Article 9

He oranga mo Aotearoa: Māori wellbeing for all

By Tamarapa Lloyd

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Accelerating Māori wellbeing is not only good for Māori but also for New Zealand. While our rate of progress has been slow, we can achieve Māori wellbeing as a nation. But we need to make a different set of decisions around the direction we collectively take.

In order to achieve meaningful progress, New Zealand needs to consider three interrelated dimensions:

Firstly, what comprises Māori wellbeing? What are some common approaches or frames of reference to help plan for and enhance Māori wellbeing.

Secondly, how does an organisation implement and deliver on Māori wellbeing? If improving Māori outcomes is a goal what are some common signposts for success (or by their absence, failure).

Finally, what is the approach to measuring Māori outcomes? How does one build outcome measurement tools that measure the things that matter to Māori?

This article considers various Māori wellbeing frameworks and measurements, the barriers to Māori wellbeing and the drivers and changes that could improve it.

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Measuring Māori wellbeing

At one level Māori seek the same outcomes as all other New Zealanders - access to adequate food, good housing, educational attainment and adequate health care, preservation of the natural environment, and connection to community and culture. However, on another more significant level, Māori wellbeing is not the same as that for non-Māori. Māori wellbeing is based on our status as tangata whenua – in order to succeed we must succeed as Māori.

Government approaches to improve Māori wellbeing over the last 30 years have, with some exceptions, largely been unsuccessful. There hasn't been much positive movement in the negative statistics for Māori in over 30 years; over 50% of all prisoner numbers, low levels of educational attainment, high levels of unemployment, inequitable access to healthcare, decreasing levels of home ownership, low incomes, and higher than average mortality rates.[1] In some cases, statistics have even worsened: for example, Māori suicide is at its highest level since records began.[2]

Infant mortality
(per 1000 live births)

1986 Māori 19.0 | non-Māori 11.0

2014 Māori 7.2 | non- Māori 4.6

Life expectancy
(years lower than non-Māori)

1986 Male: 6.98 years
Female: 8.46 years

2013 Male: 7.3 years
Female: 6.8 years

Home ownership

1986 Own 45% | Rent 50%

2013 Own 35% | Rent 88%

Unemployment
(% of population)

1986 Māori 14% | non-Māori 3.7%

2018 Māori 9.4% |non-Māori 3.6%

Prison admissions
(% of total admissions)

1986 50%

2018 88%

Despite some culturally appropriate programmes to improve Māori wellbeing, our education, healthcare, justice, welfare and corrections services are still mainly defined and governed by what works for Pākehā. This is hardly surprising when Māori are still under-represented in the top three tiers of the public service and also at the lower levels of management.[3] In fact, Māori presently comprise only 16% of all public sector positions, down from 16.4% in 2012. And despite the clear need for more Māori in the sector and calls for greater diversity and inclusion across government, there hasn't been any real movement over the last 5 years. Indeed, part of the answer to improving Māori wellbeing is having more Māori in positions of power within government, either to a proportion that matches the Māori population as a whole or alternatively the number of Māori service customers of a specific ministry or agency.

Academic discourse on Māori frameworks to measure Māori wellbeing, including cultural capital and tribal histories, have existed since the 1980s.[4] Despite this body of academic writing, and centuries of Māori history that point to the Māori factors of wellbeing, there are few state entities that have experience with effectively implementing or measuring Māori outcomes successfully.

Māori academic leader, Sir Mason Durie who developed a wellbeing framework last decade, says the measurement of Māori wellbeing requires an approach that is able to reflect Māori worldviews, especially the close relationship between people and the environment.[5] The usefulness of comparing Māori wellbeing with that of other population groups is limited only to universal aspects of wellbeing (such as disease prevalence).[6] Durie's approach resulted in Te Kupenga, the 2013 survey of Māori wellbeing by New Zealand Statistics, and two Māori mental wellbeing assessment tools, Hua Oranga and the Meihana Model.[7,8,9] He also developed Māori health models Te Whare Tapa Whā (see sidebar), which is based on pre-existing notions of Māori wellbeing.

Information from Te Kupenga provides overview statistics on four areas of Māori cultural wellbeing: wairuatanga (spirituality), tikanga (Māori customs and practices), te reo Māori (the Māori language) and whanaungatanga (social connectedness). The purpose of Te Kupenga is to contribute to informed public debate on Māori wellbeing, however up until 2018 it was a single data point. The second Te Kupenga survey, undertaken in August 2018, should provide important comparative data for researchers and policymakers regarding the policies and programmes that contribute to different wellbeing outcomes for the Māori population.

In addition to Sir Mason's wellbeing work, cultural economist Atawhai Tibble has developed an economic model, *Ngā Rawa e Ono* (the *Six Tribal Capitals Model*).[10] The model is broadly based around five core capitals – tribal or people capital, relationship capital, cultural capital, kaitiaki capital and political capital – bound together by a sixth capital described as the requirement to make mokopuna-centric decisions that are focussed on intergenerational longevity. This is what storytelling expert Joe Harawira describes as "Mokonomics", i.e. "what world are we leaving our mokopuna?" This notion of intergenerational wellbeing is common across all Māori tribes. For example, Tunohopu of Te Arawa said *"He aha au i mate noa ake ai ka tupu aku pakarito" ("I will not perish for my descendants will live and prosper").*

While a significant body of literature may exist around Māori wellbeing, developing a Māori wellbeing framework specific to an organisation or activity must go well beyond simply stating a range of Māori values. It needs to show what each measure is, and how an outcome was or can be achieved, through the work of the ministry or agency to improve wellbeing. Below is a 2014 measurement and outcomes matrix adapted from Durie's 2006 frameworks.[11]

Table 1: Te Ngāhuru: A Māori-specific population outcome matrix

	Human capacity		Resource capacity	
Outcome classes	**Te Manawa** A secure culture identity	**Te Kāhui** Collective Māori synergies	**Te Kete Puāwai** Māori Cultural and intellectual resources	**Te Ao Tūroa** The Māori estate
Outcome goals	• Positive Māori participation in society as Māori • Positive Māori participation in Māori society	• Vibrant Māori communities • Enhanced Whānau capacities • Māori autonomy	• Te reo Māori in multiple domains • Practice of Māori culture, knowledge and values	• Regenerated Māori land base • Guaranteed Māori access to a clean and healthy environment • Resource sustainability and accessibility
Example indicators	• Enrolment on the Māori electoral role • Employment in Māori designated positions • Involvment in Māori networks • Knowledge of whakapapa	• Number of Māori institutions (e.g, marae, kapa haka teams) • Number of whanau businesses • Number of Māori provider organisations	• Number of adults able to converse in Māori • Number of domains where Māori use is encouraged • Marae attendance • Presence of Kaumātua	• Māori land valuations • Regeneration of native bush • Quantity and acccessibility of seafood stock

Source: Adapted from Durie (2006, Tables 3& 4)

Structural changes across the public sector to achieve greater accountability by reporting on Māori wellbeing are slowly progressing. In 2015, the expert panel who reviewed Child, Youth and Family (CYF) recommended the immediate commencement of yearly public reporting on how they were achieving improved outcomes for vulnerable Māori children and young people who used their services.[12] In 2017, this recommendation became a legal requirement under section 7AA of the Children, Young Persons, and their Families (Oranga Tamariki) Legislation Act 2017. Oranga Tamariki, the Ministry for Children, will provide its first report on improving outcomes for Māori this year. And the New Zealand Public Health and Disability Act 2000 states "District Health Boards must reduce health disparities by improving the health outcomes of Māori and other population groups."[13]

Universal services don't work for all

The universal approach is based on the theory that by addressing those most in need, Māori will benefit because they are disproportionately represented amongst New Zealand's most disadvantaged.[14] However, as we will discuss, a targeted customer-led approach to service delivery is more effective.

Do universal services work? Absolutely – for a proportion of the Māori population universal services are an appropriate approach to the provision of social services. But where universal services often fail is the extent to which they have (or have not) adopted Māori concepts, practices and approaches as part of the 'business as usual' suite of activities. Over the last 30 years there have been a numerous Waitangi Tribunal inquires (and independent Government Commissions) on the failure of the state to deliver effective services to Māori. These claims and inquires all address a failure by the Crown to sufficiently acknowledge Māori rights and deliver a level of service that is equal to the contract of care between the State and citizens and/or the promises contained in the Treaty of Waitangi. In essence they argue against a one-size-fits-all universal approach that fails to understand the lives that many Māori live.

There is a growing wave of social sector-specific Waitangi Tribunal inquires taking shape on the horizon. The Tribunal presently has 11 kaupapa claims before it, seven covering big societal questions including: education services and outcomes; citizenship rights and equality; identity and culture; the justice system; constitution self-government and the electoral system; and the recently started inquiry around health services and outcomes.

The first stage (of three) of the Health Services and Outcomes Kaupapa inquiry concerns claims brought by Māori Primary Health Organisations and Providers and the National Hauora Coalition into the legislative and policy framework of the primary healthcare system.[15] These include allegations of institutional racism, bias, inequitable provision of services to Māori resulting in higher mortality rates, and under-funding of Māori providers and initiatives.

"The evidence for inequities is unimpeachable right now," says Dr Rawiri Jansen, who is representing Māori practitioners at the inquiry. He believes equity is possible within a generation and cites recent statistics that 15.5% of graduating doctors are Māori, which is proportional to the Māori population. He says the tribunal's non-binding recommendations need to be strong, and that the Government must be willing to act on them. The Crown's tribunal evidence does not deny inequity, and agrees it's unacceptable, but doesn't go so far to accept any blame.[16]

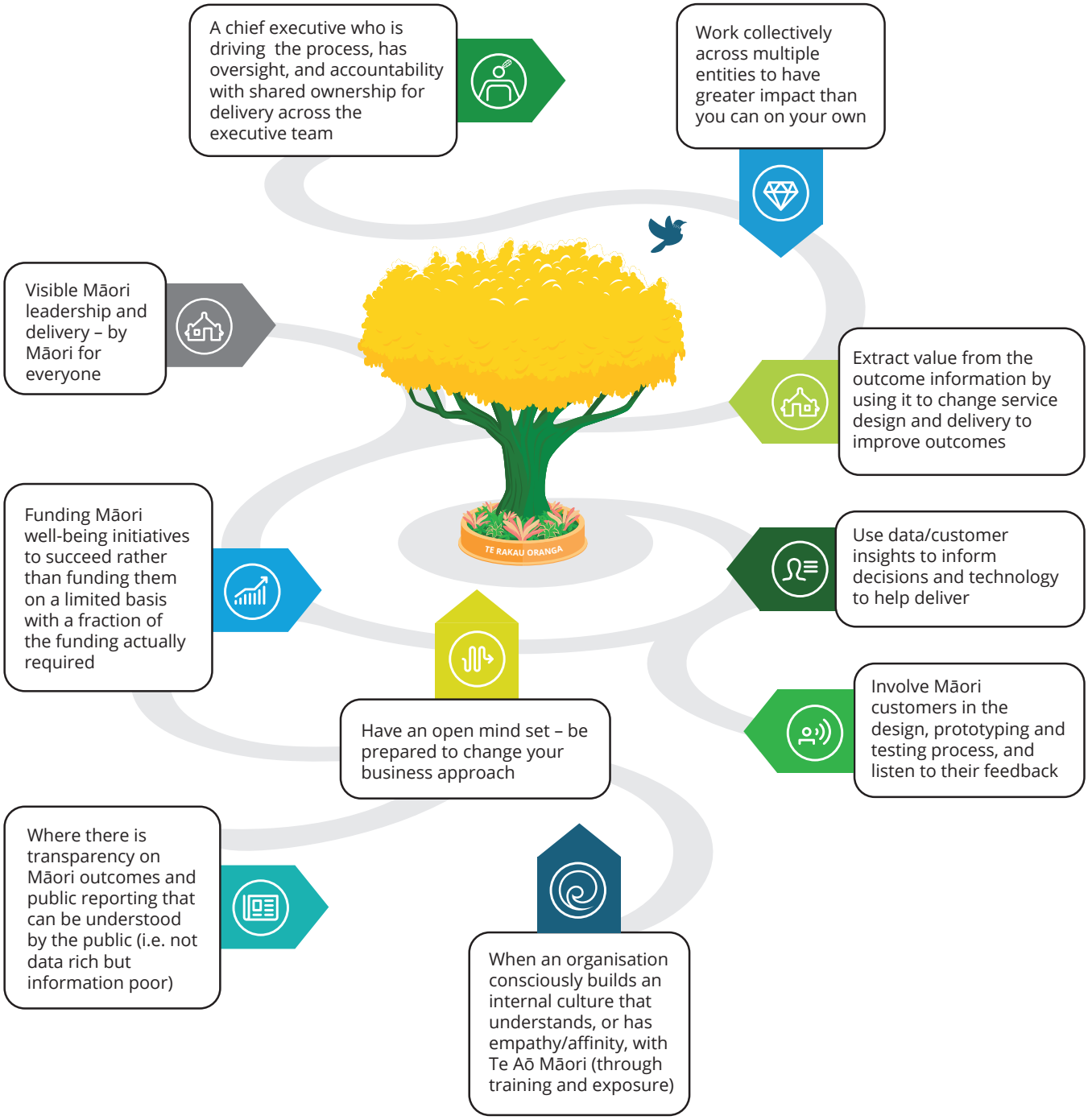
When seeking to deliver new approaches to improve Māori wellbeing, changing the organisational culture that has supported under-performance is both a necessity and an important step. Puao te Ata tu – the 1986 Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare - was fundamental to the reform that led to the Children, Young Persons and their Families Act 1989 and the establishment of CYF.[17] The report was a thorough review of the Department of Social Welfare and made a series of forceful recommendations to improve the way the Department approached working with Māori. These included combating workforce racism, adopting cultural leadership training, incorporating Māori values and beliefs into policies and looking at power sharing and greater Māori-focussed resource allocation within the Ministry. However, despite a powerful report and legislative reform, many of the same Department staff were then tasked with implementing transformational change, which according to successive reviews, never eventuated. Despite its vintage, many of the recommendations in the Puao te Ata tu Report still ring true today.

The examples above show that the concept of universal services doesn't treat all people equally; particularly Māori. Human systems are prone to transference of bias into the design of services and ultimately implementation; value is not ascribed to Māori and therefore they are seen as expendable. A 2016 research project sought to investigate the practice of "whitestreaming" in universities, institutes of technology and polytechnics (ITPs). Whitestreaming is a process whereby specialist Māori positions, programmes or teams have been changed to generalist positions, programmes or teams. The resulting report said whitestreaming had become a widespread practice across the tertiary sector – occurring in all eight universities, at least 13 of the 18 ITPs, and in one wānanga.[18] This was despite a strong body of evidence showing that Māori students are "best supported by culturally-specific recruitment initiatives, learning support services, kaupapa-based teaching and learning approaches." Whitestreaming is continuing as a cost saving practice across tertiary institutions.

Transference of designer bias can also occur during computer coding and end up being present in bots, AI, self-learning algorithms and robotic process automation. Joy Buolamwini writes that AI systems are shaped by the priorities and prejudices — conscious and unconscious — of the people who design them.[19, 20]

Ngā tohu tautoko
Pathways to success

What are the signposts for successfully achieving change with regard to Māori wellbeing or outcomes? Success happens when you have a combination of the following factors:



Wellbeing initiatives for Māori

So what could help improve Māori wellbeing? If we look first at the high-needs cohort, customer-led interventions using a collective impact approach have proven to be a viable solution. The collective impact approach explicitly recognises that no single organisation, entity, ministry or agency has the resources, connections, networks, reach or understanding to create large-scale, lasting social change alone. It is only through working collectively that large-scale change will occur.

Perhaps the most successful application of Māori wellbeing in practice is Whānau Ora, an indigenous health initiative driven by cultural values. When introduced in 2010, Whānau Ora forced a change in the way services, providers and agencies operate by placing families as their focal point. This cross-government work programme executed by Ministry of Health, Ministry of Social Development and Te Puni Kokiri involved more than 150 service providers and thousands of families.
As with any programme of this scale, there have been teething problems as noted in the 2015 Auditor General Report critically noting Whānau Ora was confusing, bureaucratic and poorly administered, saying while it collected pieces of information, it had failed to provide a comprehensive overview on what was being achieved.[21]

While whānau wellbeing is a complex concept, at its simplest it is about having a happy and healthy whānau. Whānau wellbeing, or whānau ora, is based on the central role of Māori cultural values. As stated in Lawson-Te Aho, 2010: "Whānau ora is a state of collective wellbeing that is integrated, indivisible, interconnected and whole."[22] Whānau Ora has still some way to go, shown by the record numbers of Māori children in state care.[23] However, as we discussed in Article 4, an enhanced whānau by whānau approach could build on Whānau Ora.[24]

At a local level, we have seen successful collective impact models such as the Manaaki Tangata programme led by Te Puea Memorial Marae in Auckland.[25] In 2016, they attracted national attention and awareness of homelessness and government's failure to address it when they opened their doors to accommodate 181 people – at least 100 of them children. This programme attracted 1200 volunteers and by working alongside housing providers and agencies, they were able to place 130 families in homes. Although a short-term solution, this efficient way of operating collectively could be critical to tackling the cause of wellbeing issues such as housing and employment.

Another local project is the Rotorua Family Harm project, led by NZ Police in partnership with local Māori and community leaders. The group applied a collective impact methodology to the problem of family harm. They agreed on a common agenda: to reduce the impact of family harm on the lives of vulnerable young people and their whānau. Launched in 2015, the project has transitioned to being 'business as usual' for service delivery. Over this period the project achieved a 10.6% reduction in family harm incidences and it is now being rolled out to Western Bay of Plenty and Tāupo. The strategic features for the Rotorua Collective Impact project offer a template for future Māori-focused programmes (see sidebar).

While Māori contribute to the cost drivers of government social sector expenditure, we are surprisingly under-utilised as consumers of core services with views on how to improve services and outcomes. A standard approach to growing market share for any business is developing deeper and richer insights of the customer base. Typically this involves market research, interviews, testing and prototyping of new products and services directly with the customer. The same rationale holds true for designing more effective public services that ultimately seek to improve Māori outcomes and reduce the cost to the State. Despite what many would see as an obvious tactic, few have adopted this as a standardised approach to improving Māori wellbeing.

Where to from here?

As Māori Development Minister Nanaia Mahuta pointed out in a speech earlier this year, improving the wellbeing and security of whānau will benefit New Zealand as a whole. "The biggest current Māori contribution to the wider economy is from Māori earning salaries and wages, and with a young Māori population, this contribution will increase significantly over the next 20 years."[26]

She said Māori already have the inherent skill, knowledge and passion to do even better in the economy. "All of us here have a critical part to play, and a responsibility, to unleash that potential, connect it to practical support and make it a soaring reality for us all to enjoy."

"When we all work together – Government, Māori business and whānau, and our partners in the wider community – all of our aspirations stand a greater, more powerful chance of truly being achieved."

And the outlook is definitely looking up. A review of Whānau Ora due this month.[27]

So the roadmap – and the pathways - exist to improve Māori wellbeing, but getting there will require systemic change. Every system is perfectly designed to get the results it gets – this is true for the justice system, the health system, the education system and so on. If Māori wellbeing remains low it is because those systems, and those people in positions of power over them, have not made the changes required for positive results.

As demonstrated, improving outcomes for Pākehā does not necessarily improve outcomes for Māori, but the reverse is true. Improving Māori wellbeing will have a positive flow on effect throughout the New Zealand economy – from reduced public sector costs through to higher tax revenues from educated and employed Māori.

Māori-focussed approaches will not only help Māori but also New Zealand as a whole and these should be embraced and applauded.

Strategic features of the Rotorua Collective Impact Project

The number of Family Harm Investigations in Rotorua was forecast in 2015 to continue increasing based on the upward trend of previous years. However, the actual number of investigations decreased in 2016 and 2017 due to the project. Overall the project has achieved a reduction in reported incidences of family harm of 10.56%, contrary to projections of year on year increases. The project applied the following strategy:

1. A collective impact methodology

The collective impact approach reset the relationship amongst the participants, addressed silo thinking and focussed discussion on the common customer.

2. Strong and enduring relationships

Significant time was invested to build relationships of trust between regional decision makers at all levels. Participants had an opportunity to think about and design how they might deliver collective services.

3. Regional autonomy and leadership

Rotorua designed, established, implemented and delivered the project. There is significant ownership and a high level of senior Māori leadership.

4. More responsive cross-Government services

Identifying the families most impacted by family harm allowed agencies to recognise they were all working with the same clients. Services were then mapped to see what services were being delivered in a way that put whānau at the centre.

5. Data led decision-making

Information was shared amongst participant Agencies. Looking at the "Top 20" families created a call to action. Sharing this data was a key activity that evidenced the potential impact of working collectively.

6. Proof of concept and no Government funding

The project was funded out of baseline funding from participants and focussed on doing more with existing funding by reviewing strategies, services and systems.

Māori health models – Te Whare Tapa Whā (developed by Sir Mason Durie)

One model for understanding Māori health is the concept of 'te whare tapa whā' – the four cornerstones (or sides) of Māori health. With its strong foundations and four equal sides, the symbol of the wharenui illustrates the four dimensions of Māori wellbeing. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.

For many Māori, modern health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness.

Taha tinana (physical health)

For Māori the physical dimension is just one aspect of health and wellbeing and cannot be separated from the aspect of mind, spirit and family.

Taha wairua (spiritual health)

The spiritual essence of a person is their life force. This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going. A traditional Māori analysis of physical manifestations of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.

Taha whānau (family health)

Understanding the importance of whānau and how whānau (family) can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.

Taha hinengaro (mental health)

This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori and the perception that others have of us.

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