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Enabled at last? A study of the development of three Maori  
health providers from 1994 – 2001

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## Abstract

This thesis is a study of the experiences of three Maori health providers in the Heretaunga (Hawkes Bay) region, New Zealand. Focusing on the first six to seven years of their existence this study examines how government policies of devolution and the associated creation of appropriate health care organisations for Maori affected the operation of these organisations. The following topics were utilised throughout the thesis as a structure for analysis: the contracting model used, the reporting required by the funders, inadequate funding, professional intolerance, competition for resources, and health system restructuring resulting in short term policies. Looking at the issue of tino rangatiratanga this thesis draws on these topics to determine whether or not this new policy environment has actually led to increased tino rangatiratanga for Maori – specifically Maori working in Maori health providers. The evidence provided in this thesis shows that in many respects this has not been the case. While increased tino rangatiratanga has been an outcome of the devolution process, the process has not delivered the extent of tino rangatiratanga that some hoped would be delivered through the devolution of service delivery to Maori. However, despite the relatively bleak picture that this thesis has painted of the experiences of these Maori health providers, their experiences should still be seen as an example of success. The changes in government policy which led to the creation of Maori service providers as discussed in this thesis have led to the creation of an environment in which a greater degree of Maori control over Maori health issues has been achieved. This thesis shows that unfortunately this change has not been to the extent that the women interviewed for this thesis hoped it would be when they first set up their organisations. The problem is that the policies, structures and processes, which they as Maori health practitioners and workers in Maori health provider organisations have had to work through, have at points, seemed to impede the operation of their organisations. However, despite these problems, shifts in government policy combined with their ongoing efforts have created a space in which they are able to assert their tino rangatiratanga through the practice of their mana wahine.

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