Tihi Ora

- The examination is of hauora models in the Tihi Ora health sub-region of the Ngati Whatua peoples, who have a self-determination proposal they have defined as 'Kotahitanga'.[1]

- This approach can be summarised as how Ngati Whatua practice their rangatiratanga (leadership, authority and self determination) and manawhenua (responsibility for their lands and peoples on their lands) through a kotahitanga (co-operative co-existence) approach.

- [1] See (Te Runanga o Ngati Whatua, 2002)

The study is based on five case studies of Maori health organisations delivering services in the Ngati Whatua region.

- Tihi Ora MAPO – a Maori health purchasing organisation
- Te Puna Hauora o te Raki Pae Whenua – an urban primary and community care organisation
- Te Ha o te Oranga o Ngati Whatua – a rural community care and youth mental health residential rehabilitation organisation
- Ngati Whatua o Orakei health clinic – an urban hapu based primary care and health promotion organisation
- Te Roopu Taurima o Manukau – a national (urban and rural) residential and rehabilitation service for intellectually disabled peoples

Hauora Kotahitanga as indigeneity based theories and methodologies of community development
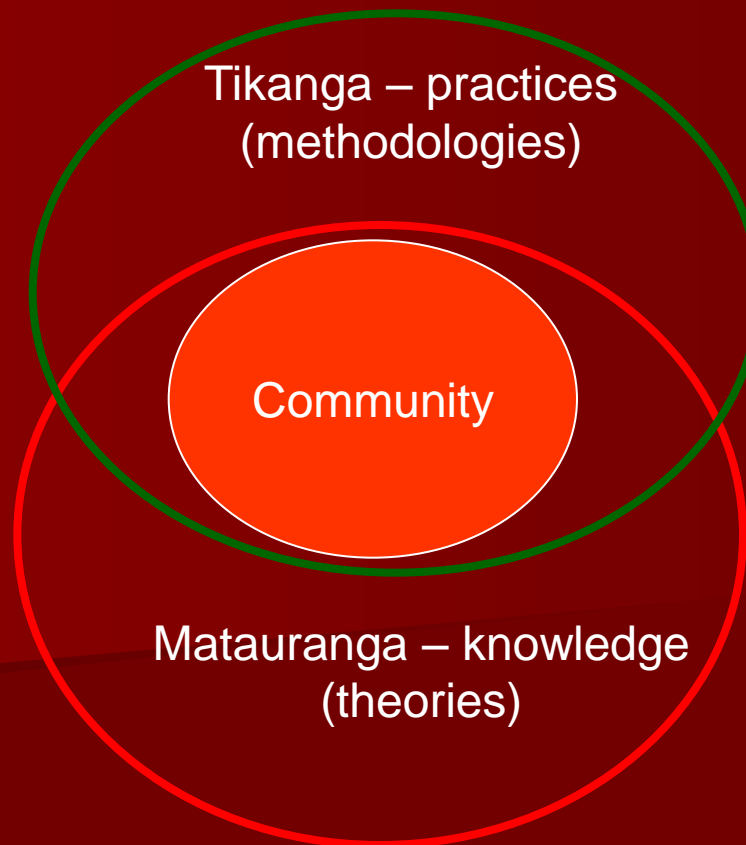
Who are the community?

TIHI ORA
Ngati Whatua health region

Ngati Whatua peoples

Ngati Whatua Maori Health organisations

Non-Ngati Whatua peoples

Non-Ngati Whatua Maori health organisations

Tikanga – practices (methodologies)

Community

Matauranga – knowledge (theories)

Thesis Conundrum

Using the matauranga of the Tihi Ora peoples as theoretical basis and to inform methods

Being inclusive of non-Ngati Whatua and non-Maori knowledge and practices

Not using established theories
ie. Critical/radical

Research focus:

Experience studied: Community constructive engagement through wellbeing initiatives (Hauora Kotahitanga) as knowledge (matauranga) and practices (tikanga) for community development

Thesis question: How can Maori experiences of developing and delivering hauora models be conceptualised as models for kotahitanga[1] between indigenous and non-indigenous peoples?

[1] **Kotahitanga in this context is defined as co-operative co-existence through living together differently.**

Tikanga – practices (methodologies)
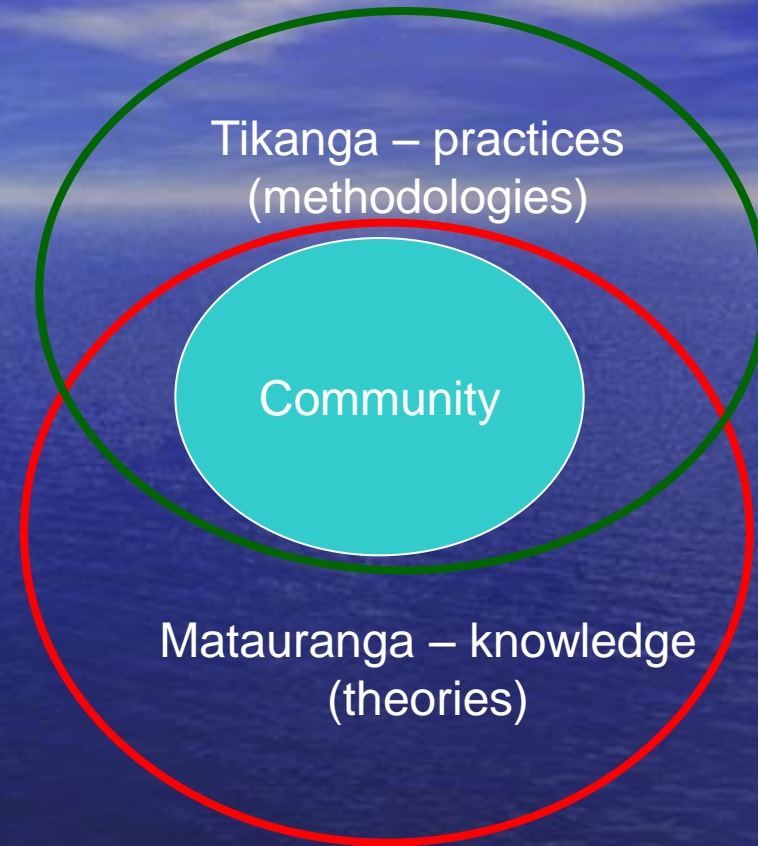
Community
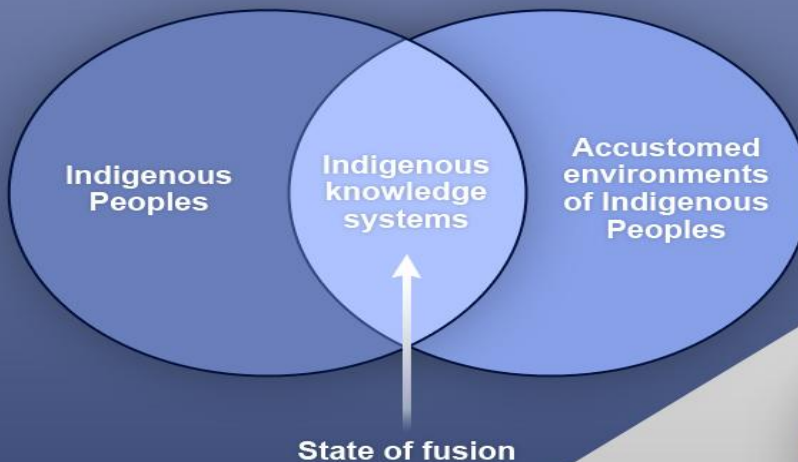
Matauranga – knowledge (theories)

Table 1. Maori knowledge based frame for inquiry into how indigeneity was practiced by Maori in the development of hauora Maori models

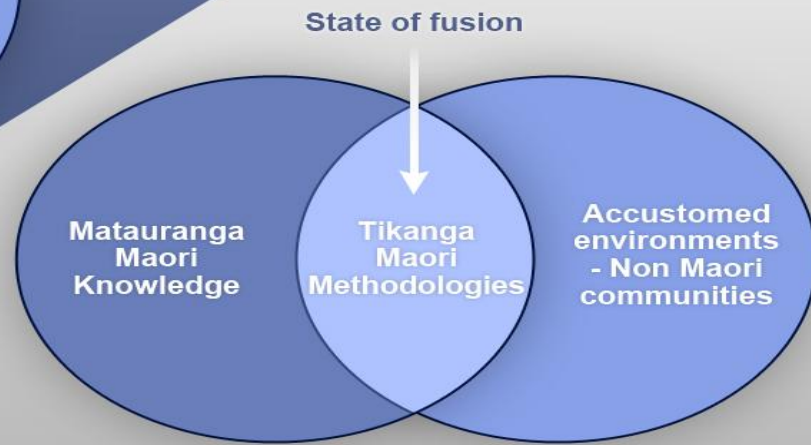| Matauranga Maori Knowledge	Tikanga Maori Methodologies	Indigeneity based constructive engagements
Identify **what** matauranga Maori knowledge was used to create the Maori health service delivery models	Identify **how** indigeneity was practiced by Maori in the tikanga Maori methodologies for delivery of matauranga Maori knowledge health models	Identify **why** the constructive engagements that resulted in Maori health models (hauora Maori) might be considered as models for co-operative co-existence through indigenous and non-indigenous peoples living together differently (kotahitanga)

Durie's concept of indigeneity is used in this inquiry to frame 'how' indigeneity was practiced by Maori through the tikanga Maori methodologies used by Maori to create a "state of fusion" between "a system of knowledge", in this case matauranga Maori knowledge, and "their accustomed environments", in this case non-Maori communities.

DURIE'S CONCEPT OF INDIGENEITY

Indigeneity as a "system of knowledge based on a state of fusion between indigenous people and their accustomed environments" (Durie, 2005, p.137)
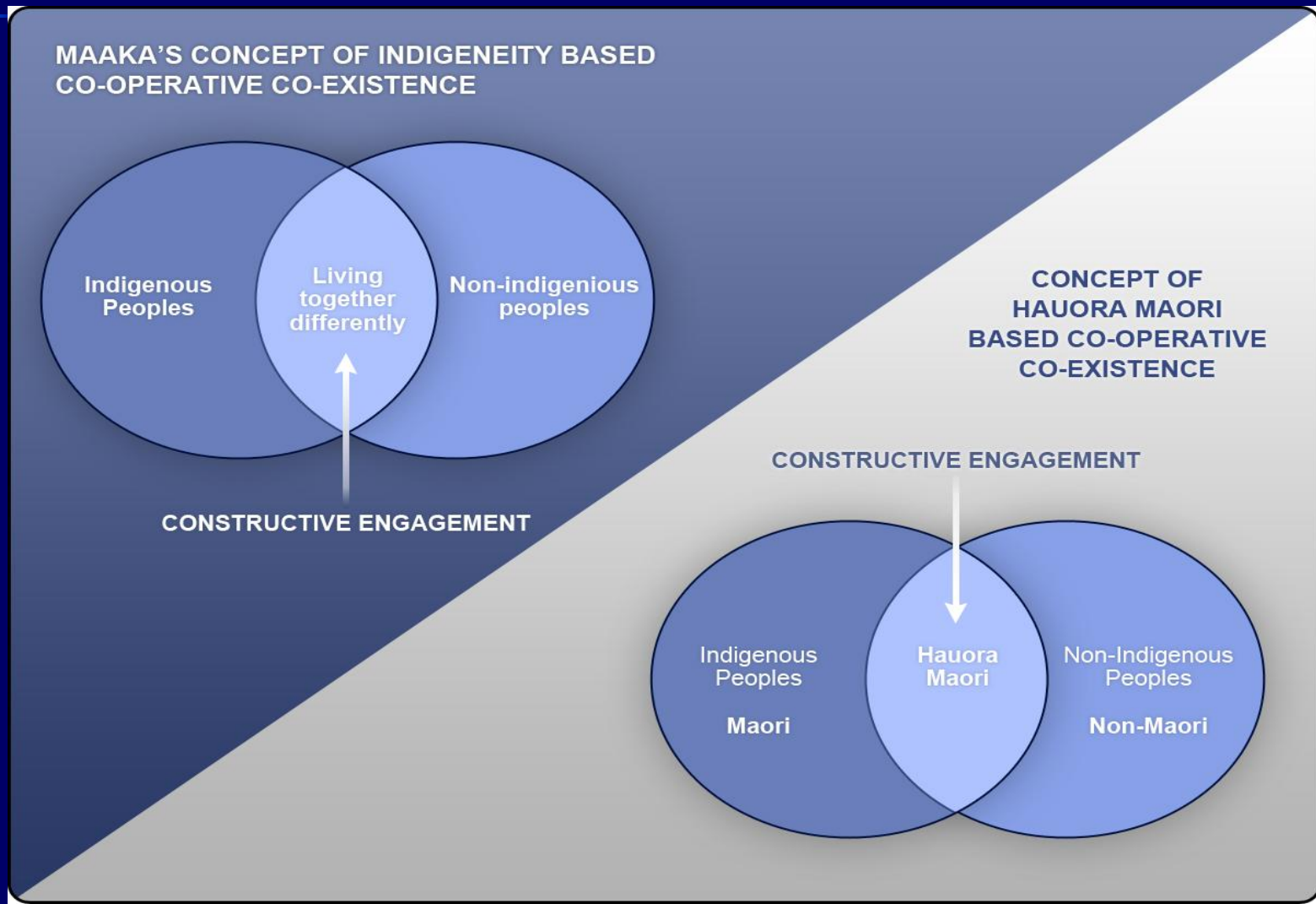
Indigenous Peoples

Indigenous knowledge systems

Accustomed environments of Indigenous Peoples

State of fusion

CONCEPT OF INDIGENEITY BASED MAORI HEALTH DEVELOPMENTS

State of fusion

Matauranga Maori Knowledge

Tikanga Maori Methodologies

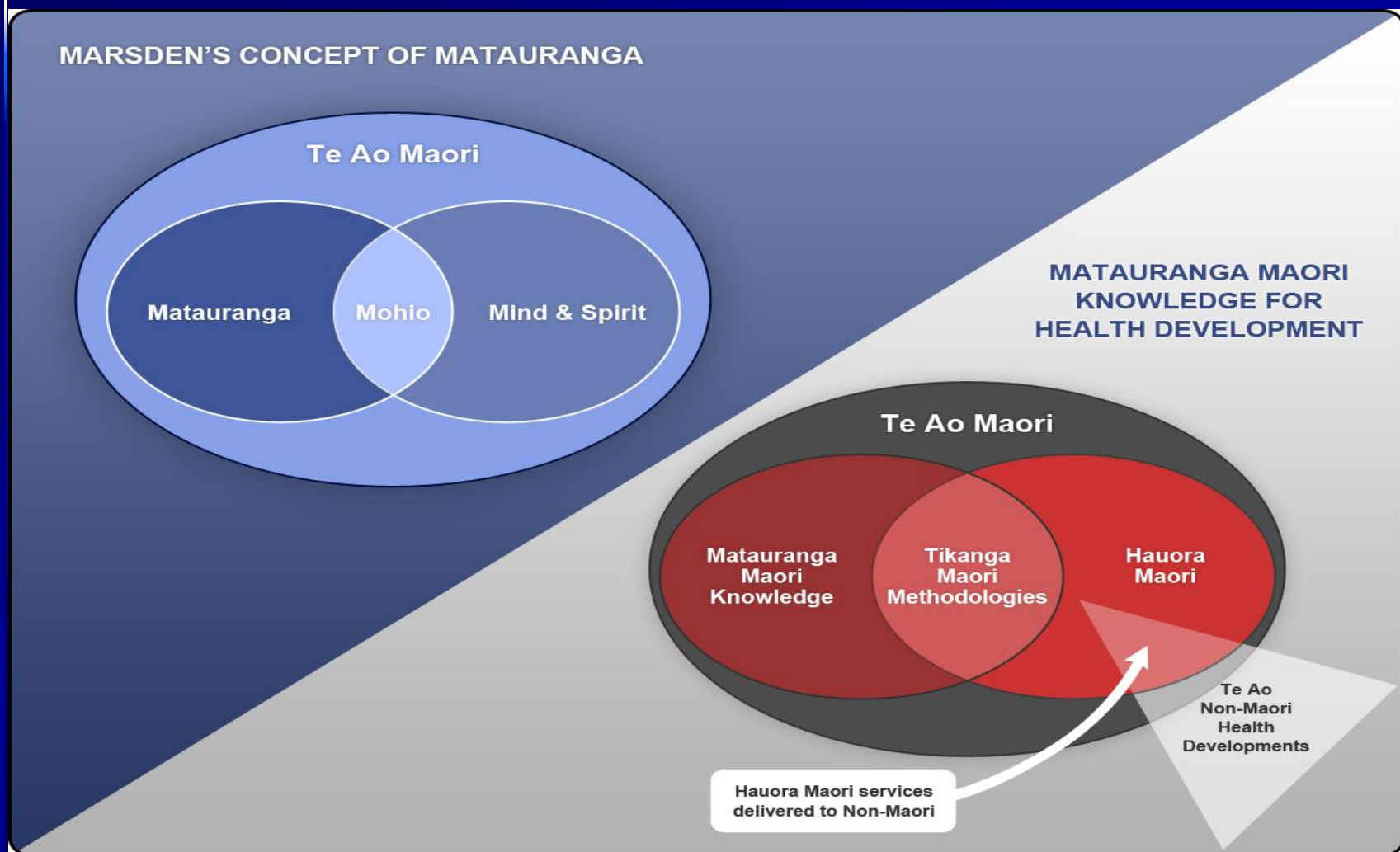Accustomed environments - Non Maori communities

Tikanga Maori Methodologies as the "state of fusion" between Matauranga Maori Knowledge and the Non-Maori communities as the accustomed environment of indigenous (Maori) peoples

Maaka and Fleras (2005) concept of constructive engagements is used to identify why the constructive engagements that resulted in hauora Maori models might provide models for co-operative co-existence through indigenous and non-indigenous peoples living together differently.

The final frame of the inquiry is to explain what Maori elements underpin the constructive engagements studied, and the teachings of Maori Marsden (2003) guide understanding of the indigenous knowledge, or 'matauranga'.

Methods

- 'Indigenous health policy' analysis

- Indigenous case study analysis (indigenous case study is the holistic multiple-case study which allows for the comparison of multiple communities to be based on the elements that the communities themselves felt were essential to the developing phenomena. In this research, matauranga Maori knowledge and tikanga Maori methodologies are the elements that the Maori health organisations felt were essential to the developing phenomena of hauora Maori models).

- Kareretanga as data collection (the research data was collected primarily by listening to how the key informants from the organisations explained the stories of the creation and implementation of their matauranga and tikanga Maori into their hauora Maori models. Examples of the stories gathered under the narrative approach, through participant-observation include: kaumatua and kuia explanations to new staff and board members of the matauranga and tikanga of their hauora Maori models; management presentations to inter-sectoral agencies involved in the organisations service delivery or co-management of service consumers; management and board presentations to iwi, health funders, social policy funders, government representatives; staff discussions of services to new staff in training; and kaimahi of the organisations presenting at health conferences).

Findings: Health Policy Analysis

- Comparison of findings from policy analysis and case study analysis for 'whanau ora' and 'rangatiratanga'

Table 4. Tikanga Maori Service Delivery Models p.187

Organisation	Tikanga Maori Service Delivery Model	Matauranga Maori of model
Tihi Ora	MAPO strategy	Rangatiratanga, Whanaungatanga
Te Puna Hauora	I-MAP	Whanaungatanga, Whaanau Ora
Te Ha o te Oranga	•I-MAP	•Whanaau Ora, Whanaungatanga
Ngati Whatua Orakei Health	•Whaanau Ora	•Whanaau Ora, Whanaungatanga
Te Roopu Taurima	Whariki Whakaruruhau	Rangatiratanga

Table 5. Conceptualising Hauora Models for Kotahitanga p.189

Organisation	Conceptual Constructive engagement Model	Kotahitanga/Co-operative co-existence
Tihi Ora	Kaunihera Model	With health funders
Tihi Ora	Kotahitanga Model	With Crown
Te Puna Hauora	I-MAP as a social-cultural integrative model based on multi-culturalism	With non-Maori people and communities
Te Puna Hauora	I-MAP as a co-operative co-existence model	With health sector and allied health people and organisations
Te Puna Hauora	I-MAP as a workforce and community enhancement model	With internal workforce and broader community
Te Ha o te Oranga	▪ A Manawhenua Model	▪ With non-Maori health providers
Te Ha o te Oranga	▪ A Manaaki model	▪ With Maori health providers
Ngati Whatua Orakei Health	▪ Whaanau Ora as a Kaupapa Maori model for community empowerment	▪ Between community with health clinic and health sector
Ngati Whatua Orakei Health	Tu Kia Puawai model as a community empowerment constructive engagement model	Between community with health clinic and health funder
Te Roopu Taurima	Korowai Manaaki model	Between patients, staff, organisation, and the kaupapa/tikanga/matauranga/kawa of other communities

Ngati Whatua Hauora experiences conceptualised as models for kotahitanga

- **Rangatira Model**
- **Maori Nurses Model**
- **Kaimahi Model**

Source: Lisa Chant, *Hauora Kotahitanga: Maori indigenous knowledge-based Maori health (hauora) models as conceptual models for co-operative co-existence (kotahitanga) between indigenous and non-indigenous peoples.* A PhD in Community Health under examination in 2000, University of Auckland.

Ngati Whatua Hauora experiences conceptualised as models for kotahitanga

Model	Characteristics
The **Kaimahi** Model	- New directions in health development often occur at the political and policy level of government, and then work their way down into the health systems through implementation. Two of the hauora models created in the 1990s grew from staff social club initiatives. In this way, the kaimahi drove aspects of the matauranga Maori knowledge and tikanga Maori methodologies from the community up and into the organisations development.
	- The result of this collaborative effort between the staff, whanau and community of the service, and health and community development organisations, was a model for co-operative co-existence that had been designed by the 'workers and patients', or kaimahi and whanau, which was then developed by the 'management and community' or kaimahi and whanau, and then funded by state health and social service agencies, and community donations and resources.
	- the large number of small funding contracts required to get these services started provided a greater range of constructive engagements with other community organisations than would have been possible through one funder. This was an unexpected bonus of the erratic funding.

References

- Durie, M. (2005). *Nga tai matatu: Tides of Maori endurance*. Auckland, New Zealand: Oxford University Press.
- Maaka, R., & Fleras, A. (2005). *The politics of indigeneity : Challenging the state in Canada and Aotearoa New Zealand*. Dunedin, New Zealand: University of Otago Press.
- Marsden, M. (2003). *The woven universe: Selected writings of Rev. Maori Marsden*. Otaki, New Zealand: Estate of Rev. Maori Marsden.
- Te Runanga o Ngati Whatua. (2002). Kotahitanga The Ngati Whatua Proposition.