Matariki

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About Te Mata o te Tau

Matariki atua, ka eke mai i te rangi e roa,
e whāngai iho ki te mata o te tau, e roa e, hei tuku i ngā
wānanga i ngā kai ki te ao mārama.

Te Mata o te Tau; The Academy for Māori Research and Scholarship was launched in 2003 to provide a forum for fostering Māori academic advancement and creating new knowledge. The Academy is interdisciplinary and intersectoral and unites Māori scholars from several disciplines, departments, and centres of research. It has strong links with other academic and research bodies in Massey University, in New Zealand, and with indigenous scholars overseas.

The **broad aims** of the Academy are;

- the advancement of Māori scholarship
- the provision of a forum for Māori scholars to collaborate across academic
- disciplines and subject areas
- the promotion of high quality research that will contribute to new knowledge
- and positive Māori development
- the provision of leadership for Māori academics at Massey University.

The name of the Academy is linked to Matariki, the star cluster also known as Pleiades, and symbolises the promise of a fruitful year, and the advancement of knowledge.

About this Monograph

Consistent with the desire to advance scholarship and promote Māori research excellence, this monograph is designed as a forum for Māori researchers and academics and provides a means though which ideas on a range of issues, connected to Māori development, can be considered.

This monograph provides another avenue for publication and which complements already existing mechanisms.

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THE QUANTIFICATION OF MĀORI DEVELOPMENT

James Hudson

James Hudson is currently a Research Officer
within the Office of the Assistant Vice-Chancellor (Māori)
at Massey University. He is currently conducting a study into the
quantification of Iwi development.

INTRODUCTION

This paper considers Māori development and highlights some reasons why progress should be measured, from a Māori perspective. In considering these matters, this paper seeks to contribute to current discourse and create open dialogue on the significance and importance of constructing meaningful measures of, and for, Māori development.[1]

While conventional measures of development provide some insight into Māori progress (across a range of indices) they have often been criticised for being too narrow, western orientated, or not consistent with the values and expectations of Māori. Comparisons with non-Māori have also been a common method of assessing Māori development and in many ways Māori progress has become synonymous with the "closing the gaps" or the extent to which Māori are able to match non- Māori standards. Conventional measures of progress, such as life-expectancy, income, employment, or home ownership have

usefully highlighted trends and patterns, as well as opportunities. However, they are not comprehensive measures of development, nor can they be assumed to reflect the total array of concerns which are important to Māori and which are relevant to the lives of Māori individuals and Māori communities.

This paper will therefore reflect on outcomes within the context of Māori development and frameworks in which it is provided. It will also traverse the array of rationale for increasing research and development efforts towards constructing meaningful measures of Māori development, at all levels, and proffer some examples of current measures which go some way towards doing this.

MĀORI DEVELOPMENT & OUTCOMES

Māori have always had an interest in progress or aspirations for positive development. History is replete with examples of innovation and initiative, -traditions and philosophies which were shaped by broader desires for advancement and which serve as enduring reminders of a capacity to grow and evolve.

It was not until 1984, however, that a deliberate (and perhaps more collective) approach to Māori development was proposed. The Hui Taumata provided the contemporary catalyst through which Māori enthusiasm for the future could be harnessed and, similarly, signaled a move towards policies which empowered Māori and utilized more traditional structures and concepts. Following this hui, many government functions were consequently devolved to iwi, hapū and urban Māori authorities which helped create an environment where Māori could take the lead on initiatives of significance to Māori development.

The rationale and objectives which underpinned these moves were derived from an identified need, disparities across a range

of indices, and a desire to improve the socio-economic position of Māori. They were coupled with political and community enthusiasm for approaches that utilized traditional structures within contemporary settings.[2]

Considering the broad range of concerns and approaches to Māori development, it was inevitable that a variety of interpretations and models for understanding Māori development would also emerge. Indeed, increasing Māori and iwi autonomy over their own well-being has seen the parallel emergence of developmental frameworks to accommodate these interpretations and understandings. Within the health sector, for example, while Māori health frameworks were crucial to the initiation of Māori health programmes, Māori health and well-being frameworks also continued to develop in proportion to the increase of Māori and iwi activity in social policy and service delivery areas.[3] They have likewise demonstrated the value of targeted models of service delivery and the limitations of generic modes of operation that do not always reach or engage Māori.[4]

While it is difficult to arrive at a universal Māori view of development, Māori development frameworks share some common themes. First, they have been predominantly developed by Māori practitioners, researchers and academics and, as a result, will have been shaped by Māori paradigms, and influenced by Māori values, Māori philosophies and Māori aspirations. They are likely to be compatible with other more conventional frameworks, notwithstanding they will simultaneously emphasise, from a Māori perspective, different priorities, different starting points and explore parameters for which these other frameworks may not provide. And, importantly, they are developed with Māori users in mind and attempt to apply cultural paradigms to modern times and present-day realities.

An example of a recent précis on Māori development is the Tri-axial Māori Development Framework.[5]   The Tri-axial Māori Development Framework configures Māori development along three axes.
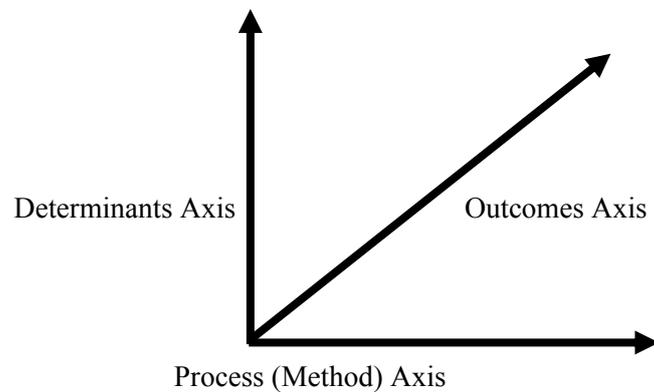
The Process Axis reflects the ways in which Māori programmes and services are delivered. It incorporates a number of activities and principles of Māori development which have been emphasised since the early 1990s. The importance of Māori values, the recognition of Māori aspirations, the use of Māori-centred analytical frameworks, the adoption of evidence-based approaches are all emphasized along with, holistic interpretations of knowledge through the integration of multiple sectoral and disciplinary insights. The framework further presumes that the interpretation of Māori development should incorporate Māori view points and acknowledges that the methodology of Māori development should be informed by empirical data.

The Determinants Axis explores the factors that influence, or have influenced, Māori development. It is primarily concerned with externalities and their impacts on Maoir people, resources, and programmes. In this way, the framework draws attention to various contexts, relations and dynamics that are useful for an analysis of Māori development. Some of these include the

Māori-Crown relationship, notions and principles of indigeneity, historical antecedents and Māori diversity.   While there are a number of ways in which the determinants can be grouped,[6] the essential point is that Māori development is influenced by a variety of factors operating together.   The determinants axis directs analysis of Māori development towards a multi-faceted exploration whereby numerous factors may be analysed against each other.

The final axis, the Outcomes Axis, is concerned with results - the outcomes that can be anticipated and measured. The framework is constructed on the premise that the demonstration of results, and the way in which results are measured, are necessary to the study of Māori development.[7] It therefore identifies outcome domains that are relevant to the analysis of Māori development, such as well-being, identity, environmental integrity and autonomy. In the framework, outcomes are seen to be a product of determinants and processes.

The Tri-axial Māori Development Framework is therefore an example of a developmental framework that provides a robust and cohesive space within which to analyse and provide for Māori development. It also draws specific attention to the outcomes and results of Māori development and the requirement for these to be quantified in some manner.

However, while this paper is primarily concerned with those issues that may directly relate to the Outcomes Axis, it is acknowledged that the framework highlights the relationship between processes, determinants, and outcomes and reveals the interdependent nature of these interactions. It is therefore recognized that any analysis of Māori development that is solely based on outcomes will be unrealistic unless processes and determinants are likewise considered as part of a broader equation.

QUANTIFYING MĀORI DEVELOPMENT

While having recently gained some attention, the idea of measuring progress is not entirely foreign to Māori. Māori cultural traditions and philosophies have been viewed as "natural carriers of accounting and measuring progress" and the likes of karakia and mihi viewed as vehicles for the expression of knowledge that Māori ancestors have passed on to present generations.[8] It has also been identified that Māori have a tradition in which planning was (and remains) implicit in iwi and hapū activity.[9]

More recent interest in Māori statistical data has been accredited to the 1961 Hunn Report.[10][11] While official Māori statistics had been collected since the late 1850s, the Hunn Report provided comprehensive statistical analysis with findings that highlighted the deprived state in which Māori people were living at the time. These findings generated widespread concern and mobilised Māori support for the recommendations that were eventually reflected in government policy. Later, the devolution policies of the late 1980s and early 1990s reinforced the notion that Māori should be in control of their own development. Government departments had an important facilitating role by ensuring that their policies enabled Māori to transition into a self management mode. This, too, focused attention on the need for robust data to underpin such policy development and government statisticians became even more aware of the need to upgrade official Māori statistical data.[12]

At least three rationale can now be identified for increasing efforts to further research and construct measures capable of quantifying Māori progress and development: to contribute further, more relevant insight about the make-up of the Māori and New Zealand populations; to address shortfalls in current official, statistical data concerning Māori; and to provide

evidential bases that can inform pragmatic approaches to strategic development, policy analysis and future planning for iwi, hapū and other Māori collectives.

Insight into Māori Development

By considering the implications of socio-economic indicators on Māori development, within frameworks developed by Māori and which align with a Māori worldview, a more comprehensive understanding of Māori development and the Māori population can be formulated. These insights can add a wider dimension to complement the narrowly focused data gathered to date.

Engaging in work concerning outcomes requires a shift in focus from the past to the present and the future. The process of looking towards, and providing for, future generations, involves a shift in mind-set that may not be universally shared, let alone applied, by Māori collectives and organisations. However, planning for the longer term future very often competes with the urgent day to day concerns and the righting of past injustices. And while it is one thing to promulgate visionary aspirations about the future direction in which the Māori collective may wish to move towards, it is yet another to actually plot a pathway forward and to take action on the specific steps to get there. Nonetheless, to adopt a passive approach to the future or tp ignore it altogether in favour of the moment, is to create a reality that has neither vison nor any coherent direction.

The development of outcomes-based frameworks and indicators can assist in this respect by contributing to the ongoing clarification of values, aspirations and goals. The specific processes and activities involved with developing such instruments can, in themselves, be transformational. For example, the activities of hui, kōrero and rangahau that are involved in such processes provide an opportunity to both reflect and perhaps clarify current understandings of philosophy,

tikanga and kawa currently practiced and applied, and priorities, both current and future. In a pragmatic sense, these types of discussions provide the opportunity to better elucidate the underlying elements and to frame measures in ways which are consistent with the cultural values and contemporary expectations of Māori.

The reflective process of identifying and developing outcomes-based measures also offers Māori collectives the opportunity to evaluate their current state. As a result, shortfalls in current programmes or policy may be identified and modified as necessary. And engaging in outcomes-based research can also assist to identify new opportunities for Māori collectives, along with the potential to identify new, mutually-beneficial relationships with others who may share common visions, goals and aspirations.

Developing outcomes-based measures will necessarily involve the collection of demographic data and related statistics. This information can assist Māori collectives to identify and, to some extent, forecast changes in their specific population profiles. Demographic trends provide vital information through which informed projections and planning decisions can be made. There are clear signs, for examples, that the twenty-first century will witness new shifts in the Māori population profile: a greater proportion of older Māori, wide variation in the size of iwi, a multiplicity of ethnic associations, greater mobility, increased socio- economic differences within and between whānau, improved health status, higher levels of educational attainment, greater wealth, and compound affinities.[13] Knowledge of such likely shifts in the Māori demographic can therefore assist to better inform the development of policy and the identification future opportunities.

Further, data syntheses of the current and potential states of Māori can contribute to the overall identity and uniqueness of New Zealand society. Having such data available can assist government departments such as the Ministry of Māori Development and the Ministry of Social Development to better contribute to considered growth and development of iwi and Māori communities in ways that better align with the goals and aspirations of those groups.

Shortfalls in Māori-Specific Data

Engaging in the quantification of Māori development is also necessary in order to address current shortfalls in available data. Useful data relating to Māori well-being has been gathered as part of national surveys which give an overview of quality of life of all New Zealanders through the use of population indicators.[14] While these surveys do not focus on Māori specifically, they do make some attempt to present a picture of the Māori population by disaggregating data by ethnicity. For example, comparisons with non-Māori are made and further explored through life expectancy projections, morbidity and mortality rates, unemployment, levels of income, or educational achievement.[15] More often than not, this data is aggregated and used to compile an impression of how Māori compare with other ethnic groups and where development or further investment is needed.

However, comparing Māori with non-Māori has some limitations in that disparity and comparative indicators have been criticised for being overly simplistic, deficit focused, or unable to offer useful and informed solutions.[16] Benchmarking Māori performance solely against non-Māori progress often misses the essence of being Māori and the unique and distinctive approaches that are inherent within iwi developmental approaches.[17] And a sole focus on disparities discounts Māori ambitions or assumes that they are the same as for non-Māori,

and often fails to use indicators that are Māori- specific, rather than generic.[18]

While the way in which available data is utilised may be a concern, so too are the type and range of indicators that are currently used, in that they do not necessarily align with iwi aspirations and broader notions of Māori development. Data relating to Māori-specific indicators, such as those which measure Māori expression of their culture and values, are not available. Whereas collecting and presenting such data would create a more complete picture of the Māori population.[19]

For some time, it has been recognised that there is a lack of data available on Māori specific indicators, or else that data which exists is of poor quality.[20] Statistics on Māori have very rarely been collected specifically to meet Māori needs.[21] Rather, governments have had their own reasons for collecting data and Māori statistics have generally resulted as a by-product of that information collected for the entire, general population. As a result, Māori statistics tend to be presented as the product of non-Māori analytical frameworks that fail to incorporate Māori realities and philosophical underpinnings. This is one of the bases upon which Māori have questioned the relevance of current official statistical data.[22]

For iwi, these concerns are often magnified because their aspirations are not necessarily aligned to wider developmental trends and will therefore often fall outside conventional data gathering practices. While there is certainly interest in collecting data on iwi employment, education, housing, and health for example, there is equal interest in collecting data on tribal identity, cultural capacity, knowledge of whakapapa and the state of iwi-specific physical resources. Indeed, tribal development frameworks often include both conventional and cultural

aspirations and domains. However, substantive data to populate cultural domains currently does not exist.

Indeed, the most notable gap with respect to Māori-specific indicators remains in relation to those concerning cultural domains. While considerable data exists on well-being indicators (however imperfect), there are particular gaps in the areas of cultural wellbeing.[23] Notwithstanding the availability of data on matters relating to Māori natural resources, or land ownership and tenure, there are other domains where official data sources are limited (if they exist at all), such as with cultural identity. The lack of data is partly due to definitional problems with Māori concepts such as 'whānau ora' where an operational definition is wanting. Moreover, specific sectors, such as with business, data on ethnicity is not always included in regular surveys, such as those relating to Māori exports or Māori participation in the general election roll.[24]

Finally, a related issue concerns the way in which data is gathered and analysed, whereby attention is paid more so, if not exclusively, to the individual rather than the collective with which that individual may identify. Iwi, hapū and whānau are still the principal forms of Māori organization and such collectives continue to be major operating units within te ao Māori, the Māori world.[25] Durie outlines the importance of "collective strength" within the context of endurance: collectivity being an important indicator of Māori endurance.[26] Despite recognising the importance of collectives to Māori endurance, there is evidence that collective capacities are underdeveloped, particularly at the level of whānau with respect to caring (for children), managing resources (such as customary land), and transmitting positive values that promote healthy lifestyles and secure cultural identity.[27] Given the collective approach to societal development, and the tendency to employ a group identity to add value to personal lives, it may prove useful to

increase efforts to develop more in-depth and robust measures to assess current state and provide for future oppotunity.

Benefits for Iwi & Hapū

While statistical data on Māori-specific indicators is limited, iwi-centred data is even more sparse. National surveys, such as the Te Reo Māori survey,[28] offer some information, but the data is not always rohe or iwi specific, or is based on finite samples, or is infrequently updated. While better access by iwi to existing government data would enhance iwi planning and policy development, iwi require more specific data relevant to their unique tribal and regional contexts. As a result, iwi have limited data available to them to determine specific cultural needs, whether or not existing programmes (for cultural development for example) are having the desired effect, and what long-term planning decisions ought to be made. An associated concern is that the outcomes from current investments are often unknown and the potential for inefficiencies is significant.

Despite interest and investment in (cultural) areas of iwi development, there is a paucity of evidenced-based research which may inform or support such investments. The result is that often important decisions are made based upon anecdotal reports, aggregated data, assumptions, or hearsay. Many iwi, for example, are concerned about aspects of iwi identity, environmental sustainability, marae well-being, whakapapa, or knowledge of tribal tikanga and kawa. Yet, there are insufficient systems currently available through which priorities and needs relating to these areas can be identified, distinctive approaches codified, or the impacts of programmes assessed.

Rather, greater emphasis has been placed on process rather than outcomes and, as a consequence, it is not always possible to know whether iwi policies actually benefit the hapū, whānau and individuals that they purport to represent and provide for.

Information systems have been more likely to record the effort that went into programmes instead of the results that flowed from them.[29] With such a diverse range of requirements, environments, and situations, appropriate, iwi-specific measures of outcome have yet to be constructed and, as yet, no tool has been appropriate in every situation or with every type of iwi organisation.

Developing indicators that align specifically with iwi developmental goals and aspirations will assist iwi governors and practitioners with policy, planning and service delivery. Well-constructed iwi-specific measures of outcome can provide significant opportunities. An obvious benefit of constructing a measure capable of quantifying iwi progress is the application of collected data for iwi and hapū planning, policy and decision-making. Iwi and hapū planning presupposes the feasibility of those involved being willing and able to define their objectives, specify their goals, effect strategies to achieve their goals and to move towards their objectives and measure their degree of success (or failure).[30] The assumption is that if iwi and hapū have a quantifiable system for measuring their resources (both tangible and intangible), they will then be in a better position to plan, to develop the resources and become "wealthier, more attractive and more productive."[31]

Iwi-specific measures can also be used to assess the effectiveness of iwi-provided services and programmes and can facilitate quality review. They can assist to inform and prioritise funding decisions and can highlight areas for future research. For iwi members, outcomes data can also empower and provide for greater involvement in hapū and whānau autonomy, within the wider iwi development context. At a service level, iwi-specific outcome measures may similarly be used to design effective services and assist with staff development and deployment,

monitoring, quality assurance, and the identification of particular service areas that require enhancement or modification.

In addition to measuring against planned and identified goals, indicators and measures can provide insight on the existence of opportunities for iwi to enhance their well-being. They can point out areas of concern where immediate intervention may be required and identify situations where iwi well-being may be impaired.[32]

These approaches may prove particularly useful for iwi who have settled Treaty claims, including those relating to lands and fisheries. In such contexts, focus has shifted from past wrongs to the future direction and application of human and physical resources.

CURRENT MEASURES

The need to quantify Māori development is clear, as are the concomitant benefits of doing so. Discussion will now concern those measures developed to date which seek to measure Māori development, or aspects thereof, at various levels.

Efforts to construct measures capable of quantifying Māori development have been, and continue to be, undertaken within various sectors, including government, academic and iwi sectors. Attention has been directed at various levels, from the Māori population to the more specific levels of whānau and individuals. There are some measures that are generic to New Zealand's population and simply include, or at least refer to, Māori specific indicators and there are others which are Māori-specific in nature, populated with Māori-specific indicators and derived from a Māori world-view. The examples below are some of the approaches recently adopted for quantifying Māori development.

With respect to the entire population, there are several measures that have included indicators that relate to the Māori population or which have disaggregated from survey data relating to only the Māori population to draw Māori-specific conclusions.

The Ministry of Social Development's Social Report 2008 reports on the findings of its national survey which uses a set of statistical indicators to monitor trends across ten domains to provide a picture of wellbeing and quality of life in New Zealand.[33] In the 'social connectedness' domain, the report refers to whānau and iwi and acknowledges that people enjoy constructive relationships with others in their whānau and iwi.[34] The 'health' domain refers to data on Māori in relation to ethnic differences in life & health expectancy and suicide. And in the 'cultural identity' domain, one of the three indicators used to measure cultural identity is the current health of the Māori language whereby te reo Māori is viewed as "a central component of culture and a necessary skill for full participation in Māori society."[35]

Similar to this work, is that which was undertaken by the Ministry for the Environment in its report, Environment New Zealand 2007. This report, too, presents findings of data drawn from a set of indicators concerning key aspects of the New Zealand environment.[36] The report does not provide substantive statistical data on Māori per se. Rather, references to Māori are more akin to commentaries about Māori settlement to New Zealand, the current Māori population, Māori environmental values and customary tools, the importance of land and freshwater to Māori, and references to Māori-specific sections in environmental legislation. The report does provide, however, some descriptions of iwi initiatives involving Māori-specific environmental indicators and cultural health indices.

Finally, the Quality of Life Report 2007 is another recent example of findings from a national survey that included Māori-related data.[37] The report provides an assessment of quality of life in twelve New Zealand cities for the purpose of presenting information that contributes to quantifying the quality of life of those living in those cities.[38] Similar to the Social Report, the Quality of Life Report provides data comparing Māori to non-Māori in areas such as parenting, schooling and housing drawing conclusions that Māori (along with Pacific Islanders) are "socio-economically burdened" and "over-represented" in the negative statistics in these areas. The report also includes reference to Census figures concerning data on speakers of the Māori language and descriptions of policies and initiatives of the various local councils concerning Treaty of Waitangi and 'consultation with Māori'.

It is noteworthy that this report directly acknowledges that these statistics do not reflect Māori wellbeing. It further discusses how more, currently-unavailable, good quality statistical information is required to inform debate, decision making and research and to assist in monitoring the effects of government policies and programmes relating to Māori.

It is recognised that, notwithstanding the above reports were not intended nor undertaken for the sole purpose of providing statistical data specific to Māori, they do provide valuable information about the Māori population and Māori well-being. However, the reports omit other important aspects of te ao Māori such as Māori leadership and governance, Treaty settlements, and marae well-being. The inclusion of this information may likely provide a more complete picture of Māori well-being. For this reason, the development of Māori-specific indicators capable of addressing some of these shortfalls may complement such findings, is relevant and necessary.

Māori-specific Measures

An example of a framework that specifically focuses on Māori development and wellbeing is the Māori Statistics Framework developed by Statistics New Zealand.[39] For the purposes of this framework, Māori development is seen as the process for improving Māori wellbeing. In turn, Māori wellbeing is viewed as a function of the capability of Māori individuals and collectives to live the kind of life that they want to live.

The Māori Statistics Framework was developed upon certain principles relating to Māori development.[40] Some examples of these principles include: that the framework recognises the demographic, socio-economic and cultural diversity of Māori and different realities that characterise Māori society; that Māori cultural institutions and resources (both traditional and modern) should be included among the units of measurement; and that the interconnectedness of Māori development, and the development of the nation as a whole, should be acknowledged by the establishment of linkages between the Māori statistical framework and the larger population, social and economic databases.[41]

The framework is structured around the areas of interest and dimensions of Māori well-being. These include sustainability of te ao Māori, social capability, human resource potential, economic self-determination, environmental sustainability and empowerment and enablement. It is noted that substantially more work is required to populate the framework and that the broad measurement categories mark only the beginning of the task.[42]

In its discussion document on Quality of Life indicators,[43] Te Puni Kōkiri offers a framework that includes examples of both Māori-specific and universal indicators relevant to Māori development. The Outcome Framework proposes a set of 'lead' quality of life indicators designed to show the performance of

Māori over time. An intention in the framework's construction is to be able to capture trends in Māori progress over time and reported as part of a baseline report in the Ministry's annual Statement of Intent.

With respect to Māori-specific indicators, the Outcome Framework includes indicators that are designed for measuring Māori succeeding in te ao Māori as Māori. These indicators are grouped within the three areas of Culture and Language, Māori and Crown Relations, and Land, Other Assets and Entities. When considering universal outcomes, the framework includes indicators designed towards measuring Māori succeeding globally as Māori. In this case, examples of indicators are grouped within four areas - Economic, Education, Health and Social. The discussion document acknowledges that there could be several measures that support or inform each lead indicator.[44]

Māori researchers at Massey University have been involved with measuring aspects of Māori development at the levels of the Māori population, whānau (and other small groups) and the individual.

As mentioned earlier, the Te Hoe Nuku Roa study involves a methodology developed to measure cultural identity and uniqueness. The study attempts to assess Māori well-being by quantifying cultural identity as well as other generic aspects of well-being such as health, housing standards, levels of education, recreation and leisure, and lifestyle. Although the sample of households is not entirely representative of all Māori, it has been developed according to statistical principles and comprises randomly selected households from a mix of rural, urban, metropolitan, high Māori density and low Māori density areas, as well as a range of socio-economic conditions.[45]

With respect to measuring the progress of Māori as a nation, Massey University has also developed Te Ngāhuru, a six-part schema designed to contextualise the use of Māori specific outcomes and indicators and to provide a basis for their consideration and application.[46] The six components of the Schema relate to principles to guide application of outcome measurements, along with outcome domains, classes, goals, targets and indicators. Importantly Te Ngahuru integrates human aspects of development with resources.

The five principles that underpin the Schema were selected in part to raise concerns about the use of outcome measures and in part to provide greater understanding of the function of outcomes in Māori development. Of the five principles, two (interconnectedness and specificity) concern the limitations of outcomes and the need for caution in the application of Māori specific measures. The remaining three principles arise from the commonalities and distinctiveness that Māori groups share, and relevance to contemporary contexts.

In terms of outcome domains, the Schema proposes that two broad domains of outcome are relevant to Māori: human capacity and resource capacity. The Schema asserts that human capacity is a fundamental requirement for good outcomes for Māori and reflects the way in which Māori are able to participate in both society generally, as well as in Māori society. As distinct from a focus on people, the resource capacity outcome domain refers to the state of Māori resources, including cultural and intellectual resources as well as physical resources.

Linked to the human capacity outcome and the resource capacity outcome are respective outcome 'classes' that are arranged within the Schema at different levels and reflect the status of Māori as individuals, the status of Māori communities, as well as the status of culture and the wider natural environment - together

being te ao Māori.[47] The four outcome classes are broadly based and serve to categorise the Schema's ten outcome goals. Each goal reflects different levels of outcome and the Schema identifies different potential indicator sets specific to each. All ten outcome goals are designed as a total outcome portfolio covering the four outcome classes and two outcome domains.

Further, the Schema incorporates outcome targets in order to achieve a higher level of specificity, and to give more precise focus to the outcome goals and indicators. The Schema does not define the outcome targets but rather provides flexibility for targets for each goal to be set in association with relevant participants. It does assume, however, that a targeted approach to outcome goals will provide a mechanism for measuring progress as well as a method of providing greater specificity.

In addition to frameworks applicable at a general Māori population level, research has been undertaken at the whānau level. An example here is the Whānau Capacities Framework.[48] The Whānau Capacities Framework has been constructed to measure the status of whānau and other small groups of Māori in modern times according to their capacity to perform tasks expected of whānau or certain groups. The framework identifies five primary capacities: Manaakitanga (the capacity to care), Tohatohatia (the capacity to share), Pupuri Taonga (the capacity for guardianship), Whakamana (the capacity to empower), and Whakatakoto Tikanga (the capacity to plan ahead). Durie identifies an additional sixth capacity being the establishment of a foundation upon which a secure identity can be developed.[49]

The framework provides that each capacity may be measured, again, with the inclusion of outcome goals, targets and indicators. For example, an approach to measuring the capacity of a whānau to plan ahead may involve a goal to anticipate the needs of future generations. Examples of related outcome targets

may include a well-resourced whānau education plan and provision for bereavement. Concomitant indicators may be whether education trust and whānau tangi funds are established for the whānau.

Finally, an example of a Māori-specific outcome measure that may be applied at an individual level is Hua Oranga.[50] This measure is consistent with Māori concepts of health and wellbeing and has been developed through the application of an existing model of Māori health - Te Whare Tapa Whā. As such, it is based upon the four dimensions of Te Taha Wairua (Spiritual Dimension), Taha Hinengaro (Mental Dimension), Te Taha Tinana (Physical Dimension) and Te Taha Whānau (Family Dimension). Each dimension is placed within a mental health context and provides a consumer focused, holistic measure of outcome. Hua Oranga considers three outcome perspectives, namely Clinical views, Tangata Whaiora (Client) views and Whānau views. While Hua Oranga is primarily a cultural measure of outcome, it is designed to complement more clinically focused, targeted measures and may be of particular use when applied at a service level.

CONCLUSION

As Māori continue to advance their aspirations for Māori development, the desire to somehow capture success (or failure) is becoming increasingly relevant. While conventional measures of progress have in the past proven to be useful, more sophisticated tools are now required. Indeed, there is a growing call from Māori for measures of progress which capture multiple domains of outcome and which recognize the value of cultural advancement, language revitalization, or enhanced tribal identity.

The benefit of this type of approach is clear. Such work provides valuable insight into the Māori world, the values which underpin

Māori development, and what pathways for growth and development are possible. This work is particularly necessary when shortfalls in statistical data sets are revealed and when the utility of information is constrained by a lack of insight into the Māori world, Māori systems, and Māori aspirations for future.

Māori-specific measures developed to date provide valuable guidance in terms of the philosophies and processes which underpin a Māori world view. They also reveal what possibilities exist and how traditional values or more nebulous concepts can nevertheless be translated into pragmatic tools and measures. While no comprehensive measure of iwi development currently exist, the possibility of constructing such a tool is worth considering.

While this work may be undertaken for more idealistic, academic, or philosophical reasons, there is a related obligation to move beyond this – to shift from the theory to the applied, and to explore what pragmatic possibilities for an actual measure exist. The challenges this poses are significant though are potentially outweighed by what opportunities are possible. If Māori are to shape their own destiny, then tools are needed to help navigate potential pathways forward. This will ensure that possibilities for positive development are achieved and that Māori potential is ultimately realized.

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[1]   This was particularly evident in the health sector whereby the health reforms of the early 1990s provided an initial framework for the delivery of iwi-based health services and likewise served as a catalyst for iwi entry into aligned areas of social development.

[2]   Durie, M., E. Fitzgerald, T.K. Kingi, S. McKinley, and B., Stevenson (2002). "Māori Specific Outcomes and Indicators: A Report Prepared for

Te Puni Kōkiri, The Ministry for Māori Development." Palmerston North: Massey University at 12.

3   See, for example, the framework provided by H*e Korowai Oranga,* the Ministry of Health's Māori Health Strategy.

4   Kingi , T. R. (2002) Hua Oranga: *Best Health Outcomes for Māori, A thesis presented for the Degree of Doctor of Philosophy in Māori Studies*, Massey University, Wellington at 254.

5   Durie, M. (2001) E taurangi te hau = the winds of change blow forever: a Māori development trilogy, a thesis presented for the degree of Doctor of Literature, Massey University, Palmerston North.

6   Some examples of groupings include social, economic, cultural; local, national, global; individual, community, population; pre-contact, contact, post-contact.

7   *Supra* at n.2, pp13-18.

8   Statement of Ron Colman, Measuring the Well- being of Communities Conference, Takapuwahia Marae, Wellington, 18-19 May 2006). According to Colman, implicit in this reflection on whakapapa is the most important question of all: "What kind of world are we leaving our children?"

9   Winiata, W. (1988) *Hapū and Iwi Resources and their Quantification*, *The April Report: Future Directions*, Report of the Royal Commission on Social Policy, April 1988, Volume III, Part Two, Wellington at pp 793-794.

10 Hunn, J. K. (1961) *Report on Department of Maori Affairs: with statistical supplement, 24 August 1960*, Government Printer, Wellington.

11 Statistics New Zealand (2002) Towards a Māori Statistics Framework, Statistics New Zealand, Wellington at 3.

12 Ibid.

13 Durie, M. H. (2005) *Ngā Tai Matatu*, Oxford University Press, Auckland at 51.

14   Specific examples of national surveys, such as those undertaken by the Ministry of Social Development to inform its *Social Report*, are discussed in more detail later in this paper.

15   cf. Closing the Gaps - Te Puni Kokiri, (2000), *Progress Towards Closing Social and economic Gaps Between Māori and Non-Maori: A Report to the Minister of Maori Affairs, May 2000*, Ministry of Maori Development, Wellington.

16   Te Pumanawa Hauora (ed.), Te Oru Rangahau Māori Research and Development Conference, 7-9 July 1998 Proceedings, School of Māori Studies, Massey University, Palmerston North.

17   Supra at n.9, p. 44.

18   Ibid.

19   Te Puni Kokiri (2007) *Quality of Māori Indicators: A Discussion Document for the Māori Potential Forecast Report*, Te Puni Kokiri, Wellington, p. 12.

20   Ibid, p. 6.

21   Supra at n.7, p. 3.

22   Ibid.

23   Quality of Māori Project (2007) Quality of Māori Report 2007, p 5.

24   Supra at n.14, p. 17.

25   Supra at n.5, p 793.

26   Supra at n.9, p. 240.

27   Supra at n.9, p. 240.

28   Kalafatelis, E., Fink-Jensen, K., Johnson, M. (2007) *2006 Survey of the Health of the Māori Language – Final Report*, report prepared for Te Puni Kokiri, Research New Zealand, Wellington.

29   Supra at n.1, p. 3.

30   Supra at n.5, p. 791.

31   Ibid, p. 794.

32   Supra at n.14, p. 13.

33   In its concluding sections, the report also provides a graphical analysis showing changes in social wellbeing for Māori from 1995 to 2007.

34   Ministry of Social Development (2008) *The Social Report 2008*, Ministry of Social Development, Wellington at 9.

35   Ibid, p. 79.

36   Ministry for the Environment (2007) *Environment New Zealand 2007*, Ministry for the Environment, Wellington at 4.

37   http://www.bigcities.govt.nz/report.htm.

38   The urban areas included in the survey are Rodney, Tauranga, North Shore, Hamilton, Waitakere, Porirua, Auckland, Hutt, Manukau, Wellington, Christchurch and Dunedin.

39   Supra at n.7.

40   Ibid, p. 2.

41   Ibid.

42   Ibid, p. 8.

43   Supra at n.14.

44   Ibid, p.23.

45   Supra at n.1, p. 29.

46   Supra at n.1, pp 47-55.

47   Linked to human resource capacity are the outcome classes of *Te Manawa*, secure cultural identity, and *Te Kahui,* collective Māori synergies. And linked to resource outcome capacity are the classes of Te *Kete Puawai*, Māori cultural and intellectual resources and *Te Ao Turoa*, the Māori estate.

48   Durie, M (1997) 'Whānau, Whanaungatanga and Healthy Māori Development', in P. Te Whaiti, M. McCarthy, A. Durie (eds), Mai Rangiatea: Māori Wellbeing and Development, Auckland University Press & Bridget Williams Books, Auckland, pp 9-12.

49   Durie, M. (2001) *Mauri Ora: The Dynamics of Māori Health*, Oxford University Press, Auckland at 200.

50   Supra at n.2, p. 254.

THE SIGNIFICANCE OF
A CULTURALLY APPROPRIATE
HEALTH SERVICE
FOR MĀORI WOMEN

Denise Wilson

This paper was first presented at the Te Mata o te Tau Oteha Lecture
in June 2008 at Massey University, Auckland.

INTRODUCTION

The health and wellbeing of Māori women is significant for
society, as they are the bearers of life, and the traditional
protectors of the health and wellbeing of whānau. Māori women,
like other women, rely on being well and healthy so they can
undertake the various roles that they have within their whānau
and communities. Yet, their voices are generally absent and they
are invisible and marginalised within the health setting. This is
despite Māori women consistently experiencing inequalities in
their health status, and being three times more likely than others
to die between the ages of 45 and 64 years.[1] While historical
influences and colonisation processes have impacted upon the
health and wellbeing of Māori, so too have contemporary life
circumstances. Howden-Chapman and Cram[2] maintain:

> "While those whānau that retained their land and mana have
> been relatively advantaged, many more whānau were

> displaced and have struggled to regain both the economic resources and cultural support essential to promote their health. Undeniably, many Māori were and still are faced with the challenge of having to walk in two worlds – that is, te ao Māori and te ao Pākehā."

The nature of the life circumstances for Māori whānau and its members affects their ability to take advantage of opportunities that may come their way. Socio-economic deprivation impacts on the ability of many Māori women to access and utilise the health services they may need.

Contrasting views of health can create difficulties for the access and use of 'mainstream' health services, such as the tension that exists between the biomedical view that prevails in such services' and the health beliefs and practices of Māori women.[3] [4] Health care providers who do not recognise or understand the worldviews and health needs of Māori women have the potential to further compromise their health outcomes. This can lead to a common view that the admission and readmission of Māori women to health services is generally the result of some failure on behalf of Māori women themselves. Such views are of concern as there seems little or no recognition that the health services Māori women receive may be less than optimal and might not meet their needs.[5] [6]

I want to premise this presentation with the notion that health is a dynamic social and cultural construction. Crotty[7] maintains "...all meaningful reality...is contingent upon human practices, being constructed in an out of interaction between human beings and their world, and developed and transmitted within an essentially social context". That is, the health beliefs we possess and the health practices we undertake while initially constructed within our culture of origin, are influenced by the multiple groups and social interactions that we engage in, evolving over time. While commonalities may exist in health beliefs and practices great

variation too exists. Ryan, Carryer and Patterson[8] point out that lay health beliefs are a "…complex blend of traditional, alternative and biomedical views of health, illness and disease". The perspectives of Māori women are highly likely to differ from health care providers working within 'mainstream' health services, reflective of disparity in worldviews.

It is this variation that I want to use as the basis for this presentation today, specifically between Māori women and providers of mainstream health services. The focus being on the importance of establishing the significance of delivering health services that are both culturally appropriate and acceptable to Māori women. The ultimate aim is improved responsiveness to their health needs, which is highly likely to extend beyond disease and illness processes.

To begin, I will overview the research I undertook with Māori women, and the theoretical explanation of how they 'weave' health and wellbeing. Their health status will be briefly reviewed, providing the platform for discussing the importance of culturally appropriate and acceptable health services.

OVERVIEW OF RESEARCH WITH MĀORI WOMEN

The research I undertook arose out of concerns and questions I had about colleagues' negative 'opinions' of the repeated admissions of some Māori to acute hospital services. The rhetoric at the time was about health priorities, and I questioned whose health priorities were being promulgated, and where did Māori, and specifically Māori women, have input into these health priorities. At the time, other than Rapuora,[9] no research had explored Māori women's views of mainstream health services.

The aim of the research was to explore Māori women's understanding of health, and their interactions with health services guided by the question, *what is happening for Māori women, their health, and their interactions with 'mainstream' health services?* Ethical approval for the research was obtained from the Massey University Human Ethics Committee and the Bay of Plenty Ethics Committee.

METHODOLOGY

Glaserian grounded theory informed by a Māori centred approach, which has been described by Professor Mason Durie,[10] provided a foundation for the research. Valuing Māori traditions and processes, the Māori centred principles of whakapiki tangata (enablement), whakatuia (integration), and mana Māori (control) were developed to inform the research process. The following principles guided the study:

1. The research had to be beneficial to Māori women.
2. Many Māori women incorporate a wholistic worldview into their everyday lives.
3. Māori women engage in multiple and complex roles and interactions, reflective of their functioning and diversity within a bicultural society.
4. Having a sense of control and participation throughout the research process was essential to privileging their cultural interests

The inductive nature of Glaserian grounded theory not only enabled a Māori centred approach to be used, but ensured the outcomes were based on the interpretations, experiences, and views Māori women had about their health and interactions with mainstream health services.

METHOD

Participants

Women who identified as Māori over the age of 18 years were recruited using a purposeful network sampling strategy.[11] As the study progressed others were theoretically sampled to explore, clarify, verify, refine, and saturate emerging codes, concepts and categories emerging from previous interviews.[12] Participant selection was aided by a collaborative endeavour with two Māori women advisors, known within the Māori community. With a sound understanding of the selection criteria and the research, these women assisted in approaching potential participants, and negotiating the nature of their involvement and their availability for an interview. Their strength was in being known within the community and being able to determine, what Morse[13] terms as, 'insiders' and 'outsiders'.

Data Collection and Analysis

The research data was collected using semi-structured interviews with individuals and groups, depending upon the preference of each Māori woman. They were guided by broad questions and issues were explored as they were shared. Detailed field notes and a reflective journal were also used. Data analysis occurred simultaneously with data collection[14] and the grounded theory strategies of constant comparative analysis and theoretical sampling.

FINDINGS

Thirty-eight women who identified as Māori aged between 24 and 61 years participated. These women came from a variety of backgrounds, and lived in diverse relationships (permanent, non-permanent and alone). The majority had children, and many lived in homes with more than one family or generation.

Educationally their backgrounds were diverse, with some having no school qualifications to those having completed tertiary level study. Many of the women were in paid employment, but for the majority this was part-time, with some unemployed receiving income support. Not all women had access to telephones or private transport. When unwell, health services were sought from either a medical practitioner or Māori health provider.

Health and wellbeing for Māori women is a complex construct, located in how they see themselves, what they believe is important, their past experiences, perceptions of 'mainstream' health services, and the social roles they have. Weaving helps to explain the perspectives Māori women have regarding their health and wellbeing, and how this impacts on their ability to engage effectively with 'mainstream' health services.

Ngā kairaranga oranga – the weavers of health and wellbeing, comprises three core categories – Mana Wahine, The Way It Is, and Engaging with Health Services – that explain what is important for the health and wellbeing of Māori women, the barriers and challenges that they encounter, and their experiences and needs in health services. The unique experiences of each women influence the way in which these core categories weave together over a lifetime, resulting in optimal or less than optimal outcomes of their health and wellbeing. Each Māori woman weaves her health and wellbeing in a unique way that is reflective of her life circumstances. The process of *weaving* health and wellbeing is underpinned by the following assumptions:

1. It is a conscious and an unconscious process,
2. All women have the potential to improve its quality,
3. The nature of the weaving is dependent upon available resources to inform, and to assist the process, and
4. The outcome of the weaving is dependent upon the individual's experience.

Various factors, such as age, wisdom, life circumstances, resources, and 'western' influences, can also have an overarching impact on the nature and quality of the weaving of health and wellbeing. The *weaving of health and wellbeing* is not linear or finite and is, therefore, affected by these factors that may vary over time and with circumstances. Thus, the continuous weaving of health and wellbeing throughout a Māori woman's lifespan may vary depending upon the impact of various factors at any particular point in time.

Age

As Māori women grow older they reflect upon the risks of acquiring a preventable illness or disease that could impact on their quality of life and their mortality. This reflection on health and wellbeing occurs as they mature. Reflecting upon their life they will generally do so with consideration of the roles they have, within the context of their collective whānau and social groups, aided by their spiritual and holistic beliefs.

Wisdom

With increasing age and experience comes a wisdom that serves to inform their perspective on health and wellbeing, and the associated lifestyle beliefs and practices. Wisdom is a way of thinking that is based upon insight, experience, feelings, relationships and language. The ability of Māori women to analyse issues that arise in their life increases with their wisdom. This wisdom was used to review alternative approaches to managing and influencing their health and wellbeing.

Life Circumstances

Life circumstances, which include socio-economic status, educational background and employment, and provide the everyday context within which Māori women, weave their health

and wellbeing. Life circumstances influence its quality, and impact on the ability of Māori women to be effective in their efforts to achieve optimal health and wellbeing, such as prioritising the health needs of themselves and whānau members, and accessing and using 'mainstream' health services. To this end, the needs of others, especially children and partners, are invariably put ahead of the women's' own needs.

Resources

The reality for many Māori women is that they do not have ready access to sufficient physical and financial resources. This in turn can affect their ability to attain the resources necessary to access and use health services. This includes undertaking interventions and health literacy, which have physical benefits like decreases in morbidity; disability, avoidable mortality, and social benefits such as quality of life, functional independence and equity.

'Western' Influences

Many Māori women feel they are forced to deal with competing worldviews when accessing 'mainstream' health services, resulting in their beliefs and practices being relegated as inferior or totally ignored. In such cases Māori women are then forced to make choices about the maintenance of their health and wellbeing, such as seeking traditional Māori healing treatments outside of health services (such as tohunga or rongoā), often without informing health care providers. The rendering of their beliefs and practices as inferior impacts on their spiritual wellbeing – especially as their values, beliefs and practices are challenged and denied as valid.   Despite this, they believe that their beliefs and practices could co-exist alongside 'western' biomedical practices – but it requires a process of listening and negotiation by all parties.

CORE CATEGORIES

Mana Wahine

Maintaining the mana and integrity of self influences the health and wellbeing of a Māori woman. The dimensions important for Māori women and their health are:

- connecting through whānau;
- nurturing wairua;
- using mātauranga; and
- undertaking self-care activities.

Māori women exercise control over those aspects of their health and wellbeing within their capacity and resources in order to maintain their mana, integrity, and health and wellbeing. Notably, all the women described fully self-care and undertook health promoting behaviours in an effort to keep well. However, their ability to have control over their health and wellbeing is compromised when they enter 'mainstream' health environments and are confronted with worldviews and ways of doing things that are at variance with their own.

The Way It Is

The Way It Is, is about accessing and using health services, hindered in some way, and impeding the achievement of positive health outcomes. It explains the acceptance Māori women have for their life circumstances, and the challenges and barriers that they encounter. This comprises:

- putting others ahead of themselves;
- acting on fear and past experiences, and
- impeded access to services.

The acceptance they possess relates to both them personally, and to health services that do not meet their health and wellbeing

needs. It accounts for the apparent paradox that occurs when Māori women actively engage in self-care and health promoting activities; however, the barriers that they encounter compromise the outcomes of the activities they undertake.

Engaging with Health Services

Engaging with Health Services is the final core category that describes what Māori women need from 'mainstream' health services and health care providers when they interact with them based on their experiences, both positive and negative, such as:

- influencing access to services,
- connecting with an appropriate service and
- forming effective relationships.

Having trust in the service enables the access and use of relevant services. Positive interpersonal relationships, information, and feelings of comfort are key features that influence access and use of services, but these can be offset by the hypersensitivity of Māori women to the negative and unhelpful attitudes and behaviours of health care providers.

Specifically, Māori women need to be able to establish a trusting relationship and feel their health care providers are non-judgmental and genuine in their approach at all times, and have a willingness to listen. Continuity of health provider can also assist with this process. Being able to have a choice in a health care provider is also important, especially with regard to gender appropriateness. For example, an elderly Māori women being examined by a young male doctor the same age as her mokopuna is potentially 'devastating' and considered culturally inappropriate.

Weaving

The process of weaving of a kete, called raranga, can be used to illustrate the process of weaving health and wellbeing for the Māori women. Similar to Māori women, raranga has survived the processes and traumas of colonisation that resulted in many Māori cultural practices and artefacts being lost.[15] The harakeke can be used to illustrate how a Māori woman is embraced on either side by elders, whānau and friends. These parts of the harakeke should never be cut, as to do so risk its survival. A large number of varieties of harakeke exist, each with its own qualities and strengths,[16] not dissimilar to the diversity of Māori women. The time that harakeke is gathered for weaving may affect its quality and thus, is governed by the concept of tapu. For example, gather it in the rain and the fibres will be wet, in the frost the fibres are brittle, and in the wind the fibres are difficult to remove.[17] Health and wellbeing is a central concern for Māori women, especially in ensuring they are able to undertake their varied and diverse roles.

The weaving of health and wellbeing is a dynamic life-long process that is neither linear nor finite. Overtime the nature and quality of the weaving can vary. For example, at one point in time it may be strong and enduring, but at other times less so and prone to breaking down - like harakeke there are times when a Māori woman is stronger and experiences optimum health and wellbeing than at other times. Thus, the status of health and wellbeing varies for an individual Māori woman across her lifespan, when for example; past weaving of health and wellbeing may fray and unravel due to its quality at that time, effecting current health and wellbeing. An example of this could be a past episode of rheumatic fever resulting in the need for a heart valve replacement during middle adulthood.

HEALTH STATUS

There is no doubt that many Māori women are likely to experience socio-economic disadvantage, and are at risk of experiencing serious health problems and premature death. The geographical location of Māori women, their economic and employment status, and general experience of deprivation, all impact upon their ability to access and utilise education and employment opportunities and services such as health and welfare. The work on the NZ Deprivation Index[18] illustrates how health status is linked to factors such as economic, education and employment status.

Health determinants extend beyond genetics and disease processes to include factors such as socioeconomic deprivation, ethnicity and race, colonisation, and racism, all reasons for differential access and use of health services by indigenous peoples.[19] [20] [21] Socio-economically, Māori women are more likely to experience deprivation and have life circumstances that reflect this. The level of deprivation they experience highlights significant inequalities that exist between Māori and other peoples living in Aotearoa New Zealand, despite gradually declining mortality rates since the 1980s.[22]

Despite a life expectancy for Māori women of 73 years, it is nine years less than the 82 years experienced by non-Māori.[23] The five major causes of mortality (by numbers) for Māori women are ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease, cerebrovascular disease, and diabetes. Breast cancer is added to this list when years of life lost are considered, with Māori women 1.3 times more likely than non-Māori women to be diagnosed with, and twice as likely to die from breast cancer. Māori women also experience adverse health effects of violence with an assault and homicide hospitalisation rate that is greater than five times than non-Māori women. Despite a

targeted campaign to improve access to screening and early intervention for cervical cancer, Māori women are twice as likely to be diagnosed with cervical cancer, and four times as likely to die from it.[24] The rates for avoidable and amenable mortality (relates to deaths from conditions responsive to health care) and avoidable and ambulatory sensitive hospitalisation (conditions responsive to timely access to primary care services, preventing hospitalisation) are 2.5 times and 1.5 times higher than non-Māori, respectively.[25] These examples are indicative of issues relating to their access and use of primary and secondary health services. Māori, health care provider, and government concerns regarding these inequalities resulted in the identification of Māori health as a national health priority in 2000,[26] and whānau ora in He Korowai Oranga – the Māori health strategy.[27]

The 2006/07 New Zealand Health Survey ("A Portrait of Health") released this week[28] again highlights Māori women have not increased the median number of visits to GPs in the last 12 months when compared to the 2002/03 survey, had the highest level of unmet need by GP services, are less likely to be seen by a medical specialist in the previous 12 months, more likely to have an uncollected prescription. They also report that health professionals are less likely to treat them with dignity and respect, listen to what they have to say, and discuss their health care adequately "at all the times". Māori women also reported they were less likely to self-rate their health as excellent or very good, had the lowest mean scores on the SF-36 domains (scoring lowest on mental health), and had a higher prevalence of high or very high probability of an anxiety or depressive disorder.

THE NEED FOR CULTURALLY APPROPRIATE HEALTH SERVICES

Culture's role, and its significance, in health and wellbeing, is well established. Being knowledgeable about specific aspects of

Māori culture is fraught, given that Māori are not a homogenous group, with great diversity existing in their beliefs and practices. Vital to meeting the health needs of Māori woman, is the establishment of meaningful relationships with health care providers that will allow Māori women to be heard, and what is important for them during their health experiences established. This minimises the opportunity for Māori women to experience the tension and conflicts inherent in health care providers delivering services informed solely by a biomedical worldview, with their own unique worldview and life circumstances.   It should be noted however, that meaningful interactions cannot be achieved where a power imbalance exists.[29] Harris, Tobias, Jeffreys, Waldegrave, et al.[30] found that Māori reported a higher prevalence of racial discrimination, which is associated with poor self-rated health. Where institutional and personal racism is experienced, differential access to appropriate and quality resources and health services is evident.[31] [32] [33]   Harris and others maintain that racism needs to be considered in order to reduce the ethnic inequalities that exist.

The Māori women in my research time after time encountered health services and health care providers that were problem-focused and compartmentalized their health issues or problems resulting in their needs not recognised and interventions unsuitable or untenable.   Predominately problem-based, biomedical approaches ignore the needs of each Māori woman, and the socio-cultural influences affecting her health and wellbeing. When health care provider determined outcomes are not realised, there is a high chance that the responsibility will sit with individual Māori women and their whānau, and they become the targets of victim blaming or deficit explanations.

Culture is defined by Wepa[34] as:

> "Our way of living is our culture. It is our taken-for-
> grantedness that determines and defines our culture. The

way we brush our teeth, the way we bury people, the way we express ourselves through art, religion, eating habits, rituals, humour, science, law and sport; the way we celebrate occasions…is our culture. All these actions we carry out consciously and unconsciously."

Culture determines what is important and valued and informs the health beliefs and practices that are engaged in. Accessing culturally appropriate and acceptable health services is vital for engendering the trust of Māori women, and extends beyond the establishment of relationships to respecting their worldviews and cultural preferences. Neglecting to identify key cultural beliefs and practices, or the worldview of health, wellbeing, and illness compromises the relevance and efficacy of health interventions and interactions.

When interventions 'go wrong' or outcomes are not achieved, it is not unusual for Māori women to be blamed and labelled 'non-compliant'. Many Māori women have been subjected to victim blaming, negative labels and racism, wrongly reinforced by their under-utilisation of, and late presentation, to health services when unwell. This situation is similar to other indigenous women in countries where they have been subject to colonisation,[35][36][37] denying who they are and their unique health needs. Browne and Fiske's, and Dodgson and Struthers' studies with indigenous American and Canadian women, respectively, also found that positive and genuine attitudes of health care providers, affirmation of the women's personal and cultural identity, consistent relationships built on genuineness and humility, and active participation, is vital. Belfage[38] summarises this, stressing, "people need to feel like *themselves* [sic] and believe that the health care is connected to *their lives* [sic], that they are involved and have choices, that its not primarily someone else's agenda".

The determination of a Māori woman's key beliefs and practices for her health and wellbeing needs to be recognised, respected, and integrated into her health experience, culturally appropriate plans for interventions are crucial. Each Māori woman is unique, reflective of the diversity that exists between and within cultural groups, and this recognition ensures that important differences for each woman are acted upon. Important practices include engaging in meaningful and genuine dialogue with each Māori woman as well as respecting their beliefs and practices, and a willingness to include these, even though they may vary from those promoted by the 'mainstream' health services. Māori women are no strangers to walking in two worlds,[39] but their personal worldviews should not be automatically denied when they move from the world of Māori to that of mainstream health services. Determining a Māori woman's beliefs and worldview is premised by the notion that different pathways can be taken to reach an intended outcome.

CONCLUSION

Understanding how Māori women construct and weave their health and wellbeing can inform the assessment, planning and intervention activities health care providers engage in when working with them. Given the key role Māori women have in caring for their whānau and in the transmission of health information within these contexts, it is important to gain an insight and understanding of their perspectives on health and illness, and the influences of their culture on their health behaviours.

Important practices include *connecting and relating* by engaging in meaningful and genuine dialogue as well as respecting their beliefs and practices, and *maintaining the mana and integrity of self* by a willingness to include important cultural practices that vary from those promoted by the 'mainstream' health services.

Remembering each Māori woman is unique, reflective of the diversity that exists between and within cultural groups, and this recognition contributes to their important needs being acted upon. Such information can then provide insight and inform the practices of health care providers. Culturally appropriate services are fundamental for improving the access and use of services by Māori women,[40] and the statistical evidence clearly indicates their needs are great. Without effective access and use of health services and the needs of Māori women established within a culturally appropriate and acceptable manner, they will be destined to a legacy of poor health status. I will leave you with the words of one of the participants in my study.

> "…being a Māori woman means putting yourself to the end of the line to get health care and when health services were accessed you do 'not get treated as a human'. Health and wellbeing is "…what is real for me. It is the ordinary things that determine people's health …there needs to be a flexible approach together with a wider scope of who and how a service is provided to achieve the right person and right service. In other words there needs to be flexibility to do things outside of the traditional way in which health services are provided (I-02)".

ACKNOWLEDGEMENT

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KANOHI KI TE KANOHI,
POKOHIWI KI TE POKOHIWI:
UP CLOSE AND PERSONAL

Research Guided by Ancestral Precepts

James Graham

HE MIHI

Tēnei te ara o Ranginui e tū iho nei, tēnei te ara o Papatūānuku e takoto nei. Tēnei te pō nau mai te ao. Karangatia te ao kia ita, karangatia ko Tāne i whakairihia i āpiti ki runga i āpiti ki raro i te whenua. Whano whano hara mai te taura, haumi e hui e taiki e. E huri ōku whakaaro ki a rātou mā kua whakawhiti atu ki tua o pae mahara, koutou mā kua nekenekehia te ara ki tawhiti nui, ki tawhiti roa, ki tawhiti pāmamao, neke atu ki te toi o ngā rangi. Tū noa ana ngā maunga whakahīhī i te riu o te whenua ka ngaro koutou i te ao hurihuri nei. Otirā, rātou ki a rātou ngā taumata rau; heoi anō, tēnei tātou ngā aroaro maunga o rātou mā e hāpai ana i ngā taonga tuku iho hei tikitiki mō ō tātou māhunga.

Kāti rā, mai i te tāpuhipuhi o tōku tihi ko Kauhehei ka titiro whakawaho ki tōna hoa ko Kahuranaki e tū whakahīhī ana, e tū mokemoke ana hoki tā te mea kei waenganui te Tukituki e

tauwehe ana. Ka huri whakauta ki te titiro atu ki te tihi o Pukenui he kaitiaki ki te Kāreti o Te Aute. Ka titiro whakararo kātahi, ka kitea te riu o Te Roto-ā-Tara. Heoi anō, anei tētahi pekanga e tū ana kei mua i a koutou e te tāhuna-a-tara tēnā rā koutou katoa, te mea ai hoki ki a koutou te iwi kāinga. Ka tukuna atu ngā tai mihi me ngā au aroha ki a koutou katoa o Rangitāne. Kei te mihi hoki ahau ki Te Kupenga o te Mātauranga, koutou ko Ruāhine, ko Te Haonui, tēnā rā koutou. Nōku te whakamiharo ki te tū i tēnei pō ki te tuku taku kauwhau ki a koutou katoa ngā toi me ngā tihi o tēnā iwi, o tēnā iwi. E te tuakana tēnā koe mō ngā mihimihi, nōku te waimārie ki te whai i a koe nā tō kaha ki te whai i ngā hua mō Ngai Tātou te iwi Māori. Kāti rā, tātou mā huri noa i te whare e tū nei, māku e mihi ake ki ngā ao e rere ana ki ō koutou keokeo, tēnā koutou, tēnā koutou, kia ora tātou katoa.

INTRODUCTION

It is a pleasure to present this lecture tonight, the Hokowhitu lecture as part of the Te Mata o te Tau lecture series for 2008. This presentation is based on a work in progress and so represents my current Doctor of Philosophy (PhD) research on Te Aute College. This research has entailed employing a Māori notion of whakapapa as the basis for a research framework enabling Māori researchers (myself as researcher) to engage in research among their own Māori communities (Te Aute College). The specific topic of the research is based on an examination of the contribution of Te Aute College to Māori advancement. In doing so, the research explicates the application of both a traditional and a contemporary illumination of whakapapa and its significance to Māori research today.

While the research captures the story of Te Aute College's contribution to Māori advancement, it indirectly alludes to the contribution made by all of the Māori boarding schools to the advancement of Māori since the mid-19th century. Accordingly, I

liken aspects of the research to the Matariki lecture given recently by Dr Monty Soutar where although his research centres on C Company of the 28th Māori Battalion, it is the story of the 28th Māori Battalion told through the narratives of the soldiers, wives and whānau of C Company. That is, this research speaks of the contribution of the Māori boarding schools to Māori advancement told through the experiences and stories of the whānau of Te Aute College and analyses of texts and documents on Te Aute College since its inception in 1853. Indeed this research also advocates a connection between Māori communities and Indigenous people worldwide researching among their own Indigenous communities; such are the distinctive characteristics associated with Indigenous people that emanate from a unique connection with land and oral traditions.[1] [2] [3]

I guess that many of you here tonight have travelled the PhD pathway and indeed beyond, some like myself are at various stages of this journey, others are yet to embark and some may not choose this particular pathway. Nonetheless, the PhD topic is an important decision requiring thought, consultation and dialogue with a number of people, time and commitment. For some it is an extension of earlier research such as honours or masters degrees where there's an element of continuity in terms of the research topic or like myself, the PhD topic is not a direct continuation of one's earlier research rather, a new direction altogether but one that still sits within the field of Māori education. I initially gave this lecture the title of *Research Guided by Ancestral Precepts* and one, which has since been relegated to a sub-title not for its insignificance but rather a reflection of what this research methodological approach is about. That is, this research views whakapapa as establishing a platform for acquiring new knowledge where it innately and organically links the past, present and future and so, the main title *Kanohi ki te Kanohi, Pokohiwi ki te Pokohiwi: Up Close and*

Personal was borne out of the original title, now the sub-title to this lecture.

This title is not something I have come up with, rather a saying that gained prestige in the time of the eponymous ancestor Te Whatuiāpiti who lived some 11 generations before the researcher. This saying has been passed down through oral traditions about his and his people's exploits associated with many activities including warfare and diplomacy over land or tribal and inter-tribal issues. While its literal translation means (working together) face to face and shoulder to shoulder (to complete tasks), its interpretation within the context of contemporary Aotearoa New Zealand and this research means getting up close and personal but in a modest and meaningful manner in order to fulfil the research goals.

WHY TE AUTE COLLEGE?

So, why did I choose Te Aute College as my research topic? What were the reasons and how was I going to go about it? My choice eventually came down to a connection that I had with the potential research community. I say potential too because there was also a process of gaining permission and consent to engage the research community. I was personally connected to Te Aute College on a number of fronts. For instance, Te Aute College is in Pukehou and I am from Pukehou, I belong to Ngai Te Whatuiāpiti and am a descendent of Renata Pukututu, one of the land owners and chiefs who gifted land for the establishment of a school in 1853. Whānau have attended Te Aute College since its establishment, whānau have worked there and still do, I went there as did my brothers and one day I would like my sons to go to Te Aute too.

A lineage of history and achievements of Te Aute College[4][5] and ultimately its contribution to the advancement of Māori and the

development of Aotearoa New Zealand as a nation also informed the research topic. Accordingly, there was an affinity or connection to Te Aute College that on reflection was tangible and intangible. Tangible in the sense that I had a physical connection to the place and to the land and, intangible in the sense that through stories, traditions and whakapapa or unseen phenomena I, the researcher was also connected to the research community.

Simultaneously, it was also at this point that there was a realisation that the notion of whakapapa would impact greatly on the research. Besides looking at the multiple layers of whakapapa that Te Aute College has been built on and that its current status is sustained by, there was a point where it was decided that whakapapa would also form the basis of the research framework or methodology. This is what was made reference to earlier where the research expounds the use of both a traditional and a contemporary illumination of whakapapa as guiding the whole research process.[6] Consequently, the research was then located within a Māori-centred research paradigm where whakapapa was placed at the core and the periphery with ancestral precepts or tikanga Māori, a Māori worldview and mātauranga Māori guiding this process.

The foundational relationship on which Te Aute College was established was bicultural. This was a relationship between Ngai Te Whatuiāpiti, the Anglican Church and the Crown as is testament in the wording of the 'deed of gift' signed by Ngai Te Whatuiāpiti chiefs *"hei tipu i ā mātou tamariki i a te Pākehā hoki kia tuputahi ai"*. The face of Te Aute College has evolved considerably over the last 154 years and so this change represents another example of lineage or whakapapa that Te Aute College emanates outwardly and inwardly. For instance, the whakataukī *"he kokonga whare e kitea, he kokonga ngākau e kore e kitea"* is interpreted within the context of Te Aute College

as meaning that Te Aute College's outward appearance although having undergone a number of changes has been visible throughout its history but an innate embedded connection that is distinctly Te Aute has not been so visible. This innate embeddedness is a phenomenon not easily understood, seen or recognised unless one has been a part of or affiliated to Te Aute College.

An emerging theme from the research was the divulging of what might be characterized, as intrinsic qualities that to some people are somewhat incomprehensible, yet to others are totally natural. For instance, one research participant stated *"we were imbedded with incredible values that are at times difficult to explain, wairua, mana, aroha and manaakitanga"*. At the time that this conversation took place, it was done so in a self-effacing manner and was indicative of an era that nurtured self-esteem, pride in the college and pride in one's community. That is, it was just something that was consistently *"drummed into you that you aspired to do well and this just became a natural habit"* as this same research participant recalled. This innate embeddedness or intrinsic quality is established by a connection to Te Aute College and so this research views this connection as a 'whakapapa' connection. That is, traditional and contemporary notions of whakapapa not only validate this connection, they also explicate the connection within the context of the research.

TE AUTE COLLEGE AND WHAKAPAPA RESEARCH

On entering the portal of Te Aute College, a unique connection transpires that is bound and legitimated by the notion of whakapapa. More often than not, this connection is realised by individuals nonetheless, this connection is shaped and governed by the Te Aute experience. At the research outset, it was acknowledged that Te Aute College had a whakapapa but to what extent this consisted of was unknown. What was known

was that Te Aute definitely had a lineage of contribution that has evolved from one era to the next and so the opportunity arose to utilise the notion of whakapapa as a research tool that related to the retention of Māori knowledge and applying these traditions to meet the growth of new knowledge that in turn could advance Māori today where Māori can live life to their potential as Māori.[7][8]

THE GENESIS OF MĀORI THOUGHT

In terms of contextualising whakapapa, within the research the following lineage broadly generalises the origins of a Māori worldview and places Io-Matua-Kore at the beginning of time and so whakapapa as we know it begins here (see Figure One). There followed Te Kore, the nothingness but a state of latent energy or potentiality from whence came Te Pō or a state of darkness. It is at this point that Ranginui and Papatūānuku, the original male and female life forms who resided in Te Pō, began to give birth to their children who were born gods and whose names represent the personification of nature's various manifestations and powers. It was Tāne one of their children and God of forests for instance, who separated his parents and brought light into the world, Te Ao Mārama. Tāne also created the first human being from whence the pedigree of mankind begins through his daughter Hine-tītama.

Figure 2.1 A Māori worldview of a whakapapa showing the pedigree of mankind.
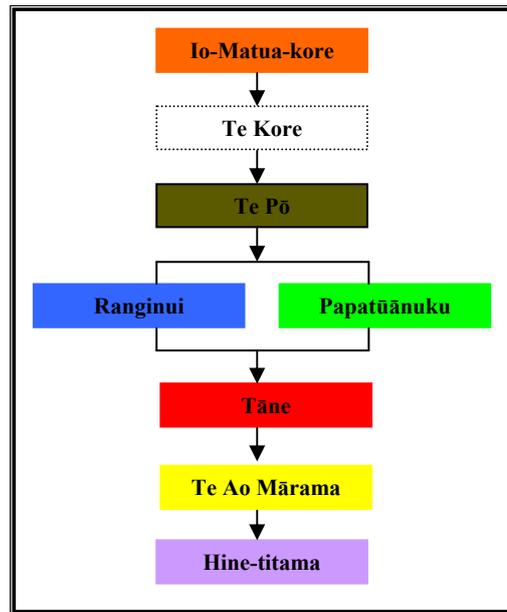
It is this tradition that provides the dynamic framework of a whakapapa research methodology that this research has embraced. Te Kore for instance can refer to the potentiality for a female to become pregnant or hapū. Te Pō can refer to the actual state of being hapū and a child developing inside the womb. Te Ao Mārama represents the phenomenon of a child being born and entering the world of light. With the research process, Te Kore represents the start of the journey, the point for instance where you don't have a topic. Te Pō represents the next phase of the research process where fieldwork, data analysis and a literature review might form this phase. Te Ao Mārama represents the outcome of the research, the results and the birth of new knowledge or theories. So whakapapa has a number of meanings and interpretations that essentially relate to a genealogical descent from the gods to the present time where

whakapapa is a basis for the organisation of knowledge in respect of the creation and development of all things.[9] It is a prized form of knowledge[10] and whakapapa is what gives the researcher for instance, the credence to say who I am. It gives the researcher identity as an individual, a whānau, hapū and iwi member and as an Indigenous Māori of Aotearoa New Zealand. Many of us here tonight can identify with this statement directly in terms of our own tūrangawaewae but we all essentially have a connection to a place from whence our ancestors came from - the shores of Hawaiki.[11]

Meanings of whakapapa are bound by oral traditions that have existed since the beginning of time according to a Māori worldview and that also encompass distinctive tribal traditions.[12] Yet there's also the capacity to generalise that these tribal traditions ultimately stem from the creation of the universe and so they are representative of a Māori worldview and Māori thought.[13] For instance, waiata and karakia describe these traditions in a language based on whakapapa and therefore they and whakapapa have played an important role in the transmission of mātauranga Māori.

BIRTH OF NEW KNOWLEDGE

Within this research, at one level whakapapa is about the birth of human life and maintaining the bloodlines of a whānau. At another level, whakapapa concerns the birth of new knowledge. In order to maintain a lineage of Māori knowledge and to develop this knowledge that is inherently Indigenous as well as contemporarily appropriate, whakapapa facilitates the addressing of questions like, what and who is the research for? For instance, this research is about an acknowledgement of the past and an examination of the present. It is for those who have passed on, those who are here today and those who are yet to be born. It is relevant across a number of contexts and whakapapa permeates

these contexts; for example, the Māori boarding schools, Māori education and Māori research. Benefits of the research may include a contribution to the knowledge base, to the development of Māori education and to Māori research, while the beneficiaries of the research may comprise individuals and groups across a range of contexts including students and the wider whānau of Te Aute College, Ngai Te Whatuiāpiti, iwi and Aotearoa New Zealand in general. Whakapapa accordingly legitimates Māori epistemology by locating and separating Indigenous Māori views from dominant Western traditions. Whakapapa is at the heart of Māori ways of knowing where it sets a platform and provides the space to engage for instance, in Māori research.[14] In this way, whakapapa is once again seen to provide the basis for the organisation of Māori knowledge and the maintenance of its lineage as new knowledge emerges. This new knowledge does not necessarily replace existing knowledge but it adds to and strengthens the knowledge base.

WHAKAPAPA - A THEORETICAL BASIS FOR RESEARCH

Reflecting on ancestral precepts such as *kanohi ki te kanohi pokohiwi ki te pokohiwi,* on traditions, narratives and a Māori worldview underpins the whakapapa research framework and establishes a pathway where whakapapa provides a mode of thinking - Te Kore. The next stage of the process allows one to debate, challenge and examine knowledge as well as permitting the storing and transmission of knowledge - Te Pō. In doing so, the space referred to earlier facilitates the acquisition of new knowledge based on contemporary experiences of Māori communities and new explanations and theories - Te Ao Mārama.

In keeping with Māori traditions, whakapapa becomes the most fundamental aspect of the way Māori think about and come to know the world.[15] Whakapapa is acknowledged as a way of

thinking, a way of storing knowledge and a way of debating knowledge.[16] This lecture therefore reiterates that whakapapa is also a means and way to acquire new knowledge. It is an important link between the past, present and future. For instance, as an Indigenous Māori of Aotearoa New Zealand, through whakapapa, the past qualifies my ethnicity and position in society today. Secondly, as a Māori researcher researching among my own Māori community, whakapapa again qualifies my role and position. Therefore, by using the skills and knowledge acquired from Māori traditions to accumulate Māori knowledge and examine this knowledge; the capacity to progress is tenable and achievable. As a research framework, a whakapapa research methodology exercises tikanga Māori to guide the research, explicating the inseparable links between the supernatural, land and humanity. The concept of whakapapa is consequently the all-inclusive interweaving mechanism that provides a legitimate foundation from which Māori research can be conducted and validated today. Whakapapa thus provides this space for Māori knowledge and a means of considering the world thereby separating Māori-centred research from Western research perspectives.

Within the Te Aute College community, whakapapa is multiple layered and so impacts across the range of these interconnected layers and beyond; for instance, tikanga Māori, land and Indigeneity, Pan-tribalism, the Māori boarding schools and whanaungatanga. By exploring the whakapapa of these layers it becomes apparent that there are many threads within each layer and so whakapapa is also a shared illumination of all of the interconnections between people and not just of their biological connections. Te Aute College is the common denominator in these relationships. It is the parent figure and a tukutuku panel that weaves people, tradition, history, stories, experiences and ancestral precepts into a lineage or whakapapa. The relationship between the researcher and the research community, itself bound

by whakapapa, invokes a series of typical research characteristics such as accountability, reciprocity, trust, confidence and ethicality[17] [18] and so innately fulfils ethical considerations even though institutional research conventions may require transparency via documentation in the shape of consent forms for instance.

WHAKAPAPA AND TE AUTE COLLEGE

Traditions and meanings of whakapapa explored in the research originate from an epistemological Māori knowledge base that has been maintained for generations through the inter-generational transmission of whakapapa.[19] [20] The whakapapa 'infrastructure' already exists throughout the Māori world and therefore the impetus is on knowing this knowledge and overtly expressing it in a manner that it can be used as a legitimate research methodology. That is, a Māori world-view is already existent and so it is not essential that it should be validated, rather it is necessary to validate the use of such knowledge when conducting research among Māori communities today in order that its application as a research methodology not only be recognised, accepted and legitimised by the academic lens but be culturally appropriate and accepted by the research community and the wider academy too.

By virtue of Te Aute's iwi and hapū affiliations, this research has recognised that Te Aute College has a connection to Hawaiki,[21] the place that our tīpuna journeyed from many centuries ago and the place from whence Māori tradition stems. This historical and ancestral connection advanced its lineage and I move forward now to the earliest Māori inhabitants of the Hawkes Bay region, to Ngai Tara and to the descendants of Tara's nephew, Rangitāne who occupied the wider Heretaunga district including the Te Aute valley and Lake Roto-a-Tara some 800 years ago.[22] [23] A couple of centuries later, Taraia, son of Rākaihikuroa and great-

grandson of Kahungunu moved south from Northern Hawkes Bay and got into conflict with Ngai Tara, Rangitāne and other iwi who were eventually displaced through conquest. Ngāti Kahungunu established itself as an iwi throughout the wider district as numbers increased.[24] [25] Soon, Ngai Te Whatuiāpiti a hapū of Ngāti Kahungunu and its own subsidiary hapū gained stature in the Heretaunga and Tamatea districts and it was chiefs of these hapū who donated over 4000 acres of land for the establishment of a school at Te Roto-a-Tara pā on April 18th 1853, some 600 years after the period of Tara and his contemporaries.[26]

While these chiefs were of Ngai Te Whatuiāpiti and Kahungunu, many also had ties to Ngai Tara and Rangitāne through the intermarriage with Ngāti Kahungunu that had taken place once Taraia and his people had established themselves some 400 years earlier. While this part of the story tonight has been brief, it does acknowledge the whakapapa of the iwi kāinga and of their whakapapa back through the generations. Te Aute College therefore has a whakapapa connection with Māori iwi and hapū through the tāngata whenua of the Heretaunga and Tamatea rohe of Ngāti Kahungunu. Te Aute College's whakapapa also extends to whānau throughout Aotearoa New Zealand through the connections of whānau who have sent their sons (and daughters) to Te Aute College for generations. Indeed there are whānau who have maintained an unbroken connection with Te Aute College since the 19th century with 4 or 5 generations of whānau attending Te Aute College.

Te Aute College's whakapapa also connects with Christianity through its establishment under Samuel Williams and the Anglican Church. This connection has been ongoing and gained prominence after WWI with the sending of students to St. John's Theological College to enter the priest hood.[27] [28] Christianity is also a pillar of the kaupapa or mission statement of Te Aute

College where Te Aute has also embraced other religious denominations. As an educational institution, Te Aute College has established a connection with the notion of Māori education across many layers throughout its history including achievement and scholarship by its students both at school and then after leaving Te Aute College. Te Aute College has therefore added to the whakapapa of Māori education since the mid-19th century alongside other schools and has maintained a connection up to the present day.

All of these contexts are validated and strengthened through a lineage of history, tradition, experiences and achievement. The history of Te Aute College since 1854 itself is evidenced by significant events and milestones, which in turn have set the platform for subsequent achievements and events establishing and maintaining a whakapapa. The same goes for tradition, the tradition that is Te Aute College and the traditions that have been transmitted down through generations of students. Many traditions have evolved to be reflective of the passage of time but they have maintained the essence of what gave birth to such tradition and that is, the mana, ihi, wehi and wairua of Te Aute College. This tradition has nurtured a unique experience of education for generations of students, their whānau, staff and the wider community of Te Aute College, which has ultimately contributed to the achievement of its students; achievement across a range of contexts and not necessarily at the same level. For instance, Te Aute College has a history of producing students who have achieved at all levels of society, nationally, regionally and in the local community.[29] These achievements have occurred since the late 19th century and are evident still today where this whakapapa has been maintained. However, the impetus is now on extending this whakapapa of achievement through the mode of how Te Aute College for instance, provides education to its students today in the 21st century given the ups and downs and more so the latter that have confronted Te Aute

College in recent years. Subsequently, this research seeks to not only examine the history of Te Aute College's contribution to Māori advancement but also the capacity for Te Aute College's future contribution to Māori advancement.

INDIGENEITY

I would like to briefly discuss an Indigenous connection that I made reference to earlier where despite the cultural heterogeneity or differences among Indigenous peoples; a unique relationship underpins a conscious unity and common harmony with land and the environment.[30] Stories for instance, about land and the natural environment have been passed down through oral narratives and traditions since the beginning of time through whakapapa.[31] Whakapapa materialises the relationships connecting Māori hapū and iwi to their lands[32] and whakapapa illuminates the relationships that connect the Indigenous to our lands and natural environments worldwide.[33] These relationships undoubtedly contribute to the empowerment of Indigenous peoples enabling the realisation of potential in advancing wellbeing and strengthening identity and what Māori refer to as tino rangatiratanga[34] and the fulfilment of Indigeneity. That is, the feeling, believing and perceiving oneself as Indigenous and, the act of making such claims and of acting on these claims. Te Aute College has a unique relationship to land through its connection to the tāngata whenua, Ngai Te Whatuiāpiti, and this builds on, strengthens and adds to its whakapapa.

Though this research stems from a Māori philosophical base; the questions, ideas and discussions that arise from the research are relevant to Indigenous peoples worldwide. Land, humanity and the supernatural are co-dependent entities among Indigenous traditions; they co-exist and do so by sequenced networks of relationships (whakapapa) linking each entity and maintained by oral narratives and traditions.[35] While the word whakapapa is

uniquely Māori, all peoples of the world have their own genealogies (*whakapapa*). More specifically, as aforementioned, Indigenous peoples worldwide share a common bond with their ancestral lands and enhance this relationship with their respective values and concepts; similar to the way that Māori people do too. Therefore it is intended that the methodological approach that will guide this research will not only be relevant to this specific research community but will also be useful to Indigenous discourse worldwide where Indigenous researchers who share a whakapapa connection with their respective Indigenous communities can advance their own autonomous motives for Indigenous self-determination.

The emphasis of this Indigenous approach to research therefore centres on the importance of being able to engage in research with one's own community by developing and employing a research framework developed from Indigenous constructs specific to one's own Indigenous community. Such practices will naturally assume an Indigenous worldview as their epistemological base and this is already occurring across Indigenous communities worldwide. For instance, Indigenous models of practice have already been developed and implemented and include language revitalisation programmes, health initiatives and environmental management programmes.[36] [37] [38] [39] [40] The Māori notion of whakapapa and its associated tikanga Māori that form the foundations of this research's methodology can thus demonstrate a research framework that Indigenous people can freely choose to adopt, adapt and utilise for their own means.

HE ĀPITI HONO, HE TĀTAI HONO

'He Āpiti Hono, He Tātai Hono' (see Figure Two) is a model that represents the whakapapa methodological approach that this research has utilised where the model has evolved from a Māori

epistemological knowledge base and so; it has guided the entire research process. That is, the model provides a framework that lets the researcher make sense of the world by their existence within it. That is, by making sense of our being in the world, the capacity to understand and interpret phenomena is stronger because we are inseparable from all that is taking place around us.[41][42][43] Whakapapa provides the epistemological framework or the basis of the origins of Māori knowledge as well as an ontological position or the nature of what is real or what exists for Māori, for the explication and understanding of a Māori worldview.

There are four specific interconnecting taumata and pou, taumata are the tiers and pou are the pillars. Each pou represents a research pathway that is travelled and explored where progression occurs once each taumata has been exhausted. For instance, te pou tuatahi *Te Timatanga* represents the initial stages of the research project. *Te Rapunga* represents the data gathering techniques and literature review process. *Te Kitenga* represents the fieldwork phase and the analysis of the data. *Te Arotake* represents the outcome of the research, a position that also has the potential to generate new or subsequent research. Te Pou Tuatoru represents Māori research paradigms, whakapapa and the capacity for each or all to impact across the whole model at anytime where whakapapa qualifies our being and our place in the world. Whakapapa connects us with experiences and practices that enhance our lives and enable us to perhaps better understand our existence and better understand our world. Consequently, whakapapa not only represents these connections but the nature of whakapapa is also borne out in the way that the model is structured where the taumata are sequenced in stages, just as whakapapa is. The 2nd and 4th pou also represent these same four sequenced (whakapapa) stages.

Figure 2.2 He Āpiti Hono, He Tātai Hono - That which is joined becomes an unbroken line. This model represents the whakapapa methodological approach utilised by this research (Graham, J. 2007).

Te Timatanga	Te kore	Whakapapa	Te Whakaputanga Whakaaro
Te Rapunga	Te Aute College	Matauranga Māori	Te Whakatakotoranga
Te Kitenga	Te Pō	Kaupapa Māori	Te Whakawhitinga Kōrero
Te Arotake	Te Ao Mārama	Māori-centred	Te Whakamāramatanga
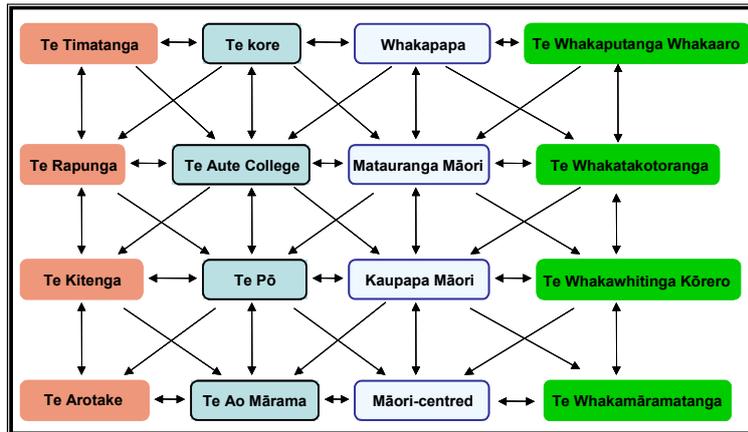
A WHAKAPAPA OF EXPERIENCES

The whakapapa of Te Aute College has contributed to the advancement of Māori across a number of contexts where these contributions have occurred both within and external of Te Aute College. These contexts are a sample of contributions made by Te Aute College that date back to the 19th century and include:

- Education and Teaching
- Religion
- Te Reo Māori
- Health
- Politics
- Farming
- Iwi and Hapū Identity and Development
- Māori Identity and Development
- Leadership
- Rugby and Sport
- The Armed Services

- Community

These contexts represent a sample that has been taken from the research findings and demonstrates how the process of analysing the data produced codes, themes or socio-cultural constructs. The emergence of the research themes also replicated whakapapa. For instance, initial parent themes that emerged from the data analysis gave birth to child [sub] themes and the process continued until it was exhausted or no new information or sub-themes emerged. Therefore, taking the example of the socio-cultural construct of *'Being a TA boy'* gave birth to the child theme of *'Pride'* that in turn gave birth to *'Fostering awe'* that in turn gave birth to *'Positive role models'* that finally gave birth to the sub-theme of *'Self-respect'*. The resulting analysis saw the emergence of a whakapapa of themes that moved through five generations for this particular example.

Leadership

Te Aute College's whakapapa of leadership is evidenced by persons who have ably led the school through different periods of its history. While teachers and other staff members have also contributed to Te Aute College's model of leadership, there are instances of leaders that include John Thornton (1878 - 1912)[44] who imbued a sense of mission and obligation in their students and other leaders who made a similar impact on generations of Te Aute College students. A number of students to come out of Te Aute College at the turn of the 19th century demonstrated the same qualities as their mentors in their lifetimes and set the benchmark for subsequent generations of Te Aute College students, indeed for Māoridom. This lineage or whakapapa of leadership has been continued by subsequent students of Te Aute College of the 20th century and beyond although the likes of Sir Apirana Ngata, Sir Peter Buck, Sir Maui Pomare and their peers are exceptional. As one research participant stated *"we used to hear a lot about the three of them, Monday to Friday we'd hear*

about Ngata, Pomare and Buck; Sundays we'd hear about the holy trinity, father, son and Holy Ghost" and so those leaders as well as the Christian ethos of Te Aute College were constantly revered. Through its leadership and students Te Aute College played an important role in the transition of Māori from the 19th to the 20th century.[45] For instance, the emergence of a new breed of leaders who were not necessarily tribal leaders that had previously been the norm for Māori leadership came to the fore.

Armed Services

The armed services connection with Te Aute College has a long tradition dating back to World War I[46] and the subsequent international campaigns that continue up to this day where Te Aute College is represented in the nation's armed services. A number of personnel for instance, made up many ranks of the 28th Māori Battalion including officers, commanders at different times and the position of chaplain of the battalion was always held by students from Te Aute College including Wi Te Tau Huata who had two stints as Chaplain of the 28th Māori Battalion.[47] Old boy Te Moana-nui-a-Kiwa Ngarimu was also awarded the Victoria Cross posthumously and there has been a tradition of reading the citation of his exploits that ultimately led to his death, at annual ANZAC Day services held at Te Aute College. Lifestyle and experiences at Te Aute College taught its students attitudes and values that were desirable in the wider world as well as in the armed services. For instance, Te Aute boys of that era knew how to read and write English and other languages too and so ironically, in terms of World War II, while the teaching and learning at Te Aute College schooled them well, many made the ultimate sacrifice for their Iwi, for Māoridom, for God, for King and for country. Feats of the battalion during World War II both inspired and saddened students of Te Aute during the war as well as at annual ANZAC Day services. A sense of whanaungatanga with the armed services is therefore strong at Te Aute College where the whakapapa of its

relationship with the armed services is not only strong but it holds great meaning for whānau throughout Aotearoa New Zealand.

Whakamutunga Kōrero

Whakapapa represents the links between the dead and the living *'mate atu he kura, ara mai rā he kura' - one chief dies and another rises and assumes the mantle*. Buildings may come and go and like human life itself, the loss of a loved one is hard to take. For instance, the demolition of the old Te Aute (brick) school cut deeply with many old boys schooled in its era such was the innate connection and bond between them as individuals and a collective with the Te Aute College that had nurtured them. Such characteristics have been a part of Te Aute College and they remain a part of Te Aute College's legacy though it might be fair to say that some have perhaps been latent in recent years and so there lies the potential to reignite the tradition or add prestige to the whakapapa of Te Aute College; a legacy to Māori and to Aotearoa New Zealand bound by whakapapa.

This lecture has simultaneously centred on Te Aute College and its contribution to the advancement of Māoridom and a whakapapa research methodology that centres on the retention of Māori knowledge and the growth of new knowledge to meet the needs of Māori today. Consequently, this research has focussed on explicating the layers that make up the whakapapa of Te Aute College, a whakapapa that has transcended time and generations. A whakapapa research methodology is about the acquisition of new knowledge where traditional precepts inform and guide an analysis of the present that in time becomes a manifestation of the future and so the past, present and future are innately and organically linked throughout the research process. The growth of new knowledge is essential in meeting the needs of Māori today where Māori can not only live as Māori but advance

Māoridom[48] to the forefront of education, technology, economic development and health for instance.

Whakapapa is innately woven throughout the fabric of Māori society and inherently relates with both traditional and contemporary Māori society. This lecture tonight has centred on engaging in Māori research and endeavouring to do so by preserving a connection to ancestral precepts that have stood the test of time. This is reflected in a whakapapa based dichotomy that gives rise to one, the advancing of the descent line through the birth of human life and two, advancing our understanding of the world through research and knowledge acquisition. I am taken back now to a statement made at the start of this lecture tonight in that like Te Aute College, the Māori boarding schools all have a whakapapa of contributing to Māori advancement through their general yet distinctive layers of traditions, experiences and achievements bound by whakapapa. Since the early 1980s this whakapapa has been strengthened and added to by the experiences and achievements of Te Kōhanga Reo, Kura Kaupapa Māori and Whare Kura as Māoridom continues its journey into the 21st century.

Māori ancestral precepts have complemented a whakapapa research framework while the application of an up close and personal or kanohi ki te kanohi pokohiwi ki te pokohiwi method has embraced the whole research process, culturally, ethically, socially and academically in the quest for advancing the descent line or whakapapa:

Te whakapapa o te ira tangata, me;
Te whakapapa o te mātauranga Māori

Otirā, tēnei ahau, tēnā koutou, kia ora tātou katoa, *Whakatangata Kia Kaha*

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CHALLENGES FOR THE FUTURE

Opportunities for Māori

Cindy Kiro

There has always been a disjunct between 'life' inside the hallways of academia and the 'life' that goes on outside these institutions. Terminology and information such as socio-demographic contexts, age and sex structure of the population, and disaggregated datasets seem to leap off the pages of textbooks and articles in libraries and bookshelves in lecturer's offices. The tables and pie charts describing educational attainment of children and adults, socio-economic status and ethnic composition of the population, dissect the human race as if we were specimens under a microscope.

And yet these terms and others just like them, health and wellbeing indicators, economic standard of living and iwi profiles. These words add to the language and the ways in which we can, and do describe, what is happening to tamariki and taiohi Māori and their whānau. And while they have validity and currency, sometime I cannot help but feel disconnected from this seemingly endless stream of information.

In my world, as I'm sure it is in yours, I spend a lot of time examining exactly these types of information. Like crime scene investigators, my staff and I try to fit the information pieces together so we might better understand why a particular child has died, why one group seems more predisposed to negative patterns of behaviours or what might prevent an adult harming or taking the life of theirs, or someone else's child.

Today, we stand on a foreshore significantly different from the one my tipuna stood on as they waited to greet the new settlers. I am sure there was trepidation and fear of the unknown in those first meetings. But I am equally sure there was also excitement, curiosity and the adrenalin that comes from something new and unfamiliar.

Today, more than ever, we need to instil this same sense of adventure and fearlessness in our tamariki and their whānau. Because however we choose to look at it the truth is that whānau is the link to our past and our future. Through the words, deeds and sometimes, hard lessons of our tipuna, kuia and koroua come the stories, lessons and traditions that define who we are as a whānau, hapū and iwi.

And if, as iwi Māori, we look backwards to see the clearest pathways into our future, then it must be said that our tamariki and mokopuna are the bridges that connect our past, present and future. More importantly perhaps, they are the recipients of our knowledge and values, embodying both the hopes and despairs of our whānau and iwi. This means that what we teach them and how we raise them has a huge impact on their lives, including how they in turn will raise their own tamariki and mokopuna.

So this evening, I hope to take you on a journey beyond the statistics and sometimes sensationalist headlines reported in the media. This evening:

- I want to focus on the internal and external opportunities (and challenges) facing our tamariki and rangatahi today
- I want to talk about the importance of whānau and to consider the strength and place of tikanga (culture) in protecting and providing support to tamariki and their whānau
- And finally, I want to talk about what we must do right now to support tamariki and taiohi Māori.

Because the challenge for each of us, ngā kuia, ngā koroua, ngā mātua me ngā pakeke, is to provide our tamariki with the most supportive and loving environments we can. If we can do this, then we are giving them the best opportunity to flourish, thrive and fill their rightful places within our whānau, hapū, iwi, and wider world.

Nō reira e hoa mā, me timata tātou.

CULTURE AND MĀORI SOCIETY

There has been much debate about what it means to be "Māori" today, and what makes us distinct as an ethnic or racial group. Although traditional Māori cultural values are seen by many as highly relevant in today's society, it is also clear there are considerably diverse perspectives on this issue amongst iwi Māori themselves.

We know that being Māori has a lot to do with how we can support and ensure the safety of our tamariki and mokopuna today.   In fact, there is increasing evidence that the most promising interventions in child welfare (and other areas) are being designed and implemented by Māori and other Indigenous peoples from around the world.[1]

For Māori, this is possibly because we believe that whānau is inextricably linked to notions of identity and paradigms of wellbeing.   In fact, contemporary views of Māori society

emphasise the importance of identity and its links to concepts including kin, community, spirituality and a sense of self within the wider collective.[2]

STATISTICS ABOUT TAMARIKI MĀORI AND THEIR WHĀNAU

The Mental Health Commission says that:[3]

> *The whānau is viewed as the gateway to the cultural values, distinctive heritage and multiple networks that characterise Te Ao Māori. While not all Māori are able to affiliate to hapū, iwi or a Māori organisation, all are members of a whānau.*

Professor Mason Durie concurs and says that, *more than any single institution whānau have the potential to convert risk and threat into safety, security and the realisation of human potential.*[4]

But what do we know about tamariki, rangatahi and their whānau? What do the indicators and demographic datasets tell us about them, and does this information confirm or challenge the perceptions we, and other people have about tamariki and taiohi Māori and their whānau?

Well, the numbers provide one source from which we can begin to shape a comprehensive picture that is the life of Māori children and young people in Aotearoa.

For example the 2006 Census told us that approximately 644,000 people ticked the box saying they were of Māori descent. However, of this group, only about 565,300 people identified with a Māori ethnic group. Which means that just over 100,000 people of Māori descent do not know which iwi they belong to.[5]

Information from the same Census also tells us that:[6]

- 1 out of every 4 children under the age of 10 years in New Zealand is of Māori descent
- 1 out of every two Māori in New Zealand are under 23 years of age
- while only 1 out of every 20 people in New Zealand over the age of 60 years is Māori
- we also know that two out of every three Māori people are living in deprivation deciles 7 to 10
- and that the median income for Māori over 15 years was $20,900.

TAMARIKI TAIOHI AND POVERTY

Last week, in partnership with Barnardos New Zealand, my Office released a report on child poverty called *A Fair Go For All Children: Actions to Address Child Poverty*.[7] This report, written by Michael Fletcher and Maire Dwyer, says that the most up-to-date figures show that approximately 230,000 (22 percent) children in New Zealand are living in unacceptable poverty.

The report goes on to say that:[8]

> Of particular concern is the fact that child poverty is unevenly distributed across society. For children living in sole-parent families, the rate of poverty is five times as high as that for children in couple households. Poverty rates are also significantly higher among Māori and Pacifica children than Pākeha children.

While this may come as no surprise for some of you here this evening, these figures are cause for grave concern, not just for iwi Māori, but the wider population too. The poverty report confirms that there are too many poor children, in fact too many poor Māori children living in Aotearoa today.

We already know, and this report confirms that poverty has lifelong consequences for children. For some children, the 'costs' of poverty mean they:

- are more likely to have poorer educational outcomes
- are more likely to be sick or are at higher risk of dying during childhood
- are more likely to be poor themselves, and
- face higher risks of physical abuse and neglect

You need neither a crystal ball nor a Degree in Economics to see what is likely to happen in the future.

With such a youthful population Māori (and our Pacific brothers and sisters) will soon make up a substantial proportion of the adult workforce. If we do not invest in positive learning environments that foster educational achievement for Māori now, this country will be in trouble. If we cannot help young Māori to raise their knowledge and skill levels, this country will be in trouble.

If we do not invest in initiatives that improve the health of mothers and help them to make good decisions about their nutrition and the nutrition of their children, this country will be in trouble. And if we do not continue to invest in parenting programmes and support for parents, our children will suffer and this country will be in more trouble.

If we continue to ignore the statistics, then we threaten our own future economic prosperity and social wellbeing. New Zealand is looking at a growing aging population that will stretch health and welfare resources for many years to come. Child poverty adds to the stress on these resources and limits the productivity of the workforce that will be required to pay for that aging

population. And the statistics tell us, that the workforce will be "browner" than it is at the moment.

THE IMPORTANCE OF WHĀNAU

I am fortunate that my role as Children's Commissioner has afforded me numerous opportunities to talk to a wide range of tamariki and rangatahi. Despite the challenges that clearly face some of them, I have been struck by their willingness to embrace their culture and identity in a way not seen by some of their parents, and in some cases, grandparent's generation.

For my staff and I, their attitude and wholehearted embrace of life stands as a testimony to the resilience and potential of all tamariki and taiohi Māori. Potential that shines brightly through events like Ngā Manu Kōrero and the Kapa Haka Kura Tuarua National competition.

While I am constantly amazed by the ihi (Power), wehi (awe or regard) and wana (fierceness) of the rangatahi competing in these events, I am equally moved by the meassages inside their performances. I have seen rangatahi haka about alcohol and drug abuse amongst their friends and whānau. I have heard them waiata about the loss of a friend through suicide and mental illness.

I have heard them whaikorero about the importance of knowing who they are and what being Māori means to them. And yet, the strongest message that has remained with me has been the one about whānau being critically important to them and their friends.

In July 2005, my former Young People's Reference Group (or YPRG as they are more commonly known) were keynote speakers at the Sixth Child and Family Policy Conference hosted

by the Children's Issues Centre in Dunedin, New Zealand.   In their address, *Leaders ... Reformers ... Agents of Change: Young People and the Art of Citizenship,* the YPRG highlighted the importance of family.

Speaking on behalf of the group, Keegan Bartlett said:

> "A child's family is usually that child's first and most crucial environment. Three key factors exist and are important in building a healthy and sustainable family atmosphere across all sectors of society that young people live in. These key features are acceptance, belonging and bonds."

In the same keynote address, another former member of my YPRG, Kawiti Waetford offered his perspective on his life and the importance of his whānau. Kawiti's experiences of whānau life mirror those of other children throughout New Zealand. His contribution to the keynote address came in the form of a description and validation of the way he was raised.

He spoke of living in the same house with family members that spanned three generations.   He spoke of his mother's commitment to ensuring he knew who his whanaunga (relations) were and was even able to recall time spent with his great-grandmother as well. Kawiti spoke of being raised in a single-parent family and he recalled how important it was for his mother to maintain strong bonds with other family members as much as possible.

For Kawiti, the value and importance of healthy whānau relationships provided him with a strong sense of who he is, where he came from, whom he is connected to, and where he belongs.

In New Zealand, we are fortunate that Kawiti's experience is not isolated and that today, may other tamariki and rangatahi Māori are being raised in similar ways.   Moreover, this Māori

worldview is being reinforced through stories, tikanga and the revitalisaion of te reo Māori.

Clearly, children and young people understand the importance of their family. They know their families are fundamental to their identity and ability to grow into strong, healthy, mature adults. Unfortunately, some children and young people also know that not all parents are good role models, and not all families are able to provide the secure and nurturing environment they need.

In Maree Connolly and Mike Doolan's book, *Lives Cut Short: Child death by maltreatment* Professor Dorothy Scott, Director of the Australian Centre for Child Protection, described the family as the *foundation stone of society and a haven in a heartless world.*[9]

Such a description conjures images of parents, grandparents and wider family members as teachers, protectors and nurturers of children. It presumes that children are honoured and cherished and it offers up the whānau as the best environment and way to raise a child or young person.

We know that all children being their lives entirely dependent on adults for their survival. We also know that some children are being neglected, hurt, or worse killed, by the very people given primary responsibility to ensure their wellbeing. Unfortunately, we also know that today, some of the most vulnerable and perilously placed children, are those who come from Māori families and communities.

You and I are repositories of whānau, hapū and iwi knowledge and values. We must use this knowledge to ensure the best outcomes for our tamariki and mokopuna. As kuia, koroua and pakeke, we have a responsibility to reclaim our tikanga and use it

so that our tamariki and mokopuna may have a stronger sense of pride in who and what they are.

THE STRENGTH AND PLACE OF CULTURE

As Indigenous people, Māori share a legacy of colonisation and over-representation in negative statistics with other's around the world. These figures are not new. In fact, these types of negative statistics are highlighted in national and international arenas in documents such as the 2003 UNICEF report on child maltreatment deaths in rich nations.[10]

They are also contained in the 2006 United Nations Report of the Special Rapporteur on the situation of human rights and fundamental freedoms of Indigenous People and his mission to New Zealand,[11] and most recently in the 2007 UNICEF report on child poverty in rich nations.[12]

All too often, negative statistics have led some people to conclude that being Māori is a risk factor in and of itself. Most conversations about child abuse, poverty, crime and educational underachievement usually lead to a discussion about ethnicity and the over-representation of Māori across these negative outcomes.

In my experience, it is a rare public debate that explores these complex issues from multiple perspectives. More often than not commentators fail to seek out opinions or experiences that are not supported by the dominant culture or put forward by an individual or organisation purporting to represent the popular view.

I believe this approach is narrow-minded and fails to understand either the needs or values of iwi Māori. Values and beliefs that instil the notion of the cherished place of children, the role adults

have in nurturing children and the primary importance of people and family.

And while there are numerous oriori (lullabies) and moteatea (lament) that reinforce these values, I think some of our most fundamental values, practices and beliefs are best captured by the whakatauki:

> Hutia te rito o te harakeke. Kei hea te komako? He aha te mea nui i te ao? Māku e ki atu, he tangata, he tangata, he tangata.

THE IMPORTANCE OF THE EARLY YEARS OF A CHILD'S LIFE

According to the Brainwave Trust, a New Zealand organisation that raises public awareness of brain research and the importance of early experiences of infant brain development, the way a baby's brain develops will determine who he or she will become. Brainwave Trust maintains that *while genes may establish a child's potential … it is the day-to-day experiences that will help the child to fulfil that potential.*[13]

Developmental psychologists and neuroscientists have learned similarly important lessons in relation to the early years in a child's life. Dr Bruce Perry is an internationally renowned neuroscientist and clinical researcher who works with children affected by trauma. Dr Perry says:[14]

> "We are time-bound creatures. We have a beginning and an end. Within these boundaries, time passes at a constant rate. The hour of our birth is as long as the hour of our death. Yet while time is constant, we are not. Hours in infancy have more power to shape us than months in middle age. The relative impact of time – time lost or time invested – is greatest early in life. Indeed, humanity was created in childhood."

PHYSICAL WELLBEING

From the very beginning therefore, you and I have an obligation for our tamariki and mokopuna's development in every facet of their lives. This includes the development of their place and sense of identity in te Ao Māori me te Ao Pākeha hoki (the Māori and Pakeha worlds).

What does this mean in a practical sense for you? Well, it's pretty basic actually. Physical wellbeing means that they have a warm, dry and safe house to live in. It means having the right clothing in the right conditions (rain coats and gumboots when it's wet and warm clothes during winter and cold periods). It also means making sure we take our tamariki and mokopuna to the doctor as soon as they get sick, rather than waiting because we can't afford the medicine our kids may need.

One of our jobs is to kōrero Māori to our tamariki and mokopuna, to take them to the marae. By doing this we will reinforce these early lessons, and expose our tamariki and mokopuna to people in their hapū and iwi. Perhaps more importantly, we know (and the research and brain scientists tell us) that these rich experiences and our children's exposure to the breadth, depth and quality of wider kin relationships, will have very positive effects on the brain development of our babies and young children.

Such an approach to health and wellbeing presupposes that the family has support structures and coping strategies that assist in times of stress, or when adult members of the family require additional support and guidance. Moreover, the family is neither isolated nor left to cope with these stresses alone because the wider community accepts it has an obligation to ensure the wellbeing of the child and ultimately the families within its wider kinship or geographical circles.

EMOTIONAL WELLBEING

Emotional wellbeing continues to be an important aspect through childhood and adolescence. Sadly, statistics for tamariki and taiohi Māori show that suicide and mental health issues (either their own, or those of their parents or caregivers) continue to be significant causes of hospitalisation and death.

The good news for tamariki Māori (especially those experiencing crisis) is that close and supportive relationships with their parents, caregivers and wider family members, can help them to manage and grow through those stressful times.

But good beginnings are not just about having supportive parents and families. The research also tells us that connectedness of our children and young people to their families, cultures and communities are essential to their social development and wellbeing. And children and young people I have talked to also confirm this.

These same children and young people are clear that whānau means more to them than a meal ticket and a warm place to crash. The children and young people my staff and I talk to understand that their families provide a moral compass and emotional barometer upon which their own lives can, and are measured by themselves and the people around them.

EXTERNAL CHALLENGES FACING TAMARIKI AND RANGATAHI

These lessons will prepare them for the many challenges they will face in their own communities and the wider world.

Today, environmental challenges have become more apparent and more urgent for everyone. Phrases such as "climate change", "green footprints" and "thinking globally, acting locally", are not just clever slogans thought up by advertising agencies.

They are read issues facing our families right now and what we do today will impact on:

- Tangaroa's (god of the sea) ability to provide kai moana for our mokopuna
- Tane Mahuta's (god of the forests) ability to provide the trees, flora and fauna that will ensure clean air and medicines as well as building materials for our mokopuna's homes and dwellings.

It is becoming very clear that we cannot continue to neglect and treat Papatuanuku (earth mother) as we are doing right now. Toitu he whenua, whatungarongaro he tangata. Yes, the land may remain long after our generation has gone.

But what state will we have left it in? What state will we have left our children in to continue the whakapapa (geneology) and kaitiakitanga (guardianship) roles of our whānau, hapū, and iwi Māori?

At home, in the workplace and in the community adults tell me they are yet to master the television remote control, their mobile phones and the use of their computers and the Internet.

And while a recent survey of Internet use in New Zealand showed that 78 percent of all New Zealanders use of the Internet. The reality is that the digital revolution is already here, and it's coming via our tamariki and mokopuna.

Technology is and will continue to shape the world we live in. By all accounts the pace of change is continuing to accelerate at dizzying speeds, or at least they seem dizzying for some of us.

The Internet generation is entering the workforce, our rangatahi are entering (or soon will be entering) the workforce. Access to the information that comes from being familiar, indeed intimately connected to this technology, means they are bringing new ideas and sometimes, different values into their workplaces and their homes.

This is the generation that logs us on to the Internet so we can email with and download pictures and videos of whānau who have spread to the four corners of the earth. If we want to continue to communicate with them, if we want to connect with and ensure they are not lost to us in that digital future, then we must take time to understand not just our rangatahi, but also the worlds they inhabit outside of the Ao Māori and te Ao whānau.

This is not their challenge e hoa mā. It is ours.

So let's recap the main points so far. Cultural identity is an important component of wellbeing for Māori children and their families. A child that has a strong sense of cultural identity has additional coping mechanisms to draw on in times of stress.

You and I have a key role in ensuring and supporting the positive development of children and young people in our care, whether they live in our whare (house) or not. As repositories of cultural knowledge, we have an obligation to pass this information and these values on to our tamariki and mokopuna.

Māori whānau can and do provide secure and nurturing environments for children and young people. And when our whānau are in crisis, the consideration of cultural aspects can

provide a useful basis from which recovery and re-growth is achieved.

MĀORI – THE CASE FOR STRONG AND DECISIVE LEADERSHIP

In New Zealand, it has been assumed by many commentators (and policy-makers) that there is serious disparity between Māori and non-Māori on a wide range of social and economic indicators. Moreover, many believe that the gap between the two population groups is widening.[15]

For example, not many people would be surprised to know that Māori are disproportionately represented in some of the country's most negative statistics. All of these factors have implications for the way in which a family responds to stress or crisis. Moreover, the conditions of poverty and the stress of living in low socioeconomic circumstances can, and do, have an impact on the care and treatment of Māori children within Māori families.

But rather than dwell on those, I want to talk about the positive aspects of Māori whānau, hapū and iwi. And while I talk about these things I ponder the reasons why, these positive aspects are rarely highlighted or talked about in wider New Zealand society.

For example, behind the widespread perception (and medial portrayal) of Māori as either sinners or saints, is a growing group of largely overlooked, middle class Māori. In fact, the doom and gloom statistics often presented in government and non-government reports and research often overlook other statistics that tell us that:[16]

- Māori have made greater gains in life expectancy since 2000

- the percentage of Māori school leavers attaining university-entrance-level qualifications (14.8 percent) has almost doubled between 2001 and 2006
- according to Global Entrepreneurship Monitor 2006, New Zealand has the third-highest levels of entrepreneurship in the world, and Māori are the most entrepreneurial population in New Zealand
- Māori incomes as a whole grew faster than those of the general population between 2001 and 2006.

These positive and negative factors have implications for the way in which a family responds to stress or crisis. In fact, we know that the conditions in which a Māori family is living have an impact on the care and treatment given to their tamariki and rangatahi.

In their book *Lives Cut Short*,[17] Maree Connelly and Mike Doolan say that ultimately it is by strengthening whanaungatanga networks to perform their traditional role of nurturing children, that Māori children will be protected.

Such as approach requires decisive and strong leadership from whānau, hapū and iwi leaders. It requires our leaders to stand up in tribal forums and denounce the acts of violence, abuse and neglect that are hurting and ultimately killing our children and their parents. And it requires these same leaders to stand up in non-Māori forums such as print, radio and television media, to provide context, commentary and a way of helping the dominant culture understand what is happening to Māori children and their families.

It requires our leaders, like Dr Hone Kaa has done, to stand up and say we will not tolerate the abuse of our children, either in our own whānau, or in other peoples' homes. We must all share this kaupapa and match our actions to the view that we have a

stake in the lives of all Māori children, and we will not let them continue to be hurt.

I can tell you from personal experience that sometimes this is neither an easy or desirable road to be on. Partly because it provides the general public a face and target for their frustrations and outrage. And partly, because they see it as the responsibility of these leaders to protect and nurture its most vulnerable citizens.

The last 18 months in New Zealand have seen the horrific deaths and injuries of some of our babies and toddlers through acts of violence, abuse and neglect by family members. Many of these cases had high media profiles and were accompanied by public outrage and a desire to understand how such tragedies could have been prevented.

In addition to speculation about the morals and welfare status of the parents and wider families of the children who were killed, was speculation about the ethnicity and race of these children. Which in turn, led to comments about the violent nature of Māori people and the gross assumption that only Māori people are killing their children through abuse and neglect.

NIA GLASSIE AND CHRIS AND CRU KAHUI

In the case of twins Chris and Cru Kahui, they were killed by an as yet unidentified family member. And while the Police eventually arrested and charged their father with the twin's deaths, it can be argued that the closing of the family's ranks ultimately contributed to the jury finding Chris Kahui not guilty of murder of his two sons.

In contrast, multiple family members were charged with the death of Rotorua toddler, Nia Glassie. As a result of her death,

the patriarchal head of the family (who is also an influential tribal leader) fronted the media and accepted that members of his wider family had participated in abusive acts that let to the death of a toddler within his family.

It took immense strength and fortitude for Toby Curtis to stand up and admit that his whānau had failed in their duty to protect one of their babies. And yet, Toby's actions should be applauded. Because in the space of a five minute interview he invited the media to share the pain, shame and bewilderment felt by his wider whānau members. He stood in front of the cameras and asked the general public for their understanding and he made a commitment that no other children in his whānau would die from abuse or neglect.

Because of his interview, Toby Curtis' immediate and wider whānau members received some very clear messages. One – that violence, abuse and neglect of children and family members would not be tolerated. Two – that the whānau would be more vigilant in its support and monitoring of all members of their family. And three – that the whānau would be there to offer support to other whānau members experiencing crisis and stress.

Toby Curtis' actions were those of a leader who should be respected and I challenge other whānau members and leaders to be equally transparent and equally vigilant in their support of children within their own whānau, hapū and iwi groups.

His stance and his words should be encouragement and an example to us all. By our silence we are colluding with the abuser. Here today I ask you to stand up and act against abuse. Stand up and choose to protect your tamariki and mokopuna. As their kuia and koroua, we owe them no less than the protection of our korowai and mantle.

Māori families and leaders are receiving the message that Māori child abuse rates are unacceptably high and that whānau, and Māori leaders are committed to taking actions that will ensure Māori children are kept safe.

Indigenous communities around the globe are echoing these examples of leadership in Māori communities. The needless deaths of Indigenous children through violence, abuse and neglect require action by Indigenous families and communities. These deaths require Indigenous people to examine the data and develop ways of contextualising why our children are dying and what we need to do to prevent and stop these deaths from occurring.

But ultimately, they require each and every person to be accountable for the actions of their wider family members – not through shared responsibility in a courtroom or prison cell, but through the care and interest of all its family members. Leadership begins in the home, and it takes but a single action or word to stem the tide of a fast-flowing river.

WHAT DAN YOU DO?

Despite the challenges and sometimes, horrific stories that come to my attention about tamariki and rangatahi living in Aotearoa, I have been heartened by the range of activities and innovative thinking being utilised by iwi Māori around the motu. In fact, such thinking and actions are hallmarks of the way many Māori have responded to the challenges in their families and communities. We share common values and experiences and we have a way of sharing our stories so that others might learn and be guided by our own trials and tribulations.

For Māori the ascent of the Matariki constellation signals the beginning of our new year. Matariki is a time of fertility and

celebration. It is a time to plant and a time to prepare the land for planting.

But Matariki is also a time for whakapapa and whanaungatanga. It is a time to remember those who have died and to celebrate new life and new beginnings. Matariki is a celebration of Māori culture and language. It is a celebration of our people and our spirit.

And so I turn my attention to the questions of what you can do today? Today I ask you to embrace the spirit of Matariki, the spirit of the Māori New Year. Today, I ask you to stand up for your tamariki and mokopuna wherever they may be.

Whānau responsibility begins in your home and you can make it clear to your whānau that your whare (house) is a violence-free zone, a no smacking zone. More importantly you can let your whānau know that you will have a house of love, tolerance, respect and peace.

Arch Bishop Desmond Tutu said that, *"children learn about the nature of the world from their family. They learn about power and justice, about peace and about compassion within the family. Whether we oppress or liberate our children in our relationships with them will determine whether they grow up to oppress and be oppressed or to liberate or be liberated."*

Please, take an interest in the lives of your tamariki and mokopuna. Share your dreams with them and be the spark for their dreams.

CONCLUSION

Keeping our children safe requires constant vigilance of families, their individual members and the agencies that seek to provide support to them. Māori have a plethora of tools and cultural knowledge we can use to provide this support.

If we are to succeed in reducing the number of Māori children killed via abuse and neglect by other family members, then we must own what is happening in our communities. We must stand beside our tribal leaders and encourage them to set down their expectations of how the members of their families and communities should behave towards one another, and especially in relation to children and young people in their care.

There can be no truer measure or indictment of the way we value our children than through the death or preservation of their lives. The future of our whānau, hapū and iwi is dependent on the survival of our children and young people. Surely, there can be no more honourable role in our lives than this one?

I want to thank Te Mata o te Tau and my colleagues at Massey University for the gracious invitation to be part of the Te Mata o te Tau Whanganui-ā-Tara lecture series. I wish everyone well and hope you return to your whānau this evening invigorated and ready to contribute to the safety and nurturing of tamariki and mokopuna Māori.

In closing, let me leave you with these words, from author Margaret Fishback-Powers:

<blockquote>
One hundred years from now
It will not matter
What kind of car I drove
What kind of house I lived in
How much I had in the bank
Nor what my clothes looked like
One hundred years from now
It will not matter
What kind of education I had
What kind of computer I used
How large or small my church or temple
But the world may be
A little different because
I was important
In the life of a child.
</blockquote>

Nō reira e hoa mā. Ka mutu taku kōrero i tēnei pō. Ara, tēnā koutou, tēnā koutou, tēnei te mihi arohanui kia koutou, tēnā koutou katoa.

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WHANAKETANGA O TE WHĀNAU: EVOLVING FAMILY FORMS AND FUNCTIONS

He kura te whānau. He whānau te kura
The family is a learning environment

Fiona Te Momo

Fiona Te Momo is currently a Lecturer in the School of Health and Social Services at Massey University in Albany, Auckland.

INTRODUCTION

Evolution for Māori families, called whānau in Aotearoa/New Zealand, was influenced by a western culture. Laslett's (2000) description of the Western European family showed the term emerged in England during the 1500s and was retained. Families were seen to be small with immediate parents, children, and a few servants. Large families with young parents were not part of the typical representation of a family.

The colonisation of the Māori people by Britain altered the fabric of a traditional whānau. During colonisation western terms were imported to replace the traditional language and the whānau became the closest interpretation to the western version of family. Subsequently two fundamental perspectives of a Māori family coexisted, the imported view and the resident view. A

resident view of whānau is best described by Durie (1994) as a traditional family where the initial teaching and socialisation of things Māori took place. The imported view of whānau refers to the assimilation of the western view and traditional Māori view.

Since the notion of whānau has evolved over time reviewing traditional and contemporary descriptions allows an examining of these changes to be made, especially its form and function. By examining the literature from social sciences like anthropology, history, and sociology to discuss the alterations to form and function enables those learning about Māori families in Aotearoa/New Zealand a broader lens to gaze through and describe Māori development.   From these perceptions and observations it expands the interpretations of whānau to study it from a social science viewpoint in order to gage whether the notion stagnated in its evolution or continued to advance to a phenomena beyond its original elucidation.

EVOLUTION – TRADITIONAL WHĀNAU

Western interpretations of whānau are largely represented by the social science field. Family from a sociology perspective Jary and Jary (1991) argue has three main theoretical traditions: structural functionalism, symbolic interactionism, and conflict theories that include feminism. A structural functionalism theory, according to them, explains the family in terms of the functions they perform and interprets the social institutions of a family. Functionalism refers to the behaviour in society that is "structured, and that relationships between individuals are organised in terms of rules and are therefore patterned and recurrent. Functionalists then examine the relationship between the different parts of the structure and their relationship to society as a whole" (Jary and Jary, 1991, p. 25). Functionalism, to Jary and Jary (1991), focuses on the effect of the family to "other parts of the social structure and on society as a whole"

(ibid, p. 25).   When analysing the functions of a family it includes an examination of the contribution made to the preservation and continued existence of the social system.

The family explained in terms of symbolic interactionism is centred on the notion of the social behaviours of others.   It suggests that individuals in society are created, maintained, and changed by interacting socially with others (Jary and Jary, 1991). Conflict theories, on the other hand, focus on social conflicts and inequality in the family.   Social inequality can be described as a form of gender inequality and related to theories of feminism.

Anthropologists interpretations of families and the associated theories tend to look at the inception and behavioural patterns. Anderson (1995) stipulates that the core structure of family remained stable for hundreds of years unlike the meaning that transformed many times.   Jacobsen, Fursman, Bryant, Claridge, and Jensen (2004) suggest the notion of family referred to the conjugal couple and their children that "became common only in the late 18th and early 19th centuries. Before these dates the "family" usually referred to the household (including servants) and the whole kinship group" (p. 4). In Aotearoa/NZ the family structures "are dominated by the traditions of Western Europe, particularly those of the British Isles, and of Māori society" (ibid, p. 2).

Although much work has been done on the notion of family there remains different interpretations as to how families are formed and structured.   A unified theory has not surfaced that provides a homogenous definition.   Jacobsen et. al., (2004) suggest families are kinship relationships because they are "mutually reinforcing nature of different dimensions of families that make up kinship systems. Anthropologists typically compare families of different cultures across a number of different dimensions, including co-residence rules, patterns of authority, descent, marriage, property

and kinship terms" (p. 18). Their presentation on whānau origins stem from archaeological evidence, oral traditions, and literature accounts of early explorers and settlers. "In anthropological terms, Māori kinship patterns are referred to as ambilateral affiliation, as Māori can attach themselves to any one kin group through either parent and to different kin groups of the same order through both parents at once" (Ministry of Justice, 2001, p. 68). Jacobsen et. al, (2004) say there is an uncertainty and complexity around the accounts of the interpretations attributed to Māori families and "pre-contact Māori social organisation were whānau, hapū, iwi and waka. Whānau, like the English word "family", could include just parents and children or a wider group" (p. 6). In addition they analysed the whānau to be the "basic domestic unit, whether in the form of a nuclear or an extended family. The wider social unit consisted of hapū—numbering from a dozen to possibly over 100 people—who combined in a variety of economic pursuits" (ibid, p. 6), and did so with other sub-tribes if the scale of activity required a larger group. Also, Metge (1995) describes whānau as "ancestor-oriented" founded on genealogy, through both male and female lines.

Whānau from a sociologist's view could be analysed using structural functionalism, symbolic interactionism, and conflict theories. When looking at the writings of Firth (1929), Winiata (1967) and the definition by Williams (1992), and Belich (1996) whānau have been described in a way that can be seen to fulfil all these terms. A structural functionalism interpretation of whānau could be explained through the tasks people performed to maintain their social foundation and governed by tapu (sacred) and noa (common). For whānau people were placed in roles according to hierarchy and skill. This organization retained the structure of the society. The society consisted of three levels: iwi, hapū, and whānau. At the head of the iwi was the ariki, the "first born male or female in a family of high note" (Williams, 1992, p. 15). This Ariki was the paramount chief and most likely to possess magical

and religious powers and qualified to perform certain economic functions such as lifting tapu or breaking down rāhui (prohibition) placed on certain areas of land. Their status was similar to the role of a King or Queen of a British Empire.

Rangatira were the leaders of whānau and hapū groups. A rangatira could be a male or female, so the sex of an individual did not exclude one from a leadership role and they worked with and alongside whānau to perform daily duties such as agriculture, felling trees, building household structures, and canoes (Firth, 1929). Tohunga were recognized as ritual experts whose functions directly or indirectly influenced political, social, and economic affairs of a whānau. A tohunga performed the duty as a priest or a doctor. The respected elders were referred to as the kaumātua and acknowledged for their wisdom, age, and experience and slightly different from elderly who were called koro and kuia (Winiata, 1967). Tuakana represented elder siblings for example an elder brother of a male or an elder sister of a female, or older whānau or hapū member of the same sex. The teina was a younger sibling, like a younger brother of a male and the younger sister of a female, or younger whānau or hapū members of the same sex (Williams, 1992). Those at the lower end of this society were taurekareka, the slaves. Each member of this society performed their roles to enable the community to function.

When studying the symbolic interactionism of whānau emphasis would focus on the collective socialisation. The members of the whānau maintained the social fabric by intermingling with each other. Since whānau lived in communities they were allocated land and the rules and regulations of the functions in Māori society were taught at infancy to produce a well-conditioned individual knowledgeable on the community and environment. By the time a person reached adult stage there was no longer a need to dictate laws because it was known. Whānau as group

members "managed their day-to-day affairs on a household basis but acted together as a group to sponsor life crisis hui and to care for whānau property" (Metge, 1995, p. 40).

Conflict occurred regularly in Māori society. This usually eventuated to war between neighbouring tribes or amidst hapū or whānau. There were many reasons for war such as land and women as depicted in the whakautauki *'whatu ngaro ngaro te tangata, toitu te whenua'* meaning people perish but the land remains. Inequality or feminism theories located in traditional notions of whānau were difficult to identify. A possible example of inequality was the different status between rangatira (chief) and taurekareka (slave) whereby slaves were least in a community. Feminism theories would examine the leadership roles in Māori society and most likely find that male in many tribes held positions of power, thereby proposing that women were inferior and a marginalised group. However, in tribes like the East Coast of Aotearoa/New Zealand women held powerful positions as dominant chiefs that challenged a feminist perspective. When explored from a sociologist perspective the traditional interpretation of whānau is more than likely to represent a structural functionalism but contain aspects of a symbolic interactionism and conflict theories from a feminism perspective.

EVOLUTION – CONTEMPORARY WHĀNAU

In the late 1800s Aotearoa/NZ traditional whānau decreased. Factors affecting whānau were warfare, mortality, lack of immunity to introduced diseases, these led to a rapid decline in population from 1870s to 1890s. Consequently the total population of Māori fell to be about 6% in comparison to non-Māori (Pool, 1991). "In the 1870s Māori women gave birth to as many children as European women, but many Māori children did not survive into adulthood" (Jacobsen, et. al, 2004, p. 6). Whānau that came in contact with Pakeha suffered the greatest as

many of their family members died. Also, the loss of land and economic sustainability left some whānau relying on Pakeha mechanisms to live. In 1898, Māori over 65 years of age were entitled to a pension they used frequently to assist the wider whanau (McClure, 1998). In 1918 the influenza pandemic destroyed more whānau resulting in the population of Māori declining a further two percent. Also, British legislation on education, laws, and customs altered the fabric of whānau by making it illegal to speak the native language, exercise cultural customs, as well as intermarriage between Pākeha and Māori which also contributed to the changes to whānau form and function. Dramatic changes occurred for Māori and their families and the resident view of whānau was overtaken by the imported western view of whānau.

Assimilation altered whānau. The integration of western values being absorbed in Māori society changed values and behaviours in families. The Ariki was no longer the exclusive paramount chief to lead whānau and the term was expanded to adorn a Christian name. Whānau that survived the early 1900s continued to be affected by external forces. Durie (1994) concurs Māori people were exposed to a variety of family arrangements that disagreed with the traditional whānau understanding and its related obligations and responsibilities to hapū and iwi. The influence of the nuclear western interpretation of family for some whānau was appealing but for others unacceptable. Many whānau endeavoured to retain association with extended family social units, kinship ties and sharing a common ancestor to maintain certain responsibilities and obligations fundamental to the principles of whānau (Metge, 1995). But the form and function of whānau underwent transformation.

Whānau adjusted to reflect the environment. Literature describing Māori families from the 1900s onwards began recording whānau in rural and urban locations. Whānau moved from rural areas to

take up residency in urban areas commonly referred to as the 'urban drift' whereby 9.8% relocated to these areas in 1926. But whānau were predominately still living in the rural areas during the 1930s continuing to function in a kinship capacity. According to Jacobsen et. al (2004) "the main characteristics of the Māori economy in the early decades of the twentieth century were semi-subsistence agriculture and food gathering in conjunction with income from casual labouring and domestic service" (p. 7). Whānau members required an income to survive in this contemporary society where employment, money, and resources determined the successful well-being of a family. "When casual employment dried up in the 1930s, this sparked increased urban drift once economic conditions improved. By 1945, a quarter of Māori lived in towns and cities and the isolation of the Māori family from Pakeha influences began its rapid decline" (ibid, p. 7).

Urbanisation relocated whānau. Similar to Jacobsen et. al (2004), Metge (1995) writing nine years earlier, argued that during World War II "75% of the Māori population lived in rural areas" (p. 22), in 1945. Government officials, according to Walker (1990), encouraged the urban drift of the Māori people. "Māori welfare officers exhorted rural families to leave the subsistence economy of the 'pipi beds' by finding them employment and accommodation in urban centres" (p. 197). To this he adds urbanisation posed two developmental tasks for migrant Māori. The first task was for Māori migrants to learn how to live in a community where money determined the quality of life. Subsequently, paid employment was necessary to meet financial responsibilities such as rent, power, and food, because Māori were in an environment where capitalism, the individual ownership of wealth, integrated "Māori into the social mainstream of Pākeha society" (p. 199). Furthermore, Walker says the second task for migrants was to transplant Māori culture, Māori knowledge and customs, into an urban milieu. Attempts to keep in contact with families living in the rural areas were maintained during the early

stages of urbanisation but were costly and incompatible with the demands of regularised paid employment. Walker asserts after a while the Māori migrants became confident in their new surroundings and established a Māori focussed culture to "put down roots and planted their culture in new ground" (p. 199). Mass migration "picked up speed until the relation between rural and urban Māori was totally reversed. … the proportion living in urban rose to 56% in 1966, to 75% in 1976 and settled around 80% in 1981" (Metge, 1995, p. 22). Ten years later, 1991, whānau born and living in urban areas represented over 50% of the Māori population. "By 1996, or even earlier, more than 80% of Māori were living in urban settings, and one-quarter of New Zealand's Māori population lived in the greater Auckland area" (Durie, 2001, p. 7). This movement by Māori families was a result of political, economic, and social policies which made rural life for them unsustainable.

Urbanisation reshaped whānau. In the urban areas new communities emerged that revived Māori culture. Whānau started to take on another form (Durie, 2003). This was highlighted by Walker (1990) that whānau in search of kinship and communal bonds formed Māori associations that represented various social make-ups. These social unions provided "whānau support to include Māori sections of orthodox churches, the Māori protest religions of Ringatu and Ratana, culture clubs, sports clubs, family and tribal organisations, benevolent societies, Māori committees, Māori wardens, Māori councils and the Māori Women's Welfare League" (p. 199). Success of these association depended heavily on common values and philanthropic behaviour. The operations of these newly formed associations promoted Māori identity, values, and culture. Kinship bonds were broadened from being solely attached to genealogy to being kaupapa based and "formalised by the formation of family clubs, adoption of a constitution, and election of an executive for the collection of subscriptions and

disbursement of funds against the contingencies of illness, unemployment and the underwriting of expenses" (p. 199) such as assisting whānau with funeral arrangements so they could return deceased to their home marae. The traditional lore of tapu and noa that whānau once adhered to was replaced with constitutions and western legal frameworks.

Urbanisation produced whānau dependency. Formed in 1935, the Welfare State created a generation of urban Māori families that relied on the government to take care of their welfare. Māori were "fighting for survival on the playing field of colonising culture, an overwhelming number of Māori people became dependent on the welfare state for jobs and income support. The state had made them dependant" (Kelsey, 1993, p. 247). Subsequently, critics of this period argued that "public administrators allocated services and resources rather than the market. This led to the 'capture' of state resources by bureaucracies and individuals within them rather than these serving the public/clients and consumers" (Thorns and Sedgwick, 1997, p. 154). Kelsey (1993) contends the acting government created welfare policies to assist Māori families and failed to promote Māori interest. She states that through consecutive governments Māori people lost land and the structure of their society. A new generation of whānau emerged raising their children on welfare benefits in urban environments. The government became the employer to Māori families receiving welfare benefits and controller of developments in their communities. Government also became a new whānau, the parent body overseeing families and through legislation had the ability to take control of Māori children.

Social Welfare assumed parental rights in whānau and hindered its development. The government in 1985, through the Minister of Social Welfare, set up a committee responsible for investigating and reporting from a Māori perspective the operations in the Department of Social Welfare. This committee travelled

throughout New Zealand communities to inquire about whānau and their experiences with social welfare and the government. From a Māori perspective the committee researched a 150 years of history in Aotearoa/NZ. They uncovered disturbing information of racism officers in the department would show towards whanau and that, from a legal perspective, Māori met with much injustice. The committee "did not doubt that many of the changes made to our statutes since before the turn of the century have not always been in the best interests of Māoridom. Indeed some of the changes went directly against Māori customary preference" (Ministerial Advisory Committee, 1989, p. 7).   One of the significant findings was the high percentage of Māori clientele. Equally disturbing was the "at the heart of the issue is a profound misunderstanding or ignorance of the place of the child in Māori society and its relationship with whānau, hapū, iwi structures" (ibid, p. 7). Although the committee were charged with making recommendations to change policies and practices of government agencies they could not by pass the cultural problems arising whereby the social welfare lacked understanding and respect for Māori clients or their family structures.   They reminded government that:

> "the history of New Zealand since colonisation has been the history of institutional decisions being made for, rather than by, Māori people. Key decisions on education, justice and social welfare, for example, have been made with little consultation with Māori people. Throughout colonial history, inappropriate structures and Pākeha involvement in issues critical for Māori have worked to break down traditional Māori society by weakening its base-the whanau, the hapū, the iwi. It has been almost impossible for Māori to maintain tribal responsibility for their own people."   (Ministerial Advisory Committee, 1989, p. 18).

By presenting the Ministry of Social Welfare with the research findings it showed that government hindered whānau development

and altered its traditional formation so that its function would serve the needs of government and be less likely to resist assimilation. Although government imposed these structures on Māori the resilience of whānau to adjust to environmental changes and broaden the description of whānau to incorporate associations formed on kaupapa to provide identity and social support to Māori families endured.

EVOLVING WHĀNAU FORMS & FUNCTIONS

Multiple realities formed whānau-type relationships. Metge's (1994) work as a social anthropologist, discussed the current tension for Māori between whānau as a descent group and whanau as an extended family to include the descent group, partners, and others. She also identified the five functions of whānau to be: 1) support and succour; 2) care and upbringing of children; 3) care and management of group property, including buildings, taonga, and knowledge; 4) organisation of hui, especially tangihanga, and 5) dealing with internal conflicts and problems. In addition she commented that the passing of the Child Youth and Family Act in 1989 saw whānau for the first time recognised in law. Durie (1995) identified three main groups of Māori, the first group were those linked to conservative Māori networks. The second groups represented Māori with a limited association to Māori society and integrated into mainstream New Zealand society, and the third was unlikely neither to access Māori institutions nor to take advantage of mainstream services. All these groups could be compiled together in one form or another as a whānau.

Diversity continued to challenge the traditional function of whānau. Moeke-Pickering (1996) reverts back to the traditional narrative of 'whānau' as a kinship term. The position Moeke-Pickering takes is that the term whānau when referred to as a generic name for some working association, like a school or

social service group is a type of abuse. Moeke-Pickering claims when whānau is used flippantly as a management structure it distorts the meaning of birth to an extent where it becomes lost and:

> "much of what is happening for Māori whānau in the 1990's has resulted from the social trends of previous decades. Urbanisation during the 1950's to 1980's, coupled with colonisation, led to the evolution of different family lifestyles amongst Māori. The consequence of urbanisation meant that a number of Māori were not exposed to maintaining and organising themselves primarily around their whanau, hapū and papakainga. Nor did they know their genealogical ties (Walker, 1989) or have a `contact person' (Nikora, 1995) through whom their ties could be kept continuous." (Moeke-Pickering, 1996, p. 8).

Durie's (2003) approach to defining whānau like Moeke-Pickering (1996) discusses the fundamental meaning to give birth then describes the changes. Whānau, explained by Durie's psychologist and Māori development lens, "is a word which has undergone change in parallel to the changes in Māori society; it lends itself to a variety of interpretations" (p. 13). Durie contends, "whānau refers to groups of people, brought together for a special purpose. Generally the members of a whānau are Māori, though not always, and generally their association together is mutually beneficial" (p. 13). A narrower definition, purported by Durie is that whānau members all have a common ancestor:

> "therefore, among other things, possess common patterns of DNA. Their shared heritage may go back four, five, or six generations, or may be traced back well beyond the memories of the oldest members, into the depths of history and the domains of tradition. In modern times, whānau is also used to describe a group who share not a common heritage but a common mission – a kindergarten whānau, a whānau support group, team-mates perhaps. Then there is

> an increasing trend to use the word whānau synonymously with family, or household." (Durie, 2003, p. 13).

The depth of interpretations presented by Durie about whānau can be analysed from the sociology perspective. The structural functionalism theory is reflected in Durie's analysis of the whānau requirements to follow the laws of the environment as a means of survival. The symbolic interactionism represents Durie's comments on 'Human Capital Development', and conflict theories can be positioned in the descriptions of 'New Rules and New Alliances'. Overall a significant contribution of knowledge that flows from Durie's discussions on whānau show the complexities and uniqueness the term and its meaning offers and provides a cultural Māori perspective. Unlike Moeke-Pickering (1996) whose arguments consider changes from a traditional perspective to be abusive, Durie (2003) like Walker (1990) in earlier readings searches for the positive aspects that evolved from social trends.

Government policies modified whānau form and function. The policies on whānau shifted from representing kinship ties or Māori associations and evolved again to be a mechanism to orchestrate and compartmentalise development in Māori communities. In 2000, the Ministry of Māori Development published a report on the progress made towards closing the social and economic gaps between Māori and non-Māori. This report was prepared to assist government interaction with Māori clients, provide evidence on the status of Māori, and make the information publicly available. By 2002, government funded a Whānau Development Project (WDP) to give effect to its "Reducing Inequalities" and "Capacity Building" policies for Māori. "The WDP, and its participatory-focused evaluation, put into effect a Ministry of Social Development (MSD) partnership approach to engaging Māori communities and improving social service delivery generally" (Dallas, Ngarimu, & Roberts, 2002, p. 2).

Whānau development became organised around government initiatives. The WDP proposed twelve initiatives in six regions. These initiatives were arranged through local Māori networks and decision-making was based on local aspirations and priorities for whānau. The arrangements incorporated whānau-based organic food gardens, skill development, youth support and mentoring programs in which certain goals drove whānau development. The aim for this program of the Ministry of Social Development was two-fold. The first goal was to "support and strengthen the capacity of Māori communities, particularly through education, health, housing and employment through better coordination of strategies across sectors" (Dallas et. al, 2002, p. 2). The second goal was to "restore trust in government by working in partnerships with communities, providing strong social services, building safe communities and promoting community development" (ibid, p. 2). Dallas et. al contends that more specifically, the program was intended to "provide support to and develop families and whānau, with the objective of reducing whānau uptake of remedial social services. It was hoped that some understanding could be gained from the pilot about useful approaches to whānau based social services" (ibid, p. 2). After decades of fashioning whānau to be reliant on the Welfare State government were taking steps to lessen whānau dependency.

Social initiatives formed whānau-type frameworks. Cunningham, Stevenson, and Tassell (2005) describe Whakapiripiri Whānau as a framework to conceptualise the functioning of whanaungatanga and its relation to the whānau showed pathways of uniting members to become a collective source of empowerment. The relationships in whānau termed whanaungatanga reinforced the nurturing of kinship, the "extended family cohesion and the reinforcement of whānau obligations and commitments. The Whakapiripiri Whānau framework explores the process whereby the whānau structure is strengthened, identifies measurable indicators of that process, and locates educational outcomes as a

function of whānau" (p. 3).   Accordingly, they identified Whakapiripiri Whānau to consist of four components: principles, functions, indicators, and educational implications. This mechanism was established on six principles, tātau tātau (collective responsibility), mana tiaki (guardianship), manaakitanga (caring), whakamana (enablement), whakatakato tūtoro (planning), and whai wāhitanga (participation). Karauria's (2005) interpretation of a Māori Potential Framework Matrix Form, like Cunningham et. al (2005) showed a movement towards whānau taking control of their developments. From the Ministry of Māori Development, Te Puni Kokiri, Karauria (2005) presented the Whānau Development Programme Approach that looked at finding ways to enable whānau to reach their potential. It included extracting ways to learn about policy advice and having the capability to report outcomes, build iwi/Māori co-producer capability, and test future developmental approaches.

Whānau potential in the new millennium was represented in diverse ways.   Pihama and Penehira (2005) provide an examination of the changes whānau incurred. They suggest that the position of whānau in the "promotion of wellbeing for Māori has been increasingly articulated over the past 10 years on both a formal and informal basis. A growing body of literature indicates that Māori have, as a necessity, constructed a range of models of whānau" (p. 38). Literature on whānau seemed to be extensive in government research and policies. Whānau well being (whānau ora) was a driving force behind current research and publications. The Ministry of Health (2007) is an example where the concept of whānau is utilised as an assessment tool.   The intention of this tool is for "use by sectors that have a role to play in the wider determinants of health. The tool can also be used by communities or groups affected by the other sectors to inform their input into the development of policies" (p. 1).   In the millennium sectors emerged that contributed to the shaping of whānau in their efforts

to support Māori health, Māori wellbeing, and reduce inequalities. Whānau as a future narrative was examined by O'Reily (2008) who defined it as "a whānau's expression of a desired future state. The aspirations of individual whānau are important in their own right" (p. 2). Like many writers before, O'Reily explores the notions of kotahitanga "aggregated with the aspirations of other whānau they also have the potential to provide a powerful collective voice to decision makers" (ibid, p. 2). Pryor's (2006) summary on the history of whānau reinforces the similarities and differences to Western family history.

> The group as an economic unit has changed – for Pakeha – through the industrial revolution, for Māori through the influence of European society. Urban migration has meant geographical distance for family and whānau members. Māori put continuing emphasis on the importance of descent, something which (as will be discussed later) is a relatively late aspect of European families. Conversely, legal ties such as marriage have not had the same importance for Māori as they have for Europeans in defining family members. Perhaps most importantly, many whānau retain the role of extended family members in childrearing, economic support, decision-making and group interests in ways that are not so evident in European families. (Pryor, 2006, p. 9).

But the days of whānau relating specifically to family, kinship, and genealogy had passed. The future form and function of whānau had matured to be a fusion of many things.

CONCLUSION

The evolution of whānau transpired over two centuries. The literal meaning of whānau, known in the 1800s as giving birth, evolved to an interpretation of a Māori family. As the 1900s approached whānau became understood as closely related to a Western description of a cluster of families. These whānau lived

within a subsistent economy, the land, communal living, shared roles and responsibilities were therefore fundamental to their existence. The structure of a whānau was position within the larger Māori society shaped by kinship and genealogical relationships governed by rules and regulations of tapu and noa.

From colonisation, assimilation, and urbanisation whānau encountered changes to the form and function. As the century passed a mass migration of whānau from rural to urban areas occurred because a subsistent economy no longer sustained the families, and from the 1920s onwards strained the communal links of kinship and genealogical ties. Consequently the western interpretation of a nuclear family slowly became reflected in whānau inhabiting urban areas. To maintain a relationship with families the shape of whānau changed around the 1940s and associations based on a Māori kaupapa emerged. The management structure of these associations shifted from tapu and noa to constitutions and policies.

Whānau grew to be transportable across Aotearoa/NZ society. It transformed from being prescriptive and definitive as reported in earlier writings and developed into a term to represent groups of people from various backgrounds and interests. Identifying as a whānau could be achieved in diverse ways with little scrutiny or objection to examine the form and function. Forming these whānau-type groupings moved from being solely a Māori role to government, sectors, and other interested parties.

Describing a millennium whānau requires gazing through a futuristic window. The prospect of whānau form and function will continue to be innovative. Whilst some may argue that it has strayed far away from its original meaning therefore rendering the current status to be diminished, others see it as an opportunity to be inclusive. However, whānau has evolved to become broad in its definition and structure and kinship, or

genealogies, no longer represent the core fundamentals of its reality. Instead it is a hybrid of social, political, and economic developments that sustains its ability to survive in the future.

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INDIGENEITY AND MĀORI MENTAL HEALTH

Te Kani Kingi

This paper was first presented at The International Symposium
for Indigenous Inspiration in Health, in November 2005 at Waitangi.
Te Kani has a specialist interest in Māori mental health.

INTRODUCTION

Thank you for the opportunity to speak today and to finally visit
this wonderful part of the country. It is perhaps appropriate that
an indigenous symposium on health is held here, in Waitangi, as
it is a place that not only has particular significance for New
Zealand and for Māori, but in broader sense illustrates how
indigenous people have attempted to secure their own rights and
identity, what historical challenges were faced, and more so what
contemporary issues remain unresolved.

While much of my presentation considers the dual issues of
Māori and mental health, given the theme of this symposium a
broader range of topics are also introduced, in order to provide a
platform for discussion, but also to show how the Māori
experiences (while somewhat unique to this country) shares
many similarities with other indigenous groups throughout the
world and in particular those within Polynesia and the pacific.[1]

WHAT IT IS TO BE INDIGENOUS?

While many indigenous people now find themselves as minorities within their own traditional homelands, the indigenous population, as a whole, is not so insignificant. Worldwide, there are in fact more than 5000 indigenous and tribal groups, a population of about 200 million, and making up about 4% of the total global population.[2] Certainly the experiences, cultures, and beliefs of these groups vary considerably and have likewise been shaped by both internal and external factors. These internal factors include the natural environment and access to physical resources. Connections with other tribes or groups are another internal structure and which has likewise influenced the unique way that these indigenous cultures have developed. However, external and less controllable influences have also impacted on indigenous populations to the extent that contact with other (non-indigenous groups) has also affected the way in which indigenous people now view the world and their place within it.

Despite the obvious cultural and physical differences which exist, there are a number of key criteria which help define what it is to be indigenous and which serve to link all indigenous groups throughout the world. Last year, our Coordinating Minister for Race relations suggested that living in Wainuiomata may serve as a reasonable proxy for being indigenous,[3] however, this view is not entirely consistent with my own and therefore I would like to introduce a set of alternative criteria.

In this regard, and according to Mason Durie,[4] there is at least one primary characteristic of being indigenous, that is, the relationship that indigenous people have with the land and their natural resources. It is therefore not uncommon for indigenous groups to hold significant views on the land which extend to more than just its capital or economic value and which are more often than not considered from a spiritual and even maternal

perspective. Indeed, to many indigenous people, land is not simply a means through physical life is sustained but likewise a mechanism for spiritual, emotional, and cultural enhancement. It is not surprising therefore, that land loss has impacted on indigenous groups and in such a profound way. And, that compensation which is calculated in fiscal terms only can tend to miss the point or at least how the value of indigenous land is determined.

A secondary characteristic of being indigenous is the dimension of time. While obtaining a passport, the ability to vote, or the right to call yourself a Kiwi, Ozzy, Yankee or Pom may come with time, it does not necessarily give you the right to call yourself indigenous. Indeed, and for many indigenous groups the notion of time and occupancy is measured in hundreds or even 10s of thousands of years and not just by mere residency. This is not to say that non-indigenous residents do not have rights to claim an association with a particular country or region, though it does suggest that mere occupancy is an imperfect proxy for being indigenous.

A culture which celebrates the human/environmental union is a further characteristic of being indigenous. To some extent this notion has been touched on already and when exploring the relationship indigenous people have with the land. However, this union between people and the environment warrants further consideration in that it also illustrates the symbiotic way in which life and even death is viewed. That is, a sense of harmony or one-ness with the natural environment is typically a feature of indigenous groups – an intangible connection, if you like, with the land, the water, the birds, the forests and all creatures within indigenous territories.

An indigenous knowledge system is also part of what defines being indigenous. It requires a unique way of viewing and

explaining the world and is often illustrated through traditional stories, songs, the unique mechanisms for the transmission of knowledge, for protecting and promoting health, and for engaging others. Balanced development and sustainability for future generations is another feature or belief that indigenous people have in common.   While early anthropological examinations of indigenous groups often focused on so-called alternative beliefs as mere curiosities, they failed to completely consider the fundamentals of indigenous practice and culture and the fact that life was often based around a single purpose - survival and on ensuring the growth and development of future generations.

A final feature which helps define being indigenous is the existence of a distinctive language.[5] Language is important in that it often underpins the uniqueness of an indigenous culture and to the extent that a culture may find it difficult to survive unless the language also is nurtured and maintained. Unfortunately, we know that more than 2500 indigenous languages will be lost this century, that is 25 this year, and about one every two weeks – gone forever and along with it a unique and critical part of an indigenous culture.[6] Some have suggested that this is perhaps not as bad as it appears and that in fact English is the modern language of commerce. However, and like land, these types of statements again miss the point in that the desire for indigenous people to maintain their language is seldom linked to its commercial appeal or potential profit and more clearly aligned with maintaining ones culture, identity, and unique place within the world.

THE INDIGENOUS EXPERIENCE

There are of course other features of being indigenous and which serve to characterise the indigenous experience.[7] For many (if not most) contact with other cultures has led to adversity, a lack

of control and self-determination, as well as the erosion of cultural practices and beliefs. Colonisation of course has largely been responsible for this, though in many cases rapid urbanisation was similarly at fault and has played a particular role in the decline of traditional cultural practices. The policy of "pepper-potting" was introduced into New Zealand during the 1950s and 60s and was designed to better integrate Māori families into non-Māori communities.[8] It was hoped that by deliberately placing urban Māori migrants within predominantly non-Māori communities (pepper-potting) it would assist the process of assimilation by allowing Māori to adopt western lifestyles.

In one sense the policy was successful in that isolating Māori from each other (particularly within urban areas) did much to break-down the more traditional behaviours and lifestyles. However, the policy had a fundamental flaw in that it was assumed that assimilation (though isolation) would have a positive affect on Māori and aid Māori development. However, the opposite occurred, in that the abandonment of traditions and cultural practices did little to enhance urban Māori life and in particular in times of economic adversity. To this end, urbanisation and deliberate attempts at deculturation is another feature of the worldwide indigenous experience.

Despite recent talk of Māori privilege, as a researcher it is somewhat difficult to reconcile what is reported in the media and promoted within political debate to what we actually know. And, as with most other indigenous populations the socio-economic position of Māori is another unfortunate characteristic we all share. Typically, indigenous groups are more likely to have poorer paying jobs and when compared to the general population, un-employment statistics are likely to be higher, educational outcomes poor, home ownership lower, and access to key social services is also likely to be compromised.

As a consequence, indigenous people are more likely to have overall poorer health when compared to the general population. We know for example, and when comparing the health of indigenous people from New Zealand, Australia, the United States, and Canada that these groups are significantly more likely to smoke, to have diabetes, and to have overall reduced access to health services.[9] And, while there is no single measure of health status, of major concern is the fact that all these indigenous groups have lower life expectancy than the general population. For Māori, we can expect to live about seven years less than the general population, for native Americans and First Nations in Canada, the difference is about six years. If you are indigenous to Australia, then you can expect to die some 20 years before others within the general population. These statistics are disturbing and for a number of reasons, but are of interest due to the fact that collectively, these countries are amongst the wealthiest in the world. It appears, therefore, that the only real privilege we have is to die sooner than what others within our society have come to expect. Some have suggested (and with particular reference to Māori) that these differences are primarily a consequence of socio-economic circumstance, and, that by correcting the overall socio-economic position of Māori these differences in life-expectancy, and other health concerns, will be eliminated. However, we know that this in not entirely true and that wealthy Māori (for example) will still die sooner than their wealthy non-Māori counterparts.[10] A recent report commissioned by the Waikato DHB also revealed that Māori living within affluent suburbs had worse health than non-Māori living in deprived areas.[11] Other explanations for the differences in health status and life-expectancy therefore need to be considered including of course behavioural and socio-economic factors, but like-wise systemic issues, discriminatory attitudes, and structures which impede Māori access to health services and which ensure that our health outcomes are less positive.

MĀORI HEALTH: PAST AND PRESENT ISSUES

Given the range of health problems currently faced by Māori it would be reasonable to assume that we are somehow destined to be unhealthy and that the factors which contribute to poor Māori health have always been a feature of Māori society. However, quite the opposite is true, and in fact early accounts of Māori typically described a people of some considerable physical presence, a vibrant and complex culture, an intelligent and sophisticated race. Prior to colonization Māori did in fact have well-developed mechanisms for health protection and health promotion, and a comparatively advanced knowledge and understanding of how diseases were transmitted. As a consequence, and despite the often harsh environment, Māori were able to flourish within Aotearoa, and by 1800, the population had reached an estimated 150,000.

Unfortunately, the 1800s were not a particularly positive century for Māori and in fact a census conducted in 1896 revealed that the Māori population had declined by more than 2/3rds to just 42,000 - and in a little over two generations. Putting this in perspective, it would mean that those people sitting to both your left and right would be gone. One can only imagine the impact this would have had on the Māori population. And, if there were three words to describe Māori during the 1800s - despondency, despair, and de-population would seem appropriate.

The reasons for this decline and change in health profile are complex, though are not difficult to identify. The land and tribal wars during the 1800s had a particular and negative impact on the Māori population as did of course the introduction of diseases that Māori had little biological protection from. Isolation from other parts of the world, allowed a unique culture to develop and flourish, but it also made Māori susceptible to many of the

diseases which had ravaged other parts of the world. The population was unprepared, biologically and socially, the effects therefore were often quite devastating.[12]

Cultural decay had a similar, though perhaps less obvious impact. As colonization took effect, cultural decay resulted and with it the abandonment of many of the social structures and practices which for hundreds of years had been used to promote and protect Māori health.[13]

Concerns over Māori health, and in particular the population decline, were documented as early as 1837 and eventually led to New Zealand's first Māori health strategy – a treaty, which was signed right here in Waitangi, on the 6th of February 1840. While much of the discourse surrounding the Treaty of Waitangi has focused on issues of sovereignty, land acquisition, or textual differences – concerns over Māori health provided much of the backdrop, and were not insignificant in terms of both shaping and selling the Treaty. In this regard, an 1837 report from James Busby (the then New Zealand Resident) reflected on the plight of the Māori and in particular their rapidly declining health. In his dispatch to his superiors in England he noted the "miserable condition" of the Māori which promised to "leave the country destitute of a single aboriginal inhabitant". He suggested some form of intervention, to manage the colonial process, and to hopefully arrest the rapid population decline.[14] Even then, experience from other parts of the world had revealed how colonization typically had a profound and negative affect on the indigenous population. Keen to avoid this, a Treaty was recommended, though was not the only option put forward. Busby in fact, favored a "protectorate" where by the Crown would administer the affairs of the country in the interest of all inhabitants – Māori and European.[15] William Hobson, New Zealand's first Governor, promoted an alternative "factory" plan. This would have led to the establishment of European type

settlements within certain geographical locations and within which English laws put in place. Māori settlements would similarly be established within which Māori custom and law would apply.

Despite this, the Colonial Office in England determined that the only way to protect Māori sovereignty and interests (including health) was to annex the country – transferring sovereignty (absolute control) to the Crown. For this to occur a Treaty of cessation (the Treaty of Waitangi) was required. The actual intent behind the Treaty remains an issue of considerable debate and certainly the Crown was not purely concerned with Māori well-being. However, contained within the Treaty is an explicit desire by Her Majesty "to avert the evil consequences that must result from the absence of necessary laws and institutions". References to "Royal Protection" are also referenced within the Treaty and likewise suggest that health problems (as a result of unmanaged colonization) were anticipated.[16]

The potential of the Treaty as a mechanism for Māori health development was certainly evident, though a reluctance to fully implement it restricted its overall effectiveness. By the close of the 19th century, and when reflecting on the population decline the situation for Māori seemed hopeless prompting many to believe extinction was inevitable. In a notable quote Dr Isaac Featherston summed up what was at the time the prevailing attitude and noted that:

> "The Māoris are dying out, and nothing can save them. Our plain duty, as good compassionate colonists, is to smooth down their dying pillow. Then history will have nothing to reproach us with."[17]

Others were more circumspect, suggesting that the population decline was merely a consequence of natural selection. Buller suggesting in 1884 that:

"Just as the Norwegian rat has displaced the Māori rat, as introduced plants have replaced native plants, so the white man will replace the Māori"[18]

Māori entry into the 20th Century was therefore both un-spectacular and somewhat un-expected. The population had reached an all-time low and there was little confidence that in fact this trend could be reversed. Specific Government polices for Māori health were also non-existent, though at the time there seemed little need for them as it appeared inevitable that the race would forever be confined to the pages of history.

Fortunately, we know that the expected extinction did not eventuate, though this was due neither to good luck nor active Government intervention.   More correctly, it was the consequence of an approach and response designed by and targeted at – Māori. In considering these issues, and the early Māori responses to these problems, Durie describes three periods of Māori health development, characterised by the individuals and groups involved as well as the particular health issues they faced.[19] The first is set in the early 1900s and reflects on the work of two Māori physicians – Dr Maui Pomare and Dr Peter Buck. While Pomare was the older of the two, they shared many similarities – both were from the Taranaki region and both educated at Te Aute College. Pomare of course was the first Māori doctor, while Buck was actually the first Māori doctor to graduate from a New Zealand university. Their similar views on Māori health development is a point of added interest. To this end, both knew that in order to arrest the rapid population decline, an integrated approach was required. One that utilised Māori networks and approaches - public health and health promotion initiatives, as well as political lobbying.

One can only imagine the types of problems they faced and the task presented to them. Certainly the situation must have seemed

insurmountable if not entirely desperate – especially given the knowledge that the population was at an all time low, health problems, death and disease were commonplace, and basic drugs not yet developed. Yet, despite this, and not withstanding some political ambivalence, their strategies did work, the population did increase, and a platform for Māori health development had been laid. In describing their work MacLean notes that:

> In the six years between 1904 and 1909 they saw to it that some 1,256 unsatisfactory Māori dwellings had been demolished. Further, that 2,103 new houses and over 1,000 privies built. A number of villages had also been moved to higher ground. He notes that all this had been done at the cost of the Māori themselves without a penny of Government assistance or compensation. What had been achieved was due to the personal efforts of Pomare and Buck and a small bank of inspectors.[20]

Later, the Māori health and Māori Women's Welfare League were to make similar contributions as did individuals like Te Puea and Ratana. Eventually, the population was no longer under threat, and, while in time, new health problems have developed, in a similar way Māori have continued to respond to these.[21] The fact that we as a people still survive, live longer, and are more populous than at any other time in our history is an incredible feat and one which deserves some celebration. In another sense it also serves as a testament to those that worked so tirelessly in the past, with little support or recognition, but with a fundamental belief the Māori health was inextricably linked to Māori development, Māori culture, and Māori ways of working.

Despite the fact that Māori are no longer under threat of extinction, new health challenges have emerged. As already noted, Māori are significantly affected by diabetes and smoking related conditions, as well, heart disease, obesity, cancer, asthma, and motor vehicle accidents also disproportionately affect Māori

– the list in fact is almost endless.[22] However, there is one problem which is of particular concern to Māori and which accordingly appears to be similarly problematic across most indigenous populations. I am of course referring to mental health, or more correctly, mental ill-ness.

MĀORI MENTAL HEALTH

A World Health Organisation report on indigenous mental health states that, "for Māori, the situation is similarly concerning leading some to describe mental ill-ness as the single most significant threat to contemporary Māori health development". Māori rates of admissions continue to exceed the non-Māori rates; many Māori also access mental health services under compulsion, via the police or justice system. As result the problems tend to be more acute, more costly, more difficult to treat, and with a greater chance that the outcomes will be less positive.[23] Māori are over-represented in acute disorders, and are almost twice as likely to be readmitted when compared to non-Māori.[24]

Heavy drug use amongst young Māori, particularly cannabis, has also led to a dramatic increase in drug-related disorders.[25] While there is a dearth of information of methamphetamine use, there is evidence to suggest it is of particular concern to Māori.[26] Suicide was almost unheard of in traditional times, but increased by an alarming 162% during the 1980s.[27]

Due to the extent of these problems and the publicity that often surrounds mental illness one could reasonably assume (as with our physical health problems) that these issues have always been a feature of Māori society, that Māori are somehow genetically pre-disposed to mental illness, or that perhaps cultural factors are to blame. The mere fact that mental health problems disproportionately affect Māori provides a reasonable basis for

this assumption and that perhaps solutions to the problem of Māori mental illness should focus on correcting generic flaws or negative cultural behaviors.

However, there is little evidence to support either of these hypothesizes, and in fact there is a considerable pool of research linking Māori culture (a secure identity) to positive mental health. Moreover, that mental health (or mental ill-ness) is a relatively recent phenomena and that historically Māori were viewed as a people of some considerable mental stability. Further, and while familial factors are sometimes used to explain the development of mental health problems (at an individual level) there is little to support an ethnic or racial bias.[28]

MĀORI MENTAL HEALTH RESEARCH

As already described, and despite the contemporary focus on Māori mental ill-ness, problems of this nature are relatively new. We know that historical accounts of Māori health (particularly during the 1800s and throughout most of the 1900s) were focused on physical health problems. One hundred years ago for example, the main threats to Māori health were typhoid, influenza, measles, scarlet fever, diphtheria, tuberculosis, pneumonia, malnutrition, and goiter. A review of the various health reports reveals the magnitude of these problems, though are of additional interest due to the conspicuous absence of any mental health reporting. That is, historical descriptions of Māori health were almost entirely focused on physical health concerns. This of course does not suggest that mental health problems did not affect Māori, however, it does imply that mental health concerns were at least not as significant as physical health problems or were so low that they didn't warrant inclusion or comment.[29]

In further support of this it is worth noting that one of the first investigations into Māori mental health only took place in the early 1940s and was largely concerned with understanding the apparent lack of mental ill-ness within Māori communities.[30] That is, why Māori seemed less susceptible to mental disorder. In this regard the study showed that the overall incidence of mental disorder, amongst Māori, was about a third that of Pākehā and was significantly less in terms of major functional psychotic disorders and war neurosis.

When attempting to interpret this information, its significance and implications, a number of theories were put forward by the authors. Of interest was the idea that mental health problems were somehow impeded by cultural structures, particularly the whānau, and that somehow Māori culture offered a protective mechanism, a basic structure through which mental health problems were unable to develop or at the very least unable to take hold.[31]

In addition, and of associated interest, was the inclusion of a rather prophetic quote, a warning of future possible trends that was unfortunate to ring true in the coming years. The authors note:

> "Judging from experience in other parts of the world, we may hazard a guess that the increasing adjustment of the Māori to the Päkehä way of life with its standards and values, morality and behaviour, will bring a tendency for the Māori mental disease figures to approximate more and more to those of the Päkehä population."[32]

This quote is of interest not only due to the fact that it was made by a non-Māori psychologist, or that it was based on research conducted during the 1940s. But, that it illustrates a clear relationship between culture and positive mental health. Moreover, that cultural decay would have a predictable and

negative impact on Māori mental health. Remember, this was at time when Māori mental health problems were almost unknown and decades before terms like colonisation were used to explain contemporary patterns of illness and disease. In 2000 Tariana Turia was widely criticised for a speech which linked Māori mental illness to 'post-colonial stress disorders'. The mainstream media were quick to act, describing it as racist and ill-informed. Yet it appears that such notions were not based on the ideas of Māori radicals, but could just as likely be traced to the views of non-Māori academics some 60 years before.[33]

Moving into the 1950s and beyond more reliable and routine information on Māori mental health was being collected. And, while much of this information was based on admissions data it revealed a similar pattern of relatively low incidence. For example it was noted that:

> "...during the nineteen fifties, non-Māori admission rates to psychiatric hospitals were relatively high, mental hospitals were comparatively large and general hospital psychiatric units were few and small. It was the era of institutional care; interestingly, Māori did not feature as significant consumers."[34]

Other anecdotal accounts were also gathered and as part of the 1996 Mason inquiry into mental health services likewise revealed similar trends.

> "I worked at Oakley Hospital in the years shortly after the Second World War…There were more than one thousand patients in the hospital…of whom six were Māori."[35]

THE CHANGING PATTERN OF DISEASE

It is difficult to say with any precision when the current problems in Māori mental health first began. The contrast between what was reported in the 1960s (and before) compared to the 1980s is rather stark and leaves one wondering what must have occurred during this brief period and in order to bring about such a dramatic change in Māori admission patterns. In short, we simply do not know – although there are a number of possible likely explanations.[36]

The first has already been touched on and concerns the issue of cultural decay or alienation. During the 1950s the second great Māori migration occurred, though this time was not from Hawaiki to Aotearoa, but from small rural communities to major urban centers. In search of employment, excitement, and opportunities, many Māori were enticed into the cities and quite often did fairly well as jobs were plentiful and excitement abundant. However, and as first noted in 1940s, this urban shift and social integration, also lead to cultural isolation and alienation from many of the traditional structures that in past had protected Māori. While many would have maintained cultural ties, networks, practices, and language, distance from traditional lands, marae, cultural institutions, whānau and hapū, would have made things difficult. For many cultural decay was inevitable as was an increased susceptibility to mental health problems.

A second potential explanation is linked to the first and the search for employment during the 1950s. In times of economic growth and prosperity jobs are relatively easy to come by, reasonably well-paying, and fairly secure. However, during the 1970s New Zealand experienced a significant economic decline. Two major issues were largely to blame. The first was the duel oil crises during the 1970s and their contribution to a long and sustained period of declining trade. The second occurred in 1973

and when Britain entered the EEC.[37] In the decades prior to this, and up until 1973, New Zealand produced and exported a relatively small range of primary products - lamb, beef, butter, and milk. The country was well suited to this type of economy, the geography and climate was near perfect and resulted in high quality produce.

Importantly however, was the fact that these limited range of goods had a ready market. To the extent that no matter how much we were able to produce, Britain would always be there to purchase what we had and more. This apparently insatiable market ended however, and as Britain entered the EEC during the 1970s. New markets and new products had to be found, and in the short term at least this proved to be a somewhat fruitless exercise. This coupled with the oil crisis had one major consequence – unemployment.

While the rising rates of unemployment had a detrimental effect on society as a whole, it was particularly devastating for the Māori community. Perhaps not because of ethnic bias (though this is also debatable) but due to the fact that Māori tended to be employed in primary industries – freezing workers, production hands, and associated sectors. Others were employed elsewhere, though typically worked in low skilled and volatile areas – once laid-off the chances of finding alternative employment was limited. This leading some to describe Māori as the "shock-absorbers for the rest of the economy".[38]

The obvious consequence was particularly high unemployment within the Māori community and the usual problems of low income, poor and overcrowded housing, reduced access to services, compromised educational outcomes, and the beginnings of a cycle of disadvantage and deprivation. While viruses and pathogens require certain conditions to flourish, the consequences of high unemployment (and all that is associated

with it) created a perfect environment for mental health problems develop. And indeed, there is a significant amount of research to support this.[39] Accordingly, the impact of the economic downturn of the 1970s must be considered as significant when attempting to understand changing patterns of Māori mental illness.

A third potential explanation relies more on anecdotal accounts and the idea that many Māori were in fact misdiagnosed with mental health problems. In speaking with those who worked in the sector during the 1970s, certain themes emerge and in particular how cultural norms were sometimes interpreted as clinical abnormalities. The issue is tricky in that not all so-called unusual behaviors are linked to cultural nuances – even though the behavior itself may in fact show strong cultural tendencies or relationships. That is, just because the behavior is strange or different, and includes cultural references; one should not assume it is typical or related to a particular cultural norm. On the other hand, it is equally important to consider that many behaviors are culturally specific and that what may seem strange or bizarre in one culture may in fact be normal or accepted within another.

A fourth possible reason for increased admissions is again culturally aligned but concerns the way in which mental health services or hospitals were perceived and an historical preference by Māori to care for their own within the whānau. Up until very recently most mental health facilities were located in remote or isolated settings, the buildings were large and often unwelcoming. Many were self-contained communities (complete with farms and shops) and meant that contact with the outside world was infrequent. A strategy also designed to placate public fears of the mentally ill and to reduce the apparent risk of contamination.

As a consequence, this mode of care did not appeal to Māori. Barker notes:

> The Western psychiatric tradition of confining people with a mental health disability was foreign to Māoris, who had always cared for these people in their communities. The Mental Health system was originally established to cater for people to be taken out of society. Society had this fear of contamination from mental disease and also a massive denial that it even existed. These concepts were alien to Māori people whose whānau members suffering from trauma were always included within the whānau, hapü, iwi boundaries and given special status.[40]

However, and as the process of urbanisation took hold, traditional ties and cultural expectations were weakened. No longer could the whānau be relied upon to care for those in need, some had in fact lost contact with whānau, while for others the distance was too great. If low admissions were a partial consequence of Māori not seeking care then it appeared that by the mid-1970s Māori whānau were more willing to relinquish this responsibility – further contributing to increasing admissions.

A final contributor I would like to touch on concerns all of the issues previously discussed, but focuses on the particular role of behavioral factors. As described alcohol and drug related disorders disproportionately affect Māori and reflect an overall pattern of unsafe and unhealthy consumption. Although alcohol was unknown in pre-colonial times, today it has almost become a cultural norm for Māori and appears to be entrenched within many whānau. This can be said for many families, both Māori and non-Māori, but it is the pattern of Māori consumption that is of concern. In this regard, the culture of binge drinking, the associated link to other types of substance abuse, and the

elevated risk of related social problems, has also done much to create a fertile environment for Māori mental ill-ness.

In the end, and like much of what has been discussed, it is impossible to say with any certainty what caused the transformation from the historical patterns of Māori mental health to the contemporary issue of Māori mental illness. The change was dramatic, though not entirely unexpected given the immense social, cultural, and demographic changes that took place. The one thing that is certain however is that a combination of factors are responsible. The relative role of each and the extent to which they contribute is not important, what is however is the fact that these dynamic and complex problems require equality as diverse and integrated solutions. Solutions which not only respond to the treatment needs of patients, but consider the socio-cultural context within which mental health and mental illness takes place.

A MĀORI RESPONSE TO THESE PROBLEMS

At this point in the presentation it would be easy to dwell on these problems and to further reflect on what additional issues remain - and indeed there is ample opportunity for this. However, the theme of this symposium is a timely reminder and that while numerous problems in Māori health exist; the Māori response has in many ways been positive, optimistic, and at times inspirational.

A look into the past reveals that despite the challenges faced by Māori and the real threat of extinction, our people refused to accept what many believed to be an inevitable outcome. At the turn of last century, strategies for Māori health were developed and in the face of what must have seemed to be insurmountable odds. The population was at an all-time low - we lacked a health workforce, health resources, health funding, and health

technology. Yet, and despite this, Māori leaders in health emerged and displayed a tenacity which eventually saw the population recover, develop, and grow. Certainly, and if it is indigenous inspiration that we are looking for, then we need look no further than to our past.

As I mentioned, and although our population is no longer under threat, new health challenges have emerged. This presentation has focused on the particular issue of Māori mental health, and certainly this remains an issue of particular concern to Māori. Yet despite the problems which exist – and the future issue anticipated - Māori continue to respond to these in a manner which underscores the belief that health and culture are inextricably linked. Further that Māori methods, approaches, systems, and ways of working must underpin strategies for Māori mental health development. A generic approach to mental health is therefore unlikely to meet the needs of Māori and especially if cultural, ethnic, and indigenous perspectives are absent.

This approach is in many ways at odds with what many political commentators would want, and indeed it raises the seminal issue of why culture should be introduced and why Māori should be treated any different to rest of the population. The response to this however is quite simple and that typically when the principle of "treating everyone the same" is applied – then Māori (and indeed our Pacific cousins) are usually the one's that fail to benefit.

This approach is in many ways at odds with what many political commentators would want, and indeed it raises the seminal issue of why culture should be introduced and why Māori should be treated any different to rest of the population. The response to this however is quite simple and that typically when the principle of "treating everyone the same" is applied – then Māori (and

indeed our Pacific cousins) are usually the one's that fail to benefit.

It is therefore with some enthusiasm that I look toward the future. This is not because I expect the problems to get any better or because greater support for Māori specific approaches is anticipated. This enthusiasm is derived from an examination of our history and the fact that despite the adversity we face, we have always responded to our health problems in a proactive and positive way. I have no doubt that in the years to come, future generations will likewise be inspired by the work of the present generation and the manner in which we have responded to the issue of Māori mental health.

As a final conclusion to this presentation I would like to consider this ancient tauparapara. It was first shown to me by my supervisor a number of years ago, and while it offers a unique Māori perspective, it has broader implications as well and likewise reflects an indigenous way of viewing the world.

Whakataka te hau ki te uru	*Cease now the wind from the West*
Whakataka te hau ki te tonga	*Cease also the wind from the South*
Kia makinakina ki uta	*Let the murmuring breeze sigh over the land*
Kia mataratara ki tai	*Let the stormy seas subside*
Kia hi ake ana !!	*And let the red dawn come with a sharpened air,*
he ata-kura	*A touch of frost*
He tio, he huka, he hau-hunga.	*And the promise of a glorious day.*

The tauparapara is actually part of a very old karakia, a chant often rehearsed when Māori gather, and before commencing the business of the day. Essentially, it expresses a hope for better things to come. It may seem un-usual therefore to introduce it at the end of the paper and not at the beginning. However, the main reason for doing so is to illustrate the fact that we have not yet reached an end-point in terms of health development and that the overall journey is likely to continue.

The tauparapara has other implications as well and illustrates that growth and development does not come without effort. Just as a 'glorious day' compensates for the wind, stormy seas, and a 'touch of frost', so development is just recompense for our personal and collective efforts, a desire to move onward and upward. The tauparapara can be seen to add its own optimism to the area of Māori health, mental health, and indigenous development. With the hope that we may one day look back on the issues of today, the efforts made, and the subsequent gains that were achieved. The theme of Indigenous Inspiration in Health is consistent with this and I have no doubt that we will respond the way we always have in times of adversity – with dignity, enthusiasm, and a fundamental belief that no task is ever too big nor too challenging. I am certain that wind, rain, and stormy seas will be encountered along the way, but am equally confident that through the efforts of many, and at the end of the day, the outcome will be positive and the promise of a glorious day realized.

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MĀORI LEADERSHIP AND THE CHURCH BOARDING SCHOOLS

Historical underpinnings and future challenges

Nathan Matthews

Nathan Matthews is currently the Māori Doctoral Studies Co-ordinator,
within the Office of the Assistant Vice-Chancellor (Māori),
for Massey University.

INTRODUCTION

Church initiated and operated Māori secondary boarding schools have existed in Aotearoa in various forms since the arrival of the missionaries in the early 19th century. Unfortunately, these schools have contributed to the colonization process, as they have in many other parts of the world, accelerating assimilation of the Indigenous people and hastening the decline of the Indigenous language, in this case, te reo Māori (Māori language). One of the Church boarding schools primary roles in Aotearoa was to act as a vehicle for the proliferation of Christian beliefs. Despite this these schools, since their inception, have contributed significantly to the development of Māori society, particularly in the production of dynamic Māori leaders who have had a compelling influence on their Māori communities and Māori society and in some instances on the nation state.

Therefore, this paper will examine the provision of Māori leadership by the Church secondary boarding schools. Firstly, the relationship between the Churches and the New Zealand education system will be described as the foundation for the eventual development of the Church boarding schools that operated during the 20th century. Secondly, a brief examination of Hato Paora College is provided to illustrate some of the issues related to the ability of the Church boarding schools to meet the needs of Māori communities in regard to the provision of effective and relevant leaders. Finally, some of the challenges that face these schools as they strive to maintain their role as viable secondary education options for Māori in the 21st century are outlined.

HISTORICAL OVERVIEW

Education and religion have been inextricably linked in New Zealand since the arrival of the first missionaries and their establishment of schools. Missionaries were part of the vanguard that led to the formal and organised European settlement of Aotearoa/New Zealand. They filled an important role in the initial settlement of New Zealand and its establishment as a Crown colony as their interaction with Māori pathed the way for Crown representatives.

Mission Schools

Education for Māori in New Zealand was initially provided by the various churches that had established missions in New Zealand. They strongly believed that literacy was an important tool in evangelizing indigenous people.[1] Thomas Kendall established the first mission school at Rangihoua in the Bay of Islands district of Northland on 16 August 1816. Kendall was a lay member of the Church of England's Church Missionary Society (CMS) that arrived in New Zealand in 1814 under the leadership of Samuel Marsden.[2] The mission continued to

consolidate in the north and with the arrival of Henry Williams in 1823 there was new impetus in the establishment of schools. By 1828 there were 111 Māori pupils in the three mission station schools.[3]

The Wesleyans arrived in 1822 and established a mission station at Whangaroa, just north of the Bay of Islands. Almost immediately they built schools in the area but like the Anglicans they were faced with a largely unenthusiastic Māori population. Due to an outbreak of hostilities among Māori in 1827 the Whangaroa Mission was abandoned and the missionaries sought refuge with their Protestant brethren in the Bay of Islands. In 1829, following an agreement with the CMS, they relocated to the Hokianga on the west coast in order to avoid direct competition between the two missions.[4]

The Catholics, led by Bishop Pompallier, also set up in the Hokianga upon their arrival in 1838. Due to their relative late arrival, in comparison with their Protestant rivals, the Catholic Church seemed more focused on establishing mission stations and generating new converts as quickly as possible rather than establishing schools. Their focus could be further attributed to the lack of staff in the Catholic mission which made the establishment and resourcing of schools problematic. As a result, they were required to cover large distances and areas, often on foot or by horseback, to spread their beliefs.[5]

Māori indifference to the schooling being offered by the missionaries changed in the early 1830s when a growing enthusiasm, particularly for reading, was noted by missionaries of all denominations. This enthusiasm spread beyond the villages with mission stations as Māori who learnt to read took the new skill to other villages and taught the inhabitants. The expansion of literacy was such that by 1840 some Māori could read in almost every village in the North Island. It was estimated that

about half the adult population at this time was literate to some degree. The mission schools reached their peak in the late 1830s and early 1840s when in the words of the missionaries: "they began to resemble the appearance of Country Day Schools in England".[6] This situation was, however, short lived. During the 1840s Māori interest in schooling declined steeply as the new colony became embroiled in hostilities between the Crown and Māori.[7]

State Funding 1847

The mission schools position as the primary education option was made official in 1847 with the passing of the Education Ordinance. Sir George Grey, a staunch believer in schooling as a transmitter of Victorian values, became Governor in 1845. Grey proposed to create a more formal system of education than that currently provided by the missionaries. He did not, however, wish to create an entirely new system; rather, he wished to provide financial support to the mission schools if they met certain criteria.[8] The Ordinance was passed by the Legislative Council to be applicable to all children but primarily for Māori and half-caste children. The Ordinance provided state funding for the existing mission schools as long as they:

- taught religious education
- taught industrial training
- consented to annual government inspection
- used English as a medium of instruction and communication.[9]

This Ordinance was the first step towards a national system of schooling. It also inaugurated a policy of assimilation as now all schooling was to be conducted in English and was also part of the wider governmental Native policy aimed primarily at alienating Māori land.[10]

Importantly, in regard to this article, the Ordinance also encouraged the establishment of denominational boarding schools as a means of ensuring attendance and providing the opportunity to teach Christian values and behaviours. It was believed that by isolating the students from their families they would more readily be able to learn English and European modes of behaviour.[11] By 1852 the CMS had several boarding schools operating at their mission stations, some for boys and others for girls.[12]

The growth of the mission schools came to a halt during the 1860s Land Wars. The mission schools were in fact almost completely abandoned by Māori. These wars eventually engulfed almost all of the central North Island and the land confiscations that followed, even against those who had remained neutral, left Māori feeling bitter towards the colonial government and severely retarded the development of the colony.[13] The colonial government realised that even with state funding the Church mission schools did not have the finances to support a national system of schools for Māori.[14] As a consequence, after the wars the Government sought to establish its own system of schooling for Māori.

Native Schools 1867-1969

Motivations for the establishment of a national system of schools varied but the parliamentary debates that surrounded the 1867 Native Schools Bill give an insight into the purpose of these schools from the Government's point of view. Some Parliamentarians appeared to have genuine concern for Māori.[15] However, most considered it appropriate to use assimilation as a means of "civilising" Māori. The schools would be used as a form of social control. Money spent on schools would save spending on jails and the military. Comments were made during the debates that Māori needed to be either "exterminated" or "civilised" with civilisation supported in order to lessen the drain

on the colonial finances as extermination would be too expensive. Furthermore, many believed that the Māori language was an "imperfect medium of thought" which therefore needed to be replaced by a more "perfect" language in schools like English.[16]

In 1867 the Native Schools Act was passed, allowing for a system of secular village primary schools known as Native Schools to be established.[17] The Act came with various conditions that were to be met before a school could be established. These conditions were often too severe for the Māori communities and the rate of new schools established was slow. Due to this an amendment to the Act was passed in 1871 which relaxed the financial responsibility for Māori. If they were unable to pay for the buildings and teacher's salary, as directed in the original Act, then they were obliged to supply the land only. Māori responded favourably to these changes and the number of schools established increased rapidly throughout the 1870s.[18]

The curriculum at the schools throughout their existence placed a heavy emphasis on practical skills. Upon completion of schooling it was expected that Māori would enter the labouring-class roles within the society.[19] From 1909 the syllabus at the Native Schools was regularly modified until 1929 when the schools adopted the same syllabus as the public primary schools. However, throughout this period there was still a focus on manual and practical education for Māori attending the Native schools. It was still the Government's belief that the future of Māori lay in a rural setting working the land.[20]

CHURCH BOARDING SCHOOLS

Despite the replacement of the mission schools as the primary providers of education the various denominations continued to operate schools for Māori and overtime established various

secondary boarding schools. Scholarships were provided for the most proficient Māori children so that they would have the opportunity to attend one of the denominational secondary boarding schools. By 1887 there were four officially recognised denominational boarding schools: St Stephens at Auckland and Te Aute in Hawkes Bay which were Anglican schools for Māori boys, Hukarere Protestant Girls' school and St Josephs Providence (Catholic) in Napier for girls.[21] In 1898 Native Schools began to offer an education higher than Standard IV which meant that the Church boarding schools could now focus on fully developing their secondary education departments.[22]

Denominational boarding schools continued to be established into the twentieth century with Queen Victoria School for Māori Girls (Anglican) in Auckland in 1903. Hikurangi College in Clareville (Wairarapa) in 1903, Waerenga-a-Hika mission school near Gisborne and Te Waipounamu Māori Girls' College near Christchurch in 1909. The Presbyterian school of Turakina Māori Girls' College opened in 1905[23] and the Catholic schools of Hato Petera College in 1928 and Hato Paora College in 1947.[24] These schools were spread throughout North Island with particular concentrations in the Auckland region (St Stephens School, Hato Petera College and Queen Victoria Girls' School) and the Hawkes Bay and Manawatu regions (Te Aute College, Hukarere Girls' School, Turakina Māori Girls' College, St Josephs Māori Girls' College, Hato Paora College). The quantity of these schools and their location throughout the North Island aided in the conversion, civilisation and assimilation agenda of the settler government and the Churches themselves particularly in the late 19th and early 20th century.[25] They have also provided the largely rural dwelling Māori with access to secondary education that may not have otherwise been available.

It is from this historical background that the boarding schools moved into the 20th century and began to impact considerably on

Māori society through the production of Māori leaders. These schools have provided Māori society with some of their most charismatic and celebrated leaders including Sir Apirana Ngata, Te Rangihiroa, Arapeta Awatere, Sir Kīngi Ihaka and Dame Whina Cooper. They came from communities that were steeped in tikanga Māori and staunch in their adherence to Christian tradition. Through their upbringing in these communities and the education they received at one of the Church boarding school these leaders were able to exist in the Māori world and the Pākehā world. However, the schools have not always been in the position to meet the needs of the Māori communities that supported them.

This inability to meet the needs of Māori is illustrated in the case of Te Aute College in the early twentieth century where the Education Department exerted its power over the school and the type of curriculum that it provided. Te Aute College was established near Napier in 1854 by the Anglican Church and by 1890 had built a reputation for providing an education to its students that was an equivalent to an English grammar school. Led by its Headmaster, John Thornton (1878–1912), the school had prepared its students to successfully sit the New Zealand Matriculation Examination, which was required to gain entrance to university. This aim of getting its students to matriculation standard was condemned by the Education Department who considered such a use of resources wasteful. The Department wanted Te Aute to introduce compulsory study of agriculture and woodwork and to cease instruction in Latin and Algebra. None of their students should be studying towards Matriculation and any students that demonstrated academic ability were to be transferred to one of the European boys' secondary schools. A Royal Commission was convened in 1906 to examine the curriculum offered at the College. Debate raged between the Department, educational experts, the Headmaster of Te Aute and prominent Māori leaders (all old boys of Te Aute). The end

result, predictably, was a report that recommended that Te Aute focus on "manual and technical instruction in agriculture". Te Aute complied with their demands and encouraged its pupils to enrol in the agricultural courses. However, this course was unpopular among the students with most still choosing to study for Matriculation.[26] This serves to highlight that the schools do not exist in isolation and are directed by government policy often limiting or influencing the type of education they can provide. An important point in this debate is that the academic curriculum that Te Aute was offering at that time was proving extremely successful with graduates of the school going on to tertiary education and professional occupations, at a stark contrast to the beliefs of the Government and its education policies.

Despite these external pressures the schools through the second half of the 20th century continued to produce many of Māori society's leaders. These included business leaders, members of parliament, cultural leaders, leading academics and scholars.

Some of the other difficulties in these schools ability to provide Māori with effective and appropriate leaders is due to the various internal tensions within the schools and Churches themselves. Each Church had and has their own reasons for the establishment of the schools and the manner in which they operate. This means that whilst these schools are similar in character there are stark differences related to the difference in religious belief and application. However, despite these differences many of the difficulties that confront these schools are similar and affect them all; some of these can be illustrated through a brief examination of Hato Paora College.

Hato Paora College

Hato Paora College was opened in 1947 on the former site of Parorangi farm outside of Feilding in the Manawatu. The school was established by the Catholic Church for Māori Catholic boys

from the Archdiocese of Wellington.[27] The operation of the school was given to the Society of Mary who were the Māori Missioners of the Archdiocese since its creation. Hato Paora College was primarily to give Māori boys the opportunity to attain Matriculation standard or the Commercial Examination. However there was also to be a particular emphasis on manual skills, technical, agricultural and pastoral education in line with governmental education policy of the 1930's and 1940's.[28]

Hato Paora is the most recent established of the current Church boarding schools, this is important because it falls well beyond the missionary and settler periods of New Zealands development and exists post the major World Wars. With its establishment immediately after World War II Hato Paora has existed in a time that has been marked particularly by the urban migration of Māori and the effective loss of a generation of potential leaders through the War.

The first aspect of this school that reflects one of the major difficulties that all of the schools have faced is the curriculum that it provided. In line with government policy Hato Paora focused on a manual and technical education for its students. As with Te Aute in the earlier example this obviously affects the type of pupil, or leader, that the school is able to produce. This characterization of Māori as part of the laboring class by the New Zealand education system has had a significant impact on the achievement of Māori and types of roles they have fulfilled within New Zealand society.

Hato Paora College effectively belongs to two primary communities, the Catholic Church and Māori Catholics. Accordingly, the expectations of the school can differ markedly between the two groups. The education philosophies and ideals of the Catholic Church and control and authority that the Church asserts over the school affects the schools ability to adapt and

respond to Māori needs as they have their own priorities and agendas.

Firstly, the Church wanted a school that could produce Māori vocations and secondly they wanted a Māori Catholic college to produce Māori leaders that were firmly grounded in the Catholic faith that could then return to their communities as leaders socially and morally and aid the proliferation of the faith in those communities.[29] Furthermore it was hoped that the College would provide suitable Catholic Māori husbands for the young Māori ladies that had attended St. Joseph's Māori Girls' College and again aid in the proliferation of the faith among Māori.[30]

In regard to the creation of Māori clergy and the proliferation of the faith Hato Paora College has been extremely successful providing four, of a total six, Māori priests to the New Zealand Clergy. Fr Hemi Hekiera was ordained in 1964, Fr Karaitiana Kingi in 1969, Fr Max Mariu in 1977 and Fr Jack Smith later the same year. Further to this Fr Mariu was ordained as the first Māori Catholic Bishop in 1988 and assumed responsibility for all Māori Catholics.[31]

The expectations of Māori Catholics was for an education that incorporated Māori ideals and attitudes, along side Catholic ideals, whilst still providing an education that would allow the students to succeed in the broader New Zealand society. The curriculum at Hato Paora operated slightly differently than the standard New Zealand Education Department curriculum. There was particular focus on the Māori language so that the students can continue to operate in their own whānau context upon completion at the school.[32]

The different expectations of the two communities and the type of education they preferred from the school meant that often the Māori communities didn't necessarily get the education for their

sons desired. The Church was attempting to produce Māori clergy, and adhering to the Government's manual and technical education focus, whilst Māori wanted well educated sons that were able to succeed in a variety of occupations or contexts.

This brief examination of the education offered by Hato Paora has been used to offer some insight into the pressures and influences that the Māori boarding schools encounter and how these affect the ability of these schools to produce effective leaders. The schools are often accountable to more than one community and the power relations between those communities affect the provision of education and leadership within the schools.

CHALLENGES

The ability of the Church boarding schools to continue to provide Māori leaders as we move further into the 21st century is faced with many challenges. Some of these challenges are related to societal factors from the wider New Zealand society. One of these changes has been the rapid change of demographics, from largely rural to urban dwelling, within Māori society since World War II. In the years following World War II the migration of Māori from rural communities to urban centres accelerated. The secondary manufacturing and processing industries were booming, creating employment opportunities for Māori. As Māori had systematically been prepared through their education for labouring employment roles their post-war urbanisation was extremely rapid. In 1945 15% of Māori lived in urban areas and by 1975 76% did.[33] The schools now needed to be able to meet the needs of urban based students.

The 1980s and 1990s have been marked by the reassertion of control by Māori over their own education. Believing that the state education system has failed and continues to fail them some

Māori have opted to develop their own schooling system. This is a system of Māori language medium schools run according to Māori pedagogy. It includes Te Kōhanga Reo, Kura Kaupapa Māori and Whare Kura. After over 140 years of mismanagement by the state many Māori see it as the best chance for a culturally appropriate education system.[34] These schools were established based on Kaupapa Māori theory which aims to validate and legitimise being Māori within the education system. It incorporates Māori language, culture, knowledge and values creating an environment that makes the students comfortable. This cultural renaissance has meant a change in demand for the type of education that Māori parents seek for their children as they require a school that incorporates te reo and tikanga Māori significantly into the school environment. As they seek a secondary education that complements that offered by kaupapa Māori schools beyond that which has been offered by the Church schools in the past.

The issue of curriculum has, and continues to be, a major issue for the schools. For a large part of the 20th century it related to the government's insistence that the schools offer a manual, technical and pastoral curriculum. This has been followed in the 1990s by the desire of Māori for an education that helps strengthen and enhance their, largely urban dwelling, children's cultural competence. Finally, there is now consideration for a curriculum that is very focused on providing an education that is structured towards future needs and aspirations of Māori in fields such as science and technology ensuring that Māori have capable and effective leaders proficient in these areas.

Changes in demographics of New Zealand over the past two to three decades are also exerting pressure on the Churches themselves as the number of New Zealanders who claim to have no religious affiliation rises. A recent survey conducted by Massey University asserts that 40 per cent of people have no

religious affiliation compared with 27 per cent 17 years ago.[35] This trend has also affected the ability of the Churches to adequately resource their schools leading to situations where another school is prioritized over the Māori school. This was the case for Hato Paora College where in the mid 1990s the Catholic Church asserted that they were unable to fully resource all of their schools in the Palmerston North Diocese. They prioritized various schools for funding, staffing and support, unfortunately this did not include Hato Paora College. In 1991 there were seven religious staff based at the College. By 1995 Father Jack Smith, the Rector, was the only remaining member of the Society of Mary at the school. When he left the school in 1996 there were no religious staff based at the College, this is still the case.[36] Even more extreme examples of the churches inability, or reluctance, to resource the schools are the closures of both St Stephens and Queen Victoria in 1990s by the Anglican church as a result of funding issues and the financial viability of the schools.

CONCLUSION

The Church boarding schools throughout their existence have provided Māori society with some of its most celebrated and influential leaders. Many prominent Māori leaders across the whole spectrum of New Zealand society can be attributed to these schools. They have provided an education avenue that may not have otherwise been available to Māori.

The Churches boarding schools are a part of an education system that is constantly changing in its policies about Māori and their education. Further to this are the educational attitudes and goals of the various religious denominations that established the schools that are not necessarily the same as those of Māori. This creates an environment that is constantly changing and often at the mercy of non-Māori educators and policy makers. Whether

these schools can continue to provide such prominent leadership in a continually changing and evolving society remains to be seen. In the new millennium with less control and influence from the founding Churches perhaps these schools will become more effective in the provision of leadership, not only for their faith communities, but for Māori society as a whole whilst still retaining their special character. The future of these schools may now rest on the very leaders that they have produced providing the direction for their schools.

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A TRANSFORMATIVE MĀORI APPROACH TO BIOETHICS

Exploring Māori Notions of Collective Consent as a Form of Resistance to Health Related New Technologies

Jessica Hutchings

Jessica Hutchings is currently a Health Research Council
Post-Doctoral Research Fellow based in Wellington.

INTRODUCTION

The accelerated development of health related new technologies such as xenotransplantation, biotechnologies and nanotechnologies present Māori communities with a range of issues. Many health related new technologies are an affront to the cultural and social norms that bind Māori communities together and ensure cultural cohesion[1]. The multiple ways in which health related new technologies are framed and presented to Māori communities define the parameters of how we as Māori can respond and engage with these technologies. This framing by the technology developers, investors and the health sector often limits our ability to truly respond to health related new technologies in ways that are relevant to our indigenous cultural positioning.

Leading international western medical journal, the Lancet reported in 2004; "that the ethical implications of new technologies cannot be considered for individuals in isolation, apart from the complex cultural settings and meanings with which they will become imbued[2]". This statement resounds for many Māori communities who have defined genetic modification, biotechnology, nanotechnology and xenotransplantation as negatively impacting on their spiritual, cultural, mental and environmental wellbeing. Māori centred analysis has led many Māori communities to view these health related new technologies as ethically and culturally offensive. Māori communities are often directed by policy analysts, technology developers and health practitioners to respond to these new technologies on an individual level as potential end users or so called 'beneficiaries' as opposed to more traditional forms of responses located within a Māori positioning that are based on collectivists process and decision making.

This paper forms part of a post-doctoral research project which is exploring the bioethical use of health related new technologies amongst Māori communities. Within this paper I explore notions of consent with regard to the use of these technologies and suggest that collective consent is a more appropriate form of bioethical consent when engaging Māori communities and their use or engagement with controversial health related new technologies. This paper concludes by visioning a new form of bioethics where collective consent is positioned as a transformative practice[3] and tool of resistance for Māori communities to culturally offensive health related new technologies.

Firstly, this paper introduces health related new technologies positioning them as part of the neo-liberal paradigm of a knowledge orientated society. This paper focuses on xenotransplantation, biotechnologies and nanotechnologies and

overviews some of the Māori thought pertaining to these technologies. This paper then draws the links between Māori communities, health related new technologies and notions of consent, focusing on the commonly used bioethical form of consent, individual informed consent. This paper draws on literature to identify the limitations and challenges of informed consent specifically focusing on how these limitations apply to Māori communities. The notion of collective consent is presented and explored as possibly a more relevant form of consent for Māori communities. Traditional Māori decision making processes are drawn upon to build a picture of the potential relevancy of collective consent in bioethics. Finally this paper presents a vision for a new bioethics that is transformative in practice and calls for other indigenous scholars to continue working in this space.

HEALTH RELATED NEW TECHNOLOGIES

Globally there is a rise in new and infectious dis-eases and a decline in our resiliency to combat these diseases. This combination coupled with the potential for technology companies to secure patents and profits is driving the rapid development of health related new technologies as potential solutions in health care. Health related new technologies and the quest for new medical knowledge have become normalised in the global search for health care solutions, predominately to address the dis-eases of the developed world. The platform of health related new technology development aligns with the knowledge theme of globalisation, which is centred around the commodification of knowledge for an every increasing and desirable profit margin. In this regard Linda Smith states:

> "One might think that this makes for a very educated and knowledgeable society: not so. The knowledge economy is about creating and processing knowledge, trading and using knowledge for its own sake, it is not about the pursuit of

knowledge, but about 'creating' knowledge by turning knowledge into a commodity or product[4]"

This thirst for new knowledge to develop high valued commodities or products are pushing the ethical boundaries of knowledge ownership and belonging. Māori and other Indigenous knowledge once deemed unworthy or valueless is now regarded as a mine of untapped wealth and many Indigenous knowledge bases are being misappropriated by monopoly driven interests in their quest for new knowledge. The health sector is at the forefront of mining Indigenous knowledge in their pursuit for new medicines, interventions and treatments based solutions. Health related new technologies are all part of this system, where knowledge and new knowledge generated in health sciences and technology is no longer a public good but is a patentable commodity that generates profit for the technology developers and the monopoly interests. It is within this context that this paper discusses health related new technologies, consent and Māori communities.

The health related new technologies that this paper focuses on are xenotransplantation, which involves animal to human organ transplants, biotechnology and specifically genetically modified based treatments which involve the manipulation and patenting of genetic material of life forms and nanotechnology which is commonly defined as; "…the manipulation, observation and measurement at a scale of less than 1200 nanometres (one nanometre is one millionth of a millimetre)[5]. This next section overviews these technologies and highlights Māori responses to these technologies.

XENOTRANSPLANTATION

Xenotransplantation is the transplantation of living cells, tissues or organs from one species into another species. One of the most

controversial aspects of xenotransplantation is animal to human transplantation. Animal to human transplants have been tried unsuccessfully for the last 250 years; the reason for the failure has been the serious immune responses that xenografts (transplanted organs, tissues or cells) have caused the recipient[6]. However scientific developments such as genetic modification of the source animal coupled with developments in anti-rejection drugs is being heralded as a way to reduce the chances of rejection.

In 2005 Toi Te Taiao, the Bioethics Council of New Zealand, undertook to explore the cultural, ethical and spiritual aspects of xenotransplantation. In particular they looked at Māori views regarding this health related new technology and reported the following:

> "A general theme was the strength of spiritual beliefs among Māori, and the sense of a Māori worldview that pervaded all corners of everyday life. The importance of Tikanga Māori [Māori cultural practices] to regulate the relationship of Māori to the wider world was strongly emphasised, as was its developed… Some Māori were very concerned about the implications of xenotransplantation for whakapapa (geneology), mauri (the lifeforce), and personal tapu (sacredness). Some believed such biotechnologies threatened to irreparably disrupt relationships between human beings and the natural world[7]."

The collective risks of xenotransplantation have also been considered, in a letter from the NZ Health and Disability Commissioner, Ron Paterson to the Chair of the NZ Bioethics Council, Dr Jill White in 2005, the Commissioner raises the question of how to weigh the interests of the individual against those of the public. Paterson states;

> "In my view, given the potentially devastating outcomes of a cross-species infection pandemic, strong weight needs to be given to the risks that xenotransplantation may pose to the public when weighing those risks against an individual's interest in such research proceeding. Whatever an individual's personal view, the overwhelming principle should be that the potential and possible risks to public welfare should take priority over individual interests[8]".

This comment from Mr Paterson addresses an issue at the core of this paper, which is the need to address the risks and benefits of new technologies from the perspectives of the collective.

BIOTECHNOLOGY AND GENETIC MODIFICATION

The term biotechnology generally refers to any application of discoveries in biology to the production of living organisms and their products which includes traditional breeding, hybridization techniques that involve genetic engineering as well as the recombination of DNA from different species. Genetic engineering refers to the recombination of DNA from unlike species to produce a genetically modified organism (GMO). It is at this point of interference with life at the basic genetic level that the Māori cultural ethic of kaitiakitanga or guardianship is activated, which places the responsibility on Māori communities to protect life forms and their sacred whakapapa or genealogy for future generations.

Generally Māori have voiced strong opposition to biotechnology and genetic engineering, understanding and referring to it as a form of biocolonialism. The reason for general Māori opposition is located in tikanga (Māori cultural practices) and for many Māori this technology is seen as an affront to the core cultural values that bind Māori culture and communities.

The marginalisation of Māori resistance to these technologies continues to occur and is documented[9], in this regard Hutchings and Reynolds, state that;

> "Whilst pro-biotechnology and vested interest groups have attempted to marginalise these voices, the resistance to biotechnology by Māori has been informed and driven from Māori communities, informed by academic and scientific analysis, informed by Indigenous and international networks, and is primarily a struggle for the upholding of Māori cultural and intellectual knowledge[10]".

NANOTECHNOLOGY

Nanotechnology and biotechnology are the underpinning technologies that are pushing rapid advances in 'genomics, combinatorial chemistry, high throughput robotic screening, drug discovery, gene sequencing and bioinformatics and their applications'[11]. Drug delivery of pharmaceuticals and medicine as it relates to nanotechnology is being touted as the most promising aspect of nanotechnology pertaining to health. Nanotechnology advances in medicine and health care claim to; reduce unwanted side effects, improve patient compliance and lead to lower doses and open up new possibilities that would otherwise not be possible without nanotechnology. The main driving force behind nanotechnology is the size of the market. LaVan and Langer predicted in 2001 that; "fundamental changes in drug production and delivery are expected to affect about half of the [US] $380 billion world-wide drug production in the next decade.[12]"

WHY ARE HEALTH RELATED NEW TECHNOLOGIES RELEVANT FOR MĀORI COMMUNITIES?

The development and use of health related new technologies are of particular relevance to Māori communities. Despite the

marketing strategies of the technology multinationals to sell the benefits of the health related technologies these new technologies raise many issues for Māori communities, as was briefly overviewed. Xenotransplantation, biotechnology and nanotechnology all offer the illusion of control over nature and purport short term solutions and remedies for larger cultural, political and social problems in the world. These technologies are derived from the epistemology of western reductionist mechanistic science which is antithetical to Māori worldviews that honour holistic relationships and interconnections with the environment and nature. With regard to Māori and nanotechnology, Hutchings and Reynolds[13] state;

> "Nanotechnology does not recognise or respect the interconnected and holistic nature of the environment but rather seeks to manipulate matter at the atomic level to achieve 'development' and 'progressive' advancements. This western science epistemology is markedly different from the interconnected and holistic worldview of the environment held by many indigenous cultures around the world".

WHAT HAVE MĀORI COMMUNITIES BEING SAYING ABOUT THESE TECHNOLOGIES?

Beyond 'hyped' benefits and the claims of health related new technologies are the political and social processes pertaining to the development and introduction to technologies. By examining the social and political constitution of these technologies Māori communities are enabled to ask questions of relevance regarding the technologies. More often these questions are framed from a Māori cultural values perspective. Although Māori centred questions are not the questions that technology companies consider when assessing the appropriate development pathway for the technologies or even if the technologies should be

developed in the first place; they are culturally relevant to the Māori communities posing the questions and are therefore, critically important when assessing the impacts and potential 'benefits' of these technologies.

For example some of the questions that Māori communities asked of genetic modification included; who will benefit? Who is in control of the outcomes? Who is liable should something go wrong? And how do you measure and understand the risks? A mana wahine conceptual framework published in 2004[14] specifically poses questions of new technologies from a decolonised mana whaine (Māori feminist) standpoint. These questions are grouped in themes that Māori women identified as particularly important when assessing the safety of new technologies. These themes included; Papatuanuku (Earth Mother), Kaitiaki (the act of guardian), the Treaty of Waitangi, decolonisation, decision making and intellectual property rights.

The questions from this framework are outlined below.

Papatūānuku

- How does this technology protect the uha of Papatūānuku?
- Is the relationship between Māori women and Papatūānuku enhanced through the use of this technology?

Kaitiaki

- As kaitiaki, do Māori women approve the use of this technology?
- What are the key elements the mana wahine kaitiaki role protects?

Te Tiriti o Waitangi

- Does the development and implementation of this technology endorse our Te Tiriti rights?

- Has this technology been developed with the full participation of Māori exercising their Te Tiriti rights?
- Is Te Tiriti o Waitangi being used as one of the decision making tools in the development of this technology?

Decolonization

- How does this technology assist in the decolonization of Māori?
- How does this technology challenge hegemonic colonial masculinist ideologies?

Decision-making

- In what ways are Māori women recognised and supported as decision-making participants in the development of this technology?
- Are mana wahine perspectives visible and validated with regard to this technology?

Intellectual Property Rights

- Does this technology support Māori women protecting their cultural and intellectual property?
- Is our biodiversity protected from commodification?

These questions are significantly different from what colonial western science discourses would ask of new technologies and they have been developed specifically to inform a critical discussion from a mana wahine (Māori feminist) standpoint of new technologies. The questions within the framework are a counter hegemonic response to the questions that are commonly posed of new technologies and highlight some of the issues that Māori communities and specifically a Māori feminist analysis has of new technologies.

INFORMED CONSENT

The area of informed consent for Māori continues to be problematic. Māori like many other indigenous communities and peoples of color have been deemed 'unfit' or 'unworthy' to understand or give consent, which has resulted in the colonizer, the researcher and western science deciding and defining what is meant by consent. The following section will discuss some of the limitations of informed consent.

The notion of informed consent suggests an individual makes an autonomous decision having access to all information pertaining to potential benefits and associated risks and that such decisions are made free of coercion or undue persuasion.[15] The model of individual informed consent is based on an Eurocentric model that favors individual autonomy. The right of the individual to give consent is being guarded even more fiercely in modern times as it forms a critical part in the neo-liberal agenda which privileges the freedom and rights of individuals to choose.

LIMITATIONS OF INFORMED CONSENT

Informed consent is often viewed as a 'single episode', where the physician provides information to the patient or proxy, consent is usually given after only a very brief conversation occurring before treatment. This single episode focus does not allow for changes in; information, treatment and diversification. Furthermore it does not allow for an in depth consideration of the health related new technologies that may be used in treatment processes; rather it focuses on the end point which is the treatment itself. This single episode of consent does not provide adequate space or scope to examine the cultural, social, environmental or political context of the technologies. This is in contrast to Māori technological assessment which is

interconnected to all aspects of physical and spiritual life including the environment. Professor Mason Durie[16] reinforces this point; "Therefore it is not sufficient to refer only to the outcomes of technology development but also to the context in which the process of technology takes place".

Limiting informed consent to an individual fails to account for the fact that most people make decisions in relation with their significant others or other family members. The traditional neo-liberal model fails to account that an individual is also a social person who has specific historical and socio-cultural ways of viewing things, as well as a set of values. The traditional model of informed consent also does not recognize that social status may impact on people's decision to consent. For example authority figures, such as educated people, physicians and researchers, have a level of social status and power that may well have an impact on the patient's decisions or their ability to make such decisions. Health related new technologies intensify concerns about consent and culturally appropriate processes for Māori communities because of the impacts these health related new technologies have on core Māori values and beliefs.

COLLECTIVE CONSENT IN BIOETHICS

The idea of collective consent in bioethics is not new and is debated and discussed within the literature[17]. The notion of collective consent as a more appropriate form of consent when engaging with Māori communities challenges the fundamental allegiance to neo-liberal Western individualism that underpins the notions of individual informed consent, as previously discussed. Collective consent is particularly relevant for Māori communities given that our cultural values and practices privilege collective decision making processes and outcomes which are in contrast to the neo-liberal western value of individualism, where the right of the individual is paramount.

Māori communities like many other indigenous communities are grouped into collectives who are located and belong to a certain geographical area and share similar whakapapa (genealogical) connections. The fundamental unit consists of whanau (family groupings), numerous whanau groupings join together and form a hapu (sub-tribe), and in turn many hapu join together and from an iwi (tribe). It is the cultural responsibility and expectation that all levels of these tribally based Māori collectives will share the responsibility to make decisions.

Hui is the traditional Māori form or process of gathering people for discussion and decision making. Hui is an open process and provides space for all tribal members to speak to the issue at hand and for the collective to work towards consensus agreement. The hui is a forum where the parameters of the debate can be readjusted and reframed by the participants; it is a forum where the wider issues of concern to Māori communities can be made visible and validated. The appropriateness of collective and tribal decision making in bioethics is highlighted in the literature:

> "this western model of informed consent needs to be balanced against a hierarchical tribal structure where individual rights may be relinquished in the maintenance of tribal structure (and certainly, in terms of the Māori's view that includes inherent rights of the collective)"[18].

One could argue that the notion of collective consent may be seen to negate the rights of the individual, however in pre-colonial Māori society it was the responsibility of the collective to ensure the spiritual, mental, environmental and physical well-being of the Māori individual was looked after through collectivist approaches. Port et al[19], also address this issue and argues that: "This apparent over-riding of the individual may appear to undermine the fundamental principles of informed

consent, but are supported by the inherent trust in the judgment of elders, loved ones and fellow stakeholders."

Collective consent may assist in the reclaiming of traditional knowledge and cultural understandings for Māori communities. One of the impacts of colonization has been the fragmentation of Māori cultural knowledge resulting in a range of understandings and experiences amongst Māori of their cultural practices. The process of collective consent provides an opportunity for those within tribal structures to lead debate and dialogue on health related new technologies and their impact on Māori cultural values. This process reinforces and reaffirms traditional knowledge as a valid base from which to develop an analysis and provides an opportunity for others participating in the process to engage in a collectivist processes that supports cultural cohesion and contributes to a shared understandings of traditional knowledge.

Collective consent is a more appropriate form of consent for dealing with health related new technologies that present Māori communities with a variety of challenges. Of particular relevance to this paper is the idea of engaging with collective consent as a tool of resistance to health related new technologies, especially when global processes of democracy are becoming more limited to engage in a forum of dialogue with the multi-national corporations about these new technologies. This next part of this paper will discuss the notion of collective consent as a tool of resistance for Māori communities to health related new technologies that pose cultural risks.

COLLECTIVE CONSENT AS A TOOL OF RESISTANCE

Collectivity has been used by Māori and other indigenous communities as a means of exercising resistance to colonization and more recently to the impacts of globalization. Recent forms

of Māori collective resistance have been in response to the Government confiscation of the seabed and foreshore in 2004 which saw 20,000 Māori people who in their various collectives represented the Māori tribes and sub-tribes of Aotearoa/New Zealand marched on parliament to oppose the colonial government led theft. Other forms of collective resistance are evident in the way Māori communities, tribes and sub-tribes responded to genetic modification, through the development of genetic engineering (GE) free tribal zones. This collective act of resistance was supported by the development of GE free marae kits that were developed by a pan-tribal Māori women's collective to encourage marae (tribal meeting areas) to use the power of tribal collectivity to oppose GE.

There is very little opportunity for Māori to actively and collectively resist the development and use of health related new technologies that this paper has discussed. The development pathway of multinational technology companies that create health related new technologies do not seek the views of Māori or other indigenous peoples to ascertain the cultural appropriateness of the technologies they develop. This lack of consultative participation not only with Māori but also with wider society regarding health related new technology development undermines fundamental notions of democracy. Health related new technologies continue to challenge global society's diverse norms and values without any opportunity for global societies and indigenous peoples in particular to debate or engage in the appropriateness of the technological development. Once the technologies are in the market place they are marketed and normalized within the global health care systems[20].

Māori collective consent could address the issue of co-option that often occurs in the management of risk perception pertaining to controversial health related new technologies. An example of co-option is when media, researchers or others with a stake in the

new technologies industry identify an individual Māori person to claim safety to the technology, minimize the cultural concerns of the collective and reinforce their right as an individual to engage and consent to the use of the controversial technology. Hence individual informed consent becomes a convenient vehicle to develop a cohort who consent to the use of a controversial technology and then are held up as representatives for all of that community, this has been the experience in Aoteaora/New Zealand. This tactic is defined by Paolo Freire in his pedagogical work on oppression as the divide and rule action of oppression, where the oppressor in this case the multinational technology companies must divide and keep divided the minority in order to remain powerful and relevant, he states:

> "It is in the interest of the oppressor to weaken the oppressed still further, to isolate them, to create and deepen rifts among them. This is done by varied means, from the repressive methods of the government bureaucracy to the forms of cultural action with which they manipulate the people by giving them the impression that they are being helped[21]"

A key question often raised by western bioethics is when does a patient forfeit their individual right to consent to controversial treatment over of the rights of the collective to resist engagement with the health related new technologies because it is culturally offensive. In traditional Māori times sufficient emphasis was placed on the hui process that all people have an opportunity to express their opinions and contribute to the collective decisions that are made. Within the hui processes kaumatua (elders) opinions are engaged and revered and kaumatua often lead hui and collective decision making processes because of their knowledge and wisdoms.

A further benefit to re-claiming traditional processes of decision making is to demonstrate to the multinational pharmaceuticals that Māori communities and possibility other indigenous peoples

find their health related new technologies culturally offensive. It is difficult for Māori communities to be seen and heard in our resistance to multinationals, I suggest that the notion of collective consent and the privileging of this model of consent for Māori communities with regard to the use of health related new technologies may provide an avenue for demonstrating resistance to what is happening with multinational and monopoly driven health care solutions whose first priority is to increase patent protected profits.

Collective consent could possibly provide a pathway for exercising collective resistance to health related new technologies that impact on Māori cultural norms and values. It is evident from the overview of xenotransplantation, biotechnology and nanotechnology that these technologies raise fundamental issues for Māori communities and in many instances is culturally offensive.

SUMMARY

The continual privileging of the western ethical value system which favors neo-liberal notions of individual informed consent perpetuates the domination of neo-liberal western values over other values and ways of knowing. Clearly there are different cultural understandings of consent between collectivist and individualist-oriented societies that inform practices of consent. The emphasis in Māori bioethics on; collectivism, traditional values and process, challenges western biomedical paradigms that privilege the right of the individual, to be more responsive and flexible in their approach to bioethical decision making.

As the multinational technology companies fail to engage in democratic process to debate the cultural, ethical, environmental and social boundaries of the health related new technologies they develop; Māori continue to respond to these technologies

through their own cultural positioning in the pursuit of cultural integrity and a social justice agenda (Smith:2006). Collective consent could be one way to subvert a bioethical system that fails to account for Māori collectivist ways of working.

Ethical aspects of health related new technologies intersect with fundamental beliefs and practices of Māori culture. In order to develop an inclusive bioethics we will need to engage in transformative processes and vision a bioethics that serves our collective cultural consciousness, needs and understandings[22]. Resistance may form a critical component of a new Māori bioethical framework. Anti-oppression writers such as Paulo Freire and decolonizing scholars such as Linda Smith encourage Māori and other indigenous and marginalized communities to engage with the notion of transformative practice when seeking to reclaim culturally and locally based solutions for contemporary issues. Transformative practice allows us to re-engage with appropriate solutions that are located within our traditional ways of knowing. Transformative bioethics values collectivist approaches to consent and engages collective consent as a form and a tool of resistance to monopoly driven health related new technologies that many Māori and other indigenous communities find an affront to the cultural and social norms that bind indigenous communities. The notion of collective consent could be positioned as a transformative practice and indeed a form and tool of resistance for Māori communities to culturally offensive health related new technologies.

1   See; Hutchings, Jessica and Reynolds, Paul. Māori and 'McScience' of New Technologies: Biotechnology and nanotechnology Development. *Matariki. A Monograph Prepared by Te Mata o Te Tau.* Wellington, Massey University. 81-112, 2007.Smith, Cheryl and Reynolds, Paul. *What Māori Should Know About the New Biotechnology.* Wanganui: Wanganui Iwi Law Center, 1999.

2   Berlinguer, G. Bioethics, Health and Inequality. *The Lancet.*V364 pp 1017-1096. September, 2004. page1017.

3   When referring to transformative practice I am engaging with the work of Paolo Freire who work is referenced further in this paper.

4   Smith, Linda. Researching in the Margins: Issues for Māori researchers – A Discussion Paper. *AlterNative Special Supplement - Marginalisation.* 4-28: 2006. Page 23.

5   Arnall, Alexander. *Future Technologies, Today's Choices.* Greenpeace Environmental Trust: London, 2003. Page 5.

6   See: Toi Te Taiao. *The Cultural, Ethical and Spiritual Aspects of Animal to Human Transplantation.* Toi Te Taiao, Wellington, 2005.

7   Ibid, page 12.

8   Paterson, Ron. *Health and Disability Briefing Letter to Jill White, Chair of Bioethics Council.* Wellington: Health and Disability Commission, 2005, page 3.

9   See: Hutchings, Jessica. Claiming Ethic Space - A mana wahine framework for discussing genetic modification. *He Pūkenga Kōrero.* 8(1) 17-26, 2004.Hutchings, Jessica and Reynolds, Paul. Māori and 'McScience' of New Technologies: Biotechnology and nanotechnology Development. *Matariki. A Monograph Prepared by Te Mata o Te Tau.* Wellington, Massey University. 81-112, 2007. Mead, A. 1995. *Biculturalism and Cultural Sensitivity in Human Gene Therapy and Research and Human Genetic Research: Issues of Particular Concern to Māori. Sections 4.3 and 4.4 in The Clinical and Research Use of Human Genetic Material: Guidelines for Ethical, Cultural and Scientific Assessment. Final Report to the Health Research Council Ethics*

Committee. Health Research Council of New Zealand, New Zealand. Mead, Aroha. Resisting the Gene Raiders. London: New Internationalist, August: 1997. Mead, Aroha. Sacred Balance. *He Pūkenga Kōrero.* Ngahuru (Autum)3 (2) 22-28, 1998.

10   Hutchings, Jessica and Reynolds, Paul. Māori and 'McScience' of New Technologies: Biotechnology and nanotechnology Development. *Matariki. A Monograph Prepared by Te Mata o Te Tau.* Wellington, Massey University. 81-112, 2007. Page 84.

11   See: Arnall, Alexander. *Future Technologies, Today's Choices.* Greenpeace Environmental Trust: London, 2003. Page 5.

12   Ibid.

13   Hutchings, Jessica and Reynolds, Paul. Māori and 'McScience' of New Technologies: Biotechnology and nanotechnology Development. *Matariki. A Monograph Prepared by Te Mata o Te Tau.* Wellington, Massey University. 81-112, 2007. Page 86.

14   See: Hutchings, Jessica. Claiming Ethic Space - A mana wahine framework for discussing genetic modification. *He Pūkenga Kōrero.* 8(1) 17-26, 2004.

15   Port, R. Arnold, J. Kerr, A. Gravish, N. Winship, I. Cultural Enhancement of a Clinical Service to Meet the Needs of Indigenous People; Genetic Service Development in Response to Issues for New Zealand Māori. *Social and Behavioural Research in Clinical Genetics.* 73: 132-138, 2007.

16   Durie, Mason. Technology and the Māori in J Burns (ed) Technology in the New Zealand Curriculum: perspectives on freedom. Dunmore Press: Palmerston North, 1997. Page 31.

17   See: Gillett, Grant and McKergow, Felicity. Genes, Ownership and Indigenous Reality. *Social Science and Medicine.* 65(10) 2093-2104, 2007.Bioethics Council. *The Cultural, Spiritual and Ethical Aspects of Xenotransplantation: Animal to Human Transplantation (Final Report).* Wellington: Bioethics Council, 2005. Port, R. Arnold, J. Kerr, A. Gravish, N. Winship, I. Cultural Enhancement of a Clinical Service to Meet the Needs of Indigenous People; Genetic Service Development in

Response to Issues for New Zealand Māori. *Social and Behavioural Research in Clinical Genetics.* 73: 132-138, 2007. Smith, Cheryl and Reynolds, Paul. *What Māori Should Know About the New Biotechnology.* Wanganui: Wanganui Iwi Law Center, 1999.

[18]   Port, R. Arnold, J. Kerr, A. Gravish, N. Winship, I. Cultural Enhancement of a Clinical Service to Meet the Needs of Indigenous People; Genetic Service Development in Response to Issues for New Zealand Māori. *Social and Behavioural Research in Clinical Genetics.* 73: 132-138, 2007.Page 136.

[19]   Ibid.

[20]   When referring to health related new technologies being available in the global health care system, I am generally referring to the availability of these new technologies within developed countries. Many of these health related new technologies do not find their way to the developing south or those most in need to basic health care support and solutions.

[21]   Freire, Paulo.Pedagogy of the Oppressed. London: Penguin Group, 1996. Page 122.

[22]   Elerby, Johathan. McKenzie, John. McKay, Stanley. Gariepy, Gilbert. Kaufert, Joesph. Bioethics for Clinicians – Aboriginal Cultures. *Canadian Medical Association Journal.* 163(7), 2000.

THAT'S MY NAN

Taiarahia Black

Review of the Film-Documentary
Rain of the Children
Produced by Vincent Ward
Reviewed November 2008

Ai! Ka tae atu nei tātau katoa, huri i te motu ki te mātaki i te kiriata *Rain of the Children*. Nā wai, nā wai au i noho, kutukutu ahiahi katoa taku wairua, aku mahara mo tēnei kuia aroha me tana tama a Niki, ana tamariki e ono i matemate, me ērā o ana tamariki i riro ma te hāhi Perehipitiriana e whakapakeke, tana kāinga e whiua mai nei ēnei kōrero mo te *mākutu*. Waihoki kā noho, ka tauria e te whakaaro kia manaakitia te wairua o tēnei kuia mārohirohi. Kia whakaaratia ngā kōrero tika hei puna kōrero ma ana mokopuna, kia whakahokia o tātau whakaaro ki

ngā kaupapa i maukino i a Te Puhi, rātau katoa ko ngā tīpuna, te hunga i whānau ki roto o te tūkino a te pane whero kaipakanga, muru whenua, mate urutā te whakaeke mai o ngā Mihingare. Ka mahara ake ka tuhi i tā tātau whakautu koia i hua ai a ***That's my Nan!***

The inspiration for the title of this review ***That's my Nan!*** Of Vincent Ward's film-documentary *Rain of the Children* is taken from Peggy Pānoho's gracious article in Issue 84 of Mana Magazine. Peggy Pānoho is the grand daughter of Te Puhi Materoa Tatu, Peggy is the daughter of Meri Caton (Taka nee Kahukura), the daughter of Te Puhi Materoa Tatu.

This article by Peggy provides some insight as she gathers her memories and thoughts for Nanny Puhi and Uncle Niki as she puts it. In reading her article one is taken by the fact that here is a Nanny that Peggy and all her other mokopuna loved and admired and is at the core of their memories which tells us something about Nanny Puhi.

And without probing further all of the many people who knew Te Puhi intimately I have spoken to since I viewed *Rain of the Children* said the same thing, a distinctiveness, an individuality that sprang to mind when they thought of Te Puhi. *"Ē hoa, he kuia aroha tēnā, kāre i tua atu!"*

Being one of the many who filled the theatres around the country to view *Rain of the Children* I sat in anticipation and waited. Throughout the film I was uncomfortable with what I was hearing and seeing, while simultaneously this review of *Rain of the Children* was gathering momentum in my hinengaro (mind) in the theatre to explain and interpret from an 'insider' perspective a series of biographical historical portraits strongly linked to Te Puhi Materoa Tatu focused on recovering,

reclaiming her image, wairua and mana so that we are much better informed about ourselves and our history.

This review identifies historical data, published and unpublished sources, essentially to tell the perspective of *That's my Nan!* This review therefore is the voice of Te Puhi talking to her mokopuna and her descendents about her circumstances.

The title of this review *That's my Nan!* By the mokopuna is courageous in spite of the projections of *Rain of the Children* as the mokopuna writes in Mana Magazine *"I never knew much about Nan's past, her upbringing, her life at Maungapōhatu, things that may have happened to her. I didn't know (or really care) about how people perceived her and Uncle Niki. All I knew was that she was my mum's mum, she was my kuia, and Niki was my uncle, and that's all that really mattered"*.

The words of the mokopuna ring true; 'even in loss and grief there is life and victory for Nanny, and there are those who can reason, enlighten and explain and there are those who care. The lesson here is not new, for can it be considered a legitimate exercise for an 'outsider', dependent on 'outsider' sources to seek to interpret the Māori and the dynamic historical world of Tūhoe. Māori and Tūhoe over the last twenty-thirty years have expressed the words 'Waiho mā mātau tonu e tuhituhi a mātau kōrero'.

Ai! He tika rā tā te mokopuna *That's my Nan!*

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Taiarahia Black
10 November 2008

1. Vincent Ward the acclaimed film-documentary creator has picked up an international cinema award in Poland and has received nine Qantas Awards nominations for his film-documentary *Rain of the Children*. Since its screening in theatres around the country *Rain of the Children* has moved Māori and Pākehā audiences to a sense of awe, to enliven our memories of the men and women who lived during the period Te Puhi Materoa Tatu was born, and during her life time exhibiting times of ground breaking deprivation, hardship and withdrawal.

2. On the screen I was immediately struck by the company of Te Puhi, her face, voice, gait, way of walking, her physical presence and despite the despairing experiences portrayed in the film, her refusal to let go of one's hold on humanity in the face of the horrific conditions experienced. The film opens with Vincent Ward as the narrator and Te Puhi appears expending her fading energies on her beloved adult son Niki.

3. In creating *Rain of the Children*, those years of suffering for Te Puhi and her people in Te Urewera is another visible reminder of a dark chapter of Te Urewera, Tūhoe history through Te Puhi's inexorable losses of her six children from 1922 to 1931 and her remaining children adopted out, her hard-won triumphs to stay alive and sane. Te Puhi for me "challenges us to rethink that brutal, harrowing history of colonisation".

4. This film for me as a Tūhoe person in the 21st century is an eye opening, shattering historic commentary of the life and times of Te Puhi created for all of us by the all too often link to colonisation. I recall sitting in the theatre in Palmerston North, my wife and I looking at the audience through the darkness and shadows of the theatre. There were tears, utter silence, and my overwhelming conviction, amazement at the strength of this kuia called Te Puhi Materoa Tatu. What a display of courage, a remarkable demonstration of the enduring spirit of this Māori women to tolerate suffrage. Her indomitable moral fiber, strong forbearance, unconquerable and resolute was inspirational.

5. Conversely there must always be some reservations when a film-documentary, biography is made and screened by an 'outsider'.

6. Barry Barclay a noted Māori film maker for many years devoted time and energy to producing Māori, indigenous films to portray something of Māori life to Māori and to bring this form of film making medium to the attention of Pākehā film makers. Barclay acknowledged as the first Māori to direct a Māori feature film –*Ngāti* (1987), and his work in the *Tangata Whenua TV series* (1974).

7. In producing film-documentaries Barclay worked closely with Māori communities to gain their confidence, to produce documentaries that expressed the collective memories of those communities, and to transmit Māori knowledge and experiences relevant to them. Dr Don Selwyn, a close friend and associate of Barry Barclay's, produced the first full length Māori language film aided by the masterful translation into te reo Māori by the Tainui scholar Dr Pei Te Hurinui Jones. The exactness of the prose-poetry in the Māori language supported Māori language revitalisation. There is

also Mereta Mita's film *Mauri* (1988), a probing enquiry into concepts of culture, birth, marriage and death illustrating those smoldering moments of breaking free from colonial repression. The Māori response to these films positive and alive.

8. Barclay, Selwyn and Mita all fierce advocates against injustice, particularly what they saw as racism against Māori in the film industry and the barriers to telling Māori stories reclaiming the image. They presented a representation of film inculcated with culture, customs and spiritual beliefs not merely to entertain an audience, but to reclaim the image and sound because of the monocultural domination of the media and related industries. In 1990 Barclay made this statement which typifies Māori standing in the film industry:

9. "Every culture has a right and responsibility to present its own language, culture and traditions to its own people. This responsibility is so fundamental it cannot be left in the hands of 'outsiders', nor be usurped by them. Furthermore any culture living closely with another ought to have regular opportunities to express itself to that other culture in ways that are true to its own values and needs".

10. The scenes of Te Puhi's devotion to her adult son Niki is well and true enough, heart rendering, a mother-child closeness and imminence. It was as though both had their secrets-a hidden world-accessible only to the two of them. Their cycle of life and expression, innate reo Māori from within their inner cycle show us their journey of survival. Nevertheless a story line, so it would seem of division and a seemingly inaccessible world.

11. The theme of *Rain of the Children* is to tell a story, to make this story accessible so that Te Puhi's voice and that of her

son Niki, her six children who died and the others who were adopted out will echo in our wider communities, to which it has. Te Puhi has given us a glimpse of the times in which she lived, reflective of the dimensions of this profound Māori women's inner spirit which I feel we are privileged and honoured to share.

12. I came out of the theatre, going home in silence wondering how on earth this remarkable woman Te Puhi survived. What was that I just saw? Suddenly, suddenly for me the big screen in the theatre wasn't a window, it was a 'mirror about Te Puhi and me Tūhoe'. A mirror held before Te Puhi and her people to allow others to look into this mirror and form judgments based solely on the credence, reliability and authority of the film.

13. This was one of the major flaws of the film for me. The monocultural domination of the film ethic, style and rhetoric. The 'outsider' as Barclay would have it, telling the story of Te Puhi. I asked myself am I comfortable as a Tūhoe person following the related scenes, the process of retrieving a restorative history of heritage, pride, consciousness and my Tūhoe identity? Of course not!

14. *Rain of the Children* offered me life histories from the 'outsider' perspective and invited me to share in the dreams, hopes and vision that the 'outsider' had processed. My Tūhoe collective essence, history, spirituality, *tapu, noa, tikanga* customary oral traditions continuously under attack in this film. Sharing the podium, dreams and vision of the 'outsider' is an experience which detracts from one's true self worth.

15. The film was also equally irresponsible in its format, manipulated way with the repetitive use of the word *mākutu,*

curse, which seemed to broadcast presumptuously that a violation of tribal, hapū, *tapu and noa* had occurred. This violation was constantly attributed to Te Puhi the subject matter of the film. This aspect of *Rain of the Children* irritated, annoyed and goaded me throughout.

16. Why was the word *mākutu, curse,* overstated and repetitive in the narrative of Vincent Ward? And from a filmic perspective when the word *mākutu, curse* was used in the narrative Ward would use close up frames of Te Puhi and Niki in their solemn, sad forgiving moments which gave the viewing audience the perspective that something indeed a *mākutu, curse,* can in some way be attributed to mother and son and had no doubt afflicted to her descendents. Can it be that Ward used melodrama visuals and his narrative to structure, create, and reinforce this form *mākutu, curse*, a tribal violation that supposedly can be linked to Te Puhi some how?

17. Further Wards narrative and visuals in an instantly recognisable way made it sound and look like Te Puhi and her son Niki were displaced individuals, had suffered a sense of exile from their community. Footage, sound and cut away shots all bear witness to dislocation, and isolation.

18. These ongoing narratives and scenes are quiet wrong, wide off the mark unbalanced and grossly inaccurate. I would describe Te Puhi wanting to be alone, her aura in association with her solitude and tranquility. And solitude and tranquility in Te Puhi's case is the richness of 'self, values and experience' gaining mastery and insight into the mountain of thoughts born from within her.

19. Te Puhi had not lost touch with the kernel of her essential being and her community despite what we had seen on the

film which cannot be made to be a 'true reflection' of Te Puhi.

20. People like Te Puhi and countless others of those tumultuous times have seen a quite different life from our own perspective, are nearer solitude and tranquility than those who have not gone through the school of pain and suffering. Ward misread, and misinterpreted her self-imposed dislocation as having a *mākutu, curse,* because Te Puhi herself said she was cursed. Te Puhi was hōhā (tired) with this imposition! Waiho au ki au! (Go away, leave me in my solitude and tranquility).

21. What I saw was Te Puhi protecting her beloved son Niki and herself from the outer world by forming a self-imposed screen which enabled her to preserve her solitude and tranquility. Don't we all do this to ourselves when we are tired of the outside world?

22. Vincent Ward's use of the word *mākutu, curse* for the Tūhoe viewer has a colonial overture, leaning more to a fictional, imaginary desire to explain something unknown to him self. The edited versions from Ward's selective primary sources (Tūhoe) looked to me to be 'deeply uneasy' about their comments that *mākutu, curse,* has been passed down from one generation to another. And this accounting for experiences generated from within the community as they speak about a past full of grief and shame.

23. For me the use of the word *mākutu, curse,* is more aligned to a 'ghost story' which is what I suggest *Rain of the Children* is about, to reinforce something quiet unfamiliar to Ward's own internal anxieties to what he had stumbled upon. A 'ghost story' which would appeal to Māori and non-Māori audience.

24. *Rain of the Children* images echo a 'troubling undercurrent' as Ward tracks Te Puhi as the colonising narrator speaking in this case about Te Puhi, Tūhoe and Māori. Ward has found something all too mysterious, and unresolved.

25. All to frequently a plot of this kind, or this 'ghost story' is what Ward uses to 'displace' and 'exile' the colonised'. Unintentially, and naively his narrative voice reinforces the perspective that the colonised race, that is Te Puhi and her people of Tūhoe possesses primitive powers, supernatural knowledge, and unbridled uncontrollable emotions.

26. I remember not long ago reading a fictional story, similar to the line in Ward's 'narrative voice' in The Oxford History of New Zealand Literature where reference is made to fictional writings of the period 1890s and 1900s: 'ghost and mystery stories were a regular part of fiction published in annuals and magazines in the 1890s and 1900s' the period before and after Te Puhi was born: an example is 'The Disappearance of Letham Crouch first published in the *New Zealand Illustrated Magazine in 1901*.

27. In this story Letham Crouch is a missionary is 'mad about his priesthood' is received by Māori as a 'new tohunga'. In order to tread their Māori pagan beliefs underfoot, Crouch lives in a tapu whare and after a period in which his eyes become 'sunken and wild' he develops a fanatical appearance, he vanishes, leaving the whare (house) in a state of destruction, to reappear as a Māori 'stripped for dancing' The narrator's comment show the extent to which the missionary has crossed the boundary.

28. Vincent Ward is not the missionary, but his intellectual curiosity and narratives throughout his film *Rain of the*

Children has crossed the boundary by providing an oversimplification of the understanding of *mākutu, curse.* I am none the wiser. What I do know, that the perpetrator, the person responsible for the *mākutu, curse,* Ward has constituted throughout the film alarmingly is Te Puhi and her son Niki. This is grossly unfair, excessive and inaccurate.

29. The story telling elements of *Rain of the Children* is typical of 19th century colonial 'ghost stories' in its attribution to mystical powers to the heathen, in this case Te Puhi, her people, and Tūhoe that supports the continued representation of colonial power and oppression. If only Mr Vincent Ward had read his history correctly he would have encounted turbulent colonial attitudes to Māori and in particular to Tūhoe in the period before and after Te Puhi was born, and during her life time depicting the notion of how to represent the distinctiveness of the colonial powers.

30. There is no escaping the fact that there is something a miss with the historical resonances that we had viewed in this film. Historically some how, there was no entry point, or a reflective mode of the 'contested histories' portrayed by Ward. Why is this? Where are the parts of this 'contested histories' that would explain to the viewing audience about the turbulent landscape that had taken place in Tūhoe, Te Urewera before Te Puhi was born and afterwards?

31. Was *Rain of the Children* mainly produced without a Tūhoe audience in mind, and was it deliberate on the part of Ward to ignore, neglect and lock out how the government of the 1870s to 1900 fought a deliberate policy in Te Urewera to assert government supremacy and to destroy Māori and Tūhoe autonomy with military moves and British troops augmented by colonial and kūpapa forces.

32. Before Te Puhi was born and during her time war and confiscation in Te Urewera left a destroyed economy and a lasting bitterness between government and Tūhoe. All of these key historical elements composed, written published sources, reports, are available to Ward. A living kōrero (talk) to bring him up to date.

33. You see for me and many other Tūhoe, these published sources, living kōrero, oral traditions are not only vehicles for understanding, but they transmit knowledge which shapes memory and therefore adds to community knowledge, scholarship, creditability and provides a profundity, an insightfulness of tribal truth, history that the film *Rain of the Children* displaced.

34. So the point the film should have made is that before Te Puhi was born and during her life time there was a colonial system in place, a government which brought war to Māori tribes and Tūhoe in order to dispossess them. The energies and human capital resources for Tūhoe, forced into war left these communities poorly placed to rebuild their economies and their community infrastructure.

35. As a young girl and women in Te Urewera particularly in Maungapōhatu, Te Puhi and her community of Maungapōhatu and other communities witnessed dispossession and criminal acts first hand.

36. The Maungapōhatu scene in *Rain of the Children* depicted Rua Kēnana and the community he founded in 1907. The footage and narrative of this volatile episode, painful acts of violence in 1916 did not go far enough to state the criminal acts by the police, more or less there was a preoccupation by Ward of Te Puhi. The viewing audience attitude with this

'assault' is skewed towards those testimonies who contributed an 'outsider' historical perspective.

37. Lets be quiet clear here: this settlement was 'assaulted, and crushed'. And the assault left two young Māori youth dead, one of them Rua's son, Toko, and the other, the second son of one of his principal wives Pinepine Te Rika, Te Māipi Te Whiu, both shot at close range. According to personal and eye witness accounts Toko was dragged out from under the house and shot like a dog. Both these deaths remain totally, unsatisfactorily and poorly explained in the police testimonies, instead there is a clear litany of orchestrated voices in the evidence as the police officers of that 'assault' protected themselves against criminal charges.

38. In 1998, a demand for an apology from the police was articulated by representatives of the whānau who in turn asked the police for 'acknowledgement' that Rua's gunpoint arrest was wrongful as was the murder of Toko and Te Maipi Te Whiu. There is also a recent assertion of the rape of Rua's eldest daughter. These were all criminal acts not included in the film. Why?

39. The extent of the long standing legacy of distrust is best indicated by Tūhoe's stated belief (in the 1970s) that the police force was made up not of police but of their wartime substitutes, criminals. Rua Kēnana and another son Whatu and four others were imprisoned in Mount Eden while the government prepared its case.

40. Rua Kēnana is imprisoned in Mount Eden. In his cell a window located close to the sealing, a manu (in this case a kereru), lands on the window ledge; see line three of the *pao* (a topical waiata) following paragraph 46. Kēnana hearing the kereru land is filled with feelings of 'te haumarumaru o te

ngoikore' (debilitation and weakness), forced segregation composes this *pao* dedicated to his first wife, the 'most senior' of his twelve wives Te Ākakura, his community and his two sons killed by the police.

41. He reveals in the introductory lines of the *pao* a feeling of devastation, enforced separation from Te Ākakura and his community and creates the metaphoric line for the kereru to carry his deep affection, and his feelings of disconnection, loneliness to Te Ākakura, his community and the departing wairua (spirit) and images of his sons.

42. The *pao* also draws a strong link to his twelfth youngest wife, Wairimu who was his favourite, for she had born him a son. In line 5 he uses the words *tō pōriro*, which is an affectionate reference to his son. The use of the word *Īharaira, Israel* is a reference to his followers in Maungapōhatu. Since Wairimu was not of high rank, Kēnana's people did not approve of her being his favourite wife, and he tells Wairimu in the *pao* that she should not draw attention to herself, and so annoy them.

43. But this *pao,* on condition of the callous circumstances inhibits Kēnana and the *pao* has an effect, a just indemnity, a protection mechanism to lighten the harsh reality of separation of Kēnana from his community whereby this composition proclaims his inalienable rights in search of justice. Kēnana has no other recourse but manawa pouri (sadness), anxiety and depression not with the mind, but with floating emotions of the manawa (heart). The emotions of the heart and physical distress all adds to greater pronouncements of suffrage and the loss of human dignity and rights.

44. The preservation of these rights have been desecrated and despoiled which sits at the heart of his seeking a rationale for

the deliberate 'unjust assault' of Maungapōhatu. The *pao* is a prevailing declaration, a constitution, a sovereignty right by Kēnana in formulating his own notion of 'justice' through this period of despair and challenge.

45. The presence of the kereru on the window ledge is employed as a symbol to take Kēnana's pious message, teachings to his 'crushed' community of widows, orphans, those suffering from flu epidemic, destitute and homelessness, his imprisonment, the devastation of Maungapōhatu, and the double slaughter of his two sons.

46. Toko and Te Maipi were in no sense criminals, to be shot for their beliefs. Kēnana grieves, struggles to accept this debilitation, unable to sleep he composes this *pao*. (The sung style, melody employed in this *pao* is a waiata tangi, (lament) and waiata aroha (love song). Te Puhi of whom Kēnana names 'the special one' is now one of those young widows as the story goes she was a lover to Toko, shot by the police.

Moe hurihuri ai taku moe i Mautini	*I toss and turn in my sleep in Mount Eden*
Ko taku tau tonu kei taku manawa i ora	*My darling always in my heart i ora*
Whakaarorangi ai te rere mai a te manu	*Straight towards me fly a bird*
He karere mai koe na Te Ākakura i ora	*You my messenger from Te Ākakura i ora*
Koi ana, Wairimu! Hunāia tō pōriro	*Do well, Wairimu! Hide our affectionate son,*
Kai rangona nuitia e Te Iharaira i ora!	*Least Israel hear much of him i ora!*
E rere, e rere rā ngā wai o Mautini!	*Flow on the waters of Mount Eden*
Māku hei inu iho hei manawa rā i orā	*I will drink to sustain myself i ora!*

47. These articulated 'contested historical facts' evidence was missing from *Rain of the Children* Maungapōhatu footage.

48. Without doubt a biographical, film-documentary like *Rain of the Children* is a way of looking at the past through the lives of some of its principal people using written, oral and published sources as well as evidenced based researched accounts. Selection, research and writing are carried on in this enormously profitable field between the evidence left by

the past and the questions put by the present, which is my contention.

49. A biographical, film-documentary should not be seen as static in time, or its 'contested historical facts' left standing in an isolated vacuum. New research, probing qualitative questions should have been explored by the 'draft script' before the film *Rain of the Children* came to air to unravel fresh evidence which in turn prompts further questions. The projection of the film reinforced and substantiated the plight of the powerlessness which in this case is Te Puhi and her people. They don't have a voice or supporting evidence to explain their part, so it would seem! This biographical, film-documentary should at the very least have used evidence based material to devise plausible, credible answers to our 'contested histories'. The lives of many hitherto people of Te Puhi and her people of Maungapōhatu remain obscured, the government of that time crowning achievement and *Rain of the Children*.

50. With the frontal assault of dispossession came wave after wave of rampant diseases and missionary zeal to convert the heathen with the colonial forces supported by kūpapa to reinforce and strengthen government legislation.   These stories and countless other stories have been told and retold on marae under the aegis of the Waitangi Tribunal, where Māori and Pākēhā tribal historians, academics have opened the archives in the last twenty, thirty years to reveal the real meaning 'behind our contested histories'.

51. Herein Vincent Ward has made the entry point of 'contested histories' from the time Te Puhi was born, remarkable arrogance on his part. He has through his filmic imposition dismissed some forty-fifty years of dispossession,

recrimination, and diseases previous to Te Puhi's birth and after.

52. If only, if only Mr Vincent Ward the acclaimed film maker had looked back into his New Zealand history, particularly Te Urewera history about fifty years, even less perhaps, before Te Puhi was born which is close at hand, real and present. A generation and a half removed from Ward himself he will have stumbled over a colonial system like the Native Land Court, Native Lands Act 1865 the court's operation set tribe against tribe, hapū against hapū, creating dissent within communities, and tempted leaders to act without consent of their people. These Acts and many others of the time were designed to promote and advance settlement of land acquisition.

53. Beyond any reasonable doubt *Rain of the Children* failed to tell the real truth that settler interests obliterated almost all considerations of Māori and Tūhoe welfare in Te Urewera. Te Puhi and her tamariki and all of those before and after Te Puhi are the victims, fatalities, traumatised by colonisation, and not as Ward would have us believe Te Puhi had a *mākutu, curse.*

54. And indeed if Vincent Ward had read his history correctly as history is an important consideration here. History provides an expectation that there is a part of our lives which depends on the connections between the *past* and the *present* and the *present* with the *future, particularly for Māori* and Tūhoe. Ward would have found some of the answers, reasons for his overt simplification of the use of the word *mākutu, curse,* as he himself was convinced that Te Puhi had a *mākutu, curse.*

55. History, knowledge and understanding of the past give the present generation a new sense of *purpose, possibility* and

dignity. The film in my view failed to take into account that the conditions Te Puhi, her adult son Niki, her six children who died between 1922 and 1936, together with the children adopted out, were linked to a 'trapped lifestyle of poverty brought upon them by deliberate dispossession by the Crown, and the effects of the Great Depression.

56. This aspect of this film is most disturbing and in my view unfounded and totally unfair on the integrity and character of Te Puhi. An intolerable sense of insult to Te Puhi, Niki and her living descendents.   Here was Te Puhi, strong and spirited who quite naturally valued life, developed her own sense to right and wrong through karakia (prayer), to combat and understand her own harsh life experiences. Did Te Puhi have a *mākutu, curse* as the film continually stated.   Of course not!

57. And why was Te Puhi cursed, did she violate a Tūhoe tribal lore or an individual? From what I could see on the film it was Te Puhi and her people who were subjected to violation, and loss of standing in her community. Hence the whānau that spoke for Te Puhi were 'clearly uneasy' as they spoke about a past full of grief and shame.

58. Let me be quiet clear here: Te Puhi was not *cursed,* nor did she have a *mākutu* on her, her adult son, her six children who died between 1922 and 1936 and her other children adopted out.

59. My contention is that Te Puhi her tamariki and Niki and Tuhoe are the victims, traumatised by a colonial government waging war on Tūhoe and other tribes during that period to reinforce a systematic policy of depopulation, introduced epidemiological diseases and missionary zeal which occurred throughout the country, all added to accelerate dispossession.

Ward was seduced by this unexplored venture by an 'outsider', and it could be said that Ward himself is probably a victim of our education system academic history which largely shut out Māori 'contested tribal histories and varied knowledge systems' from main stream education.

60. *Rain of the Children* is based on the constructions of the dominant society and its polity, wanting to display its own political affairs as being just and fair. Ward in this case is the saviour. This film is an example of a colonial past and present, and impositions of values that were once thought to be inclusive but which in actuality is 'totally blind' to our experiences and perceptions.

61. What would have been useful for this film was to bring forward Tūhoe methodological structuring for oral knowledge, remembering and depicting community leaders sources about the past and a means to understand the other version than those created by Ward.

62. We saw scenes of Te Puhi, her back profusely bent over with her adult son. The more I saw Te Puhi and her bent back the more it unlocked the memory of colonisation. Te Puhi carried and brought forth so many associations of those painful encounters to formulate a totally transforming experience as we hear iwi after iwi presenting, describing before the Treaty of Waitangi Tribunal those turbulent years.

63. Te Puhi and her people which at the time is the poor, disposed by ruthless government action, the minorities and the political powerless is obliterated from memory for the viewing audience in *Rain of the Children*. Was this deliberate by Vincent Ward? Ward would have us believe that the circumstances of dispossession were brought on by the people themselves.

64. What is important to bear in mind which is not all together clear in the context of the film *Rain of the Children*; during that part of the 19th century, there was a dramatic reversal felt by Māori with depopulation and near genocide from increasing waves of immigrants, introduced diseases, transient missionaries, government legislation, and fortune seekers. For Māori, and in this case Tūhoe, what followed was a forced change from tribal lifestyle inextricably bound to the natural environment, to a new reality dictated by the social and political inconsistencies of Victorian Britain.

65. The immigrants brought with them an element of chaos into a society hitherto characterised by order and orderliness. Alienation and dispossession was sanctioned in laws passed by settler government and was effected through three mechanisms: Confiscation, Crown land purchase and Māori land court decisions. Te Puhi and her Tūhoe people were subjected to these three elements and worse was to come.

66. Before Te Puhi was born some forty-fifty years Tūhoe opposition to forced land sales was countered by armed troops and the punishment was confiscation of tribal lands, legalised through two Acts of Parliament, the New Zealand Settlers Act 1863 and the Suppression of Rebellion Act in that same year 1863.

67. Perhaps there is one small glimmer of historical creditability in *Rain of the Children,* a passing comment that would have gone completely unnoticed by the viewing audience; a reference made to the Scorched Earth Policy. Well then, lets put the Scorched Earth Policy into context here. During the late 1860s late 1870s Te Kooti Ārikirangi Te Tūruki escaped from the Chatham Islands and found sanctuary in Te

Urewera. Te Kooti offered Tūhoe moral support, spiritual leadership and the hope of restitution of confiscated land.

68. Tuhoe paid dearly for this support of Te Kooti. Government forces supported by kūpapa conducted and employed the ruthless Scorched Earth Campaign in the invasions of Te Urewera, burning villages and houses, destroying food stores, crops, scattering and killing livestock in an effort to break the network that sustained Te Kooti. After these invasions many thousands of acres of Tūhoe land were confiscated, and Tūhoe were pushed back to the boundary of the confiscation line near Rūātoki.

69. The devastating Scorched Earth Policy campaign killed 160 Tūhoe men including women and children who starved in the winters of 1870-71 from food shortage and disease. Adults, elderly, children, and newborns in these small communities were annihilated.

70. Some years later in 1897 Elsdon Best author of *Children of the Mist* recorded outbreaks in Tūhoe communities of a number of epidemics, measles, influenza, whooping cough, typhoid fever, scarlet fever, mumps, tuberculosis, and there was suggestion of the bubonic plague.

71. At a tangi in the same year in 1897, shortly before Te Puhi was born Elsdon Best listened as the chief Tūtakangahau spoke 'this rapid dying of our people is a new thing. In former times our people did not die so…they knew no disease; they died on the battlefield or of old age. These diseases which slay our people are all from the Pākehā.

72. The ravages of these diseases is supported by the noted historian, the late Michael King's formative 2003 publication 'The Penguin History of New Zealand' where he cites, and

uses the words *'the curse of rampant diseases'* to give reason
for the rapid dying of Māori as he points out, is the effect of
pathogens to which Māori had insufficient immunity claimed
a high toll of lives in Te Urewera. Dr Māui Pōmare, and Dr
Te Rangihīroa in their medical reports to the Māori MP at the
time Tā Timi Kara (Sir James Carroll) reported frequent
outbreaks of diseases in Te Urewera and Rūātoki hence the
visit by Prime Minister Seddon and Tā Timi Kara in 1894.

73. Seddon described Tūhoe as 'living in absolute poverty, not
having sufficient food, not having the comforts they ought to
have'.   These communities already demoralised by the
effects of war and dispossession lead to poor nutrition and
grossly substandard accommodation in areas subject to
confiscation.

74. Following hard on the heals of these *cursed diseases* were the
early missionaries who came into Te Urewera and in
different tribal areas around the country moving quickly and
reprimanding their converts for not praying hard enough, and
lost no opportunity to remind the sick that sin and disbelief
were the fundamental causes of illness. (Remember the
scenes of Te Puhi, eyes closed in prayer in the van and at
home).

75. Missionaries in Te Urewera and elsewhere around the
country had this double approach to disease. On the one
hand they regarded illness and loss as the will of God, an
inevitable consequence of immorality, i hara koe (you have
committed a sin).

76. Yet on the other, there were missionaries in Te Urewera who
were advocates for medical science and provided elementary
health care and built schools. In 1917 the Presbyterian
mission built a school in Ruatāhuna under Sister Annie

Henry and later on in 1918 under the Rev. J.G. Laughton another school was built in Maungapōhatu with the approval of Rua Kēnana and Tūtakangahau. Perhaps Ward could have added some semblance of balance and objectivity to his film-documentary by focusing on Laughton's tactful, thoughtful and sympathetic handling of this otherwise difficult situation with Kēnana, Tūhoe leaders and other missionaries throughout Te Urewera.

77. Published sources and comments by those who knew Laughton openly state that he was a remarkable man, and had there been many more like him, there is little doubt the relations between Tūhoe and Pākehā would have been far better. With the influence of Laughton a new phase took place with the participation of teachers in Maungapōhatu.

78. One particular teacher Ms Irene Paulger devoted unselfish commitment, advancing and playing a major role in teaching and health care; she integrated the two into the Maungapōhatu community and received the support of Tūhoe tribal leaders at the time. Irene Paulger adopted and cared for Te Puhi's three children whom she gave a Private School Education at Turakina Māori Girls College Marton and Wesley College Paerāta.

79. Ms Irene Paulger also cared for many other children and continued to maintain a watchful eye over other young mothers in Maungapōhatu. More notable, Ms Paulger established a small group of leading Tūhoe women in Maungapōhatu, which represented a significant move at the time for a Pākehā, and a women, to encourage Tūhoe women to include their expertise in traditional knowledge to support and provide opportunities for discussions and instruction in the proper care and feeding of babies, the preparation of meals, maintenance of their whare and the benefits to be

derived from fresh air and sunshine. Ms Paulger was an accepted advocate of her community's gain without cultural impoverishment.

80. For a moment the entry into the 20th century for Tūhoe in Te Urewera in Maungapōhatu, Ruātahuna, Waimana, and Matahī came under the influence of Sister Annie Henry, the Rev. J.G. Laughton, and Ms Irene Paulger. There were also other notable Tūhoe leaders who stood by these three individuals who were able to gradually arrest population decline, improve life expectancy, devise a capacity for recovery and optimism to bring about a slow change from a seemly desperate situation for Tūhoe of poor nutrition, inadequate sanitation, tuberculosis, and infectious diseases.

81. These approaches by the hāhi (church) Perehipitiriana (Presbyterian) represented a bold, intrepid and courageous initiative. But the earlier reoccurring theme of the brutality of muru raupatu, depopulation, disease and dispossession and the influence of earlier missionaries had already made its engrained cruel mark for Māori and Tūhoe whereby converts were urged to demonstrate greater levels of commitment to the Christian God.

82. The generations before and after Te Puhi, began to accept that their unfortunate circumstances were some how linked and became convinced that the epidemics which confronted them were a visitation from God, and as a consequence placed themselves in the hands of missionaries.

83. Of course this aspect of missionaries linking epidemics to sinful existence can be traced to other parts of the country. For instance in 1840 not long after the signing of the Treaty of Waitangi in response to threats that East Coast Māori might abandon the teachings of the church because of a large

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number of childhood deaths. William Williams the early missionary based in the East Coast comforted a grieving father by explaining that 'the cause for which sickness came is sin'and dismissed claims that it came from the Pākehā god. Instead blame was shifted to Satan the atua Māori which *mākutu, curse,* was the outcome.

84. Elsdon Best also commented around that period early 1900s that Māori Council and local committees were dismissive, if not hostile to suggestions at improving the situation for Tūhoe. Following the Te Urewera land wars food shortage was evident and severe frosts had destroyed potato crops in Rūātoki and Ruatāhuna, 'widespread famine' was responsible for closing schools at Te Whāiti, Te Houhi now called Galatea.

Kāti kia hoki ake ki tēnei kuia aroha ki a Te Puhi.

85. Te Puhi (the special one, named by Rua Kēnana) born from within the effects the turbulence of her time is much more *remarkable* now than we care to realise, appreciate and value. The true character of Te Puhi is not easy to discern and distinguish from *Rain of the Children.* When Te Puhi was born and throughout her life time she witnessed the dawning of ever changing legacies of injury, persuasions and pressures upon her life time in Te Urewera.

86. Multifaceted experiences together with generations before and after who witnessed several layers of injustice and manipulated chronicles of history. *Rain of the Children* in its entirety is absolutely and totally wrong in its claim that Te Puhi had a *mākutu, curse,* on her.

87. For it is important for all of us to remember Te Puhi and many hundreds of our tīpuna before she was born and afterwards, and current today suffered appallingly in the

'holocaust' of muru raupatu (unjust land confiscation) visible on the landscape of our motu today as the coloniser still occupies vast tracts of Māori land.

88. Therefore muru raupatu is the only clear aspect responsible for the crystallisation, the key principals and elements attributed to *mākutu, curse,* in *Rain of the Children.* It is this litigious link to muru raupatu that destroyed the constitutional sanctions of tikanga (protocols and customs), tapu and noa, language, traditions and the rightful heritage of land ownership, social, cultural economic development for Māori and Tūhoe. Those that suffered and continue to suffer because of muru raupatu their destiny and vocation actually took place before they were born and the judgements, events, circumstances of their life, before and after is historically bound to the hand of deliberate depopulation, introduced diseases, missionary adversarial advocates, land dispossession which has become all to familiar today in the volumes of words; Waitangi Tribunal reports with the jurisdiction to investigate raupatu, muru whenua claims and make recommendations for settlement.

89. If anything *Rain of the Children* with the resourceful Te Puhi and her intellectually curious son Niki has opened the door for all of us and invited us to sit by their fireplace as Te Puhi gathers the embers of the fire at her home in Matahī. As we look closer into the simmering flames of her ahi kōpae (small undulating fire), the deep red embers tell us a story that spans a life time of momentous change, strikes a chord with our consciousness of the enduring commitment of Maungapōhatu and Te Urewera, about the struggle for justice in which her people were engaged from the time their lands were confiscated in1863. Every family in Tūhoe has its own account of this commitment, this history, but out there, beyond us all there is a public record.

90. Te Puhi's life and struggle has not ended for she lives on in her many mokopuna in their journey of searching, finding, shedding tears and making sense of these events with their own interpretations, their own circumstances with a feeling of compassion, a labour of love.

91. *This noble, dignified* kuia heralds the dawning of each new day, has awoken us from our sombre, to be made aware of the nourishment of life we experience now for which Te Puhi could not fully share in.   Nonetheless her strength and determination to give a means to the possibility, to grapple against all odds, reminding us of muru raupatu, her life, her mountain Maungapōhatu and Te Urewera temporarily suspends us from the narrow confines of our own perceived realities as Te Puhi's tīpuna Hinepūkohurangi lifts her shrouded veil of mist ever so slightly to allow us to witness the dawn of time-so destiny has decreed.

Ai! He tika rā tā te mokopuna ***That's my Nan!***

Moe hurihuri ai taku moe i Mautini	*I toss and turn in my sleep in Mount Eden*
Ko taku tau tonu kei taku manawa i ora	*My darling always in my heart i ora*
Whakaarorangi ai te rere mai a te manu	*Straight towards me fly a bird*
He karere mai koe na Te Ākakura i ora	*You my messenger from Te Ākakura i ora*
Koi ana, Wairimu! Hunāia tō pōriro	*Do well, Wairimu! Hide our affectionate son,*
Kai rangona nuitia e Te Iharaira i ora!	*Least Israel hear much of him i ora!*
E rere, e rere rā ngā wai o Mautini!	*Flow on the waters of Mount Eden*
Māku hei inu iho hei manawa rā i orā	*I will drink to sustain myself i ora!*