health practitioners have frequently assumed leadership roles on behalf of Māori, which is a common indigenous experience (Durie, 1999; Durie, 2004). To promote the growth and sustainability of health initiatives, we argue that health practitioners need to shift their focus to organic, community-based health promotion that already exists within communities and to rely on flax root leadership, such as that developed through waka ama.

These findings contribute to the evidence base of effective indigenous health promotion, bridging the gap between academia and local community action. At a time when Aotearoa

New Zealand is seeing a decreasing trend in physical activity levels and an increase in mental health challenges (Warbrick et al., 2016; Paterson et al., 2018), waka ama provides us with an exemplar around positive ways to increase health and wellbeing within our communities. This initiative is in contrast to individual behaviour driven health promotion activities that focus on education and awareness, and top-down single issue interventions directed at communities. While there is a shift towards a more holistic approach to health promotion in Aotearoa New Zealand, current funding models which determine outcome measures rarely reflect anything other than biophysical aspects of health (Warbrick et al., 2016). Te Pae Māhutonga incorporates a holistic approach to health promotion focusing on a range of health determinants grounded in indigenous knowledge. It teaches us to look beyond the individual and particular markers of illness and symptoms and to consider how we might incorporate Indigenous knowledge and values in a contemporary health promotion setting (Warbrick et al., 2016; Durie, 1999; Durie, 2004).

Conclusion

Using Te Pae Māhutonga as a guide, the findings of this research highlight the multiple benefits of engagement in waka ama and illustrate effective techniques for enhancing wellbeing within local communities. Positioned within a Māori worldview, waka ama enhances physical fitness while at the same time promoting cultural identity, social connectedness, intergenerational participation, and community cohesion. It stands in stark contrast to many health promotion programmes, which continue to be narrowly focused on individual behaviour modification as their primary objective. The research shows how indigenous health promotion activities like waka ama can help people adopt healthier lifestyles collectively in a sustained manner. This shift in focus from individual behaviour change strategies towards community-based health promotion initiatives is critical to the long-term viability of these programmes since it is through this process of community participation that culturally relevant and meaningful programmes are created. Additionally, we believe that long-term success requires flax root leadership, such as that generated through waka ama.

This may necessitate some health practitioners abandoning established notions of authority in order to consider strategies to best support the intrinsic health potential of their communities. This requires a strong commitment to building relationships and working with

and on behalf of the communities in which health practitioners are involved, and to consider the promotion of health holistically instead of focusing on narrowly defined issue-based health promotion. In addition, this approach has implications for funding models, which tend to favour the implementation of individual behaviour change strategies on a national scale over developing capacities at a localised community level. Improving responsiveness to local priorities will require a better understanding of how funding mechanisms can better support community-based health promotion. Overall, to better recognise, comprehend, and improve indigenous health and wellbeing, this article advocates for indigenous knowledge to be more fully integrated within health promotion which can be achieved through using frameworks such as Te Pae Māhutonga.

UPOKO TUAONO: TŪ KAHIKATEA: WHANAUNGATANGA AS A CATALYST FOR WHĀNAU WELLBEING

Reweti, A. (2019). Tū Kahikatea: Whanaungatanga as a catalyst for whānau wellbeing. *Te Kura Nui o Waipareira*, 3, 21–34. https://wairesearch.waipareira.com/wp-content/uploads/2019/11/Waipareira-Journal_Kotahitanga-Issue-3-2019-WEB.pdf

In response to a speech by a church member struggling with health and weight issues, the ward (local church congregation) organised a 6 week word of wisdom health and fitness challenge, culminating in a whānau TRYathlon. Each week whānau were presented with a physical challenge, a health challenge, and a spiritual challenge with the choice of participating in a whānau friendly triathlon at the end of the 6 weeks. The whānau TRYathlon was supported by local community sporting body, Sport Manawatū, in conjunction with their WhānauTri programme. This led to the establishment of a relationship between the researcher and the sporting body, Sport Manawatū, who supported the researcher to conduct this case study by offering access to different whānau groups.

The article was published in *Te Kura Nui o Waipareira*, a peer reviewed publication that emphasises whānau ties and whānau ora by focusing on articles that enrich the mana of whānau, hapū, and iwi. The writing style is less formal than that of international peer reviewed journals since it is published primarily to engage communities dealing with whānau.

See Appendices for Statement of Contribution

Initial findings from this research were also presented upon at the 2017 World Congress of Public Health conference held in Melbourne, Australia.

Reweti, A. (2017, April 3-6). *Shining the light on whānau success: Exploring the social, cultural and health benefits of whānau initiatives* [Paper presentation]. World Congress of Public Health, Melbourne, Australia.

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Abstract

This paper is a case study analysis exploring the social, cultural, and health benefits of whānau involved in a whānau-centred triathlon hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Using an inductive approach, experiences of whānau were used to develop a framework - Tū Kahikatea, which highlights the concept of whanaungatanga as a catalyst for wellbeing. The framework shows the effectiveness of whānau-centred initiatives that are based on Māori cultural principles, in this case manaakitanga (generosity and caring for others), kotahitanga (collective unity and solidarity), and whakapapa (connection to people and the environment), and the beneficial outcomes derived from programmes that are aligned to whānau values. Tū Kahitakea contributes to the evidence base for whānau-centred initiatives and presents a framework for identifying key ways in which mana motuhake (mana achieved through self-determination and control over one's own destiny) for whānau can be realised.

Introduction

Whānau have long been recognised as the crucial change agent for positive Māori development and for realising Māori health and wellbeing (Durie, 2011; Te Puni Kōkiri, 2007; Turia, 2003). Within a changing health and social sector, whānau-centred frameworks have been supported by Government, iwi organisations, and local community groups, who are working more towards the collective needs of whānau, finding ways to work from a cross-sectorial perspective, and strengthening whānau-centred initiatives (Durie et al., 2010; Fanselow & Hughes, 2019; Ministry of Health, 2011). This change is reflected in an increase in whānau-centred health initiatives, such as Whānau Triathlons, Iron Māori, waka ama, marae based learning, and healthy lifestyle programmes. However, there is still a need to clarify and build upon understandings of what a whānau-centred framework looks like in practice and how it is experienced at a local level (Kara et al., 2011). Understanding the characteristics that contribute to the effectiveness of these types of initiatives can be used to drive future health programmes, ensuring that they are aligned with the interests of Māori and their whānau.

In te ao Māori (the Māori world), whānau are seen as the basic support structure and are therefore an integral part of Māori health and wellbeing (Cram et al., 2003). While the literal meaning of the word whānau is 'to give birth', it is most commonly used to refer to a group of people brought together for a special purpose. This may be from sharing a common

ancestor (whakapapa whānau), or a person's involvement in a common kaupapa such as a church, sport, or school group (kaupapa whānau) (Durie, 1999; Metge, 1995). The whānau is the place where initial teaching and socialisation occurs and provides an environment within which certain responsibilities and obligations are maintained. An important concept linked to whānau, is the notion of whanaungatanga. Derived from the root word 'whanau', (meaning to lean on, be inclined towards, or to be supported), whanaungatanga is about relationships and having a sense of connectedness to people, place, and the environment (Barlow, 1991; Metge, 1990; Rameka, 2018).

This paper is a case study analysis exploring the social, cultural, and health benefits of whānau involved in a whānau-centred triathlon hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Using an inductive approach, experiences of whānau were used to develop a framework - Tū Kahikatea, which highlights the concept of whanaungatanga (process of forming and maintaining relationships) as a catalyst for wellbeing.

Research design

Whānau were engaged via an established relationship between the researcher and Sport Manawatū who provided a list of potential whānau who might be interested in participating. From this group, a total of six whānau groups incorporating 30 whānau members from the Manawatū region were engaged in interviews lasting between 60 and 90 minutes. The research was inclusive in design and while predominantly focused on Māori experiences, it incorporated the voices of both Māori and non-Māori whānau members. To ensure confidentiality and preserve anonymity of whānau, pseudonyms were used when referencing whānau experiences. Pseudonyms were chosen to represent the whānau as a collective rather than singling out individual participants within whānau groups. Māori names were chosen to represent whānau groups that whakapapa Māori while Pākehā (non-Indigenous population of Aotearoa New Zealand) names were chosen for whānau who did not have Māori genealogical connections.

While data was initially sorted into codes linked to social, cultural and health benefits for whānau, an overarching theme of whanaungatanga was identified. Further research into the concept of whanaungatanga led to the creation of the Tū Kahikatea framework, which is

based on the core values and outcomes shared by whānau. Ethics approval for the project was granted through the Massey University Human Ethics Committee.

Tū Kahikatea framework

The Tū Kahikatea conceptual framework (see Figure 5.) was developed to illustrate factors relating to the core principles and outcomes that led to whānau experiences of success when participating in a local whānau-based triathlon. Tū Kahikatea illustrates the importance of relationships for whānau and reinforces the role of whanaungatanga as a catalyst for wellbeing. Whanaungatanga is reciprocal in nature in that individuals expect support from their whakapapa or kaupapa whānau, and in turn, whānau expect individuals to support the collective need.

The analogy of the kahikatea tree was used to illustrate the framework. Like the concept of whanaungatanga, kahikatea grow closely together and are reliant on each other for support in order to grow and develop to their full potential (Marsden & Royal, 2003). Standing together allows the roots of the kahikatea to become interwoven providing protection for individual trees so they can withstand any forces that might come against them.

The pakiaka (roots) of the tree represent the mauri (life force) of the kaupapa and is fundamental in enabling the kaupapa to flourish. Binding the trees together is the kaupapa (purpose) that brings whānau together. Ngā rākau (the trees) represent different values underpinning the WhānauTri as outlined by participants in the research project. These values are manaakitanga (generosity and caring for others); kotahitanga (collective unity and solidarity); and whakapapa (connection to people and the environment). Extending from the trees are ngā hua (the fruits) which represent the positive outcomes as experienced by whānau. These are whakamana (empowerment); toiora (enduring wellbeing); and moemoeā (ability to dream). The final part of the framework is represented by ngā manu (birds) which disperse the seeds allowing new growth to occur. This is linked to mana motuhake (mana achieved through collective self-determination and control over one's own destiny) acknowledging the ability of whānau to realise their dreams and aspirations thereby determining their own destiny.

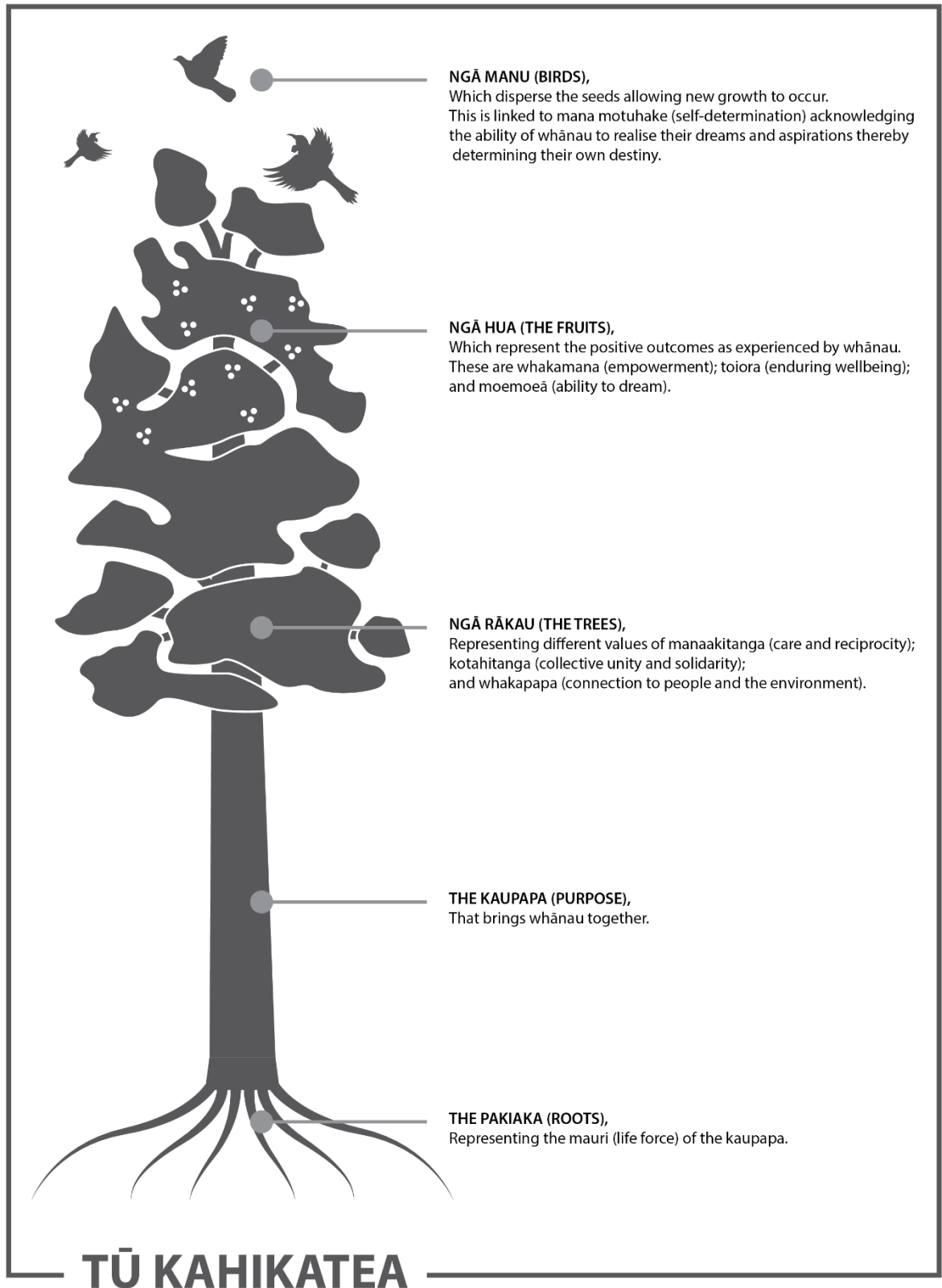


Figure 5. Tū Kahikatea framework

Application of Tū Kahikatea framework

This section demonstrates how Tū Kahikatea can facilitate discussion about the beneficial outcomes for whānau associated with their participation in a localised Whānau Triathlon.

Pakiaka (roots)

Grounding the kahikatea are the pakiaka (roots) which represent the mauri (physical vitality) of the kaupapa. Mauri is referred to as being the spark of life with every living thing having a mauri (Mead, 2003). It is present in all things and binds people to te taiao (the natural environment) and atua (primal energy sources) (Henare, 2001). Mauri is crucial to any kaupapa and the wellbeing of relationships hence the necessity of its place in the Tū Kahikatea framework. The mauri can be viewed as instilling the mana (spiritual vitality) into the kaupapa, which is then embodied by the participating whānau. Mauri can be used to inform how and why activities should be undertaken and monitors how well these activities are tracking towards their intended goals (Pohatu, 2011).

Kaupapa (purpose)

This case study focuses on the annual WhānauTri hosted by Sport Manawatū in the lower North Island of Aotearoa New Zealand. Attracting between 400 – 500 participants each year, the WhānauTri has become an annual event for many whānau in the Manawatū region. The WhānauTri kaupapa (purpose) is about participation across all generations which includes inter-generational teams of kaumātua (grandparents), mātua (parents), whaea kēkē and mātua kēkē (aunts and uncles), tamariki (children) and mokopuna (grandchildren). It also provides whānau the opportunity to engage with members of the community creating a sense of kotahitanga (collective unity and solidarity) with other participants involved in the programme. Prior to the triathlon, participants have the option of taking part in a 10-week programme designed to give whānau the skills and confidence needed to complete the triathlon as well as focusing on making sustainable lifestyle changes (Sport Manawatū, 2013). The day of the event involves a festival-type atmosphere celebrating health and culture featuring health-related stalls, entertainment, spot prizes, and lots of extra activities and competitions for whānau to enjoy.

Ngā rākau (the trees representing core values underpinning the initiative)

Ngā rākau represents the overarching values experienced by whānau through their participation in the WhānauTri programme. These values are manaakitanga, kotahitanga,

and whakapapa. While each value is distinct, it's important to note that they are all interconnected and closely linked to each other.

Manaakitanga

Manaakitanga is about caring for a person's mana through acts of caring, supporting, and uplifting one another. Mana can be described as a spiritual power gifted from atua and can be seen as the influence, authority, integrity, and power attributed to a person (Barlow, 1991; Marsden & Royal, 2003). There are different manifestations of mana and our experiences of it. Mana tangata refers to the individual deeds and activities of a person and is harnessed through generosity and empathy, otherwise known as manaakitanga. Manaakitanga is grounded in working with the collective in a spirit of reciprocity and demands a high standard of behaviour towards each other. Through upholding and elevating the mana of others, we are in turn uplifting our own (Mead, 2003).

Whānau expressed a number of different ways that manaakitanga was exercised throughout their involvement in the WhānauTri. Being shown respect as a person no matter their ability, age, experience, or lifestyle choices contributed to the positive aspect of the kaupapa and whānau experience of manaakitanga. Whānau thought this was crucial as they felt that deficit based health messages they received were often negative and not aligned with values important to them. This had previously put many participants off from engaging with health services.

It wasn't just facts and figures, or you know, 'You're bad, you're bad, you're bad,' you know, which a lot of the health thing is that 'You're bad, you're bad, you're bad,' you know. You see in the media, 'You smoke, you're bad. You're obese, you're bad. You drink, you're bad', you know. But this was trying to put a positive spin on getting you up and off the couch and doing something, encouraging you to do it, and that it's ok to be you, so it was just that uplifting (Willow whānau)

Reciprocity was also an important factor demonstrated by whānau who developed a strong sense of social responsibility towards the kaupapa and each other recognising the important role they had in supporting and uplifting each other.

It's encouraging each other and supporting each other and it's like you're sharing your journey with someone so you're sharing the highs and the lows (Kauri whānau)

Everybody's the same, so one person isn't higher than the other. So if you're struggling, they're right there to encourage you, they're right there to pick you up (Kereru whānau)

These experiences demonstrate how the WhānauTri facilitated whānau to feel valued and how whānau developed a sense of responsibility towards the rōpū (group), thereby engaging in manaakitanga.

Kotahitanga

Closely linked to manaakitanga is the principle of kotahitanga (collective unity and solidarity) which embodies a sense of social cohesion and unity. Recognising diversity amongst whānau and individual members, kotahitanga is not about everyone being the same rather it is an environment which fosters a spirit of inclusion and cooperation creating a shared sense of belonging and solidarity with each other and the environment.

For many participants, the WhānauTri was their first positive experience in a sporting and/or health environment. Whānau linked this back to the sense of kotahitanga in that they felt united in purpose in an environment where everyone felt included. Whānau also commented on how the WhānauTri provided opportunities to develop wider networks of support by connecting them with people and places that they might not normally have associated with.

It becomes whānau, it's not just blood, we're all on the same kaupapa. No one cares what anyone looks like, we're here to achieve a goal (Kauri whānau)

It's kotahitanga, whanaungatanga and it's all of that encompassing into one (Kereru whānau)

Working towards a common goal helped whānau to connect with each other allowing for relationships to be strengthened. These relationships helped to create a sense of belonging and unity which resulted in a solid commitment to each other and the kaupapa which in turn ensured successful completion of the programme by whānau.

Whakapapa

Whakapapa operates at many different levels and is an essential component of whanaungatanga. There are several definitions and explanations of the word whakapapa. Some of these include the ability to ground oneself in something that is known; to make flat

or to layer together; and to make as to lie with our earth mother Papatūānuku, referring to our relationship to the earth from which Māori life evolved (Edwards, 2009). Whakapapa informs the relationships that we have through genealogical connections, past, present and future, encompassing everything that is passed from one generation to the next (Marsden & Henare, 1992; Penetito, 2008; Rameka, 2018).

Central to the success of the programme is the way that it encourages intergenerational participation with a wide range of age groups being involved in the initiative. Whānau also highlighted their desire to press forward so that they might be an inspiration for others in their whānau to come and join the kaupapa. Whānau spoke about their tamariki and mokopuna as prime motivators behind their desire to continue with the kaupapa. Involvement for them meant that they might increase their chances of living longer whilst also role modelling to other whānau members the positive effects of being active. This demonstrates how the WhānauTri can be an effective support mechanism and a way to encourage intergenerational lifestyle change.

Hopefully what I'm doing will inspire some of my family to embark on the same journey (Kereru whānau)

So for me, I continue to do it because I have more generations underneath me to still uplift and still bring (Kauri whānau)

Whakapapa also acknowledges our ancestral links to the environment connecting whānau to the land and reminding whānau of the importance for the maintenance, enhancement, and advancement of these enduring relationships for wellbeing (Edwards, 2009; Jackson et al., 2018). Providing whānau with opportunities to engage in outdoor activities proved beneficial for whānau with many discussing the positive benefits they felt by being in te taiao (the natural environment).

I feel a stronger connection to the environment (Kauri whānau)

Spiritually, I love doing the Gorge, and I go talk to him [Tāne mahuta – Guardian of the forest] ... so it's like a renewal for me spiritually and it's a reset for me (Kereru whānau)

Whakapapa is reflected throughout the WhānauTri programme both in the context of bringing generations together and also the spiritual element of connecting whānau to the environment.

Ngā hua (the fruits representing outcomes experienced by whānau)

While ngā rākau (values) laid the foundation for whānau experiences, ngā hua (fruits of success) discusses the key outcomes as experienced by whānau. These are represented as whakamana, toiora, and moemoeā.

Whakamana

Whakamana is a concept about enabling and empowering potential (Durie & Hermansson, 1990; Durie, 2011). It's about enhancing the mana of whānau through the establishment of caring relationships where whānau feel supported and valued enabling them to develop self-confidence and belief in their own abilities.

Prior to engaging in the WhānauTri, many participants struggled with low self-esteem which impacted negatively on their hauora (holistic health). Some of this stemmed from experiences of being bullied or feeling that they didn't fit in with the 'sporting' crowd.

I think it's just cause all these mass participation things say they're for everybody, but they're not really, when you go along to them, it's pretty much the same set up with lycra clad people (Linden whānau)

Being involved in the WhānauTri programme gave participants confidence in their abilities increasing their self-esteem and sense of self-worth. This was apparent in one of the participant's kōrero who spoke of how her involvement in the WhānauTri had given her the confidence to spend time with her friends at the beach over the summer break, something that she would not have contemplated prior to the event.

Last summer I went to the beach a few times. We just all met up. I just used to not sort of do things like that. So yeah, that really stems from the WhānauTri. It's just that confidence for me has been the most amazing thing (Willow whānau)

Others spoke of previously having a desire to get active and take advantage of community resources but lacking the courage to do so.

I lacked the confidence to go and plenty of times I would have togs in a bag and I'd get to the pool and I'd be like, 'Oh, it's quite busy,' and I'd be like, 'Oh, I'll give it a miss today,' so yeah (Linden whānau)

By the end of the WhānauTri programme, whānau had shifted to a place where they felt confident in their abilities to engage in resources and other hauora activities provided by the local community.

After the WhānauTri, the momentum was there. It just gave me the confidence from the WhānauTri, so just that snippet of doing that medium, I knew if I focus and train, I can do that 200km (Tui whānau)

I've joined Crossfit, which is awesome. It's hard and I'm still not very good, but I love it ... and that was really through getting my confidence through the WhānauTriathlon experience. I just felt that I was ok to step out, and I could, I could do something else (Willow whānau)

These comments demonstrate the outcomes that come from whānau feeling valued and respected and the impact the programme had on developing their self-confidence and belief in themselves.

Toiora

Toiora suggests the idea of enduring wellbeing. Toi relates to a summit, pinnacle and can also mean Indigenous, source and knowledge. Ora is about health, life, vitality and can also mean to be cured, recovered, and healed. Therefore, toiora can mean the pinnacle of health according to an Indigenous understanding. As a success factor in the Tū Kahikatea framework, it's about finding opportunities to increase spiritual, mental, physical and collective health which in turn lays the foundation for personal wellbeing and achieving whānau ora.

One of the success factors of the WhānauTri programme was the example of whānau choosing to make healthy lifestyle changes, such as an increase in physical exercise and changes to their diet and enjoying some of the benefits that these lifestyle changes bring.

It's probably the first time in my life that I've enjoyed my exercise (Willow whānau)

I'm the fittest and healthiest I've ever been (Kauri whānau)

Physically, I'm probably a shirt size smaller than I was and I'm just a hell of a lot fitter (Linden whānau)

Whānau also spoke of a shift in attitude towards healthy eating. These lifestyle changes have been incorporated and normalised into their daily routines which in turn has helped to influence change for their extended whānau.

Just making little changes in your life, lifestyle. For example, eating, making little changes, that's success, that's healthy (Ngaio whānau)

While physical benefits were apparent, whānau also spoke of how participation in the event had helped their mental wellbeing.

I've had mental health issues, so I recognise those, so I like to do tris because it helps me without going on meds (Kereru whānau)

I feel a bit clearer in my mind and just a bit more alive (Willow whānau)

These experiences demonstrate how the WhānauTri programme provides an effective medium to engage whānau in healthy lifestyle activities. This in turn encouraged whānau to make simple lifestyle changes in their daily routines leading to a greater sense of wellbeing.

Moemoeā (ability to dream)

The concept of moemoeā in the Tū Kahikatea framework refers to the capacity of whānau to be receptive to exploring their hopes, dreams, and aspirations. Building on the success factors of whakamana and toiora, moemoeā sees whānau being able to lift their vision above the treetops expanding their view of what is possible.

Whānau spoke of the WhānauTri as a catalyst to pursue other healthy lifestyle ventures and for many, the newly found confidence gave them the ability to pursue their moemoeā (dreams/visions). All participants have gone on to take part in other healthy lifestyle initiatives with each of the whānau citing their involvement in the WhānauTri as being the vehicle for helping them to expand their vision of what was possible giving them the motivation and self-confidence to realise their dreams. Whānau likened their experiences to being like a seed that had been planted. Their newly found self-confidence and sense of accomplishment ignited a spark within which they were excited to explore.

It gave me that, it gave me the seed to do that, and that's made me realise that just something small can grow into something beautiful like that (Kereru whānau)

Just that sense of being able to do something so out of your comfort zone, that you can achieve it, opens up, expands, it's just so amazing (Ngaio whānau)

Being inspired and having the ability to dream is an important factor for whānau in being able to achieve mana motuhake.

Ngā manu (the birds representing opportunity for new growth to be dispersed)

The final part of the framework is represented by ngā manu (birds) which disperse the seeds allowing new growth to occur. This is linked to mana motuhake acknowledging the ability of whānau to realise their dreams and aspirations thereby determining their own destiny.

Mana motuhake

Mana motuhake is about self-determination and whānau being in a position where they can realise their moemoeā. It's about lifting whānau to a place where they have the ability to be able to continue living healthy lifestyles when support has been removed (Durie, 2011), or in this case once the WhānauTri has been completed. In the Tū Kahikatea framework, mana motuhake is represented by ngā manu (birds) who after tasting ngā hua (the fruits of success), fly off with the seeds to populate a new grove of kahikatea.

The ultimate success of the programme was demonstrated by whānau feeling motivated and confident in their abilities to define their own aspirations and having the ability to set goals to press forward and achieve them. These goals all centred on different whānau aspirations and included participating in Iron Māori, fundraising activities to get to the Great Wall of China, completing the New York marathon, and setting up a kapahaka group to take to an Indigenous festival in Italy. Whānau all spoke about the WhānauTri programme as being the catalyst for them to explore and seek out these opportunities.

And you see, the WhānauTri was a catalyst for me to do other things. So I went on and did Iron Māori and I did a 10 km Striders marathon thing (Kauri whānau)

It just triggered us to continue, you know the motivation to carry on. So Iron Māori is our next goal and then after that there's a marathon in New York (Ngaio whānau)

This is a demonstration of whānau being able to exercise mana motuhake by developing their own aspirations and devising strategies to achieve them. This shows the positive impact of whānau-centred initiatives, such as the WhānauTri programme, in assisting whānau to

recognise their own strengths and being able to realise their potential thus enabling whānau to achieve mana motuhake.

Conclusion

Tū Kahitakea contributes to the evidence base on whānau-centred initiatives and provides a framework, which from a whānau perspective, demonstrates the key areas upon which beneficial outcomes can be achieved. The framework shows the effectiveness of whānau-centred initiatives that are based on Māori cultural principles, in this case manaakitanga, kotahitanga, and whakapapa, and the beneficial outcomes that can be derived from programmes that are aligned to whānau values. Using the base structure of pakiaka (roots), kaupapa (purpose), and ngā rākau (values), Tū Kahikatea has the potential to be adapted across other programmes through integrating the different kaupapa and values that are unique to each programme. While ngā hua (fruits of success) may also be different for each programme, the overall aim of mana motuhake as represented by ngā manu would remain the same.

UPOKO TUAWHITU: UNDERSTANDING HOW WHĀNAU-CENTRED INITIATIVES CAN IMPROVE MĀORI HEALTH IN AOTEAROA NEW ZEALAND

Reweti, A. (2022 in review). Understanding how whānau-centred initiatives can improve Māori health in Aotearoa New Zealand. *Health Promotion International*.

This concluding article synthesises findings from the three Case Studies included in this thesis, emphasising the vital contribution whānau can make to enhancing Māori health and wellbeing.

This article has been submitted to Health Promotion International (HPI) which focuses on major themes and innovations in the field of health promotion expressively seeking contributions from community networks amongst other sectors. Like Global Health Promotion (GHP), HPI is a part of the International Union for Health Promotion and Education (IUHPE) however it allows for the submission of longer articles of up to 7,000 words, a key reason for why this publication was chosen.

See Appendices for Statement of Contribution

Abstract

To address persistent health inequities experienced by Indigenous peoples, a global call has been made to prioritise Indigenous voices and knowledge systems in health promotion. Focusing on health promotion within an Indigenous context, this article synthesises results from three case studies of whānau-centred initiatives where Māori (Indigenous to Aotearoa New Zealand) values and practices are foundational. Tū Kahikatea, a conceptual framework, is used to present findings demonstrating the connection between the values underpinning the initiatives and their outcomes. Furthermore, the framework emphasises how whānau-centred initiatives can aid whānau in achieving mana motuhake (mana achieved through collective self-determination and control over one's own destiny), hence enhancing whānau health outcomes in Aotearoa New Zealand. With new opportunities created by recent changes to Aotearoa New Zealand's health system, the findings highlight the diversity and potential of whānau-centred initiatives for capacity building and advocate for the continuation of current strengths-based whānau ora practices. The research bridges the divide between academia and local flax roots community action, demonstrating the importance of focusing service design and delivery on the needs of whānau and those who use them, rather than on a top-down, single-issue approach in which health practitioners define what those needs look like. It adds to the global call for more expansive thinking and the integration of Indigenous viewpoints and practices into Westernised healthcare to improve Indigenous health outcomes.

Introduction

A global call has been issued to prioritise Indigenous voices and Indigenous knowledge systems in health promotion (IUHPE, 2019; Ratima et al., 2019; Walters et al., 2020; Watego et al., 2021). Indigenous health promotion serves as a bridge between Indigenous development and general health promotion, giving Indigenous peoples a vehicle to realise their hopes for a healthy, proud, and self-assured future (Durie, 2004; Ratima et al., 2015; Ratima et al., 2019). Despite differences in historical context and cultural orientation, Indigenous people's notions of health and wellbeing are embedded in their worldview, culture and language, pursuit of self-determination, diverse identities, aspirations, and colonised realities (Ratima et al., 2019; Redvers et al., 2020; Walters et al., 2020). These frameworks uphold a holistic and relational approach to wellbeing including spiritual and

social aspects alongside the more biomedical focus of physical and mental wellbeing. Relationships with the environment are viewed as being central to health and wellbeing alongside the importance of having opportunities to meaningfully engage in activities that reinforce cultural identity (Kingsley et al., 2009; Panelli & Tipa, 2007; Redvers et al., 2020; Tu’itahi & Lima, 2015). Consistent with values, aspirations, and self-determination of the people, an Indigenous health promotion approach focuses on building community strength and resilience (Durie, 2004; IUHPE, 2019; Ratima et al., 2015; Walters et al., 2020). This type of approach facilitates healthy lifestyles while also strengthening cultural identity and the spiritual connection between wellbeing and the environment (Durie, 2004; Kingsley et al., 2009; Ratima et al., 2015; Redvers et al., 2020; Tu’itahi & Lima, 2015). An Indigenous approach to health promotion also recognises the importance of focusing on the collective community as opposed to focusing on individuals (Ratima et al., 2015; Redvers et al., 2020; Tu’itahi & Lima, 2015; Walters et al., 2020).

From a te ao Māori (the Māori world) perspective, health and wellbeing are based on connections and the concept of whanaungatanga (process of forming and maintaining relationships) with an understanding that health extends beyond that of individuals, disease and illness (D.Wilson, Mikahere-Hall, et al., 2021). The term hauora, which is often used to refer to Māori (Indigenous to Aotearoa New Zealand) notions of health, is holistic in that all aspects of a person are included, such as their spirituality and cultural identity. If we break down the kupu (word), one of the meanings of hau is the vital essence embodied in all persons and living things according to a Māori worldview. An expression of hau in people is breath. Ora means to be alive, to be well. The word hauora can therefore be defined as the totality of vital elements that contribute to a flourishing, dynamic and vital spirit of life. Concepts such as mauri and mana help to explain a Māori view of hauora. Mauri is the physical manifestation of hau binding the wairua (spiritual element) and tinana (physical element), making it the very essence of life (Henare, 2001; Mead, 2003). In terms of wellbeing, mauri urges people to pay attention to the vitality of their energy, the forces that motivate them to act and engage with the world around them (Penehira et al., 2011). Mana is about spiritual vitality and is often described as power, authority, or prestige (Barlow, 1991). There are many manifestations of mana and our experiences of it, such as mana tūpuna, a person’s inherited authority linked to whakapapa (genealogy), mana whenua, the

authority derived from historic and territorial rights over land, and manaakitanga, the way in which mana is harnessed through generosity and empathy to look after one another. Another manifestation of mana is mana motuhake, which refers to Māori exerting their authority over their lives and living on their own terms and in line with Māori philosophy, beliefs, and customs, which is viewed as crucial in realising health and wellbeing for a people.

Despite broad awareness of Indigenous health status and increased study into risk factors, health inequities between Indigenous and non-Indigenous peoples continue to exist (D. Wilson, Moloney, et al., 2021). In Aotearoa New Zealand, the recent Wai 2575 report (Waitangi Tribunal, 2019) details a litany of health inequities between Māori and non-Māori that stem from colonial experience alongside a health system that systematically fails to address the needs of Māori (Cormack et al., 2018; D. Wilson, Moloney, et al., 2021). Conventional approaches to health promotion tend to focus on individual risk factors overlooking a more holistic perspective associated with a Māori view of health and wellbeing (Health Quality & Safety Commission, 2019; Wilson et al., 2019). Furthermore, there has traditionally been a top-down approach to health efforts in Aotearoa New Zealand, limiting Māori participation in the design and implementation of services and strategies that directly affect their lives. Many health promotion strategies are targeted at addressing the risk factors of an individual's or community's health status, such as obesity, smoking, and diabetes, and take a deficit approach to health (Warbrick et al., 2016; Wilson et al., 2019). A deficit approach refers to a way of thinking that often frames and represents Indigenous peoples through the perspective of negativity, inadequacy, and failure (Fforde et al., 2013; Fogarty et al., 2018; Watego et al., 2021). This type of approach, which typically privileges Western forms of knowledge and existence over Indigenous forms (Bryant et al., 2021), exacerbates the marginalisation of Māori voices, attitudes, and worldviews. Such an approach frequently overlooks the larger socio-economic structures within which inequities are embedded, with disadvantage becoming so established in reductionist narratives of failure that Māori are frequently viewed as the source of the problem. This type of stereotyping about Māori contributes to certain health practitioners' negative preconceptions and attitudes against Māori, with multiple studies demonstrating that Māori face discrimination in the health sector based on their ethnicity (Harris et al., 2006, Harris et al.,

2012; Ellison-Loschmann et al., 2015; Houkamau, 2016). Critiquing a deficit approach is not about ignoring the well documented realities of disadvantage in health experienced by Māori (Palmer et al., 2019; Reid et al., 2019) however, only looking at a situation from a deficit perspective restricts the ability to see other possibilities that could lead to sustained growth and beneficial change in health and wellbeing.

Rather than focusing on stereotypes, deficiencies, and problems, a strengths-based approach teaches health practitioners to be more receptive to the unique characteristics of individuals and communities. Strengths-based approaches encourage individuals, whānau, and organisations to use their capabilities and resources to heal and become empowered. The approach acknowledges that people can grow and evolve, and that everyone possesses a variety of qualities and strengths that, with the appropriate support, may be leveraged to create a more fulfilling future. Strength-based approaches do not deny the existence of difficulties or challenges, including the cumulative effects of deprivation and the importance of addressing them. Rather, this type of approach accepts that through experiencing hardship and learning different strategies to overcome adversity, individuals can become resilient and resourceful (Fogarty et al., 2018; Pulla, 2012). A strengths-based approach recognises that individuals live within whānau communities, societies, and cultures, and that these factors, in addition to personal characteristics, influence wellbeing. This type of approach recognises that no two solutions are the same, that strengths and circumstances differ, and that people need to be fully involved in determining goals in order to build on their own strengths (Fogarty et al. 2018; Pulla, 2012).

A strength-based approach is exemplified by the concept of whānau ora, which enables Māori experiences and outcomes to be framed through a more positive lens. Whānau ora has been practised by Māori for many generations as a philosophical approach to whānau health and wellbeing. It is a term that can signify different things to different people, encompassing a vast range of concepts reflective of the diversity of whānau themselves (Office of the Auditor General, 2015). Whānau can be described through whakapapa (genealogical connections) as Māori who share common descent and kinship (Durie et al., 2010) or as groups of people brought together to fulfil a common purpose, such as sport groups, church groups, and kapahaka (Māori performing group) (Lawson-Te Aho, 2010). While the circumstances in which contemporary whānau live are diverse, encompassing a variety of social, economic, and cultural contexts, the collective responsibility that whānau share

remains a unifying factor (Cunningham et al., 2005; Lawson-Te Aho, 2010; Ratima et al., 2015). Despite varying definitions and compositions over time, it is maintained that whānau remains the core institution of Māori culture and society, providing the basis upon which subsequent generations are raised, introduced, and socialised into the wider environment (Cunningham et al., 2005; Ministry of Health, 2002; Tinirau, 2020). This establishes whānau as a critical component for the development of Māori health and wellbeing.

Rather than a community passively waiting for top-down public health interventions, many whānau are actively pursuing health and wellbeing through a number of different whānau-centred initiatives. These include activities such as Iron Māori which supports inclusive multisport events catering to a range of fitness levels (Jones et al., 2020; Pohatu, 2015); the Muriwai Sports Tournament combining sporting activities with a chance for whānau to reconnect to their ancestral heritage (Robinson, 2002); whānau wānanga (discussion forum) held by the PS Haitana Whānau Trust centred around finding ways to more effectively respond to mental health issues within their whānau (Savage et al., 2019); Wero Warrior instigated by the S J Pikia Family Trust that supports whānau to overcome barriers that have affected their ability to lead and manage healthier lifestyles (Savage et al., 2020); and Awa Ora created by whānau at Whakatū Marae (ceremonial meeting house) which focuses on whānau cleaning up the local awa (river) to lift and restore the wairua and mauri of the whānau (Savage et al., 2018). These whānau initiatives highlight the strength and resourcefulness of whānau and the ways that communities of people can work together to improve collective wellbeing.

At present, significant health reforms are currently being proposed in Aotearoa New Zealand, including the establishment of a newly created centralised health agency, Health New Zealand, and an independent Māori Health Authority (Came & O'Sullivan, 2021; Eggleton et al., 2021). The partnership between the Māori Health Authority and Health New Zealand will invest in services grounded in te ao Māori and ensure the wider health system recognises and is more responsive to Māori needs, alongside that of the wider population. Given this environment and opportunity for change in Aotearoa, this paper presents three case studies demonstrating the diversity and potential strengths of whānau-centred initiatives highlighting the fundamental role of whānau in improving health and wellbeing of a people. On the basis of this research, it is proposed that interventions that are centred on Māori worldviews and values, and that are created inside Māori communities, are more

likely to have a positive influence on Māori health outcomes than programmes that take a top-down, single issue, time limited approach to health promotion.

Method

Mātauranga (Māori epistemologies/ways of knowing) informed the research practices used in this study, which prioritises Māori ways of knowing and doing, as well as adopting techniques that take full cognisance of tikanga (Māori principles that inform practice) (M.K. Durie, 2021; Edwards, 2012; Mead, 2012). Mātauranga is rooted in the spiritual health, culture and language of the people and cannot be compartmentalised or separated from the people who hold it (Doherty, 2012; Edwards, 2012; Royal, 2009; 2011). Rather than dissecting knowledge into smaller pieces, mātauranga emerges from the interweaving of numerous sources, where links to greater dimensions and layers of knowledge are established (M.K. Durie, 2021). In this way, knowledge creation can be likened to the process of raranga (weaving) with each source of information symbolising a single rau (leaf) that is woven together to create something new. Raranga requires careful preparation and attributes such as commitment, patience, and creativity, all of which align to the process of knowledge creation from a te ao Māori perspective.

To demonstrate the potential benefits of a whānau-centred approach to aiding Māori health and wellbeing, this article synthesises results from three case studies about whānau-centred initiatives. As a platform for narratives to be heard, evaluated and studied, case studies permit in-depth investigation of an event or phenomenon (Crowe et al., 2011; Yin, 2014). Instead of using a single example to analyse and comprehend phenomena, a multiple case study approach makes use of a collection of cases to evaluate what those cases might reveal about the broader context of that issue (Crowe et al., 2011; Mpofu et al., 2021; Yin, 2014). Collectively the case studies provide insight into a diversity of whānau-centred initiatives. Each of the original case studies focus on health promotion within an Indigenous context, where Māori values and practices are foundational. The research focused on exploring the social, cultural, and health benefits of whānau-centred initiatives. Case Study 1 focuses on an initiative established by a whakapapa (genealogical) whānau. Case Study 2 is an example of a kaupapa whānau initiative originating from within the community, while Case Study 3 was instigated through the support of a local District Health Board and a community sporting agency. In-depth articles about each of the case studies, including two short films based on

Case Study 1 and Case Study 2, can be found elsewhere (Reweti, 2019; Severinsen & Reweti, 2020; Severinsen & Reweti, 2021). Ethics approval for the case studies were granted through the Massey University Ethics Committee and guided by a kaupapa whānau ethics framework developed by the researcher alongside whānau involved in Case Study 1.

Thematically analysing case studies from a te ao Māori perspective resulted in the expansion of Tū Kahikatea (which was initially developed when analysing Case Study 3) as a framework for depicting the relationship between core principles and related outcomes of whānau-centred initiatives, as well as how this translates into whānau achieving mana motuhake. Tū Kahikatea is a conceptual framework symbolising the significance of whānau and the role whanaungatanga (process of forming and maintaining relationships) plays in supporting health and wellbeing. Whanaungatanga is generated through shared experiences and working together, establishing a sense of belonging in its members, and is based on reciprocal rights and obligations that help to strengthen each member of the whānau (Berryman, 2008; Mead, 2003; Pere, 1994; Rameka, 2018). Using the Kahikatea tree as an analogy, the framework is made up of five core components – pakiaka (roots) representing the mauri (physical vitality) of the kaupapa; kaupapa (purpose) requirement of having a purpose that brings whānau together; ngā rākau (the trees) representing different core values underpinning the initiatives; ngā hua (the fruits) representing the outcomes experienced by whānau; and ngā manu (the birds) which disperse the seeds allowing new growth and self determination to be realised. Like the concept of whanaungatanga, standing closely together allows the kahikatea's roots to become interwoven, providing security for individual trees and collectively enabling them to withstand any pressures that come their way.

Case Study 1: Reweti whānau hui (RWH)

Instigated by whānau in 2012, the Reweti Whānau Hui (RWH) provides an opportunity for whānau to strengthen connections with their ancestral marae and whenua (land) and to engage in te ao Māori while fostering and developing bonds of unity amongst extended whānau members. Together the whānau have been learning about their whakapapa and connections to the whenua and each other through learning their pepeha (form of introduction establishing identity), through waiata (song), and through haka (ceremonial dance or challenge), which in turn also increases their confidence using te reo (Māori language). Another key kaupapa of the RWH is the chance for members of the whānau to

discuss what they have been focused on since their previous hui and to recognise and celebrate their successes. Data for this project was collated from sixteen participants ranging in age from 15 to 80 years through kanohi ki te kanohi (face to face) interviews and video footage obtained from filming one of the RWH.

Impact

With most of the Reweti whānau living in an urban context away from their ancestral roots, the whānau hui has provided a safe environment for whānau to explore and further secure their cultural identity as Māori. Te reo Māori me ōna tikanga (Māori language and its cultural practices) has provided an environment for intergenerational learning where values and skillsets important to the whānau are passed down. Through whānau role modelling, values such as aroha (love/compassion), kotahitanga (collective unity), manaakitanga (generosity and caring for others), and tuakana teina (mentorship) are all interwoven into the day-to-day experiences of being on the marae. This includes learning about their role as kaitiaki (guardians) of their whānau urupā (burial ground) which they visit and tend to during each hui. The RWH is an example of whānau exercising mana motuhake by developing their own aspirations and devising strategies to achieve them, providing an environment where whānau identity can be actively expressed and cultivated, and where for this whānau, being Māori is now celebrated. This has enhanced the mana of the whānau as a collective through being more connected physically, spiritually, and emotionally with each other, with their cultural identity, with their whenua, and with their marae.

Case Study 2: Waka Ama (outrigger canoe club)

Case Study 2 involves research with a local waka ama rōpū (outrigger canoe club) from Heretaunga, Aotearoa New Zealand. Waka ama (outrigger canoe) is an increasingly popular sport in Aotearoa New Zealand utilising Māori values and beliefs to improve the health of individual paddlers, their whānau and communities (Severinsen & Reweti, 2021). Waka ama is sustained from the local flax roots with many volunteers supporting the rōpū throughout the weekly club activities and participation in national and international events. Paddlers engage not just in the physical activity of paddling, but play roles in governance, organisation, decision-making, kaitiakitanga (guardianship), learning, teaching and education, leading, and sharing. Sixteen participants were directly involved in the research through a series of loosely structured conversational kanohi ki te kanohi (face-to-face)

interviews and video footage of paddlers obtained from following two morning training sessions.

Impact

Beyond the physical health benefits for paddlers, waka ama fosters cultural identity, social connectedness, intergenerational participation, and community cohesiveness. Positioned within a Māori worldview, waka ama promotes the use of te reo through karakia (incantations), waiata and learning about tikanga associated with waka. Many members of the rōpū have taken advantage of this opportunity to increase their awareness of and practice of tikanga, with many going on to further their knowledge of te reo and mātauranga through courses offered by the local wānanga (tertiary institution based on mātauranga). Waka ama also contributes to the development of a reciprocal relationship between paddlers and the environment by encouraging members to recognise their role as kaitiaki in caring for the environment that sustains them. This has encouraged members to become more involved in conservation efforts on the awa and within their region. The culture of waka ama also supports smoke free, alcohol free and fizzy (sugar sweetened beverage) free environments encouraging members to make healthy lifestyle choices. Members demonstrated a noticeable increase in self-confidence as a result of their enhanced physical ability, with linkages being formed between improved physical ability and improved mental wellbeing. Participant involvement went beyond simply getting on the water and paddling, which helped people build new social networks and become more involved in their communities. In this way, waka ama serves as an intermediary, allowing for the building and growth of community relationships based on shared waka ama-related experiences.

Case study 3: Sport Manawatū WhānauTri

Instigated in 2013 in partnership with the local MidCentral District Health Board, WhānauTri is a community-based physical exercise and health initiative, created for whānau to become more active through a 10-week programme that culminates with a whānau triathlon (Sport Manawatū, 2019). The programme's purpose is to teach whānau how to train for and complete a triathlon, as well as how to create long-term lifestyle changes by improving their knowledge of physical fitness, nutrition, and goal-setting abilities. The day of the event involves a festival-type atmosphere celebrating health and culture featuring health-related stalls, entertainment, spot prizes, and lots of extra activities and competitions

for whānau to enjoy. Encouraging participation across all age groups, the WhānauTri has become an annual event for many whānau in the Manawatū region which includes inter-generational teams of kaumātua (grandparents), mātua (parents), whaea kēkē and mātua kēkē (aunts and uncles), tamariki (children) and mokopuna (grandchildren). Data for this project came from engagement with six whānau groups incorporating 30 whānau members.

Impact

Working towards a shared goal gave whānau a purpose for connecting with one another, allowing interpersonal relationships to be strengthened. The initiative also provided opportunities for whānau to develop wider networks of support by connecting them with people and places that they might not normally have associated with. Whānau developed a strong sense of social responsibility for the kaupapa and for one another, acknowledging the critical role they had in supporting and uplifting one another. Providing whānau with opportunities to engage in outdoor activities proved beneficial for whānau with many discussing the positive benefits they felt by being in, and connecting with, te taiao (the natural environment). Whānau felt encouraged to make simple lifestyle changes in their daily routines leading to a greater sense of wellbeing. For many participants, the WhānauTri was the first time they had had a positive experience in a sporting and/or health environment. Being involved in the WhānauTri programme gave participants confidence in their abilities increasing their self-esteem and sense of self-worth. By the end of the WhānauTri programme, whānau had shifted to a place where they felt confident in their abilities to engage in resources and other hauora activities provided by the local community. Whānau also spoke of the WhānauTri as being a catalyst to pursue other healthy lifestyle ventures and for many, the newly found confidence gave them the ability to pursue their moemoeā (dreams/visions). All participants have gone on to participate in other healthy lifestyle initiatives with each of the whānau citing their involvement in the WhānauTri as being the vehicle for helping them to expand their vision of what was possible giving them the motivation and self-confidence to realise their dreams.

Findings

These case studies illustrate a number of commonalities that are implicit in a whānau-centred approach. Each of the case studies provided opportunities for intergenerational engagement strengthening interpersonal relationships and social cohesion between whānau members

and/or within the community. Whānau were able to develop a sense of connection to te taiao (the natural environment), as well as learn about and actively participate in a reciprocal relationship with the environment. Whānau spoke about increased levels of self-confidence which positively impacted on their physical and mental wellbeing. Two of the initiatives provided a gateway into te ao Māori, fostering strategies for securing cultural identity. Achieving sustainable lifestyle gains was established in all case studies. Initiatives gave whānau the opportunity to assume leadership roles and/or be a part of creating and working towards achieving their own personal aspirations. These key findings can be translated into Māori concepts of manaakitanga, kotahitanga, kaitiakitanga, whakamana (empowerment), he taonga tuku iho (ancestral treasures passed through the generations), toiora (enduring wellbeing), and mana motuhake and are discussed using the Tū Kahikatea framework with verbatim comments collated from whānau to reinforce central ideas.

Pakiaka (roots): Represent the mauri (life force) of the kaupapa

Mauri is the life spark or essence that binds and animates everything in the physical world (Henare, 2001; Mead, 2003). It underpins the Tū Kahikatea framework to indicate that all living things, including our endeavours, have a mauri that influences and is influenced by the surrounding environment. In this context, mauri embodies the energies required to fulfil the interests, objectives, and aspirations of those involved in these whānau-centred initiatives.

Kaupapa (purpose): Represents the purpose that brings whānau together

Kaupapa refers to the collective vision, aspiration, and purpose of the whānau-centred initiatives. While each of the three case studies in this research are diverse, they all focus on strengthening whānau capability and advancing whānau towards improved health and wellbeing.

Ngā rākau (the trees): Represents overarching values underpinning initiatives

Core values of manaakitanga, kotahitanga, and kaitiakitanga are evident in all of the case studies. Manaakitanga is about nurturing relationships and is concerned with the protection of a person's mana through acts of kindness, support, and encouragement. A fundamental principle of manaakitanga is cooperating with others in a spirit of reciprocity, holding everyone to a high standard of conduct towards one another (Mead, 2003). Examples of manaakitanga in practice are expressed in the following statements from whānau:

...I feel like it's an encouraging aspect to, just to lift someone up about what they've done, and for that acknowledgement, it's just like I feel good, I feel so supported in this way (C1., M)

What does it mean to me? Well, it's actually a lifestyle for me ... It's not only the sport, that keeps you healthy, but this other side of it, the camaraderie, all this is really good for the soul and the spirit of our guys, aye (C2., M)

It's encouraging each other and supporting each other and it's like you're sharing your journey with someone so you're sharing the highs and the lows (C3., F)

Kotahitanga is a term that refers to collective unity and cohesion. Recognising the diversity within whānau and among individual members, kotahitanga encourages an attitude of inclusiveness and cooperation, establishing a common sense of belonging and solidarity with one another and with the environment. The case studies demonstrate the benefits of intergenerational interaction and the increased social cohesion participants experienced as a result of their involvement.

...we all are different and accepting each other as who we are sort of connects us uniquely, we're different people and we accept one another and that's, I think, quite beautiful (C1., M)

I went to an event last night where there were 80 people who were trying waka for the first time. So there was a huge community of people coming. And I just think that waka is a community-building activity (C2., M)

It becomes whānau, it's not just blood, we're all on the same kaupapa. No one cares what anyone looks like, we're here to achieve a goal (C3., F)

Kaitiakitanga acknowledges that health is inextricably linked to the environment. As a principle within this framework, kaitiakitanga promotes a mindset of reciprocity with the environment, encouraging whānau to recognise their duty as kaitiaki (guardians) in caring for what sustains them. This was evident across the case studies with whānau being provided with different opportunities to experience and strengthen that relationship first-hand.

I think that the first thing is having a connection to the land, it ensures a connection between us all and the ability to distribute tikanga (C1., M)

...you know you're in the water three times a week, you get to know the different states of the water, you know when it's wrong, and to me that's a real Māori thing, you know everything is connected to the land, connected to the water, and so that part I really value as well (C2., M)

Spiritually, I love doing the Gorge, and I go talk to him [Tāne mahuta – Guardian of the forest] ... so it's like a renewal for me spiritually and it's a reset for me (C3., F)

Ngā hua (the fruits): Represents outcomes experienced by whānau

While ngā rākau (values) laid the foundation for whānau experiences, ngā hua (fruits of success) discusses the key outcomes experienced by whānau. Common outcomes experienced by whānau engaging in these whānau-centred initiatives can be characterised as whakamana, he taonga tuku iho, and toiora. Whakamana is a concept about enabling and empowering potential (Durie & Hermansson, 1990; Durie, 2011). This is seen in these case studies, where experiences in which whānau feel supported and valued assist them to develop self-confidence and belief in their own abilities.

This is a context where we can come together, and celebrate each other, and talk about our own successes and celebrate each other's successes and yeah it's really important because it gives you a safe environment to do so and everybody is happy to hear your successes and encourages you on, it's really cool (C1., F, Matua)

I'm fitter now and stronger now in my 50s than I have been for 20 years. So that's invaluable. I now approach physical work with more confidence ... So it's kind of given me a lot more confidence to trust my body whereas I used to start to worry about whether it was going to break on me (C2, Male paddler)

Just that sense of being able to do something so out of your comfort zone, that you can achieve it, opens up, expands, it's just so amazing (C3., Ngaio whānau)

He taonga tuku iho can be defined as ancestral treasures passed down from tūpuna through the generations, offering a sense of identity and continuity (Kawharu, 2000; Marsden & Royal, 2003). In this context he taonga tuku iho represents the ability for whānau to secure their cultural identity. This was evident in two of the case studies where whānau spoke about how the experiences of the whānau centred initiative helped secure their cultural identity as Māori.

One of the main highlights has been seeing our tamariki respond to our waiata, to our reo, and respond to all the whakapapa that they receive while they're here (C1., F)

I think it impacts hugely on like your mental hauora, just knowing who you are and where you belong (C1., F)

It's given me a doorway into the Māori world (C2., F)

It's been a learning curve for me. To the extent that I'm hoping to learn te reo. And just the whole thing. It's brought me closer to Māoridom and opened my eyes to that side of it. That's been great, yeah. I've really enjoyed it (C2., M)

While there was no explicit discussion of cultural identity among whānau in the third case study, whānau did recognise the benefits of participating in a programme based on te ao Māori values.

I actually just really loved the whole family whānau style of it. It's not about who's better or whose got the flashiest stuff. It's just about everyone being included and everyone doing it, you know (C3., M)

It's kotahitanga, whanaungatanga and it's all of that encompassing into one (C3., F)

Toiora suggests the idea of enduring wellbeing. Toi relates to a summit, pinnacle and can also mean Indigenous, source and knowledge. Ora is about health, life, vitality and can also mean to be cured, recovered, and healed. Therefore, toiora can mean the pinnacle of health according to an Indigenous understanding. In this context, it is used to discuss beneficial

lifestyle changes whānau have made as a result of their participation in the whānau-centred initiative.

Ever since I came here I've gotten more confident with speaking te reo cause we do our mihi and learn our pepeha (C1., F)

The healing thing I've found about waka ama events is that you go to the sprint nationals in Karāpiro, and it's a huge event, I think they had 3,000 odd paddlers last time, from all ages, but the thing is, all these food outlets, there's no fizzy, there's no smoking, there's no junk food, it's all a real push for those healthy lifestyle food choices and it just becomes the norm you know (C2., M)

Just making little changes in your life, lifestyle. For example, eating, making little changes, that's success, that's healthy (C3., F)

Ngā manu (the birds): Represents the seed dispersal process, which allows for new growth and self-determination.

It is through the birds who eat the fruits of the tree and disperse the seeds, that kahikatea trees are propagated. This implies that the seeds of achievement sowed through participation in these whānau-centred initiatives are dispersed throughout the whānau community, providing new opportunities for growth. This is akin to the concept of mana motuhake, or Māori self-determination, which can be defined as the ability to choose one's own path in life through increased self-reliance.

I think these hui can take us anywhere, anywhere that we want to go with it, I think it can take us there (C1., F)

It's really challenged me in lots of ways, all the different relationships, different types of people, being on the committee, so it's brought a lot of growth in lots of ways (C2., F)

And you see, the WhānauTri was a catalyst for me to do other things. So I went on and did Iron Māori and I did a 10 km Striders marathon thing (C3., F)

It just triggered us to continue, you know the motivation to carry on. So Iron Māori is our next goal and then after that there's a marathon in New York (C 3., F)

Discussion

The goal of this research was to create a platform for whānau engaging in whānau-centred initiatives to share their experiences in order to obtain an understanding of the social, cultural, and health benefits that whānau experience as a result of their participation. The success of these case studies redirects our attention away from a narrow clinical approach and towards a more holistic perspective of health that is more in keeping with Indigenous health practices. By emphasising the foundational values that underpin successful whānau initiatives, the Tū Kahikatea framework demonstrates the connection between values and outcomes, as well as the way in which whānau-centred initiatives can pave the way for whānau self-determination. For example, if projects are embedded in foundations that are relevant to whānau, they are more likely to experience favourable outcomes, which are more likely to help them reach a level of self-determination.

Across each of the case studies, whānau narratives emphasised the importance of foundational values such as whanaungatanga, manaakitanga, kotahitanga, and kaitiakitanga as the reason for the initiatives' effectiveness in engaging and retaining whānau. Numerous studies, including those on the advantages of kapa haka (Pihama et al., 2014; Thompson et al., 2017) and on Māori participation in physical activity (Pohatu, 2015; Warbrick et al., 2016) substantiate these findings. Further evidence for the importance of the foundational values discussed in these case studies is provided by clinical studies examining strategies to improve the lives of whānau with cancer (Kidd et al., 2020; Koia, 2019) and research on whānau perceptions of encounters with neurorehabilitation (Elder, 2017; B. Wilson, Bright, et al., 2021). This emphasises the need of building authentic and respectful connections with whānau in order to secure their participation as well as the importance of programmes that are led by whānau and based on core values that are relatable to the people who participate in them.

As a result of the core values that underpinned these initiatives, whānau gained social, cultural, and health benefits, including whakamana (enhanced self-confidence), he taonga tuku iho (secure cultural identity) and toiora (enduring wellbeing). Whānau gained confidence in their abilities as a result of their efforts, which increased their self-esteem and

sense of self-worth. More opportunities for healthy living and social participation opened up for whānau as they gained the self-confidence to use new services or take on leadership roles within their whānau and/or community. This supports the findings of Masters-Awatere and Graham's (2019) study, which found that participation in a kaupapa Māori-centred initiative enhanced whānau sense of self-determination and confidence in accessing different health services. Additionally, the case studies illustrate practical ways in which whānau were given the opportunity to participate in te ao Māori, thereby securing their cultural identity. This builds on research showing how secure cultural identity can protect Māori against a range of negative outcomes such as depression, suicidality, and economic hardship, all of which are decreased when one has a strong connection to te ao Māori (Durie, 2001; Houkamau & Sibley, 2015; Muriwai et al., 2015; Waiti & Kingi, 2014). Whānau also discussed making healthier lifestyle choices, such as limiting sugary drinks, increasing their exercise levels, and incorporating te reo into their daily lives. These measures instilled in whānau a sense of self-determination and commitment to improving health outcomes showing the perpetual and sustainable nature of these types of initiatives.

From a te ao Māori perspective, self-determination can be referred to as mana motuhake. These case studies, like those from Te Pūtahitanga o Te Waipounamu (Savage et al., 2018; Savage et al., 2020; Savage et al., 2021) and Te Whānau o Waipareira (Te Pae Herenga o Tāmaki, 2017) show whānau expressing mana motuhake by developing their own ambitions and devising ways to achieve them. Increased personal agency and control over one's life is associated with better health and social results, as evidenced by studies demonstrating how improving whānau self-determination results in greater whānau wellbeing (McMeeking & Pierre, 2019; Murphy 2014a, 2014b). As a result of colonisation processes that gradually eroded Māori self-determination, whānau now need to re-establish self-determination as a cultural practice in their own respective contexts (McMeeking et al., 2020). These case studies show how bottom-up, flax-roots efforts can assist whānau communities reclaim a sense of self-determination.

Mana motuhake has been identified as a fundamental element in New Zealand's health system, with both the Māori Health Action Plan (Ministry of Health, 2020) and the newly constituted Māori Health Authority (Department of the Prime Minister and Cabinet, 2021)

using the term as a crucial goal. The premise is that these reforms will enable Māori to build systems and health solutions that are beneficial to Māori. Historically, government health and social services for Māori have been developed with an emphasis on individuals and single-issue concerns, rather than on whānau as a collective (Te Puni Kōkiri, 2015; McMeeking & Pierre, 2019). Additionally, kaupapa Māori services have been hindered by contractual agreements with the government that are prescriptive, fragmented, and compliance driven (Durie et al. 2010; McMeeking et al, 2020). The present health reforms in Aotearoa New Zealand provide an opportunity to reflect on previous shortcomings and to make a commitment to do things differently in the future.

These case studies demonstrate that when given the opportunity, whānau members can make a difference not just in their individual circumstances, but also in the growth of their whānau and wider communities. This implies that contracts for Māori health services should be funded in order to reflect this broader emphasis on whānau providing opportunities for Māori to take control of their own health and wellbeing in a way that strengthens mana motuhake for whānau. This supports the concept that service design and delivery should be centred on the requirements of whānau and the people who use them, rather than a top-down conventional approach in which health practitioners determine what those needs look like. While not all solutions will be the same, this approach recognises that whānau and their circumstances differ, and that whānau must be fully engaged in creating goals and capitalising on their strengths and resources in order to achieve their objectives. As a result, service development should aim to provide whānau with the assistance and resources needed to identify and define the thriving pathways that are unique to their individual whānau and/or community.

Conclusion

This study highlights the diversity and ways in which whānau-centred initiatives increase whānau capacity, emphasising the critical importance of whānau in enhancing Māori health and wellbeing. Consistent with an Indigenous approach to health promotion, this research indicates that interventions that take into account Māori worldviews and values, as well as those generated within Māori communities, will have a greater influence on Māori health outcomes than top-down, single-issue public health promotion programmes. It adds to the global call for more expansive thinking and the integration of Indigenous viewpoints and

practices into Westernised healthcare to improve Indigenous health outcomes. The Tū Kahikatea framework presented here can be used to foster the development of initiatives anchored in te ao Māori focusing on whānau strengths and self-determination rather than prevalent deficiency narratives. Rather than addressing problems, these types of efforts will help whānau thrive. Whilst acknowledging and recognising that poor health, poverty, and colonisation have negative repercussions for whānau wellbeing, this perspective places an emphasis on the immense and collaborative capacities that can be mobilised within whānau in response to these challenges. With new opportunities presented through current changes to the health system in Aotearoa New Zealand, the findings support the continuance of current whānau ora practices that emphasise strengths rather than weaknesses as a strategy to attain mana motuhake within whānau and thus improve whānau health outcomes.

KUPU WHAKAKAPI: FINAL WORDS

Through an exploration of the social, cultural, and health benefits associated with whānau-centred initiatives, the aim of this thesis was to help transform the narrative and ways of thinking about Māori health to reflect Māori reality and potential. Three whānau-centred initiatives were explored, providing a platform for whānau experiences to be heard. Findings emphasised the strengths and benefits that whānau had experienced, as well as common themes associated with effective whānau-centred initiatives. Throughout this thesis, I have continually returned to Māori concepts of manaakitanga (generosity and caring for others), kaitiakitanga (guardianship), kotahitanga, (collective unity and solidarity) and whanaungatanga (process of forming and maintaining relationships). All participants spoke of these values in one way or another, indicating their importance for engaging and retaining whānau involvement as well as providing a platform for whānau to realise their potential. In addition, the study emphasises the importance of cultural connectedness as a determinant of health, asserting that initiatives aimed at securing connections to culture and whenua strengthen individual and collective identities having beneficial effects on the health and wellbeing of whānau. Further, these case studies illustrate how local flax roots community action enable whānau to reclaim their sense of self-determination, leading to mana motuhake (mana achieved through collective self-determination and control over one's own destiny) for whānau communities.

Contributions

A large body of literature has been dedicated to understanding the unmet needs of Māori demonstrated in health disparities and inequities (Came et al., 2014; Came et al., 2016; Cormack et al., 2018; Ellis-Lochman et al., 2015; Harris et al., 2006; Harris et al., 2012; Houkamau, 2016; Palmer et al., 2019; Reid et al., 2019; Waitangi Tribunal, 2019; D. Wilson, Moloney, et al., 2021). This research has sought to counter the deficit reporting and negative stereotyping typically associated with Māori health, by recognising the strengths and effectiveness of community-led health promotion and the crucial role whānau have in contributing to health and wellbeing. The contribution of this thesis focuses on elevating the experiences of whānau bridging the gap between academic research and local flax roots community action identifying pathways in which whānau can work towards achieving mana motuhake and thus improve whānau health and wellbeing.

By identifying common experiences and exploring beneficial outcomes for whānau involved in whānau-centred initiatives, the thesis also contributes to the literature regarding the importance of relational approaches to engaging Māori (Berghan et al., 2017; Durie, 1999; Durie, 2004; Panelli & Tipa, 2007; Rameka, 2018; Ratima et al., 2015; B.Wilson, Bright, et al., 2021; D.Wilson, Mikahere-Hall, et al., 2021; D.Wilson, Moloney, et al., 2021), and points to the importance of incorporating key values such as manaakitanga, kaitiakitanga, kotahitanga, and whanaungatanga in promoting whānau-centred health.

This thesis contributes to the body of literature asserting that interventions that take into account Māori worldviews and values, as well as those generated within Māori communities, have a greater influence on Māori health outcomes than top-down, single-issue public health promotion programmes (Durie, 2004; Pohatu, 2015; Ratima et al., 2015; Thompson et al., 2017; Warbrick et al., 2016). These contributions are well aligned with recent reforms to Aotearoa New Zealand's health system, which emphasise the importance of primary and community health care as well as a greater need for public consultation, community involvement and community representation in the design and delivery of health care. A framework like Tū Kahikatea can contribute to these reforms by providing an understanding of how health services and programmes can be developed in accordance with the values that matter to whānau and how these values can support positive outcomes that will help whānau achieve mana motuhake. Together, these findings contribute to the global call (International Union for Health Promotion and Education, 2019; Ratima et al., 2019; Walters et al., 2020; Watego, 2021) for more comprehensive thinking and the integration of Indigenous perspectives and practices into Westernised healthcare in order to improve Indigenous health outcomes.

In addition, the kaupapa whānau framework developed alongside whānau extends literature around mātauranga-a-whānau (Broughton & McBreen, 2015; Doherty, 2012; 2019; Edwards, 2012; Le Grice et al., 2017; Lipsham, 2020; Mead, 2012; Pohatu, 2015; Royal, 2004; 2009) and may serve as an underlying theoretical framework that whānau can consider when conducting research alongside their whānau.

Most importantly, this thesis has contributed to the continued growth of whānau involved in this study by providing a platform for whānau voices to be heard and assisting whānau in recognising the collaborative capabilities they harness for good within their communities.

The research has also provided tools such as the short films which whānau have used to secure additional funding and/or recruit new members to their initiatives.

Research limitations and opportunities for further research

It is important to acknowledge that all studies have limitations, and this thesis is no exception. This thesis focused on exploring the social, cultural and health benefits of whānau-centred initiatives using examples that are already established in the community. It would also be helpful for organisations and practitioners tasked with working with whānau to understand the different processes whānau go through when setting up and establishing whānau-centred initiatives. This was an area that was not fully discussed throughout this thesis and documenting these processes could be a useful addition.

Throughout this thesis, I challenge the role of health promotion/health practitioners by advocating that they shift their focus to organic, community-based health promotion that already exists within communities and to embrace flax roots leadership. Despite an environment that has inherent barriers to the funding and delivery of kaupapa Māori initiatives, there are a multitude of whānau and community innovations happening across Aotearoa that aren't reliant on external intervention or funding. This thesis supports these types of initiatives, which demonstrate that health practitioners are not always necessary or needed to deliver programmes or to support whānau health and wellbeing in our communities. Research focusing on understanding the interface between whānau-centred initiatives and health practitioners could lead to a significant change in how health and wellbeing are supported in our communities.

The question also arises as to how Māori health is taught to health practitioners in their chosen fields of study. The origins of this thesis came after I gained a qualification in Māori Health, gaining a great deal of knowledge about Māori 'ill' health, but not much understanding of hauora, or wellbeing from a te ao Māori perspective. For example, there are a number of workforce development programmes in place in Aotearoa to support the development of a Māori health workforce, which have been successful in increasing the number of Maori working in health-related areas (Curtis & Reid, 2012; Curtis, 2018; Ratima et al., 2007; Stewart et al., 2019). However, are we producing a Māori health workforce that reflects Māori health values, or are we producing health workers who are Māori but are

ultimately colonised by the knowledge they obtain about Māori health from tertiary institutions whose philosophy and learning processes are Westernised?

From a more personal perspective, I started this doctoral journey at a time when whānau ora was at its beginning phases and not much literature was available about the experiences of whānau involved in whānau-centred initiatives. Since then, much has changed with whānau ora becoming more prevalent in the public health sector with the involvement of whānau ora commissioning agencies like Te Pūtahitanga and Te Waipareira working extensively to elevate whānau voices. In seeing more and more recent literature relating to the kaupapa of my thesis, I have both been anxious that by the time I have completed my thesis I will not be making any new contributions, but also excited that whānau are now being more readily recognised and have a platform to share their experiences. During these final stages, it has been crucial for me to remember that the worth of a doctorate is not just in the finished product, but also in the journey itself. My ideas and abilities have shifted over this period of time, and I am now better able to articulate myself academically, and I've also developed a broader understanding of what my voice is and what it can contribute to.

In addition to this, I have at times felt hindered by my inability to converse and think confidently in te reo (Māori language) which has at times limited my ability to express myself at a deeper and more creative level than I could have. In other circumstances, I have felt frustrated trying to explain Māori concepts in English when an understanding of te reo would suffice. This was especially the case when working towards publishing articles in an International setting where English is the dominant language. Many academic journals that appeared relevant to my kaupapa required in-text translations and glossaries that not only took up a large percentage of the final word count, but also took time and consideration to ensure an adequate translation could be given to concepts formed from a completely different worldview and perspective. It often seemed as though more time was spent clarifying the context and justifying methodological approaches than actually presenting the research. In this process, it became evident how Western knowledge dominates the academic space, in part supported by publishing processes that determine what knowledge is important, reflecting and reiterating a hierarchy of subordination towards Indigenous knowledge perspectives within academia (G.H. Smith & L. T Smith, 2018). This led me to think about the inequity of the publishing process for those writing from an Indigenous perspective, a limitation which was not expanded upon in this thesis. Publication in

academic journals is crucial to both the advancement of knowledge and the careers of those involved in research and scholarship. Although there are excellent journals, such as MAI, AlterNATIVE, and International Journal of Indigenous Health, which cater specifically to Indigenous scholarship, Indigenous scholars work in a range of academic disciplines where there are strong pressures to publish in highly ranked "mainstream" journals (Movono et al., 2021). With emerging academics continuing to face these challenges, there is an opportunity to further contribute to research on decolonising academic publishing and creating supportive networks for Indigenous scholars.

Kupu whakamutunga

As I draw near to the completion of this doctorate journey, I have been thinking about the whakataukī that inspired the title and direction of this research. An individual rau (leaf) on its own may seem insignificant, but when woven together it reveals its true potential. Likewise, I am insignificant without the support of my whānau. This thesis journey started by following a pathway orchestrated by my tūpuna and has been shaped through the lens of my whānau and the different encounters that we've experienced throughout this time. While watching the short films and reviewing the articles that have been developed for this thesis, I am reminded of the generosity and spirit of whānau who have shared their experiences. It is because of their collaboration that this thesis has been completed.

Mā te whiritahi, ka whakatutuki ai ngā pūmanawa ā tāngata

Together weaving the realisation of potential

HUINGA KUPU MĀORI: GLOSSARY

Te reo (Māori language) does not always readily translate into English words therefore this glossary is not definitive and refers to the context of te reo used in this publication only. Some kupu (words) can be used in different ways, and in different context, thus having a different meaning. Hence, there is occasion where they may be more than one translation for some kupu used in this thesis.

ako	culturally preferred pedagogy
Aotearoa	One of the Māori names for New Zealand most often translated as meaning land of the long white cloud
aro	reflective praxis #
aroha	love, compassion
atua	primal energy sources
awa	river
haka	ceremonial dance or challenge
hapū	kinship group, subtribe
harakeke	native plant to Aotearoa
hau	energy source
hauora	totality of vital elements that contribute to a flourishing, dynamic and vital spirit of life
heitiki	pendant representing ancestor
Hineahuone	earth formed maiden
hōngi	to press noses and share breathe
hononga	building and maintaining relationships #
hurihuinga	reflexivity #
ihi	essential force, power
Io Matua	the supreme wairua whose energy gave life to all things
iwi	extended kinship group, tribe
kaiako	teacher
kaitiaki	guardians, being empathetic #
kaitiakitanga	guardianship

kanohi ki te kanohi	face to face
kapa haka	Māori performing group
karakia	incantation
karanga	ceremonial call
kaumātua	grandparents, elders
kaupapa	purpose
kia whakatōmuri te haere whakamua whakataukī	Māori proverb expressing Māori perspective of time
koha	gift
kōrero	narrative, to speak, discussion
kotahitanga	collective action, collective unity and solidarity
kōwhaiwhai	artwork that tells a story
kuia	elderly women
kupu	word
mamae	pain and anguish
mana	spiritual vitality
mana ake	unique identity of individual and whānau
manaakitanga	process of showing respect, generosity and care for others, care and reciprocity)
mana motuhake	self-determination, mana achieved through collective self-determination and control over one's own destiny
manuhiri	guests
Māori	Indigenous to Aotearoa New Zealand
marae	ceremonial meeting house
mātauranga	Māori epistemologies/ways of knowing
mātauranga ā-whānau	knowledge systems which are shaped by the experiences and environments in which whānau live
matua/ mātua	adult, parents
mātua kēkē	uncle
Māui	well-known Polynesian character of pūrākau
Māui Pōmare	first Māori medical practitioner in Aotearoa New Zealand

maunga	mountain
mauri	physical vitality
mere	stone weapon
mihimihi	introductory speeches
moemoeā	ability to dream
mokopuna	grandchildren
mōteatea	traditional chant
ngā rākau, ngā hua, ngā manu	the trees, the fruits, the birds **
ngāwari	flexibility #
Ngāti Parewahawaha	tribal group from the Rangitīkei area
Pākehā	non-Indigenous population of Aotearoa New Zealand
Papatūānuku	earth mother
Ōhinepuhiawe	land associated with Parewahawaha marae
ora	well, life
pakiaka	roots of a tree
pepeha	form of introduction establishing identity
pēpi	baby
pōwhiri	welcoming ceremony
pūkenga	skilled, knowledgeable person
pūmanawa	personal characteristics, gifts, talents
pūrākau	epistemological narratives
rangatahi	youth
rangatiratanga	right to exercise authority
Rangiātea	credited to the the first whare wānanga, a space in the 12th heaven where the baskets of knowledge were suspended
Ranginui	sky father
Rangitīkei awa	river associated with Ngāti Parewahawaha
raranga	weaving
rau	leaves
ringawera	kitchen worker
rohe	regions, boundary, district

rōpū	group
tamariki	children
Tāne Māhuta	atua of the forest
tangata	people
tangata whenua	people of the land
taonga	treasure
taonga tuku iho	ancestral treasures passed through the generations, secure cultural identity, cultural inheritance
tapu	state of influence
tauparapara	chant
te ao Māori	the Māori world
Te Ao Mārama	the world of light, the realm of light
Te Kore	embodies the great and infinite nothingness, infinite void
Te Pae Māhutonga	Māori health promotion model
Te Pō	the long night, aeons of darkness and night
te reo Māori	Māori language
te reo Māori me ōna tikanga	Māori language and its cultural practices
te taiao	the natural world, environment
Te Whare Tapa Whā	Māori health model
te whare tūpuna o Parewahawaha	ancestral house of Ngāti Parewahawaha
Te Wheke	Māori health model
tīhei mauri ora!	Let there be life!
tikanga	cultural principles, collective beliefs and values, Māori principles that inform practice
tinana	physical
tino rangatiratanga	sovereignty
tohu	symbol to instruct
toiora	enduring wellbeing**
tuakana/teina	mentoring relationship, relationship between an older (tuakana) person and a younger (teina) person specific to teaching and learning in the Māori context

tupuna/tūpuna	ancestor, ancestors
tūrangawaewae	place to stand
uri whakaheke	descendants
urupā	burial ground
utu	reciprocity #
wā	time
wāhi haumarū	providing a safe space #
wāhi tapu	sacred place
waiata	song
waiata tautoko	song supporting kaupapa
wairua	spiritual element
wairuatanga	spirituality
waka ama rōpū	outrigger canoe club
wana	awe inspiring
wānanga	to meet and discuss, deliberate, discussion forum, gathering for the purpose of learning, tertiary institution based on mātauranga
wehi	to be awesome, respect
whaea kēkē	aunty
whaikōrero	formal speech
whakamana	empowerment
whakapapa	system to order knowledge, genealogy connection to people and the environment **
whakatau	formal welcome
whakataukī	Māori proverb
whānau	extended family, family group
whānau ora	collective wellbeing
whanaungatanga	process of forming and maintaining relationships
whaikōrero	formal speaker, formal speeches
whakawhanaungatanga	process of establishing relationships
whakawirinaki	trust #
wharenuī	meeting house
whare tūpuna	ancestral house

whenua

land, placenta

translation is specific to a cited article where the author uses this translation as a term in a framework

** kupu used in the Tū Kahikatea framework developed for this thesis

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NGĀ ĀPITIHINGA: APPENDICES

Appendices appear in the following order:

Statement of contributions

- A tangata whenua approach to conceptualising Māori health and wellbeing
- Developing a kaupapa whānau framework to explore the social, cultural and health benefits of a whānau-centred initiative
- Mā ngā pakiaka e tū ai te rākau: Securing cultural identity for whānau wellbeing
- Mana whānau: Securing cultural identity and wellbeing at the marae (Film)
- Waka ama: An exemplar of indigenous health promotion in Aotearoa New Zealand
- Waka ama: An expression of hauora (Film)
- Tū Kahikatea: Whanaungatanga as a catalyst for whānau wellbeing
- Understanding how whānau-centred initiatives can improve Māori health in Aotearoa New Zealand

Ethics approval

- MUHEC ethics approval notification
- Low risk ethics approval notification Ngati Reweti
- Low risk ethics approval notification Waka Ama

Information sheet

Participant consent form

Interview guides

- RWH interview guide
- Waka ama interview guide
- WhānauTri interview guide



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We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.

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<input checked="" type="radio"/> The manuscript is currently under review for publication – please indicate: <ul style="list-style-type: none"> The name of the journal: Global Health Promotion The percentage of the manuscript/published work that was contributed by the candidate: 45.00 Describe the contribution that the candidate has made to the manuscript/published work: Candidate conducted literature review and sourcing of information, drafted the article alongside co-authors, and was completely involved in the collective editing, re-drafting and re-writing processes during the completion of the article. 	
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In which chapter is the manuscript /published work:	Upoko Tuawhā
<p>Please select one of the following three options:</p> <p><input type="radio"/> The manuscript/published work is published or in press</p> <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: <p><input checked="" type="radio"/> The manuscript is currently under review for publication – please indicate:</p> <ul style="list-style-type: none"> • The name of the journal: AlterNative: An International Journal of Indigenous Peoples • The percentage of the manuscript/published work that was contributed by the candidate: 100.00 • Describe the contribution that the candidate has made to the manuscript/published work: Candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter <p><input type="radio"/> It is intended that the manuscript will be published, but it has not yet been submitted to a journal</p>	
Candidate's Signature:	Angelique Reweti <small>Digitally signed by Angelique Reweti Date: 2022.02.10 11:15:26 +13'00'</small>
Date:	10-Feb-2022
Primary Supervisor's Signature:	Dr Suzanne Phibbs <small>Digitally signed by Dr Suzanne Phibbs DN: cn=Dr Suzanne Phibbs, o=Massey University, ou=School of Health Sciences, email=s.phibbs@massey.ac.nz Date: 2022.02.10 15:40:05 +13'00'</small>
Date:	10-Feb-2022

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STATEMENT OF CONTRIBUTION DOCTORATE WITH PUBLICATIONS/MANUSCRIPTS

We, the candidate and the candidate's Primary Supervisor, certify that all co-authors have consented to their work being included in the thesis and they have accepted the candidate's contribution as indicated below in the *Statement of Originality*.



Name of candidate:	Angelique Reweti
Name/title of Primary Supervisor:	Dr Suzanne Phibbs
In which chapter is the manuscript /published work:	Upoko Tuawhā
<p>Please select one of the following three options:</p> <p><input type="radio"/> The manuscript/published work is published or in press</p> <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: <p><input checked="" type="radio"/> The manuscript is currently under review for publication – please indicate:</p> <ul style="list-style-type: none"> • The name of the journal: AlterNative: An International Journal of Indigenous Peoples • The percentage of the manuscript/published work that was contributed by the candidate: 100.00 • Describe the contribution that the candidate has made to the manuscript/published work: This refers to the short film - Mana Whānau: Fostering cultural identity and whānau wellbeing at the marae. Candidate conducted original research and drafted the script and was completely involved in the editing, re-drafting and re-writing processes along with artistic direction during the completion of the short film. <p><input type="radio"/> It is intended that the manuscript will be published, but it has not yet been submitted to a journal</p>	
Candidate's Signature:	Angelique Reweti <small>Digitally signed by Angelique Reweti Date: 2022.02.10 11:15:28 +13'00'</small>
Date:	10-Feb-2022
Primary Supervisor's Signature:	Dr Suzanne Phibbs <small>Digitally signed by Dr Suzanne Phibbs DN: cn=Suzanne Phibbs, o=Massey University, ou=School of Health Sciences, email=s.phibbs@massey.ac.nz</small>
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Name/title of Primary Supervisor:	Dr Suzanne Phibbs
In which chapter is the manuscript /published work:	Upoko Tuarima
<p>Please select one of the following three options:</p> <p><input type="radio"/> The manuscript/published work is published or in press</p> <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: <p><input checked="" type="radio"/> The manuscript is currently under review for publication – please indicate:</p> <ul style="list-style-type: none"> • The name of the journal: Health Promotion Journal Australia • The percentage of the manuscript/published work that was contributed by the candidate: 50.00 • Describe the contribution that the candidate has made to the manuscript/published work: Candidate conducted original research and drafted the article alongside co-author, and was completely involved in the collective editing, re-drafting and re-writing processes during the completion of the article. <p><input type="radio"/> It is intended that the manuscript will be published, but it has not yet been submitted to a journal</p>	
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Name/title of Primary Supervisor:	Dr Suzanne Phibbs
In which chapter is the manuscript /published work:	Upoko Tuarima
Please select one of the following three options:	
<input checked="" type="radio"/> The manuscript/published work is published or in press <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: Promoting health through waka ama. (2020). Global Journal of Community Psychology Practice, 11 (1). https://www.gjcpp.org/en/photovid.php?issue=34&photovid=69 	
<input type="radio"/> The manuscript is currently under review for publication – please indicate: <ul style="list-style-type: none"> • The name of the journal: • The percentage of the manuscript/published work that was contributed by the candidate: 50.00 • Describe the contribution that the candidate has made to the manuscript/published work: This refers to the short film - Promoting health through waka ama. Candidate conducted original research and drafted the script alongside co-author, and was completely involved in the collective editing, re-drafting and re-writing processes along with artistic direction during the completion of the short film. 	
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Primary Supervisor's Signature:	Dr Suzanne Phibbs <small>Digitally signed by Dr Suzanne Phibbs DN: cn=Dr Suzanne Phibbs, o=NZ, ou=Massey University, ou=school of health, email=s.phibbs@massey.ac.nz Date: 2022.02.11 10:10:56 +13'00'</small>
Date:	11-Feb-2022

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Name/title of Primary Supervisor:	Dr Suzanne Phibbs
In which chapter is the manuscript /published work:	Upoko Tuawhitu
<p>Please select one of the following three options:</p> <p><input type="radio"/> The manuscript/published work is published or in press</p> <ul style="list-style-type: none"> • Please provide the full reference of the Research Output: <p><input checked="" type="radio"/> The manuscript is currently under review for publication – please indicate:</p> <ul style="list-style-type: none"> • The name of the journal: Health Promotion International • The percentage of the manuscript/published work that was contributed by the candidate: 100.00 • Describe the contribution that the candidate has made to the manuscript/published work: Candidate prepared the full draft of the manuscript and supervisors comments and input have been to the same extent as for a traditional thesis chapter <p><input type="radio"/> It is intended that the manuscript will be published, but it has not yet been submitted to a journal</p>	
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Date:	10-Feb-2022

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Ethics approval



Date: 11 May 2016

Dear Angelique Reweti

Re: Ethics Notification - **SOB 16/12 - The transformative effect of whanau: Uncovering the health benefits of whanau development initiatives.**

Thank you for the above application that was considered by the Massey University Human Ethics Committee: **Human Ethics Southern B Committee** at their meeting held on **Wednesday, 11 May, 2016.**

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 951 6841; 06 95106840
E humanethics@massey.ac.nz; animalethics@massey.ac.nz; glc@massey.ac.nz

27/09/2019

Dear: Angelique Reweti

Re: Low Risk Notification - 4000021795 - Ngati Reweti whanau hui

Thank you for your notification which you have assessed as Low Risk. Your project has been recorded in our database for inclusion in the Annual Report of the Massey University Human Ethics Committee. The low risk notification for this project is valid for a maximum of three years. If situations subsequently occur which cause you to reconsider your ethical analysis, please contact a Research Ethics Administrator.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice- Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

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

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director - Ethics, telephone 06 3569099 ext 85271, email humanethics@massey.ac.nz."

Please note, if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to complete the application form again, answering "yes" to the publication question to provide more information for one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely



Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

HoU Review Group

Ethics Notification Number: 4000018859

Title: Waka ama as health promotion

Thank you for your notification which you have assessed as Low Risk.

Your project has been recorded in our system which is reported in the Annual Report of the Massey University Human Ethics Committee.

The low risk notification for this project is valid for a maximum of three years.

If situations subsequently occur which cause you to reconsider your ethical analysis, please log on to <http://rims.massey.ac.nz> and register the changes in order that they be assessed as safe to proceed.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

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

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director (Research Ethics), email humanethics@massey.ac.nz."

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish require evidence of committee approval (with an approval number), you will have to complete the application form again answering yes to the publication question to provide more information to go before one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

If you wish to print an official copy of this letter, please login to the RIMS system, and under the Reporting section, View Reports you will find a link to run the LR Report.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)

Information sheet

Exploring the social, cultural and health benefits of whānau initiatives.

Tena koutou e te whānau. My name is Angelique Reweti and I would like to invite you to participate in my research project. I am researching stories of whānau success by documenting whānau experiences of their involvement in whānau initiatives. The research is being conducted as part of my enrolment in Massey University's Doctor of Philosophy Programme.

What is the project about?

This project is about celebrating whānau success and uncovering the social, cultural and health benefits associated with whānau initiatives. My intention is to provide a platform for whānau voices to be heard while also identifying common themes and benefits that translate into healthier lifestyles for whānau. This study also seeks to challenge deficit style reporting commonly associated with Maori health by demonstrating the important role whānau have in contributing to the continued health and well-being of society.

What would you have to do?

If you agree to participate you will be invited to share with me your experiences of the whānau initiative that you are involved with. Our kōrero will be audio taped to help me take accurate notes and identify key themes. You can choose to stay anonymous by informing the researcher and by selecting a pseudonym (fictitious name) so that your identity remains unknown. Following collation of data from initial kōrero, you will be invited to attend a hui or individual meeting to discuss common themes and benefits that have arisen – this ensures your whakaaro is incorporated into the analysis of the project. Any children aged eight and over are also invited to participate. We will explain the process to them and they can choose whether they want to take part. We will also need the consent of their parent/caregiver.

How much time will be involved?

Participation in this project will take about 6 hours of your time. The first kōrero will take about 1 to 1.5 hours. You'll be sent a copy of your kōrero to review so that you can edit or request changes be made - this could take you about 1 to 1.5 hours. After initial information has been collated, you'll be invited to attend a hui or individual meeting to discuss common themes and benefits which may take up to 2 hours. Kōrero and hui will be held at a convenient time and place that is suitable to both you and the researcher.

What will happen to the information that you provide?

Your kōrero will be transcribed into written form. I will provide a copy of your transcript for you to review to ensure that you are happy for me to use the information you have provided, and/or give you the chance to delete or change any aspects that you may not want included in the research. I'll use the information as a basis to write my thesis for this project and may also use it for conference presentations, and to develop papers and publications for academic journals. A summary of the research findings will be made available to you on completion of this project.

How will the information be stored?

The information collected for this project will be kept in a computer folder with password protection accessible only to the researcher and supervisors of the project. Your contact details and consent forms will be stored in locked filing cabinet accessible only by the researcher. This is to ensure that all information obtained during this project will be kept in the strictest confidence.

What can you expect?

If you choose to take part in the research, you have the right to:

- Withdraw from the study at any time;
- Decline to answer any particular question;
- Choose not to have the interview audiotaped and/or to ask for the audio tape to be turned off at any time during our kōrero/hui;
- Ask any questions about the study at any time during participation;

- Provide information on the understanding that your name will not be used unless you give permission to the researcher.
- Be given a summary of the findings of the study once it has been completed.

You can also expect that any information you provide will be treated with full sensitivity and that any personal details used will not identify you or other people in the study.

Who can you contact about this study?

The contact details for me and for my research supervisors are as follows. Please feel free to make contact if you have any questions or concerns regarding the research.

Researcher: Angelique Reweti, Phone: [REDACTED] email: [REDACTED]

Primary Supervisor: Dr Suzanne Phibbs, School of Public Health, Massey University, Palmerston North Phone: (06) 356 9099 ext 85349 e-mail: S.R.Phibbs@massey.ac.nz

Co-Supervisor: Dr Margaret Forster, Te Putahi a Toi – School of Māori Art, Knowledge, and Education, Massey University, Palmerston North Phone: (06) 356 9099 ext 84359 e-mail: M.E.Forster@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 16/12. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz

Participant consent form

I agree that Angelique has a conversation with me, where we will discuss my experience in (insert initiative). I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

Angelique has informed me that:

- I can stop my involvement in the interview anytime I like if I don't feel like it anymore.
- I do not have to answer any questions I do not want to.
- She will be recording our conversation, but I can ask for the recorder to be turned off any time.
- I will not be identified in the research, and she will keep all personal information private and not name me by my name in results and publications.
- I have read the information sheet and have been told everything I need to know.
- She has answered any questions I had and I know I can ask more at any time.
- I agree to the interview being sound recorded.
- Any filming may be used in a promotional video for health promotion and I agree for footage of myself to be used.

Name: _____

Signature: _____

Date: _____

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 16/12. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz

RWH interview guide

Questions for interviews

- Tell me about yourself and how you got involved in the RWH
- What motivated you to join the RWH?
- What does the RWH mean to you?
- What's it all about? How do you feel when you come to the RWH?
- What do you think makes the RWH so good? Why do you keep coming back?
- What are the benefits of being involved in the RWH?
- If you think back to when you first started the RWH, what changes have you noticed in yourself since then? What have you learnt since starting the RWH?
- Have you made any changes that have led you to living a healthier lifestyle?
- If you think about these changes within a holistic context, what impact has the RWH had on your-wairua-hinengaro-tinana-whānau?
- Can you tell me about how tikanga Māori is incorporated into the RWH. Have you got an example?
- Have there been any challenges to being involved in the RWH?
- What have been the highlights of being involved in the RWH?

Questions for filming

- Tell us about the RWH kaupapa. What's it all about?
- What motivated you to join the RWH?
- What does the RWH mean to you?
- How do you feel when you come to the RWH?
- What have been the highlights of the RWH being for you?
- What have been the benefits to your health/hauora

Waka ama interview guide

Questions for interviews

- Tell me about yourself and how you got involved in waka ama
- What motivated you to join waka ama?
- What does waka ama mean to you?
- What's it all about? How do you feel when you come to waka ama?
- What do you think makes waka ama good? Why do you keep coming back?
- What are the benefits of being involved in waka ama?
- If you think back to when you first started waka ama, what changes have you noticed in yourself since then? What have you learnt since starting waka ama?
- Have you made any changes that have led you to living a healthier lifestyle?
- If you think about these changes within a holistic context, what impact has waka ama had on your-wairua-hinengaro-tinana-whanau?
- Can you tell me about how tikanga Māori is incorporated into waka ama. Have you got an example?
- Have there been any challenges to being involved in waka ama
- What have been the highlights of being in waka ama

Questions for filming

- Tell us about the waka ama kaupapa. What's it all about?
- What motivated you to join waka ama?
- What does waka ama mean to you?
- How do you feel when you come to waka ama?
- What have been the highlights of waka ama for you?
- What have been the benefits to your health/hauora

WhānauTri interview guide

Questions for interviews

- Tell me about yourself and how you got involved in the WhānauTri
- What motivated you to join the WhānauTri?
- What does the WhānauTri mean to you?
- What's it all about? How do you feel when you come to the WhānauTri?
- What do you think makes the WhānauTri so good? Why do you keep coming back?
- What are the benefits of being involved in the WhānauTri?
- If you think back to when you first started the WhānauTri, what changes have you noticed in yourself since then? What have you learnt since starting the WhānauTri?
- Have you made any changes that have led you to living a healthier lifestyle?
- If you think about these changes within a holistic context, what impact has the WhānauTri had on your-wairua-hinengaro-tinana-whānau?
- Can you tell me about how tikanga Māori is incorporated into the WhānauTri. Have you got an example?
- Have there been any challenges to being involved in the WhānauTri?
- What have been the highlights of being involved in the WhānauTri?