

KIA PŪ TE WAI O PAREIRA

Catalysts of Whānau Health
and Wellbeing in West Auckland

April 2017



TE WHĀNAU O WAIPAREIRA
KOKIRITIA I ROTO I TE KOTAHITANGA
Progressively Act in Unity

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EXECUTIVE SUMMARY

- i. Catalysts of Health and Wellbeing is a retrospective study of West Auckland Māori whānau.
- ii. The study aims to better understand the factors which have promoted and sustained positive health gains and how these can be used to inform policy, strategy, and service delivery.
- iii. A range of methods were used to inform the study including;
 - A review of literature
 - Consultation with experts
 - The application of a bespoke whānau centred questionnaire
 - Presentations, and
 - Hui.
- iv. However, a significant amount of information was collected directly from whānau and through the design and administration of a bespoke ‘whānau centred’ questionnaire.
- v. Four ‘Catalyst’ were identified as part of the research:
 - **Catalyst One:** Aspiration, considers the desire by whānau to set and achieve long-term goals, to have confidence in the future and have a sense of control over their lives and environment.
 - **Catalyst Two:** Community, is in many ways an urban expression of traditional concepts. It ties into the notion of whānaungatanga and the idea that health concerns can be address through collective endeavour.
 - **Catalyst Three:** Leadership, highlights the value that key individuals can bring, both as voices for the community and drivers of positive change.
 - **Catalyst Four:** Culture, is a commonly known driver of Māori health outcomes, however, and within this context, it places particular emphasis on the cultural realities of urban Māori and the unique environment within which they sit.
- vi. This report concludes by highlighting the multiple ways in which Te Whānau o Waipareira Trust (Waipareira) has initiated or supported these catalysts for health and wellbeing and what further mechanisms might be used to drive this success in future.



INTRODUCTION

This research examines the health and wellbeing of a sample of Māori living in West Auckland and the role of Te Whānau o Waipareira Trust in promoting the health and wellbeing of them and their whānau.

The research considers their experiences and challenges, how they have often moved from periods of crisis to positions of stability, and the catalysts that have prompted these changes. The study is based on a retrospective, qualitative analysis of intergenerational health gains and resilience over a thirty-year period. Narratives and stories have been collected from whānau to inform this process and create a picture which reflects the realities, aspirations, and perspectives of West Auckland whānau.

The research, rather than merely informing academic discourse or debate, has a translational focus and is designed to inform the strategic and policy endeavours of Te Whānau o Waipareira Trust. The information will therefore help guide service delivery (in particular) and to ensure that the investments of Waipareira are able to promote the best possible outcomes for whānau.



THE GENESIS OF WAIPAREIRA THE EMERGENCE OF URBAN MĀORI

To provide an appropriate context for this research and to create a platform upon which the findings might sit,

it is important that an appropriate background is presented in order to provide some understanding as to the drivers of Te Whānau o Waipareira, the reasons why it was established and what outcomes it has sought to achieve.

THE EMERGENCE OF URBAN MĀORI

At the beginning of the twentieth century Māori were (to a large extent) living in rural areas and often within their own tribal territories. The land was the principal economic resource for whānau, with farming and fishing being their primary sources of income. In the wake of World War I (1914-1918) the 1920s saw many Māori move to urban settings in response to the increased need for industrial labour. The depression in the 1930s initially put heed to these movements, as industries faltered and employment prospects were reduced¹.

With the Second World War (1939-1945) migration by Māori to urban settings increased once again and on a much larger scale. This period is often referred to as the 'Second Māori Migration' and many have compared this period with the earlier voyages of Māori from their ancestral homeland of Hawaiki to Aotearoa. On the war's eve (September 1st 1939) about 80% of Māori lived in rural areas. Around this time the New Zealand Government enacted The Manpower Act, which targeted young Māori men and women (ineligible for military service) and navigated them towards the essential war effort industries in the major cities and other urban settings. As a consequence, and by the end of the war, the number of Māori living in urban areas had doubled.

Post-war New Zealand, much like other parts of the world, saw a significant increase in standards of living - further raising the demand for industrial labour within the increasingly expanding cities. In contrast, growth slowed (or sometimes decreased) in rural areas, where employment and educational prospects remained very limited. For many younger whānau the decision to migrate to the cities was therefore very deliberate and orchestrated. Often their rural communities seemed too slow, or conservative, opportunities were limited as was the possibility of advancing the socioeconomic position of their whānau. The city promised better work and more money, but for many it was the bright lights, the excitement and the adventure that was most alluring.

In the 1960s it was not uncommon for entire whānau to migrate to the cities. Many were convinced that their economic prosperity was linked to urban migration, a concept which was actively encouraged by government policy.

¹Consedine, B. (2007). Historical Influences: Māori and the Economy. Te Puni Kōkiri, 1-11.



THE GENESIS OF WAIPAREIRA THE EMERGENCE OF URBAN MĀORI

²Heritage, M. F. (2014, August 4). New Zealand History. Retrieved from <http://www.nzhistory.net.nz/classroom/nz-race-relations/effects-of-second-world-war>

³Statistics New Zealand (2004). New Zealand Official Yearbook 2004, Wellington.

The 1961 Hunn Report is often referred to in this regard and was a policy that promoted the 'integration' and 'relocation' of whānau to the cities through the provision of accommodation, employment and general assistance as part of their transition into the cities. Within a generation of World War Two ending, the number of Māori residing in urban areas rose to almost 68%². Currently more than 80% of Māori now live in urban areas with the majority residing in the Auckland region³.



THE GENESIS OF WAIPAREIRA THE IMPLICATIONS OF MASS URBAN MIGRATION

There was certainly some measurable benefit from the process of urbanisation.

Māori, initially at least, experienced high levels of economic prosperity and benefited from the resources and rewards this afforded them. However, the costs were equally as high.

While industries were keen to employ a Māori workforce during times of prosperity and positive economic activity, when the markets inevitably turned, employment opportunities subsequently dropped. While both Māori and non-Māori experienced the negative effects of this downturn, Māori workers were particularly vulnerable. They were typically lower skilled, in volatile professions, and were more likely to be lay-off first. Moreover, without formal qualifications, their prospects of finding alternative employment was limited.

Poverty within many urban Māori communities developed rapidly. The consequences were inevitable; housing affordability quickly became a challenge, health and nutrition issues emerged, as did higher levels of educational underachievement and cycles of disadvantage. Many Māori whānau became trapped in this cycle and were further compromised by the fact that their linkages to traditional support structures (due to urbanisation) had been severed. In many ways these factors, by accident or design, and in spite of their often negative foundations, contributed much to the emergence of a distinct urban Māori experience and identity.

THE ESTABLISHMENT OF WAIPAREIRA

In 1984 Te Whānau o Waipareira Trust was established in West Auckland. The kaupapa of Waipareira at the time was to not only deliver its first basic services, but to support whānau with problems caused by rapid urbanisation, with decades of high unemployment, poor education and low income seriously threatening to undermine the potential of Urban Māori. Waipareira, on behalf of West Auckland Urban Māori, provided a collective voice in raising the profile of Urban Māori, advocated for rights and resources, and committed to protecting future generations of Urban Māori.



METHODOLOGY

Due to the challenges caused by accelerated and unmanaged urbanisation, Māori were to face a number of significant challenges, as outlined in the previous section.

In a partial response to these issues, organisations such as Te Whānau o Waipareira Trust evolved to provide a range of supports which best reflected the needs and experiences of Urban Māori. These services and supports have been largely successful and are measured by improvements in access and the design and delivery of greater numbers of community based programmes. However, the more specific contributions of these organisations has been largely unknown and for the most part derived from anecdotal accounts.

This research is designed to bridge this gap and to provide greater insight into how organisations such as Te Whānau o Waipareira Trust have contributed to the development of their communities. The following section describes the methodological processes and activities used to investigate this question. These methods were developed in consultation with various research experts and in concert with the needs and expectations of the Waipareira community. In this regard, the research methods draw upon both conventional and kaupapa Māori research techniques, but are also influenced by approaches that resonate with the contemporary realities of Urban Māori and the desire to undertake research which is both meaningful and relevant to their community.



METHODOLOGY

REVIEW OF LITERATURE

As with most qualitative studies, a range of research techniques have been applied concurrently and in order to achieve the research objectives.

1. Te Whānau o Waipareira Trust

While there is not extensive published or formally referenced information on the growth and development of Waipareira, there is a considerable amount of information which has explored its strategic and corporate direction, moreover the types of issues and challenges which have shaped the Trust's intent. There is also extensive aligned information and which was published for more specific purposes such as for the establishment of services and schools. To this end, this information was used to create an appropriate background and to especially describe the range of services presently and historically offered by the Trust.

2. Community Development

There currently exists a growing pool of literature and discourse which considers notions of community development and the initiatives, strategies, and policies which promote positive and flourishing communities. A review of this literature was undertaken to inform this study, to assist with the design of appropriate questionnaires, to shape the analysis and, importantly, to consider the implications of the research and what recommendations are most appropriate.

3. Effective Service Delivery

The research team were particularly keen to ensure that the findings of the research were as translational as possible and that the outcomes of the investigation could make a measurable contribution to the health and wellbeing of our community. We therefore invested a considerable amount of energy into reviewing literature and discourse on effective service delivery. This would ensure that the findings could be effectively integrated into the current operations of the Trust and that this in turn would lead to positive community outcomes.

4. Māori Development

Finally, a considerable amount has been written in the broad field of Māori development and considers the various mechanisms in which the aspirations of Māori communities can be advanced in multiple areas – including health and welfare, cultural, economic and environmental domains. This information was accordingly used to provide additional context to the research and to inform the interpretation of the findings and recommendations.



METHODOLOGY

KEY PERSON INTERVIEWS

Reviews of literature are useful in that they provide context, but do not typically offer perspectives which are always current and which appreciate the broader views of communities.

To address these issues, a range of key person interviews were undertaken as part of the research process. These interviews were undertaken with members of the Waipareira community who had some official and enduring relationship with the Trust. Their perspectives were sought to specifically understand how the Trust had evolved, at a strategic level, how key investments were prioritised, and what outcomes had been anticipated from these efforts.

EXPERT INTERVIEWS

Quite apart from the Key Person Interviews, the research team identified the need to consult with and obtain the perspectives of another group of informants. These informants or "Experts" were selected due to their interest and expertise in a broad range of aligned areas including Māori development, community development, Māori research, Māori health and wellbeing, as well as strategy and service delivery. These participants were identified through existing contacts and were broadly asked to provide their views on community development, service delivery, and approaches to Māori advancement.

QUESTIONNAIRE DEVELOPMENT

The Key Person and Expert Interviews were conducted in an organic manner and in the shape of broad questions and conversations. This was to ensure that a range of issues were covered and that those spoken to had the ability to fully express their views without unnecessary parameters. For the whānau interviews however, it was necessary to develop a bespoke questionnaire and to ensure that the information provided was consistent with the objectives of the research. This questionnaire was developed by the research team and experts, piloted with a select group of whānau, refined and then administered to whānau once all ethical issues had been considered.



METHODOLOGY WHĀNAU INTERVIEWS

As described, our desire to interview a broad range of whānau associated with the Trust was a key methodological process.

Twenty-five whānau eventually participated in this process. They were recruited based on their longstanding association with Te Whānau o Waipareira and through existing networks and connections. For this study we adopted Metge's definition of 'whānau' as this was most reflective of the realities of West Auckland communities⁴. This definition extends beyond the immediate family incorporating historical (through whakapapa) as well as the communal (through kinship) relationships and connections.

All of the recruited whānau had some connection to West Auckland in the past 30 years. Most of these whānau were still living within West Auckland (West Auckland as defined by Te Pou Matakana's West Auckland Locality Population Snapshot)⁵ or had in the last 30 years and still had other whānau residing in the area. The whānau also had connections to Te Whānau o Waipareira, some being more direct through the use of Waipareira services, through working at Waipareira at some point or through involvement in the establishment of a Waipareira and related entities.

Through analysis of these interviews we were able to identify trends - similarities within stories and were able to note the emergence of three distinct generational groups. Grouping our participants in this way helped us to better understand how the 'catalysts' created intergenerational gains in health and wellbeing, as well as understanding how our 'catalysts' have changed over time.

The first generation group was mostly made up of our migrating whānau, who travelled from their hau kāinga (traditional tribal home). We have called this group 'Manawa Roa' in this context meaning "Enduring Heart" and is reflective of their migration history as well as their connections with their traditional areas. The age range for this group was typically 65 years and over and contained our koroua/kuia as well as our fluent reo (Māori language) speakers. As these whānau spent the majority of their lives in their tribal areas, they had the strongest ties to their tribes and brought a strong sense of tribal identity with them to the city.

The second generation group, which we called 'Manawa-Titi' or "Emerging Hearts". Whānau in this group were within the age range of 44 to 64. Around half of these whānau had migrated from their hau kāinga. This group had vastly differing relationships with their tribes because of this, ranging on the spectrum of very strong tribal linkage to very limited.

⁴Metge, J. (2001, November). Family and whānau in a changing world. In Child and family: Children in families as reflected in statistics, research, and policy. Proceedings of Social Policy Forum, Massey University Centre for Public Policy Evaluation (pp. 19-25).

⁵Huakau, J. (2014). West Auckland locality Population Snapshot. Te Pou Matakana



METHODOLOGY WHĀNAU INTERVIEWS

The third generation group we called the 'Manawa-Ora' meaning "Breath of life". They were our youngest group, ranging in age from 16 to 43. All of these whānau were born within Auckland and were raised in urban marae such as Hoani Waititi. These whānau were aware of their traditional tribal linkages through their whakapapa, however they were also confident in expressing a tribal connection to their new home or iwi: that of the Urban Māori.

DATA ANALYSIS

Analysing this information and the various perspectives received poses a number of challenges in that (as with most qualitative studies) it can be difficult to sort through and draw meaning from the information.

We applied broad principles of triangulation to ensure that a range of views were compiled and that collectively helped support the validity of the findings. To ensure that this information was appropriately synthesised and that meaningful and accurate conclusions were drawn we applied a number of analysis processes and protocols.

Members of the research team were actively involved in the collection of information and were able to confirm with those interviewed that the responses provided were accurate and representative of their views. This gave us confidence that all relevant issues were revealed and other peripheral matters could be explored or investigated with them in greater detail. Information gathered from the whānau interviews (in particular) were distilled and summarised and raw information prepared in a report form. The raw information was then able to be reviewed by the research team. Later, and in association with our research experts, we further examined this information so that conclusions and assessments, relevant to the research, could be identified and included as part of the final research report.



METHODOLOGY PRESENTATIONS

As another quality control mechanism, the research team tested and openly debated some of the initial finding from the study,

as they emerged, through presentations and attendances at various conferences including those organised by Ngā Pae o te Māramatanga. This process was particularly useful in obtaining direct and expert feedback on the study, how the initial results could be interpreted, what alternative impressions were possible, and how the findings could be used to inform policy, strategy, and service delivery.

ETHICAL ISSUES

As with most research investigations of this type, a range of ethical issues required consideration. In this regard, an ethics application (detailing the study) was prepared for this investigation. Accordingly, the research did not proceed until all ethnical issues had been addressed.

REPORT PREPARATION

The primary outcome of the investigation has been the preparation of the research report. As noted, this report has been prepared by the research team and selected experts and further designed in a format that can be directly used to inform the activities and investments of the Trust. Copies of the report have also been sent to whānau members who expressed an interest in reviewing the final report.

LIMITATIONS

As with all research studies, this investigation is not without its limitations. Given more time and resources the research team would have liked to have interviewed a greater number of informants and to further contrast the experiences of those engaged with the Trust to those who had limited levels of engagement. Further research in this area is therefore possible. However, in spite of these limitations the research does make a valuable contribution to the existing discourse and has already helped with the design of more effective community focused services and interventions.



URBAN MĀORI

It emerged from the research process, particularly the review of literature, that contextual and historical issues had much to do with effectively framing the research and describing the Urban Māori experience.

One of the earliest references to the concept of 'Urban Māori' emerged in January 1994, in the form of a legal claim made to the Waitangi Tribunal. WAI 414 was brought forward on behalf of Te Whānau o Waipareira Trust, and sought to assert the legal rights of Māori living within an urban context. In its broader context, the claim was about testing and extending the boundaries of what legalities and rights were afforded to Māori under the Treaty of Waitangi, as well as the judicial duties and responsibilities of the Crown. What is relevant in this instance is not the case itself, but the arguments put forward by the Trust, their reasoning, and the formulation of Waipareira's argument - fighting for legal recognition of Urban Māori as an iwi.

Previous land claims and case law had already set the precedent of how to interpret the Treaty by identifying and defining groupings of Māori through their traditional kin-based groups. The challenge now posed by the Trust to the court of law was the question of whether the traditional approach of interpreting the separate words and articles of the texts of the Treaty would suffice, or to take a more contemporary approach by recognising the less rigid principles of the Treaty instead. This new approach would mean focusing more on the purpose and intent of the Treaty, to better reflect contemporary concerns and recognising that the true purpose and intent of the Treaty lay in the protection of all Māori, and not just the previously narrowly defined approach of traditional kin-based groups or iwi. It was this departure that set the foundation of the concept of what it means to be Urban Māori.

The Waitangi Tribunal's report for WAI 414 outlined the following features and characteristics to define Urban Māori as being⁶ :

'Individuals from different tribes, who were not necessarily linked by kinship; who lived outside the traditional territories of their tribes, and had lost their traditional support networks as a result of urbanisation.'

In the 20 odd years since this case, 'Urban Māori' has evolved as a concept and idea, but also as a lived experience for whānau within West Auckland. The discourse around what 'Urban Māori' is has been hotly debated politically and culturally as well as from an economic perspective. At same time whānau have also sought to define for themselves whether and how a potentially abstract concept such as this has any real bearing or influence on their every-day lives.

⁶Waitangi Tribunal Statement of Claim 414. June 2012



URBAN MĀORI CONTINUED

The interviews for the Catalyst of Health project provided an additional opportunity to revisit and analyse whānau beliefs on what the concept of ‘Urban Māori’ means today. Many of the interviewed whānau struggled initially with the term ‘Urban Māori’, and found it hard to articulate what it meant. Several even found the concept foreign and something that they had not given much thought to:

‘He aha tēnā? (what is it ?) Urban Māori?’

Most typically, whānau associated the concept of Urban Māori as Māori who were raised in the city, or as one kuia put it, ‘townies’. In other instances, it was considered as a simple label, a classifier that conveniently placed Māori into a box. But our research shows that the progression of time and the passing of different generations has seen an advancement of this thinking albeit that this view was not always consistent.

Having such a large population of Māori living outside of their traditional tribal areas also meant that a large number of the whānau interviewed struggled to articulate their sense of home – their sense of belonging. For some of these whānau, this meant that they defined the Urban Māori concept as a distinction between the ‘rural’ and ‘urban’ environment,

‘Urban Māori, I guess, is the boundary between rural living in a country setting, as opposite to coming into the city where you’re actually, in my view, you’re put into a section where you have no choice - urban. But they were put in there, and then you had to do the best you can to try and mould a world around what you’re normally familiar with, so, two worlds are not the same.’

Other whānau, whose upbringings were steeped in their ancestral roots articulated a strong knowledge and association to where they were from. These whānau - though now living in the city - preferred to hold fast to their ancestral roots and align themselves through this identity and connection as opposed to being referred to as Urban Māori:

‘And myself, I would never call myself an urbanised Māori. It’s a choice you make. I will always be Ngāpuhi. My children will always be Ngāpuhi. Those who come from the Coast will always be Ngāti Porou.’



URBAN MĀORI CONTINUED

While there were other whānau who thought similarly, of interest was that they applied this only to themselves, rather than their children who were raised in the city:

‘My marae is Matangirau and Mokaukohunui. Those are my marae. And I’m not urban [...] but my tamariki are.’

One whānau further extended the boundaries of the rural and urban distinction, by including the aspect of time as the demarcation between both environments:

The rural, it’s free, it’s easy, you can get up...there’s no time. To me, the urban, you’re governed by time. Time is the one that, to me, identifies urban area, because if you don’t get up in the morning at 6 o’clock to go to work to start at 9 - you may as well go back and live in the country. No. For me that’s what urbanises everybody - it’s the time. And how do you measure your time? Time management of course, and I know when your schedule has three meetings in one day, you’re actually being urbanised to say, "Ok, I gotta set aside a time; half past one, five o’clock I gotta be at kapa haka, six o’clock I gotta be home with my kids." You know, time is actually your boss. So that’s my view on urban Māori.

In addition to time, one whānau utilised the concept of accessibility as the distinction between both worlds:

‘Well, I live it [the urban Māori], I live in the suburbs. I’m not rural. If I go back to rural, I’d have no access. If I say ‘urban’, I have access. You came from rural, no access. And they still haven’t got any.’

Conversely, several of the whānau interviewed saw no distinction between a rural and an urban setting:

‘Urban Māori, you’re still Māori, you’re still who you are and where you came from. Sometimes I really don’t see any difference. When you go home, you fit in, you slip in, and you go back down to who your family expect you to be, who you were when you left. And then when you come back to them, you’re carrying their mana with what you do every day.’



URBAN MĀORI CONTINUED

Several of the whānau interviewed appreciated that there are Māori who do not have the same ties or personal connections to their hau kāinga, and therefore had resorted to the city as being their home and their source of identity. This reinforced the idea of Urban Māori as those who live in the city, and who have been disconnected from their ancestral roots:

‘But not a lot of urban Māori don’t that. A lot of them don’t know where they come from. So you may look at urban Māori being Māori living in the city, many urban Māori look at the city as being their home.’

Other whānau who laid exclusive claim to be ‘Urban Māori’ also spoke about the sense of this as being a necessary development, where support networks were though those close in proximity:

‘An urban Māori is where you are brought up in the city like I was, and you didn’t have the connection back to my whānau that lived South of Bombay and North of Welsford. All I knew of my whānau were the ones close by – and this goes for all of us that were brought up in Auckland – that’s all the whānau that we knew.’

Many of the whānau interviewed were very insistent about the fact that living in the city without traditional kin-based ties does not mean a lack of affiliation – instead, the forming of non-whakapapa based support networks was seen as giving rise to new relationships:

‘So the marae is Hoani Waititi, but the iwi is Waipareira. We don’t have one eponymous ancestor as other iwi do, and rightly so. But we have, above all, our founding fathers and mothers from a range of tribes who brought us together to rejoice in our diversity and our tribalism. Waipareira will lead the fight for an acknowledgement that the second migration occurred. The second migration was from our rural homelands into the cities. And that migration begat, and rightly so, a new and dynamic culture. It’s the culture of the mataawaka people, who never forget who they are, but have to live in their present-day reality, which is West Auckland.’

While those whānau who had not been born and raised in urban settings typically maintained their tribal connections (and ability to walk in both worlds), for other whānau, the forming of these new relationships paved the way for new thinking as Māori, and was seen as an opportunity to re-define, and re-claim identity:



URBAN MĀORI CONTINUED

‘I think urban Māori means reaching your full potential. It means inclusion, it means equality. Expressing who you are.’

Whānau also spoke about the mechanism of forming this new type of kinship, while not derived from traditional whakapapa lines, as being ‘traditional’ in the sense that the processes of kinship and the collective outcomes are very much aligned with historical tribal structures:

‘The way that everyone is so closely involved with each other or they’re so tight knit, it’s almost like they’re developing their own hapū living in the city.’

To summarise this section, the foundations laid by WAI414 still remain. The emergence and development of a large population of Māori disconnected from their hau kāinga and the inevitable consequences of losing many of the support networks they could have expected if residing in tribal areas. This has resulted in generations of whānau within urban settings trying to formulate their sense of identity, while simultaneously working to build and cement a sense of belonging – a place to call home. This has allowed new definitions of identity and culture to emerge as they relates to being Māori. In this regard, Durie notes that "Urbanisation became the unmarshalled force which called for fresh understandings of what it meant to be Māori."⁷ Moreover, and to a major extent, this research has revealed the need to further understand how notions of Urban Māori have emerged over time and the fact that there is no one view or experience of what this actually means.

⁷Durie, M. (1994). Whaiora: Māori health development. Oxford University Press, p. 55



WHĀNAU PERSPECTIVES OF HEALTH AND WELLBEING

While numerous definitions of ‘health and wellbeing’ exist, some more than others are able to better capture the cultural views and perspectives of Māori.

⁸International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University

⁹Human Potential Centre. 2013. Sovereign Wellbeing Index: New Zealand’s first measure of wellbeing. Auckland: Auckland University of Technology

¹⁰Durie, M. (1994). Whaiora: Māori health development.

¹¹Pere, Rangimarie Rose.; Smith, Graham. A personal philosophy of the octopus as a symbol of the family. In Akonga Māori : Māori pedagogy and learning. Auckland : Auckland College of Education, 1986, v.2, 4p.

¹²Durie, Mason (1999), ‘Te Pae Mahutonga: a model for Māori health promotion’, Health Promotion Forum of New Zealand Newsletter 49, 2-5 December 1999.

¹³Taskforce, W. O. (2010). Whānau Ora: report of the taskforce on Whānau-centred Initiatives. Retrieved November, 20, 2010.

¹⁴Durie, M. (2006). Measuring Māori wellbeing. New Zealand Treasury Guest Lecture Series, 1.

The International Wellbeing Index⁸, and Sovereign Wellbeing Index Report⁹ (for example) aim to provide insight into wellbeing trends or statistics, and offer a range of methodological tools to quantify subjective wellbeing.

Māori -specific frameworks are not necessarily inconsistent with these views but (particularly over the past 30 years) have sought to answer the question of wellbeing from an indigenous point of view. Models such as Te Whare Tapa Whā¹⁰, Te Wheke¹¹ and Te Pae Mahutonga¹² have fostered greater understanding of what a culturally based, holistic perspective of health might look like, how it might sit within te Ao Māori (worldview) and be framed within a modern context. These models have also had a significant influence in shifting notions of wellbeing and how for Māori it is intrinsically placed within a communal, or whānau sphere, rather than simply focused on an individual.

While whānau views of wellbeing have many synergies with those that are expressed within these types of frameworks, they also have to be seen as occupying a space that is particular to a given whānau experience, where ‘each whānau attaches different meanings to whānau wellbeing than others might. To this end, whānau wellbeing is best shaped and given meaning by those most affected by it.’¹³ In this sense, just as a ‘single measure cannot adequately cover whānau wellbeing’¹⁴, so no single definition can encapsulate what health and wellbeing means to each individual whānau. In this regard, any definition (at least to some extent) is unique to the situations, experiences, and expectations of each whānau.

For this research, the implications are that any definitions of wellbeing must emerge from the whānau themselves, rather than being imposed by external theories or discourse. In this regard, and while the overarching question that this research aimed to understand is about the ‘catalysts’ for health and wellbeing within our West Auckland whānau, we can only do so if we first understand what they themselves consider health and wellbeing.

When whānau were asked the question ‘what is your definition of health?’, their responses reflected the multi-relational nature of whānau connections, as well as the fluidity of the experience of Māori living in an urban environment. Health was never simply about the tinana (body) but included mental, emotional, spiritual and socio-economic domains.



WHĀNAU PERSPECTIVES OF HEALTH AND WELLBEING CONTINUED

'Health is there, in the four winds. The four winds blow no matter where you are from. If you don't have the wind to capture in your body, your spirit, your mind, your heart, the flesh, you will be in trouble.'

To many of the whānau interviewed the idea of health and wellbeing as being multi-faceted and holistic was more than a simple recital of the 'whare tapa whā' model – instead, it reflected the realities of urban life in West Auckland. Health and hauora was not simply about the body, the mind and the spirit all working in accord, but it was also about addressing basic whānau needs in the first instance. For some participants this meant that their definition of health and wellbeing was very much tied to their socio-economic realities:

'If you were to ask me about what health is 10 years ago, I would have just said good body, good teeth and yeah, smell nice. Now, for me to provide my kids with the best opportunities in terms of health, that's to provide them with a roof over their head, food in the cupboard and nutrition.'

For these whānau, being healthy meant being able to deal with the basics of living first, as a baseline of health, in order to then make informed and positive choices:

'That's what my own life has been an experience of, being able to get the basic stuff out of the way and then I can make some choices.'

Furthermore, for many of the whānau the 'basics' included having the ability to receive an education and articulated the engagement of the mind as an integral component of health:

'I think education is healthy and it contributes to overall health. It's just that you're learning more so mentally you're being stimulated.'

'The healthiest thing you can do, my thing is, your mind. Where the mind goes the body will follow.'

The idea of knowledge is associated with access to education, but also the transmission of knowledge through the whānau and beyond:

'Some of my other children believe that health is having a bright future, going to school, getting a good education to get a good job. [...] And personally for me, it's about sharing the knowledge of what we learn and passing it on.'



WHĀNAU PERSPECTIVES OF HEALTH AND WELLBEING CONTINUED

For some of the interviewees the ability to relay knowledge was tied to their desire to help others, and its role in promoting personal wellbeing:

'It's being able to move things for people that they can't move for themselves, that's what brings me joy and satisfaction.'

Framework and concepts from within te Ao Māori were a common theme within most whānau discussions of what health and wellbeing meant for them. In particular – connecting it to the idea of knowledge and education- the ability to have access to kuia and koroua (elders) and other traditional teachers:

'But it is the hauora whānau because that's where the spirits at; whānaungatanga, whānau, hauora, waiora, whānau ora. Health it is having access to aunties and uncles, kuia, kaumātua. I don't want to say services, I want to say manaakitanga, tautoko.'

'Balance' was a concept that was spoken about within a number of interviews as the most important factor defining health and wellbeing, with many whānau reiterating that 'good health is having a balance'. Furthermore, the need for balance between te Ao Māori and Western concepts within urban life were expressed in a way that highlighted the centrality of identity, and the benefits that a secure identity has to health and wellbeing:

'A big contributor to our overall health is we are strong in both our Māori and te Ao Pakeha and the fact that we could walk in both worlds, I think, has given us this a sense of... I think the fact that we have strong identity.'

Another common theme was that health and wellbeing was further linked to self-determination. To be healthy meant that you - not others - are in charge of your life'. Here, doing things our own way' was the basis of wellbeing:

'And it's also about Tino Rangatiratanga, being able to be the determinant of our own destiny. So that's probably a big part, I call the shots on a lot of things in my life and I am accountable and responsible for any impact that there might be.'

'I know it's an aging process but you don't have to follow the leader. We're all individuals.'

Within a number of interviews health and wellbeing was spoken about within the context of the duality – while individuals may have their own views,



WHĀNAU PERSPECTIVES OF HEALTH AND WELLBEING CONTINUED

conversations often returned to framing wellbeing within the context of whānau relationships. Being ‘healthy and well’ often meant two things: 1. that the whole whānau is healthy and well, and 2. that they are connected to others and interacting in a positive way:

‘People can get sick, homesick when they’re not surrounded by their family, and though sometimes family are so dysfunctional that they make you unhealthy, but if you’ve got a functioning family that supports each other I think that epitomizes good health and wellbeing, because only good things can come from that.’

For some of the interviewees health was also synonymous with longevity and age – here, being healthy meant ‘keeping me well so I can live until I’m 95 so I can see all my great grandchildren’, and:

‘I want to live as long as possible, I want to see great-grandchildren, I want all my marbles in one place, I want to be physically able to do things. I don’t want to be a burden; I want to be like how I am now. Want to be actively involved in all of that, so longevity.’

The interviews showed that the whakapapa of the ‘winds that define our wellbeing’ are firmly grounded in the experiences of these whānau. While to some extent these definitions echo some commonly acknowledged definitions within the wider field of health research (such as ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’¹⁵), these whānau definitions revealed once again that a ‘one size fits all’ approach to health and health care provision is unwise.

‘That is the true gift of hauora, the relationship between the hau (wind) and the person, so that they could live. That is its whakapapa, its genealogy, its relationship to us.’

Many of the whānau spoke about their constructs of health and wellbeing as something very personal, but also something that constitutes a type of marker as to how their whānau are doing - a life-long aspiration, where wellbeing is oriented toward maximizing whānau potential. Health is a journey that utilises personal and collective resources, and which encompasses the spheres of the emotional, spiritual, intellectual, social, environmental and the physical, and where moving towards the greatest potential is always framed by cultural identity and te Ao Māori.

¹⁵Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June – 22 July 1946



DATA AND INTERVIEW SYNTHESIS THEME ONE: ASPIRATION

Quite apart from helping elucidate whānau definitions of health, the questionnaire that was administered to whānau was also used to explore the primary function of the research.

That is, what are the catalysts of health and wellbeing which are relevant to them and which are connected to the activities and investments of Te Whānau o Waipareira Trust. The following section explores the various themes to emerge from this process.

A common thread when whānau spoke about their journeys and the catalysts that positively shaped their health was the idea of dreaming big or more precisely, having aspirations. The 1986 Ottawa Charter for Health Promotion states that, “to reach a state of complete physical, mental and social well-being, an individual or group must be able to realise aspirations, to satisfy needs, and to change and cope with the environment”¹⁶. These types of issues or ‘aspirations’ emerged through a number of the interviews, highlighting the role of these in achieving overall wellbeing.

The importance of having aspirations can be seen in this quote from one of the whānau interviewed:

‘We’re stargazers our whānau. And why I say we’re stargazers, you know around Ngā tini whetū. The idea around Ngā tini whetū is that we will go to places where others have never been before.’

Sir Mason Durie discusses similar concepts within in ‘Nga Tini Whetu: Navigating Māori Futures’¹⁷ where he states that Māori have the capacity to create a world in which future generations can prosper both economically and culturally. To this end, whānau aspirations as they related to health and wellbeing were not only connected to financial reward and security, but also their desire to become more culturally aware, to develop knowledge of things Māori and to express these in ways which were meaningful to them and the urban Māori environment.

The Manawa-Roa generation, as previously explained, were mostly raised outside of the city and in rural areas. Areas, which held a wealth of Māori cultural resources that whānau could easily access:

‘At home, we had everything to sustain us as Māori – the Māori language, customs, food from the bush...It was a Māori world’

Although these whānau described an abundance of physical and cultural resources, their day-to-day living was described as being hard:

¹⁶World Health Organization. (1986). Ottawa charter. Geneva: World Health Organization.

¹⁷Durie, M. (2011). Ngā tini whetū: Navigating Māori futures. Huia Publishers.



DATA AND INTERVIEW SYNTHESIS

THEME ONE: ASPIRATION

'I remember as a kid we had a dirt floor and that was our whare. And my bed was a wooden thing with braces as a bunk. That was my bed. So they just put me up there when I wanted a mimi they just went and opened the door.'

The cities were transforming and were beginning to boom with economic development and industry. They offered 'more' for whānau. More employment opportunities, more developed education systems, better access to healthcare and an easier lifestyle. These whānau aspired to move to the cities to improve their situation, not just for them but for the generations that would follow. As one of the whānau stated:

'We moved from the north to look for work, and the many opportunities that my parents or grandparents could not provide. So that us children could have more opportunities. To have work was the main thing. To have food on the table. To have opportunities we would not have otherwise if we were still living in the north.'

The cities did in fact have these opportunities, and then some. Be that as it may, taking advantage of these opportunities first required whānau to adapt to the evolving urban environments that were in stark contrast to rural areas. Auckland also had a diverse mix of different cultures, different values and different lifestyles:

'All I knew was that, well, I thought I knew there was only Māori and Pakeha in this world. Coming into West Auckland, you see a Tongan and you say "are you Samoan" and they get angry at you, so that was a biggie for me. And obviously Asians I did not know, I thought an Asian was just a fella at the Fish n Chip shop. So to adapt to the urban style was difficult.'

The difficulties in adjusting meant that for some of these whānau the aspirations of 'thriving' in the city changed to 'surviving' in the city:

'Basically it was just to put a roof over their heads and kai in the cupboard, basic. How it was gonna be done, whichever way you do to survive in another environment. And the only way that came about basically was adapting to that environment.'

Generation Manawa-Titi also aspired to have improved employment and educational circumstances but also expressed the desire to have their culture as generation Manawa-Titi whānau. In contrast to the Manawa-Roa generation, they couldn't easily access their culture in the city. Further to this, they were



DATA AND INTERVIEW SYNTHESIS

THEME ONE: ASPIRATION

discouraged to learn about and express their culture at schools, in the workplace and even at home:

'I grew up in the time when my parents were strapped when they were at school so they wouldn't speak Māori. They were both fluent speakers but they wouldn't speak Māori to us. It was all about going to that Pakeha school, learning Pakeha ways and things like that for us'

With many of the Manawa-Titi generation feeling deprived of their culture, their language, their marae and close connections with their iwi, this ultimately became what many of this group aspired to. These particular whānau noted that this cultural deprivation led them to be disconnected from their identity as Māori and as such led them to yearn and search for this, as described in the example below:

'So I was brought up without the Māori language, my first step onto a marae was when I was 19. We had no recollection of being a Māori because that's how my mum and dad were. I think you can count how many Māori children at my time went to the primary school. Probably about 10 of us. The rest were tauiwi (non-Māori). And that's how I actually came through. It was through Waipareira that I started to learn about Māori, about whānau. I don't, even to this day, I had just started, being 65, I am just learning who my mum's side is, who my dad's side is... It's quite exciting for me because really, this year I'm on a journey. I'm actually learning about identifying myself.'

The Manawa-Titi generation whānau also spoke about their aspirations for future generations to which they coined the phrase 'growing up tall in both worlds'. These whānau were able to recognise that in order for future generations of Urban Māori to reach their full potential, they would need to be confident in the 'Pakeha world' and the Māori world. Moreover, to be confident in themselves and their own identity as Urban Māori.

'The other mantra for us is if your mind is open, then you're open for learning. That was always our mantra because we weren't teachers and we wanted our kids to grow tall in both worlds'

Generation Manawa-Ora were raised as Urban Māori: They had grown up in a time where average income and educational achievement levels were rising; there was now a Māori political party; and the inequalities between Māori and



DATA AND INTERVIEW SYNTHESIS

THEME ONE: ASPIRATION

non-Māori were beginning to decline.¹⁸ Auckland was now a melting pot of different cultures and with the advent of the internet and the digital revolution, and whānau were now more exposed to international forces than ever before.

These whānau were not entirely exposed to the same cultural, economic or educational barriers that were present for their parents or grandparents. Their aspirations were reflective of this in that their visions of the future were bolder than the previous generations and the possibilities were not constrained by the single minded focus on simply 'surviving':

'Who knows, I'm in one job at the moment, but who knows if that's where I'll stay. It's exciting to think what the possibilities are moving into the future.'

Generation Manawa-Ora were commonly referred to being able to "stand tall in both worlds", a realisation of the aspirations of the preceding generation. They had the capacity to participate in te Ao Whānui (the wider society) as well as in te Ao Māori (the Māori world):

'They're very strong that they only want to live in New Zealand. They want to be Māori. They're happy with who they are. They can foot it, they know they can foot it out in the Pakeha world. But they've chosen to be Māori.'

Durie describes this phenomenon as 'exploring the interface' in which the connections between dominant epistemologies and Indigenous knowledge can provide a platform for growth or knowledge expansion rather than a site for contest¹⁹. This is seen in the increase in Māori involvement at all levels of the health system, the education system and politics. In fact, this transformation in Māori participation in te Ao Māori and te Ao Whānui has been so dramatic, that the last 25 years has come to be known as a period of 'Māori renaissance'.

Building on from the realised aspirations of their predecessors these whānau aspired for even more. These whānau were beginning to think globally, about developing their skill sets and taking their talents around the world. This idea of a diasporic Māori community is seen as a natural progression for our whānau. As a continuation of the journey that had begun many generations before – from urban drift to urbanisation to globalisation.

'They all wanna travel at the moment so they all wanna go to New York they all wanna go so, seeing new countries, experiencing new cultures is big on their aspirations and with that comes their exposed to everything they learn different things'

¹⁸Tobias, M., Blakely, T., Matheson, D., Rasanathan, K., & Atkinson, J. (2009). Changing trends in indigenous inequalities in mortality: lessons from New Zealand. *International Journal of Epidemiology*, 38(6), 1711–1722.

¹⁹Durie, M. (2004). Understanding health and illness: research at the interface between science and indigenous knowledge. *International Journal of Epidemiology*, 33(5), 1138–1143.



DATA AND INTERVIEW SYNTHESIS

THEME ONE: ASPIRATION

Although aspirations may not be a direct indicator or determinant of health, they help to provide context when examining an individual or group. For the particular whānau in this study, their aspirations speak to what they deem important and how they perceive and react to their changing environment. This information is potentially invaluable for health organisations and can inform the development of more meaningful initiatives. In this regard, and if having aspirations can contribute to a wider sense of health and wellbeing then these issues should feed into the drivers or catalysts of health and in turn inform strategies on how the health of West Auckland whānau can be promoted.



DATA AND INTERVIEW SYNTHESIS

THEME TWO: COMMUNITY

Ngata & Pōmare describe health care for Māori as a function of the community²⁰.

The roles of healers were afforded to the rangatira (leader) and tohunga (spiritual guide and expert) of the iwi. The rangatira and tohunga had the responsibility of governing the law of tapu. Tapu refers to certain beliefs, attitudes and behaviours which are sacred to Māori and are crucial in maintaining the health and wellbeing of the community.

It is therefore of no surprise that in modern times these concepts can play an important role in influencing the health and wellbeing of Urban Māori. Sir Mason Durie highlights this in 'Te Pae Mahutonga: a model for Māori health promotion' (1999) where he notes that *“Good health cannot be prescribed. Communities — whether they be based on hapu, marae, iwi, whānau or places of residence — must ultimately be able to demonstrate a level of autonomy and self-determination in promoting their own health.”*²¹ This draws from the idea that communities are best positioned to identify and control their own health needs and aspirations. Kingi adds to this that *“Māori health development – whether based on existing theories of health promotion or public health – must fundamentally engage the Māori community in ways which made sense to them.”*²²

The interviews indicated that whānau beliefs in regards to 'community and health' are synonymous with Durie and Kingi, and also parallel the traditional perspective offered by Ngata & Pōmare. In spite of Māori being traditionally portrayed as a communal people, community was not something that whānau in the city always had. Rather it was something that was developed and has evolved over time.

‘Back in the old days, because we had a community like when we were living in the country, you had all your nannies. There may have been 20 of them, but still you had all of them and they all watched you, watched everybody’s children. Like some children had special needs, so they nurture that child. Well when you came to the city, that sort of disappeared. You were on your own, because you came for the job’

As whānau were adjusting to the isolation of the city, their need to socially connect with other whānau in which they shared culture, values and a unique experience, grew. They desired to create a community for themselves in the city.

²⁰Ngata, P., & Pōmare, E. W. (1992). Cultural factors in medicine taking. *New Ethicals*, 43–50.

²¹Durie, M. (1999, December). Te Pae Mahutonga: A model for Māori health promotion. In *Health Promotion Forum of New Zealand Newsletter* (Vol. 49, No. 2–5) p. 5

²²Kingi, T. K., & Pūtahi-a-Toi, T. (2006). CULTURE, HEALTH, AND MĀORI DEVELOPMENT. A paper presented at the Te Mata o te Tau Lecture Series, Palmerston North, Te Mata o te Tau Academy for Māori Research and Scholarship, Massey University.



DATA AND INTERVIEW SYNTHESIS

THEME TWO: COMMUNITY

‘I believe that for most of us that have come from the country it has been easy for us to set up in the city because we’re a communal people. So we already have our communities established back home, so to come to the city, yes you were lonely and isolated at the beginning’

Before the whānau could 'connect' with one another, essentially creating their own community, they needed a space to do so. For some whānau this became attainable through the social housing policies which whānau took advantage of, and which localised many Māori whānau around different areas of West Auckland, such as Te Atatu and Henderson. But for others the answer was to establish their own community centres:

‘All the Māori’s used to go down to the Māori Community Centre. That’s where a lot of us met our husbands...’

More and more community groups began to arise, including Māori cultural groups, the Women's Welfare League and Church groups. These community centres helped whānau feel safer to express themselves culturally, in a space where they wouldn't be scrutinised for being Māori. However, these early community centres couldn't fully satisfy the more traditional cultural needs of our whānau, including tangihanga (funeral process) and pōwhiri (ceremony for welcoming visitors):

‘The Māori Community Centre was a place where everyone went, we did not have any marae for people to have tangihanga at and several times we’d lay people at the Māori Community Centre’

With time, further community hubs arose, which had the capability to cater to these more generic and traditional cultural activities. The predominant example of this in the interviews was Hoani Waititi Marae, an urban based marae in West Auckland. As the traditional hub of Māori culture, the marae is integral to Māori culture, and is - as described by Simmons & Voyle “a place where Māori identity, values and cultural practices are affirmed within an over-arching spiritual dimension.”²³ Hoani Waititi was founded in 1980 as part of the first wave of urban marae that began to be established around Auckland. Hoani Waititi Marae functioned the same as a traditional marae in that it was the home for various traditional Māori customs, which included Kapa Haka, Mau Taiaha, Hui-a-tau, pōwhiri and tangihana. It was also a space for Urban Māori whānau, regardless of their tribal affiliation, to share, teach, learn and strengthen

²³ Simmons, D. & Voyle, J.A. (2003). Reaching hard-to-reach, high-risk populations: piloting a health promotion and diabetes disease prevention programme on an urban marae in New Zealand. In *Health Promotion Int*, 18(1), 41–50.



DATA AND INTERVIEW SYNTHESIS

THEME TWO: COMMUNITY

te Ao Māori through the Kura Kaupapa Māori and Wharekura that ran out of the marae:

‘Well, it created a space where Māori could congregate and come to and hold their kaupapa. So you know, started we had the marae before we had the school. It was, it just drew people in like a magnet really. So kaupapa Māori, you would think ‘oh yep, Hoani Waititi that’s where it is going to run’. The school was one of the only ones, you know, when they were first established. And so again, it drew people in’

The founding of Hoani Waititi symbolised the realisation of a pan-tribal West Auckland Urban Māori community and fostered a growing sense of what it meant to be Māori in a vastly diversifying urban environment. Hoani and other urban marae, like their rural counterparts, had attracted a large number of Māori whānau. Although, unlike traditional rural marae, the people who were aligning themselves with these urban marae originated from many different iwi and hapu. Rosenblatt supports this notion and adds that ‘traditional Māori meeting houses (Urban Marae) adapted to urban areas help to create communities that are able to represent themselves as analogous to rural ones centred on descent’.²⁴

The whānau who had felt isolated and disconnected from their iwi or culture now had the opportunity, through urban marae, to feel connected to a community, an iwi and their culture:

‘It was a belonging that I had never experienced in the community growing up. And it was really nice to be a part of. So I could see then why people would come. Because it played right into some of the other sense of identity. Belonging. So important in a place where a lot of you don’t necessarily come from the same place.’

Now more than ever, whānau were able to surround themselves with other Māori families with whom they shared a cultural connection as well as experiences of urban migration. Whānau were better able to manage issues and develop skills to address these. The founding of Te Whānau o Waipareira Trust was in response to the West Auckland Urban Māori community’s need for a service provider that could assist in managing some of the health, social and wellbeing needs of whānau:

‘Waipareira became an opportunity to use my mahi I guess. It was like to me, it was like the service end of things. The marae was the Māori tikanga.’

²⁴Rosenblatt, D. (2011). Indigenizing the city and the future of Māori culture: The construction of community in Auckland as representation, experience, and self-making. *American Ethnologist*, 38(3), p. 411



DATA AND INTERVIEW SYNTHESIS

THEME TWO: COMMUNITY

‘Waipareira, you know, they’ve provided the health clinic and Whānau o Waipareira. In the early days, you know, we’ve always used that. It’s a cultural thing because Māori don’t want to go to the doctors, they want to... they feel welcome to go to a Māori organisation run by Māori.’

This saw the development of a community based workforce in West Auckland. The benefits of this were threefold in that: one, it created employment and training opportunities for the whānau in an area that was meaningful and purposeful; two, the community based workforce was able to draw from local knowledge, they were familiar with the health needs of their community and what approaches to addressing these were most suitable and; three, while much of the workforce initially lacked formal qualifications, they nevertheless possessed other skills and were leaders in Mātauranga Māori and tikanga.²⁵ It therefore provided kaumātua and other leaders with the opportunity to oversee service provision and ensure that tikanga and correct protocol was appropriately integrated as part of delivery.

²⁵Kingi, T. K., & Pūtahi-a-Toi, T. (2006). CULTURE, HEALTH, AND MĀORI DEVELOPMENT. A paper presented at the Te Mata o te Tau Lecture Series, Palmerston North, Te Mata o te Tau Academy for Māori Research and Scholarship, Massey University.



DATA AND INTERVIEW SYNTHESIS

THEME THREE: LEADERSHIP

‘We’re creating our own story. It’s an old journey, but a new journey.’

Bass defines leadership as “an interaction between two or more members of a group that often involves structuring or re-structuring of the situation at the perceptions and expectations of members.”²⁶ As such, leaders are agents of change, where they ‘modify motivations or competencies of others in the group.’²⁷

For Māori, any definitions of leadership are typically bound to the context of how leadership has manifested within te Ao Māori, and how this has evolved historically and culturally. In other words, as Māoridom has adapted and diversified within an ever changing social, political, economic and demographic environment, the notion of what constitutes leadership have shifted considerably.

Various writers have noted the move from a ‘traditional’ expression of leadership. This is consistent with a shift away from whakapapa based leadership by tribal chiefs,²⁸ - to a more contemporary approach, which evolved through necessity, where leadership is formed ‘organically’, and based on capability. That is not to say that this modern type of leadership arises within a vacuum and is possessed by entirely new ideas and ways of operating. On the contrary, contemporary leaders are very much standing on the platforms that were built by the decades of other styles of leadership around them.

The importance of the theme of leadership – and the discourse around the evolution of organic, place-based leadership – became clear throughout the whānau interviews undertaken as part of this research. For these whānau, their ideas of development were inextricable linked to stories of the Māori leaders that were seen to emerge within an Urban Māori context. The korero of how Māori who had arrived in Auckland from the hau kainga organised themselves to form community, to claim culture and identity, is also the story of how leadership framed these developments on a micro and a macro level. It is the story of being surrounded by - at times - ‘impromptu leaders’ who emerged because there was a gap and a need:

‘The Māori Community Centre was a place where everyone went, we did not have any marae... but then we had people like Whina Cooper who had some wonderful ideas, Mira Szaszy had come to town and had become a student and graduated with her degree. Pat Hohepa was a leader that our people were so proud of, and then he was supposed to advise all us younger ones. And I’d have to say that our leadership were tough, they were very strong people. So what were we doing here in Auckland, then Auckland started to pump.’

²⁶ Kingi, T. K., & Pūtahi-a-Toi, T. (2006). CULTURE, HEALTH, AND MĀORI DEVELOPMENT. A paper presented at the Te Mata o te Tau Lecture Series, Palmerston North, Te Mata o te Tau Academy for Māori Research and Scholarship, Massey University. Bass, B.M (1990), Bass and Stogill’s Handbook of Leadership (3ed) New York: Free Press, cited in Pfeifer, D.M. (2005), Leadership in Aotearoa New Zealand: Māori and Pākehā Perceptions of Outstanding Leadership. Wellington: Massey University

²⁷ Ibid.

²⁸ Katene, S. (2013), The Spirit of Māori Leadership. Wellington: Huia Publishers. P2.



DATA AND INTERVIEW SYNTHESIS

THEME THREE: LEADERSHIP

Leadership within this context was also described as diverse – with diverse talents and approaches, but with a common agenda: the advancement of Urban Māori. This expression of leadership was tied to a general sense of activism and advocacy – often described by the Manawa Ora generation (64+ years) as a very new way of being:

‘We could tell lots of good stories I think - in those days we joined such things as the Nuclear Free, Mana Māori Motuhake. When we came together, well, our parents weren’t like that, they never went on any marches, they never got into political debates and things. They had debates just on which carver and which carvings they’re going to have inside the whare.’

The idea of an ‘organic’ leadership, where leadership is close to the ground, rather than removed by a sense of exclusivity, was also described, as whānau spoke of the need for this type of leadership:

‘We had the Māori experts. But you needed people who had been grassroots and the skills to move us forward, you know. Otherwise, we stray off sometimes.’

Leadership was also implicit within whānau discussions about the shaping of a new ‘urban identity’, an identity that – much like some of the leaders themselves – evolved out of a deficit, in particular the deficit of equality within their experiences of living in West Auckland:

‘They [leaders] were something really progressive when they began, because there was no equity in that time. That started with nothing, similarly to Kura Kaupapa Māori and Kohanga. They started with nothing, their own sweat, and their passion and belief in what they were doing, for the generations to follow.’

While individuals were often described as leaders, whānau also acknowledged that at the time, those individuals would not have presumed to call themselves leaders, but rather would have seen their actions as a larger, collective effort by West Auckland Māori:

‘If we look back to the generation of the likes of Jack Wihongi and June Mariu, if you look within that generation, and the parents that resided in Te Atatu, and those who worked in the Māori Department, like Dennis Hansen and others. Those great leaders. Even though they didn’t see themselves as leaders, like Pita Sharples and others [...] There were the treasures, the repositories of knowledge to assist.’



DATA AND INTERVIEW SYNTHESIS

THEME THREE: LEADERSHIP

While many of the Manawa Roa generation had been directly exposed to the formative, emerging new leaders, the other two generational groups were also very articulate about the legacy and the influence this had on West Auckland, and their own subsequent experiences within their community:

‘The example’s already been set for us and we didn’t even know that it was being role modelled to us and that we’ve just taken on those traits naturally.’

Leadership was thereby never static, and featured the emergence of new leaders based on the foundations laid by these new urban leaders:

‘So we had a lot of good role models in our community - emerging leaders. I suppose they were all emerging at the same time, and were starting to be fully recognised. Then you had the next generation coming through, that were emerging.’

A ‘domestic’ type of leadership – with a focus on ‘positive whānau development’²⁹ was a focus of early urban leadership models and activities. While whānau were unlikely to call themselves ‘leaders’ in the traditional sense, all of the whānau interviewed displayed leadership skills. Katene describes the features of organic leadership to include the aspiration to elevate others and to best serve the needs of others through the characteristics of ‘rangatira hūmārie’ (amicability), ‘manaakitanga’ (caring for others), ‘a whāinga matua’ (vision), and ‘a commitment to ka tohe (persist).’³⁰ For many of the whānau interviewed as part of this study, the wish to help other whānau, and to help within their community, was a deeply felt value which they practised within their own community:

‘I think we’re pretty well socialised on this side of things [community advancement] because we have a lot of Māori leaders here who at the time were just families helping one another. We were lucky there.’

‘Most of us, maybe more than most of us, want to make a difference, we want to make a difference with our own people, our own whānau. We want to make a difference beyond our own whānau in our communities, we want to make a difference with our people.’

²⁹Katene. The Spirit of Māori Leadership. P5.

³⁰ IBID. P 113.



DATA AND INTERVIEW SYNTHESIS

THEME THREE: LEADERSHIP

The relationship between wellbeing and leadership in this context is derived from the benefit that whānau felt from being part of a leadership movement – in particular for the Manawa Roa generation – and the legacy that this left within their own lives. For these whānau, the leaders they spoke about contributed to making lives better for West Auckland Māori – the collective elevation of the community was also the elevation of themselves and their individual whānau:

‘And I think my aspirations for our whānau is that they will be a shining light to someone within their community that they can share a little bit of that light with any whānau that asks. That’s my aspiration. Hopefully they’ve learnt enough from us that will carry on with them in their pathway.’

Whānau survival in the city necessitated innovation, something which also characterises the leadership patterns that whānau spoke about. Stories of property being secured through visionary saving schemes, or whānau disputes being settled through a new take on traditional dispute resolutions, are just some of the stories that whānau relayed to illustrate the centrality of leadership within their personal, and collective well-being.

For the Manawa Ora generation (16-43 years) leadership also emerged through their ability to understand and walk in both worlds and the emphasis on this as a balanced, and ultimately healthy state of being. Whānau from all three groups expressed the idea that Māori wellbeing is not something that should be relegated to some figurehead, or to governmental policies and plans, but instead should be led by the people who are part of their community:

‘Our West Auckland Māori community have had this whakaaro, this vision since ’84 right through to today. And can I say this: we’ve been successful in our own way. It doesn’t matter what our neighbours do, what matters is what we do. And I think that we have stood the test of time. We have established ourselves in the West.’

The ability to benefit from a leadership ideology which is specific to a time and place, and where leadership evolves from within the whānau, mirrors the vision expressed by the previous Minister for Whānau Ora, Dame Tariana Turia. That is, ‘whānau leaders who can situate themselves in their own whānau narratives, who can grasp the complex dynamics of whānau who are attuned to the opportunities ahead’.³¹

³¹Turia, T, (2004), Speech to the inaugural Te Tau Ihu Māori Women’s Leadership Awards.



DATA AND INTERVIEW SYNTHESIS

THEME THREE: LEADERSHIP

³²Kingi, T. K., & Pūtahi-a-Toi, T. (2006). CULTURE, HEALTH, AND MĀORI DEVELOPMENT. A paper presented at the Te Mata o te Tau Lecture Series, Palmerston North, Te Mata o te Tau Academy for Māori Research and Scholarship, Massey University.

While the emergence of prominent Māori health leaders has also coincided with positive health gains for Māori³², the impact of how this might occur on a much more localised scale is demonstrated by whānau korero and provides a starting point for how we might begin to think about the relationship between leadership and wellbeing. It also points to the idea of a ‘service ethic for others’, combined with vision and tenacity.



DATA AND INTERVIEW SYNTHESIS

THEME FOUR: CULTURE

Culture is the collective manifestation of ideas, customs and beliefs that are adopted by a particular group of people.

These cultural manifestations can influence behaviours and thus can play an important role in determining health.³³ Access to culture, particularly for indigenous peoples, is also a key determinant of health in that culture provides communities with self-realisation, meaning, purpose and identity. Moreover, Durie asserts that ‘Good health depends on many factors, but among indigenous peoples the world over, cultural identity is considered to be a critical prerequisite.’³⁴

He also alludes to the importance of developing cultural identity in order to create positive health – ‘cultural identity is the assumption that despite a personal commitment, the development of a cultural identity also depends on access to key aspects of Māori culture such as land, whānau, language and marae.’³⁴ Durie added to this in 2006, stating that a secure cultural identity hinges on individuals being able to access te Ao Māori and to participate in those institutions, activities and systems that allow them to be Māori.³⁵

The interviewed whānau voiced a direct relationship between the revival of their Māori culture, their identity and their health and wellbeing:

‘I really really think that a big contributor to our overall health - and I can only speak for myself and probably for my siblings - is we are strong in both our Māori and te ao Pakeha and the fact that we could walk in both worlds; I think, has given this a sense of... I think the fact that we have strong identity as Māori but we’re also comfortable in that.’

Te Taha wairua (spiritual dimension) was an added aspect of culture and identity that whānau felt contributed to their wellbeing:

‘It’s about that taha wairua side, that identity side. I guess, there was always, I felt like there was something missing for me. Never felt right. You never felt like...If you don’t feel like you belong, then you try and find your place of belonging. It gave me my place of belonging - in terms of culture.’

As one of the four cornerstones of Te Whare Tapa Whā, taha wairua relates to unseen energies that impact our spiritual wellbeing. Ngata & Pōmare more specifically talk about taha wairua as a Māori health component.³⁶ Moreover, a place to stand (turangawaewae), a sense of identity and a setting where Māori values, culture and health perspectives are reaffirmed.

³³Jansen, P., & Jansen, D. (2013). Māori and health. Cole’s medical practice in New Zealand, 52-64.

³⁴Durie, M. H. (1997). Māori cultural identity and its implications for mental health services. International Journal of Mental Health, 26(3), 23-25.

³⁵Durie, M. (2006). Measuring Māori wellbeing. New Zealand Treasury Guest Lecture Series, 1.

³⁶Ngata, P., & Pōmare, E. W. (1992). Cultural factors in medicine taking. New Ethicals, 43-50.



DATA AND INTERVIEW SYNTHESIS

THEME FOUR: CULTURE

A recurring theme throughout the interviews was also kapa haka, or the art of Māori performance, and its importance for whānau in reinforcing or restoring their sense of cultural identity:

‘We were encouraged to participate in te Ao Māori through kapa haka at a very young age.’

Kapa haka was one of the earliest indications of the revival of Māori culture as different groups began to establish themselves around West Auckland – this took place in schools, Hoani Waititi Marae and similar Māori environments. For some interviewees, kapa haka became the only means of practicing and expressing their culture. For others, kapa haka was their first experience of their Māori culture:

‘We all got together and Sundays our parents used to bring us all together down at aunties house and there must have been about 30 of us kids and we had a kapa haka they had a kapa haka day down there practise and our parents were cooking a feed and you know that was a big whānaungatanga day where all the families get together.’

Paenga discusses the role kapa haka plays in promoting identity and health, stating that kapa haka gives individuals the opportunity to enhance their understanding of themselves as Māori and furthermore, could be the vessel for imparting important values, health messages and life skills that can be transferred to other areas of their lives.³⁷

It is evident that urbanisation requires groups to go through substantial adjustment. This adjustment, or what was often coined in the interviews as ‘evolving’, was an important finding. The notion of Māori culture ‘evolving’ over time was alluded to particularly by the Manawa Roa generation. These whānau had seen first-hand how traditional Māori culture differed from contemporary Māori culture; how the institutions such as marae and kura came to be in the city; and how Māori culture was at risk of being lost and was then revived in the city. Māori culture had to evolve and adapt to maintain relevance within an urban setting:

‘When you use the words pōhiri, you relate it to a marae but we can have it in a building now aye. And I call it evolving. Or put it down to evolving. So when my grandchildren grow up, I don’t know what their expectations will be. Somewhere along the line they’re evolving too.’

³⁷Paenga, M. D. T. A. (2008). Te Māoritanga: wellbeing and identity. Kapa haka as a vehicle for Māori health promotion (Doctoral dissertation, Auckland University of Technology).



DATA AND INTERVIEW SYNTHESIS

THEME FOUR: CULTURE

Pan tribal Urban Marae and a pan tribal Urban Iwi have ensured that this process of evolution has continued. A key finding from the interviews spoke to how the Māori language, te Reo Māori, in particular has changed over time:

‘Now what I’m hearing is Scotty Morrison has taken this reo to the next level of our tamariki, our mokopuna, which my generation can’t even understand this new Reo, how they’re teaching it, and how they’re pronouncing it, and what it means... So this is the evolution I call it of transitioning from where we have come so far’

There are clear differences in the use of the Māori language that have occurred in just two generations. The previous quote comes from a Manawa Roa kaumātua who makes reference to a very popular Reo text and accompanied web-based learning tools used by many to learning Reo. Modern tools like this (and others) have played an important role in the revival of Reo, combining elements of te Ao Pakeha and te Ao Māori, and has made Reo more accessible for Urban Māori as well as non-Māori. There is also a wealth of evidence highlighting the importance of non-Māori having at least an awareness of the Māori culture and how this can be used to deliver improved health care to Māori:

‘The revival of the Reo is coming back hard and fast. It is coming back really fast. But it’s not only Māori that are sort of wanting to work in that area. I think there’s different ethnicities that are studying our culture and our reo in particular.’



SUMMARY OF FINDINGS

Four themes have been identified as part of this investigation.

These themes are in fact the primary outcome of the investigation and in many ways describe the Catalysts of Health and Wellbeing. They have largely emerged from the interviews with whānau (as expected) and supported by the reviews of literature, presentations, and wider interpretations with various experts, researchers and academics.

The research placed a particular emphasis on identifying some of the catalysts for health and wellbeing which were not only unique to Māori, but which were cognisant of the Urban Māori experience and the realities of life in the West Auckland. It was clear that these catalysts of health were undeniably connected to a broad range of socio-economic, behavioural, environmental, access and delivery issues. However, this study placed particular emphasis on the identification of those factors which were more intangible, which were unique to West Auckland Māori, and were in some part linked to the activities, investments, or support offered by Te Whānau o Waipareira Trust.

Discerning the connections between the activities of the Trust and its impact on the health and wellbeing of whānau presents some challenges but was a question which was actively posed to those interviewed. The rationale for this approach had less to do with understanding the efficacy of the Trust and its activities, but more-so to better elucidate how more effective policy and strategy could be developed and ultimately how the health outcomes of our community could be enhanced.

The four Catalysts which emerged from this process revealed the types of unconventional and often unheralded aspects of Māori health and wellbeing – how these connected to the realities of Urban Māori and the role of Te Whānau o Waipareira Trust in promoting these.

The first Catalyst, Aspirations, revealed the value to whānau of settings goals and celebrating achievements. It showed that to at least some extent whānau were able to drive their health and wellbeing by planning for the future, by a desire to better their situation and circumstance and by crafting an environment for themselves and their whānau which supported ongoing growth and development. The role of the Trust in inspiring these types of behaviours was demonstrated in a number of ways. Most significantly through its responsive service delivery and investments, through the support provided to whānau, but perhaps most importantly, the type of support which encouraged whānau to



SUMMARY OF FINDINGS CONTINUED

take control of their own situation and circumstance, which empowered whānau to reach their goals and which provided support in crucial times during this process.

A simple example in this regard was relayed by a whānau member who some decades earlier lacked the resources to purchase their first home. This was an aspiration that the whānau had and which would create the catalyst for building a safe, nurturing, and positive environment for their whānau and where health and wellbeing could flourish. They attempted (unsuccessfully) to secure finance to purchase a home and it was only until they approached the Trust that support was provided and a loan secured. It was noted that if not for this support some 20 years earlier that the whānau would not have been able to purchase their home – that the resources to support the health and education of their whānau would have been limited and that the implications of this initial offer of support was significant.

The second Catalyst, Community, in many ways emerged from the historical and contemporary experiences of Urban Māori now living in West Auckland. It was revealed through the literature and by the experiences of those interviewed that the process of urban migration had a profound impact on defining and reshaping Māori identity. For many Urban Māori (particularly the youth) their sense of identity was moderated by their environment and contemporary realities. They did not always enjoy close connections with iwi or ancestral whenua and were likewise more willing to identify themselves by their area of residence or associations with particular sports teams or cultural groups. For those born or raised within their tribal areas, connections to iwi were still strong, but likewise these associations had been impacted by distance and their new circumstances, the urban environment within which they lived and the new connections they had made.

The notion of Community as a catalyst for health and wellbeing is in many respects the manifestation of a traditional concept within a contemporary modern setting. For many Māori living in their traditional tribal areas, concepts such as whānaungatanga or the assistance afforded by the extended family is an important source of ongoing support. Within urban settings, these tribal support systems are not typically available, but can emerge as part of community or social engagement initiatives. For the whānau interviewed as part of this research, Community was to serve as a proxy for whānaungatanga



SUMMARY OF FINDINGS CONTINUED

and as groups of Urban Māori, from various tribal areas, were able to pool their resources, develop new connections, and to provide support for each other. The role of the Trust in the development of these communities was demonstrated in a number of ways but most typically through the organisation of events and activities which encouraged Urban Māori to coalesce and interact, to celebrate being Urban Māori and which allowed these relationships to evolve in an organic and positive manner.

The third Catalyst, Leadership, was not an unexpected outcome of the interview process and as an identifiable whānau catalyst of health and wellbeing. However, the context within which this took place and manner in which leaders were to emerge within an Urban Māori setting was often quite unique. To this end, leaders were not typically identified through whakapapa (as they may have been in tribal areas) but were to largely emerge as a consequence of their actions and efforts to support others in the community. Leaders revealed themselves in a number of areas – culturally, socially, educationally, or by their efforts to promote environmental sustainability. Leaders in health were likewise identified and while they would not always have formal qualifications to support their efforts, they nevertheless possessed the skills and experience to promote health and wellbeing within their whānau and the wider community. Te Whānau o Waipareira Trust was key to facilitating and encouraging the endeavours of these health leaders and by providing the support, resources, and infrastructure through which their efforts could be maximised and extended. This often meant positioning them in more formal health roles or positions, through engaging them in the development of strategy and policy, or by creating opportunities through which their leadership skills could be used to bring about a culture of health and wellbeing.

The final Catalyst, Culture, is a catalyst of health which has been referred to and examined by a great number of researchers and academics. Culture can often provide a positive frame for living and for engaging with others. It can guide individuals and whānau members towards behaviours that promote health and ward against illness. Likewise offering security in times of distress and of instability. At another level, these cultural frames have been used in the development and design of kaupapa Māori health services, health education, public health, and health promotion programmes. They demonstrate how the delivery of services can be enhanced through the introduction of culture and to improve access, service delivery, as well as outcomes.



SUMMARY OF FINDINGS CONTINUED

As a catalyst for health and wellbeing, Te Whānau o Waipareira Trust has been able to facilitate these opportunities in two key areas. Firstly, the Trust has been active in the development and promotion of cultural activities for Urban Māori and the West Auckland community. These activities have varied considerably in terms of their scope and duration and have involved the organisation of specific events, such as cultural days, to Māori symposia or Reo training, or even sponsorship of sporting or other groups which have a particular cultural dimension. Secondly, the Trust has invested considerable resource and energy into the design of a large number of health and social services. All these services have been designed to meet the diverse and often complex needs of whānau and likewise to improve access, delivery, and outcomes. The manner in which this is achieved is at least in part due to the design of these services, the considered introduction of culture, and the wider desire to align cultural frames to the needs and expectations of Urban Māori.



CONCLUSION

As noted, this research has sought to identify the catalysts of health and wellbeing and more specifically how the activities and investments of Te Whānau o Waipareira Trust have contributed to these gains.

While there are a number of factors – social, economic, environmental and behavioural – which can either drive or constrain health, this study placed a particular emphasis on those factors which were entirely unique to the situations and circumstance of Urban Māori. Moreover, on the identification of drivers which could assist with the construction of more effective strategies, policies and interventions.

The four Catalysts identified as part of this research, highlight the fact that the drivers of Māori health and wellbeing extend well beyond what conventional theory or discourse might suggest. There are in fact a range of motivators and moderators which are not often considered but which are important to Māori health gains and outcomes. Some of these catalysts (such as culture) have been identified previously - by other researchers and investigators. However, the context within which these are placed (as part of an Urban Māori environment) is entirely novel and unique. This further reinforces the idea that while health gains and health outcomes must be cognisant of cultural values and variables, they must similarly take into account the circumstances and realities of Urban Māori and how their expressions of cultural may not always match the conventional discourse.

Finally, the role of Te Whānau o Waipareira as a catalyst of health and wellbeing has been examined, reviewed, and reinforced. The study has revealed that while the activities and investments of the Trust often developed organically and independently of any particular issue or challenge, it has nevertheless successfully responded to the needs of its community. Key to this success has been the belief that the provision of health or social services, education or welfare support should fundamentally align with community demands. However, and perhaps just as importantly, that these services should not only be cognisant of Māori cultural beliefs and values but similarly the realities, expectations, and aspirations of Urban Māori.



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APPENDIX THE WHĀNAU INTERVIEW QUESTIONNAIRE

Section One – Demographics

1. If you know your iwi(s) what is it/are they?
2. If you're not from the local iwi, why did your whānau originally move to West Auckland?
3. What were your aspirations and goals for your whānau when you moved to the city?
4. How long has your whānau lived in West Auckland?
5. How long has your whānau had an association with Te Whānau o Waipareira?

Section Two – Culture

6. How has your whānau been able to maintain their culture?
7. How has your whānau maintained positive relationships with each other?
8. Do you think aspects of culture have remained the same or changed within West Auckland over the past 30 odd years? How/explain?
9. Has Te Whānau o Waipareira supported you to maintain and promote a sense of culture and community? How?

Section Three – Health

10. Explain in broad terms what is your whānau view of health? What are the important components of health and wellbeing?
11. How has your whānau been able to sustain positive health?
12. What factors have contributed to your healthy community?
13. Explain whether the physical health of your whānau has been supported by outside organisations? Or whether there was a lack of support?
14. What has been the role of Te Whānau o Waipareira in promoting your whānau physical health and wellbeing?

Section Four – Hinengaro/ resilience

15. Tell us about what you think has been important to the emotional or psychological health of your whānau?
16. What factors have helped your whānau to become more resilient?



APPENDIX THE WHĀNAU INTERVIEW QUESTIONNAIRE

17. What factors have helped your whānau to achieve your goals and aspirations?

18. Do you feel that the emotional or psychological health of your whānau has been supported by outside organisations? Or was there a lack of support?

19. What has been the role of Te Whānau o Waipareira in this process?

Section Five – Community

20. What factors have allowed your whānau to build better relationships with other whānau?

21. In your own words, who or what is your community? How has this community grown together over the past 30 odd years?

22. What are the things about life in the city that affect and shape your community?

23. What has been your engagement with community support organisations (health, education, social)?

24. What has been the role of Te Whānau o Waipareira in the process of establishing an urban Māori community?

Section Six

25. Can you tell us what is exciting for you at the moment? What are your whānau aspirations, dreams and hopes for the future from here?

26. Do you have any further comments to make?



GLOSSARY

DEFINITIONS AND MEANINGS

Hau kāinga	Traditional tribal home
Hauora	Be fit, well, healthy, vigorous, in good spirits
Hinengaro	Psychological
Iwi	Refers to a large group of people descended from a common ancestor and associated with a distinct territory
Kapa Haka	Concert party, haka group, Māori cultural group, Māori performing group
Kaumātua	An elderly person of status within the whānau
Kaupapa	Purpose
Kuia	Female elder
Kura	School
Manaakitanga	Hospitality, kindness, generosity, support – the process of showing respect, generosity & care for others
Mahi	To work, do, perform, make, accomplish, practise
Māori	Indigenous peoples of New Zealand
Marae	Communal or sacred Māori space
Mātauranga Māori	Māori knowledge – the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices
Ngā Tini Whetū	A whānau-centred navigational platform that promotes flourishing whānau futures
Pākehā	New Zealander of European descent
Pōhiri / Pōwhiri	To welcome, invite, beckon, wave, rituals of encounter, welcome ceremony on a marae
Rangatira	Tribal leader
Reo	Māori language



GLOSSARY

DEFINITIONS AND MEANINGS CONTINUED

Te Ao Māori	The Māori world view
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, practice, convention, protocol – the customary system of values and practices that have developed over time and are deeply embedded in the social context
Tinana	The body
Tino Rangatiratanga	Self-determination, sovereignty, autonomy, self-government, domination, rule, control, power
Tohunga	Spiritual healer
Turangawaewae	A place to stand
Waiora	Health, soundness
Wairua	The spirit
Whakapapa	Genealogy
Whānau	Extended family, family group, a familiar term of address to a number of people- the primary economic unit of traditional Māori society
Whānaungatanga	Sense of family connection
Whānau Ora	Is a philosophy, an outcome, and a model of practice for achieving whānau wellbeing
Wharekura	Secondary school run on kaupapa Māori principles
Whenua	Land



TE WHĀNAU O WAIPAREIRA
KOKIRITIA I ROTO I TE KOTAHITANGA
Progressively Act in Unity

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