



Inquiry into the determinants of wellbeing for tamariki Māori

Report of the Māori Affairs Committee

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Dedication

This report is dedicated to our late colleague Hon Parekura Horomia. He was a strong contributor to the discussions, ideas, and solutions contained in this report. It is a measure of his stature that we recall how he sought to rally people of all backgrounds to resolve the challenges facing the welfare of Māori children. We hold him in great honour for a lifetime of service to our tamariki and their families.

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Inquiry into the determinants of wellbeing for tamariki Māori

Key statements

Following its inquiry, the Māori Affairs Committee agreed the following principles underpinning its findings and the recommendations it makes to the Government:

- The wellbeing of tamariki Māori is inextricable from the wellbeing of their whānau.
- Acknowledging the importance of collective identity for a Māori child is a first step in realising the potential of a whānau-centred approach to their wellbeing.
- Enduring change and success for whānau (and therefore tamariki Māori) is possible where whānau themselves are engaged in making the decisions that will affect them.
- The intergenerational nature of many of the problems facing tamariki Māori be acknowledged and addressed.
- The application of the Whānau Ora approach is fundamental.
- Flexible service provision can take a number of forms; the key requirements are that services are responsive and can adapt to the needs of clients.
- Collaboration and partnership between whānau, community agencies, iwi, local and central government, non-government organisations, and other stakeholders is central to empowering relationships for delivering effective service.
- In all sectors, and particularly in schools, it is crucial that staff view individuals as members of whānau, and accordingly make their work environments whānau-friendly.
- All tamariki Māori are entitled to have the best possible start to their education, and high-quality, accessible early childhood education is an important part of such a start.
- A relentless focus on and accountability for raising whānau aspirations and achievements is needed in planning, implementation, and evaluation in the education and social sectors.
- Supporting parents and caregivers into paid employment opportunities and workforce development are essential ways of empowering whānau.
- Responses to wellbeing issues require the involvement of tangata whenua and Government working together, which is an expression of tino rangatiratanga and kawanatanga (Te Tiriti framework).
- Prioritising the needs and wellbeing of tamariki aged up to five years in all policy and legislative processes with a direct or indirect impact on children.
- Requiring Government agencies work to the needs of tamariki Māori and their whānau, rather than to accommodate agency functions and structures.

- Increasing opportunities for tamariki Māori and whānau to connect with their Māori identity.
- Requiring mainstream education providers educate tamariki Māori in an environment that affirms their culture and language.
- A partnership and social responsibility campaign to promote the wellbeing of all tamariki Māori.
- Fostering more collaboration between government, iwi, communities, and business on economic solutions that have proven to be effective.

Summary of recommendations

In the light of these statements, the Māori Affairs Committee makes the following recommendations to the Government:

Research and policy

- 1 Requiring extensive, high-quality research to be undertaken into the wellbeing of tamariki Māori, and developing whānau-focused health and social services policies and programmes based on the findings. *The effectiveness of these programmes should be monitored by the developers against agreed targets for which providers should be held accountable and required to report progress annually.*
- 2 Developing coherent cross-government policies and an interdepartmental culture of communication and collaboration to ensure that the wellbeing of tamariki Māori is a priority for all and the necessary information is accessible.
- 3 Requiring a strengths-based, kaupapa Māori approach to building the capability of whānau to design and implement solutions to ensure the wellbeing of their tamariki.

Provision of services

Practice

- 4 Providing long-term funding (multi-year appropriations) for pertinent service providers, to allow them to develop trusting relationships with whānau.
- 5 Requiring services to be mapped demographically, or mesh-blocked, to ensure key services are available in areas of high need.
- 6 Developing the concept of mobile multi-disciplinary whānau teams to provide professional home-based services, particularly in low-income and isolated areas.
- 7 Determine which government agency is the most appropriate to support whānau following statutory intervention in the lives of children.
- 8 Requiring the Ministry of Corrections to strengthen and maintain the development and implementation of a plan to increase support for children of prisoners.
- 9 Reviewing the provision of services regarding youth offending, with a focus on rehabilitation, integration into society, and reducing reoffending.

Health

- 10 Implementing early intervention programmes for at-risk whānau.
- 11 Implementing a national quadruple health enrolment scheme, involving enrolling every child with a general practitioner, a Well Child Tamariki Ora provider, on the national immunisation register, and with an oral health provider.
- 12 Developing community hubs, linked to Whānau Ora providers, to offer integrated health and social services from single locations.
- 13 Creating incentives for the health sector to find and use a consistent, robust, reliable way to assess and reach every whānau, with a particular emphasis on those that are hard to reach.
- 14 Working to build the Māori health workforce by increasing support for education and recruitment.
- 15 Funding evidence-based initiatives to reduce teenage pregnancy.
- 16 Ensuring access for all whānau to well-designed pre-birth programmes, ante-natal care and education, and early childhood development programmes.
- 17 Commissioning an intensive review of the provision of specialised mental health services for Māori.
- 18 Increasing support for the promotion of smokefree environments, by way of policy, cessation services, and mass media campaigns targeting Māori youth, pregnant women and parents.
- 19 Facilitating partnerships between health providers, community groups, and marae to encourage the production and consumption of healthy food.
- 20 Encouraging the medical profession to offer specific vocational training in order to serve Māori patients better as a routine component of on-going professional development.
- 21 Increasing promotion of and participation in Māori health promotion models such as Te Pae Mahutonga, Te Whare Tapa Whā, and Te Wheke.
- 22 Ensuring community services, including health services, operating out of school grounds are not at a cost to school budgets.
- 23 Ensuring that health literacy education is based on kaupapa Māori, and communicated in a culturally appropriate way.

Education

- 24 Encouraging whānau-friendly parenting programmes and adult education courses in schools to encourage all parents to take part in the school community.
- 25 Taking steps to increase the number of Māori teacher aides as a pathway to increasing the number of Māori teachers.
- 26 Implementing teacher training programmes to improve teachers' awareness of the social justice issues regarding education and tamariki Māori in poverty, and to equip teachers to teach in empowering and culturally appropriate ways. *These programmes should be a core part of teachers' initial training and ongoing professional development.*

- 27 Extending programmes and interventions such as Te Kotahitanga to all schools.
- 28 Taking the lead in ensuring equitable access to technology for all tamariki Māori.
- 29 Address the funding inequities between kohanga reo and other early childhood education services.
- 30 Requiring the Ministry of Education and the Ministry of Māori Affairs, in conjunction with teacher training providers, to develop and implement a plan to increase the number Te Reo-speaking teachers and improve delivery of education services in Te Reo Māori, in both full immersion and bilingual settings.

Housing

- 31 Promoting partnerships between central and local government, the Māori Trustee, and iwi organisations to utilise property assets to build housing for whānau on Māori land and address the shortage of affordable and appropriate social housing.
- 32 Implementing housing warrants of fitness for rental properties, in line with the recommendation from the Children's Commissioner's Expert Advisory Group on Solutions to Child Poverty.

Incomes and employment

- 33 Requiring government departments, in consultation with Māori authorities, to develop initiatives to target long-term unemployed young people and increase investment in tamariki Māori and rangatahi.
- 34 Develop region-specific sustainable economic and employment plans in areas of high Māori unemployment in collaboration with whānau, hapū, iwi, Māori corporations, the Māori business sector, and regional economic development agencies.
- 35 Develop, in cooperation with industry, educational institutions, iwi, and communities, skill acquisition and retraining opportunities in emerging sectors for workers in insecure or transitional industries in areas of high Māori population.
- 36 Develop clear higher education pathways and meaningful paid employment opportunities for parents and caregivers.
- 37 Continue to increase the minimum wage.
- 38 Review Working for Families to assess whether it is achieving its intended purpose.
- 39 Support the provision of financial literacy education and information, by government and non-government agencies, to help whānau.
- 40 Support the provision of new models of social lending.

Some members made the following recommendations, but Government members are reluctant to recommend high levels of Government expenditure considering the current need for economic restraint.

- 41 Consider appointing a Cabinet Minister for Children and a ministry for children, with responsibility for a children's action plan and a Māori children's action plan, enshrined in a Children's Act, to set targets for children's health and wellbeing against which all ministries

and departments would be required to report. A Children's Act should also take into account and refer specifically to New Zealand's obligations under the United Nation's Convention on the Rights of the Child and the United Nations Declaration on the Rights of Indigenous Peoples, and include a requirement for a child impact assessment of all new legislation to be prepared by the ministry for children, detailing each bill's potential impact on children.

- 42 Extending free after hours healthcare to all children to the age of 18.
- 43 Investigate the provision of free healthcare to all children to the age of 18.
- 44 Requiring the Ministry of Health, in cooperation with other ministries and departments as appropriate, to develop a cross-sectoral needs assessment tool for pregnant women, and ensure that all pregnant low-income vulnerable women are contacted by case workers to implement the needs assessment protocol and coordinate services.
- 45 Funding the expansion of effective teen parenting unit programmes in secondary schools to strengthen and support young Māori parents.
- 46 Improve the adequacy of benefits and incomes for whānau without paid work to ensure the wellbeing of their tamariki.
- 47 Investigate the introduction of a universal child payment.
- 48 Investigate partnering with employers, unions, local government, and iwi to address job shocks that may adversely affect whānau.

1 Introduction

We agreed to hold this inquiry into the wellbeing of tamariki Māori because we believe he taonga te tamaiti – every child is a treasure. When tamariki Māori have a solid base on which to build their lives, they are resilient and successful. Aotearoa New Zealand can do more to assure every child that their wellbeing and opportunities in life are critical to the success of our country. We have considered the issues discussed below with specific regard to their implications for the wellbeing of tamariki Māori.

Poverty

It is important to acknowledge that poverty is not just about money. Income poverty alone does not cause vulnerability. However it does place extra stress on whānau, and can undermine the effectiveness of interventions for vulnerable families. Poverty is about income deprivation, capability deprivation, social exclusion, and cultural alienation. It is stigmatising and is linked to familial and social disintegration. Many submitters argued that the elimination or reduction of poverty is fundamental to wellbeing and should stand alongside policies for wealth creation, achievement, and wellbeing.

A number of submissions also highlighted the effect of poverty on tamariki Māori, for whom it is a key driver of educational, physical, economic and social ill-being. Many submitters suggested that reducing poverty would help improve whānau support and resilience.

New Zealand does not have an official definition of poverty or child poverty, and it can be measured in a number of different ways. We were told by the Ministry of Social Development that the most common measure is 60 percent of the average household income. Many submitters suggested that New Zealand should adopt a measure of child poverty and a target date of 2020 for its elimination, so that the scale of the problem is understood and progress on it can be tracked.

Around 22 percent of our 1.07 million children live in poverty.¹ One in six of these children are Pakeha and one in three is Māori. There is evidence that the incidence of poverty is getting worse. The Children's Commissioner told us that before 1988, income poverty rates were similar for Māori and Pakeha, but by 1994 the income poverty rate (after housing costs) for tamariki Māori jumped from somewhere under 10 percent to 50 percent. While the child poverty rate in the 1980s was around 11 percent, in 2012 it was between 25 and 27 percent² in real terms. This trend appears to be disproportionately affecting Māori.

It is important to acknowledge that poverty is not just about money. Income poverty alone does not cause vulnerability. However it does place extra stress on whānau, and can undermine the effectiveness of interventions for vulnerable families. Poverty is about income deprivation, capability deprivation, social exclusion, and cultural alienation. It is stigmatising and is linked to familial and social disintegration. Many submitters argued that

¹ Household Incomes in New Zealand Report, 2010

² *Household incomes in New Zealand: Trends in indicators of inequality and hardship 1982 to 2011*, Ministry of Social Development, 2012.

the elimination or reduction of poverty is fundamental to wellbeing and should stand alongside policies for wealth creation, achievement, and wellbeing.

Contribution to social, cultural, and economic fabric of New Zealand

Māori make a unique contribution to the social, cultural and economic fabric of New Zealand. We believe that all Māori should grow up in an environment that allows them to make a continued positive contribution.

Māori succeeding as Māori

A sense of cultural identity, language, an awareness of one's whakapapa and whānau connections, a stable living environment, economic independence, a good education and a healthy lifestyle are all contributing factors to Māori succeeding as Māori. While there is no uniform standard for Māori success, most submitters recognised that a more holistic approach was needed to achieve better outcomes for Māori.

Access to services

We believe improving wellbeing is also about the services that whānau can count on, and the voice they have in deciding the way these services are made available. Wellbeing depends on the terms on which whānau participate in society and the confidence with which they access health services, social services, and education. Access to and confidence in utilising services can have a profound effect on the success of tamariki Māori and their whānau.

Approach to inquiry

Our report has deliberately focused on positive solutions to the issues raised in our inquiry, but it is also important that we understand the challenge ahead so that we can ensure the solutions adopted will be effective.

Terms of reference

We conducted this inquiry into the determinants of wellbeing for Māori children with the following terms of reference:

- The historical and current health, education, and welfare profiles of Māori children. *This would take account of the transmission of life circumstances between generations, and how this impacts on Māori children.*
- The extent of public investment in Māori children across the health, education, social services, and justice sectors—and whether this investment is adequate and equitable.
- How public investment in the health, education, social services, and justice can be used to ensure the well-being of Māori children.
- The social determinants necessary for healthy growth and development for Māori children.
- The significance of whānau for strengthening Māori children.
- Policy and legislative pathways to address the findings of this inquiry.

Conduct of the inquiry

The inquiry was launched in the 49th Parliament and continued into the 50th Parliament. We received submissions from 117 interested individuals, groups, and organisations

throughout New Zealand, and heard from 60 of the submitters. We travelled to Auckland as well as hearing submissions in Wellington. The submissions we received represented the views of a wide range of groups and individuals, and we were heartened by the passion and commitment shown. The diversity of views has given us a comprehensive overview of the prevailing concerns about Māori children at local, regional, and national levels, and the efforts being made to improve their wellbeing. We thank all the submitters for their time and effort.

We appointed advisers from the Ministry of Māori Development, the Ministry of Social Development, the Department of Internal Affairs, and the Ministry of Health, and we thank them for their work. We also appointed a specialist independent adviser, Kitty McKinley MNZM, and we greatly appreciated her advice and expertise.

We travelled to Australia in 2012 as part of the annual joint select committee exchange, and talked with government and other stakeholders about the wellbeing of Aboriginal and Torres Strait Islander children. We were inspired by the positive initiatives at work in Australia.

We were pleased to meet with the Health Committee and discuss our respective inquiries. The Health Committee's Inquiry into improving child health outcomes and preventing child abuse with a focus from pre-conception until three years of age has now been published. We agree with the basic principles of their report, which demonstrates the strong will of many Parliamentarians to collaborate to improve the health of children in New Zealand.

An account of the committee's procedure and membership is attached as Appendix A. A list of the evidence and advice we received is set out in Appendix B. We have also attached to our report in Appendix C, Otago University's Index of socioeconomic deprivation for individual and in Appendix D and article by Peter Saunders which outlines indicators of disadvantage.

Terminology used in this report

The following terms are used in this report.

Whānau ora	References to the Government-funded programme of this name are capitalised as Whānau Ora, while references to whānau ora as a philosophy or way of life are not.
Whanaungatanga	The principle that binds individuals to the wider group and affirms the value of the collective. Whanaungatanga underpins the social organisation of whānau, hapū, and iwi. It includes rights and reciprocal obligations conferred by membership of a collective. Whanaungatanga is inter-dependence, and recognition that the people are our wealth.
Manaakitanga	Behaviour that acknowledges the mana of others as having importance equal to or greater than one's own, through the expression of aroha, hospitality, generosity, and mutual respect. In doing so, all groups are elevated and our status is enhanced, building unity through humility and the act of giving.

2 Wellbeing of tamariki Māori and whānau

Terms of reference

The historical and current health, education, and welfare profiles of Māori children. This would take account of the transmission of life circumstances between generations, and how this impacts on Māori children.

The social determinants necessary for healthy growth and development for Māori children.

The significance of whānau for strengthening Māori children.

Ko te tamaiti he taonga mō te pā tūwatawata

Ko te pā tūwatawata he whakaruruhau mō te tamaiti

It takes a village to raise a child

Te Tiriti o Waitangi

From the start of the inquiry, we heard from submitters, and we acknowledge, that responses to wellbeing issues must fit into a Te Tiriti framework, which acknowledges tino rangatiratanga and kawanatanga working together: that is, a Government and tangata whenua relationship. We believe Te Tiriti o Waitangi is based on the rights of Māori as tangata whenua and it is the responsibility of the Government of the day to respond to those rights. There is a direct correlation between Te Tiriti o Waitangi and the health and wellbeing of tamariki Māori.

We have listened to the many submitters, and recognise that the wellbeing of tamariki Māori requires political leadership, more cooperation between the Government and non-Government sector, an official agenda for tamariki Māori, and specific strategies to improve their whole-of-life outcomes.

The mana of whānau

Despite the diversity of submitters, they shared a common understanding that the wellbeing of tamariki Māori is inextricable from the wellbeing of their whānau. South Auckland Family Violence Prevention Network and Te Ora o Manukau submitted that the wellbeing of whānau determines that of tamariki Māori. Submitters said that essential to providing for the wellbeing of tamariki Māori is preserving and recognising the significance of whānau (New Zealand Medical Association) and the mana of whānau (NZEI Te Riu Roa).

Pronounced themes running through many of the submissions we received included the recognition of the mana of whānau, increasing the capability of whānau to realise their mana, and the importance of a “whānau-centric” approach to service design and delivery. The issues that fall under these themes are wide-ranging: identity, leadership, relationships, cultural capability, and funding. All are key to the empowerment of whānau, and thus the empowerment of tamariki Māori.

The New Zealand Council of Christian Social Services submitted that Māori suffered because of disconnection or alienation from whānau and hapū; and IHC expressed concern during this inquiry about disabled tamariki Māori living in care that separates them from their iwi, hapū, and whānau. Improving the wellbeing of some tamariki Māori may mean enabling their reconnection with sections of their whānau.

We acknowledge that someone within the whānau needs to be held ultimately responsible for the health, safety, and wellbeing of each child. However, at this point we wish to draw attention to the need to consider the role of whānau, in the holistic sense, in the design and implementation of solutions addressing the wellbeing of tamariki Māori.

Whakapapa

The importance of whanau for strengthening taitamariki Māori is paramount. Taitamariki Māori need to understand who they are and where they come from. (Hutt Valley District Health Board Consumer Kaitiaki Group, 2012)

At the heart of the Māori world view is the importance of knowing one's connections, and how the individual relates to the whole. All tamariki Māori deserve to know where they come from and the community to which they belong. This starts with understanding their connections to their whānau, hapū, and iwi. Regional Public Health, Hutt Valley District Health Board, submitted that one of the key issues for the wellbeing of tamariki Māori is fostering a sense of belonging. It requires support from all parts of their whānau and from the other community members to whom they feel an affiliation.

Whakapapa starts with whānau. Whānau means more than the Western concept of immediate or extended family. Whānau extend beyond the households of tamariki Māori and reach into the communities to whom they are connected through relationships with people and place. Understandings of whānau, in the sense of kin-based relationships for tamariki Māori, will arise out of affiliations with marae, hapū, iwi, and waka.

We recognise that the wellbeing of tamariki requires a secure cultural identity. We believe that our society can affirm this recognition in the way it recognises and gives effect to Te Tiriti o Waitangi, as well as by providing fundamental social services, such as social housing, education, training, and health services.

We believe tamariki Māori who are connected to their whakapapa will grow up secure and confident, with the best chance of success as adults. Whānau need to be supported by their communities, Government agencies, and the non-Government sector to provide a strong whakapapa connection for their tamariki Māori. Establishing their whakapapa and whānau connections enables young Māori to move confidently between te ao Māori and te ao Pakeha. Whānau, hapu and iwi can take a locally tailored approach to fostering and sustaining such connections in particular communities; however there are opportunities for structural approaches to be implemented in schools, and in social service, health, and justice settings.

Acknowledging the importance of collective identity for a Māori child is the first step in realising the potential of a whānau-centred approach to their wellbeing.

Whanaungatanga and manaakitanga

Whanaungatanga and manaakitanga are values that support wellbeing in tamariki Māori, fostering health, safety, and security in the home, and supportive environments in the

community. In seeking to empower whānau, we favour means that enhance the ability of whānau and communities to practice whanaungatanga and manaakitanga because these frame responsibilities towards tamariki Māori, and for tamariki Māori, in meaningful ways.

The majority of whānau exercise their whanaungatanga and manaakitanga for their tamariki Māori. It is also true that some struggle. We therefore considered how whānau might be empowered to realise these values for the benefit of their tamariki Māori. There was general consensus among the submitters that for this to happen, parenting fundamentals must be taught, and understood by all parents, grandparents, uncles, and aunties. Such learning increases the cultural wealth of each family. We believe the pathway to cultural wealth is fundamentally education—education in culture and identity.

This goal requires recognition of the need for flexibility in policy formulation. A useful approach in building on whānau capability is a strengths-based and capability-focused framework, as suggested by Te Puawaitanga ki Otautahi Trust. We support the view that a strengths-based, rather than a deficit-based, approach is critical for empowering whānau and thus for the wellbeing of tamariki. Jigsaw Family Services expressed the view that the shift in responsibility from whānau and communities to external organisations has had a significantly negative impact on tamariki Māori's wellbeing.

We heard evidence from public and non-governmental organisations extensively involved in many aspects of public health and welfare that the whānau of too many tamariki Māori lack the ability to provide for their basic needs, and moreover that there is insufficient public resourcing to meet those needs. Parenting is made the more difficult on many levels: poor nutrition leads to difficult behaviours, which lead to poor educational outcomes and, sometimes, a perpetuation of inappropriate parenting. Submissions suggested many ways of addressing this gap.

We believe that enduring change and success for whānau (and therefore tamariki Māori) is only possible where whānau themselves are engaged in making the decisions that will affect them. Meaningful participation by whānau in decision-making would allow a more proactive, rather than reactive, approach to the care and wellbeing of their tamariki Māori. In practice, meaningful participation for whānau requires clear and open lines of communication with government and non-government organisations. It requires a reserved space for whānau in collaborative efforts at the local level. This is especially important where inter-sectoral collaboration at the central level is patchy and does not always filter down or across agencies.

Many agencies involved with tamariki called in their submissions for interventions to strengthen and support whānau. The clear difference between those children who go on to become happy, healthy adults and those that end up with significantly compromised lives is the quality of parenting received (Lakes District Health Board, 2012). Hapai Te Hauora Tapui, Māori Public Health (Te Runanga o Ngati Whatua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust) recommended the provision of parenting courses and community support to parents, including solo and young parents, and whānau; Waitemata and Auckland District Health Boards recommended more support programmes for Māori youth and teen parents; Violence Free Waitakere recommended more education and parenting support for teen parents; Lakes District Health Board recommended more education and support for parents. We see great merit in ensuring the uptake of parenting education and support programmes by whānau, especially solo and young parents who may need extra support; this view was supported by many submitters.

In boosting the capability of whānau to provide for the wellbeing of their tamariki Māori, it is absolutely critical that the intergenerational nature of many of the problems facing tamariki Māori is acknowledged and addressed (Liggins Institute, The National Research Centre for Growth and Development (University of Auckland)). Not to do so is to ignore the demonstrably greater risk of maltreatment and abuse for tamariki Māori whose parents have less education, are unemployed, are younger with limited family stability, have poor mental health, or use drugs or alcohol.

Communities have great potential to support and benefit from the wellness of tamariki Māori and rangatahi. If community members and groups are empowered to engage with young Māori, recognising whanaungatanga and manaakitanga, they can effect great change. For example, in many communities the “neighbours’ day” has started to gain momentum; this might, for some communities, evolve into a “whānau day”. There are also calls for resourcing of marae champions for whānau wellbeing, for example from the Pahau Whānau and the New Zealand Council of Christian Social Services.

The marae is the last bastion of Maori society. Unfortunately, in the cities, most of them have had to become conference venues that no ordinary whanau can access even for their tangihanga because they need to sustain themselves. Let’s invest in them—utilise them for whanau orientated programmes that connect them to their cultural values. (Pahau Whānau, 2012)

We believe that marae are central to the cultural wealth of Māori. We recognise that there are cultural limitations on the extent to which marae can be used for certain activities. For example, tangihanga take precedence over other uses, such as community programmes. We endorse the call for marae to be utilised more for whānau-oriented programmes.

When social services and other providers are willing to work alongside whānau, the choices made for their tamariki Māori are likely to be more appropriate and ultimately effective. This is relevant in the context of schools and early childhood education centres, especially since a lack of recognition of the specific needs of tamariki Māori is apparent in many schools, as acknowledged by the Education Review Office. If tamariki Māori and their whānau are not understood they tend to fail and disengage. Tamariki Māori with impairments and their whānau must be enabled to advocate on their own behalf.³

Whānau-centred approach

We believe that tamariki Māori cannot be viewed in isolation; they need to be acknowledged as members of their whānau, and this relationship means that whānau must be engaged in improving the wellbeing of their tamariki Māori. It has been said that “vulnerable tamariki Māori” are wrongly labelled; it is more accurate to say that some Māori parents, whānau, and communities are vulnerable. The will has never been stronger to address the risk factors that increase the vulnerability of particular whānau and communities and the tamariki born of them to poor outcomes in education, health, employment, and family stability. This is because the need is so great. A relentless focus on and accountability for raising whānau aspirations and achievements is needed in planning, implementation, and evaluation in the education and social sectors.

³ IHC New Zealand, 2012

We were advised by Te Puni Kōkiri that the Whānau Ora Approach is targeted at improving outcomes for Māori households and whānau. This approach was a response to evidence that previous interventions without a cultural, whānau or whakapapa component did not work for vulnerable whānau and tamariki Māori. They advised that for interventions to work for Māori they need to be based on Māori cultural constructs, starting with whānau.

For whānau, emphasis on identity, culture and language is essential but not an exclusive determinant of success. We believe that Māori models for determining success, taking a strengths-based approach, are crucial for the wellbeing of tamariki Māori and whānau. Models such as Te Whare Tapa Whā, which was originally designed to incorporate the interaction of wairua, hinengaro, tinana, and whānau in relation to health, have also been successfully implemented in other areas such as social work and education.

In all sectors, and particularly in schools, it is crucial that staff view individuals as members of whānau, and accordingly make their work environments whānau-friendly. This is relevant to many of the concerns raised in the course of this inquiry. For instance, Christine Hawea suggested that a whānau-centred approach would see midwives engaging with whānau rather than mothers alone. Violence Free Waitakere recommended more provision of holistic, Māori-focused programmes to target vulnerable whānau, and training social and healthcare workers in tikanga Māori so that they could provide a culturally responsive service to their clients.

Whānau Ora

Throughout this inquiry we heard resounding support for Whānau Ora, but submitters made a number of suggestions for expanding or improving Whānau Ora. Ideas ranged from sustained commitment by policy makers to the Whānau Ora model (Te Puawaitanga ki Otautahi Trust), to recommending the extension of the Whānau Ora approach across social and health services (Public Health South), to a recommendation that all government departments be compelled to participate (Health Rotorua). They clearly reflect a consensus that if the circumstances of individual tamariki Māori are to be improved, whānau must be at the centre of service design and delivery. Tamaki Treaty Workers, for example, argued explicitly for the provision of culturally appropriate, well-funded, preferably whānau-based services as essential for the wellbeing of tamariki Māori.

Many of the submissions to this inquiry have naturally paralleled those made in response to the Green Paper for Vulnerable Children. However, we consider the case might have been made more unequivocally than the Green Paper did for recognising whānau as vital determinants of tamariki Māori wellbeing. In this respect, the application of the Whānau Ora approach is fundamental.

Whānau Ora is about supporting the capacity of whānau to determine for themselves the path they take and the results they seek, in a way which is relevant to their social and cultural context. The Aotearoa New Zealand Association of Social Workers submitted that the social determinants of the healthy growth and development of tamariki Māori can be supplied by implementing the Strengthening Families and Whānau Ora policies.

We agree with the stated objectives of Whānau Ora, which are to

- build whānau capability by uplifting whānau and enabling them to assume responsibility for their own affairs, self-management, and self-determination

- improve policies and provide better key public services to Māori and whānau by integrating services in primary health, social service, and early childhood education, changing the way welfare agencies work.

Whānau Ora has recognised an existing paradigm of working with whānau. We believe that autonomy of Māori whānau needs to be recognised and acknowledged to achieve this goal. Useful models to apply in understanding whānau and working with whānau members include Te Whare Tapa Whā, Te Wheke, Te Pae Mahutonga, and He Korunga o Ngā Tikanga. In this context, we note the concern of IHC that government departments apply overseas models for working with disabled tamariki Māori and their whānau, rather than locally developed ones.

Whānau may face obstacles to accessing services, including direct costs or distance from service providers. We therefore support suggestions such as the development of mobile multi-disciplinary grassroots whānau teams to relate to whānau and provide professional home-based services. An appealing aspect of Whānau Ora service provision is its flexible approach: services are tailored to meet the particular needs of the client, and provided in places where the client is comfortable. The City of Manukau Education Trust submitted that services need to meet people where they congregate and be tailored to their needs. Wairarapa District Health Board recommended taking a streamlined approach to working with tamariki Māori and their whānau, joining up discrete services to meet various needs. We believe that flexible service provision can take a number of forms; the key requirements are that services are responsive and can adapt to the needs of clients.

Whānau are at the centre of their own success. Building on this notion, we support the view that accurate measurement of the success of programmes for improving children's wellbeing needs to be premised on a Māori definition of wellbeing, which takes account of whānau in monitoring the wellbeing of their tamariki Māori. Te Tai Tokerau Whānau Ora Collective recommended defining wellbeing from a Māori perspective, on the basis of consultation with whānau, and changing the way the wellbeing of tamariki Māori is monitored to include whānau in the process. Violence Free Waitakere recommended the use of "Māori-centric" measures for monitoring tamariki Māori's wellbeing, while the Mental Health Foundation of New Zealand suggested the development of "child-centric" measures of success.

We believe that empowering whānau to determine their own measures of success will give them ownership over efforts to support their tamariki Māori, in turn contributing to their potential success. This needs to be a wholly positive process of support and guidance. Community, government agencies, and the non-government sector need to work positively with whānau, allowing them to follow their own paths, rather than imposing direction.

Māori leadership

We believe that whānau need strong leaders to be strong themselves, to encourage and enable members to contribute to the success of the whānau. Government can take on a support role, providing infrastructure and funding for whānau to determine for themselves who should lead them, and equipping them with the guidance and training they need to bring about positive change. Wesley Community Action submitted that whānau-led processes contribute very successfully to long-term improvement in whānau wellbeing.

Whānau Whakakotahi A Iwi Marae submitted that the wellbeing of tamariki Māori is dependent on the success or failure of the adults in their lives. Tamariki Māori are hugely influenced by the behaviour of adults, and the promotion of positive role modelling in whānau and communities is crucial to building Māori leadership capabilities. As tamariki Māori are more likely than other tamariki Māori to come to the attention of care and protection services it is essential to foster role models within whānau and communities, for example using tuakana-teina mentoring models, to champion tamariki's health and wellbeing at the grassroots level. Government media campaigns that use high-profile Māori to deliver positive leadership messages to parents and tamariki must continue and expand.

Beyond economic resources, we believe in the strengths to be found in Māori communities. It is important that traditional skills, knowledge, and resources are valued and utilised to benefit tamariki Māori and whānau. Marae have potential as bases for communities' efforts to support and nurture their tamariki Māori. Community spaces governed by kaupapa Māori offer a safe and supportive environment for whānau to engage with one another and with government and non-government agencies. We believe that the mentoring roles of kuia and kaumatua can be enhanced in all areas of their communities.

Economic resilience

Poverty has to be understood not just as a disadvantaged and insecure economic condition but also as a shameful and corrosive, social relation...[the non-material aspects include] ...lack of voice; disrespect, humiliation and assault on dignity and self-esteem; shame and stigma; powerlessness; denial of rights and diminished citizenship...They stem from people in poverty's everyday interactions with the wider society and from the way they are talked about and treated by politicians, officials, the media and other influential bodies. (Every Child Counts, 2012)

The South Auckland Family Violence Prevention Network stated in their submission that the wellbeing of whānau determines that of tamariki, and the factors causing multiple vulnerabilities are often intergenerational. The ability of parents to work, further their education and skills, and access training opportunities bears a direct correlation to indicators of wellbeing for Māori whānau.

Intergenerational unemployment and poverty exacerbate the negative cycle of lost potential. Tamariki Māori are much more likely to experience socio-economic deprivation than other tamariki, and this increases their vulnerability to low educational achievement and health problems. The latest research from the University of Auckland shows that many low-income families cannot afford even a basic nutritious diet for their tamariki Māori.

Some submitters suggested changes to Working for Families entitlements, additional support for housing costs, an increase in the minimum wage and benefits, and other direct investment measures for the immediate alleviation of the worst poverty. There was concern about welfare dependency, and the need for economic development in areas of high Māori unemployment to improve training and employment for whānau to break the poverty cycle. We recognise that whānau without work are also entitled to an adequate income to ensure the wellbeing of their tamariki.

We are aware that an essential factor in success for Māori is gaining economic independence through meaningful employment or enterprise. This needs to be taken into account when promoting models of success.

We believe that supporting parents and caregivers into paid employment opportunities and workforce development are an effective way of empowering whānau. We heard many submitters argue for a minimum family income to provide good care and a healthy environment for tamariki Māori (Hawke's Bay District Health Board, Methodist Church).

Social Service Providers Aotearoa advocated a holistic approach to tamariki Māori's wellbeing, including whole-of-government strategies to improve employment prospects for whānau. It was suggested that longitudinal studies to evaluate the effect of integrated government initiatives would contribute valuably to the formation of policies affecting tamariki Māori.

We are mindful of the importance of financial literacy in helping whānau avoid unnecessary and expensive household debt. Incorporating this practical skill set into education programmes from an early age and into social service support will contribute to better lifelong choices by individuals and whānau.

We need to create an environment that supports Māori economic potential and builds success. This environment also needs to support Māori values and definitions of success in a whānau-centred way. A supportive New Zealand government and business environment will support whānau capacity and tino rangatiratanga/self-determination. Many submitters called for more collaboration between government, iwi, community and business on economic solutions that have proven to be effective. We believe iwi possess great potential to build a strong foundation for sustainable Māori economic growth. We also see potential in growing the Māori business sector, and we hope that Māori corporations will use their success to support their communities.

3 Government and whānau

Terms of reference

The extent of public investment in Māori children across the health, education, social services, and justice sectors—and whether this investment is adequate and equitable.

How public investment in the health, education, social services, and justice can be used to ensure the well-being of Māori children.

Policy and legislative pathways to address the findings of this inquiry.

Submitters called on the Government to take the lead in improving the wellbeing of tamariki Māori. We agree that government must play a central role in supporting whānau to improve the wellbeing of all tamariki Māori. Government agencies have funds, staff, knowledge, and other resources that can help whānau help their tamariki Māori. This support is necessary at both the policy level and in front-line services. We reiterate the continued role of whānau in ensuring the wellbeing of our tamariki Māori.

High-level government response

We heard a wide range of views from submitters on the appropriate role for policy makers and the way they should be setting policy and reporting its impact.

There was a general agreement that the Government continue to design, plan and implement a full, effective, coherent set of cross-government policies to address tamariki Māori's wellbeing. These policies would need agreed cross-government targets, accountabilities, responsibilities, and reporting processes, including the reporting of a subset of Māori-specific statistics. This policy area should be led by a senior Cabinet Minister with responsibility for addressing the needs of vulnerable tamariki Māori in the context of whānau.

Submitters stressed the need for government to create an environment in which Māori will be willing to consult and communicate with officials, and in which officials can think creatively and take risks to express their views.

Submitters also saw value in developing a general child impact assessment tool, with clear targets, measurements, and milestones for vulnerable tamariki Māori. They expressed a belief that the Government should encourage lateral thinking on ways to free up funding to deal with this serious and urgent issue. In many instances Māori-specific policy is derived from generic research, not research specifically on Māori. We believe more research should be undertaken involving Māori and investigating adverse outcomes specifically affecting Māori.

The main concern of submitters was the Government's focus on crisis management rather than wellbeing, along with the need for a policy on child poverty. The machinery of government should work to the needs of tamariki Māori and their whānau, not to accommodate agency functions and structures.

We believe there is a need to create a high-trust environment, in which knowledge, information, experience, and wisdom can be blended to provide an urgent, clear, practical strategy for serving the needs of the most vulnerable tamariki Māori. Targets for the

delivery of policy and programmes are needed to improve outcomes and hold agencies and departments accountable. Government funding and contracting is a structural determinant of organisational effectiveness regarding vulnerable tamariki Māori.

We endorse the idea of such a partnership, and a social responsibility campaign to promote the wellbeing of all tamariki Māori and encourage sharing of responsibility between iwi, communities, the business sector, and government. Champions and ownership are important for such initiatives. For example, under the Truancy Free Zone initiative (one of the Ministry of Social Development's Social Sector Trials⁴), in one community businesses have agreed not to serve school-age tamariki Māori during school hours.

Practicing whānau ora requires cooperation between stakeholders in the wellbeing of tamariki Māori. We are concerned that there is still a silo mentality in agencies that influence the wellbeing of whānau, and specifically of tamariki Māori, particularly in government departments. Whānau ora is about recognising the connections between people, not just at a whānau level, but including hapū, iwi, various government entities, non-government organisations, and the private sector. All have a stake in the wellbeing of tamariki Māori.

A number of submitters argued that government agencies, should be more open, collaborative, and transparent. We consider this essential in areas which bear on the wellbeing of tamariki Māori. The protection of tamariki Māori deserves the utmost care, and those charged with it should be accountable for any shortcomings.

We believe effective interdepartmental communication is essential for the machinery of government to meet the needs of tamariki Māori. There appears at present to be insufficient communication between departments that share interests in and responsibility for the wellbeing of tamariki Māori. Information sharing is an important way of “joining the dots”; there is a concern that vital information is being collected by government agencies but not shared.

We heard that both government departments and non-government organisations appear reluctant to cooperate on projects, even where an overlap in subject matter or target groups is clearly evident. This reluctance has resulted in some duplication of programmes, and is a factor in administrative costs taking up a large portion of funding allocations. Fragmented services cannot meet the needs of all tamariki Māori, and we fear that the most vulnerable may slip through the cracks.

We believe that contract tendering and resultant competition between providers can limit their ability to develop collaborative relationships and partnerships to serve those most in need. The silo approach of government departments can be reflected in community agencies. An adequate, well-funded safeguard for the welfare of tamariki Māori is needed. Agencies and Māori providers respond and evolve to meet the needs of their communities in an innovative practical way, yet their work is often unrecognised and unfunded because of the narrow focus of contract and reporting requirements.

Submitters expressed a desire for government agencies and departments to report annually on achievements relating to the wellbeing of Māori. Effort must also be made to ensure

⁴ These programmes utilise cross-agency working groups to deliver social services to young people in targeted communities.

that interactions with government are positive, as in some instances government agencies are perceived to do more harm than good.

Service provision

A number of submitters described to us the difficulties many whānau encounter accessing support services from government and non-government providers. A particular challenge was the limited operating hours of many services, particularly primary and specialist healthcare and preschool and after school care. The cost of access can also be a problem for whānau: not only fees for the services concerned, but associated costs, such as transportation or leave from work.

We believe all tamariki Māori deserve the same access to high-quality services, regardless of where they live or their family's income.

We looked at the availability of services in certain geographic areas, particularly rural communities and poorer urban neighbourhoods. In rural areas, many whānau must travel long distances to access support, which may constitute a barrier. A number of submitters feel there is a shortage of services in poorer neighbourhoods, particularly those provided wholly or partly by the non-government and private sectors. This presents another challenge for whānau that are already vulnerable. We believe that there is a need to map services to population demographics to ensure key services are available equitably throughout the country.

Submitters suggested a number of ways to improve access to services, including adequate funding for the needs of vulnerable tamariki Māori and whānau, timely contracting, and more robust, holistic, professional, culturally appropriate provision and evaluation of services and programmes. Whānau Ora was praised for strengthening whānau, and value was seen in continued investment in it.

Research shows that effective interventions are multi-faceted, multi-modal, broadly based, incremental, available, flexible, and based on relationships. For example, a programme providing multi-systemic therapy for young offenders—many of who are Māori—succeeds because it addresses the risk factors, works with the whole family, goes to the home, asks what the family needs, and works in the crucial social environments of the young person: family, school, community, and peer group.

Empowering relationships

A whānau-centred approach would give priority to relationships at the various levels rather than focus exclusively on service provision. As submitted by the Children's Commissioner, such a shift in priority would empower communities to lead change and make decisions to meet local needs. Giving priority to relationships means valuing people and their shared interests, and recognising the strength of combined efforts. Maximising collaboration and partnership between whānau, community agencies, iwi, local and central government, non-government organisations, and other stakeholders is central to empowering relationships for delivering effective service. We were particularly pleased to hear about the Ministry of Social Development's Social Sector Trials, the Manaiakalani Education Trust, and Project Energise, funded by the Waikato District Health Board, among many collaborative projects cited during the inquiry.

Information-sharing and common datasets could help bridge gaps in services for tamariki Māori and strengthen relationships between the agencies involved. The key to building

resilient relationships is communication; paradoxically, clear communication is only possible where good relationships are built and maintained. We recognise that this is a particular challenge for non-Government organisations.

Programmes also need access to long-term funding to allow whānau and service providers to develop trusting relationships. This view was endorsed by Waitemata and Auckland District Health Board, the New Zealand Council of Christian Social Services, and Te Puawaitanga ki Otautahi Trust. Ideally vulnerable whānau should have a dedicated case worker to provide continuity of care and help coordinate services. Purposeful but sensitive relationship-building with disengaged whānau may ultimately improve outcomes for tamariki Māori.

For example, for pregnant Māori women, this approach would see midwives encouraged to enhance their own taha Māori knowledge to build the quality of care they provide, and to connect expectant mothers with other community, maternal mental health, or iwi support they may need, before their child is born.

The same relationship-building capabilities need to be cultivated in whānau as in service providers. The skills to build good relationships, such as effective communication and inter-personal skills, will empower whānau to tackle difficult issues such as teen pregnancy.

Over time a lack of trust has developed between some agencies and Māori. Much of this mistrust has arisen from interventions that have adversely affected vulnerable families and their tamariki Māori.

Ohomairangi Trust described an example of an area in which trust was a stumbling-block. It acknowledged that paid employment is important in mitigating intergenerational welfare dependency and brings advantages in the form of increased income, better social networks, better parental health, and positive role modelling for tamariki Māori, the primary social obligation of whānau requires confidence in the care their tamariki Māori will receive. Whether the proposed social obligations of the welfare reforms, requiring parents to have their tamariki Māori enrolled in early childhood education, will have the desired impact in areas with high Māori populations and poor access therefore remains unclear. Unicef NZ suggested that tamariki Māori may be put at risk by welfare changes if parents are required to work and suitable childcare is unavailable

Looking to the future, we believe it is important that whānau and government agencies rebuild trust so they can work together.

We believe it is vital that Government and non-Government employees working with tamariki Māori are culturally capable in meaningful ways, and understand how to work with whānau members to attain the best outcomes for tamariki.

Submitters encouraged the Government to adopt the objective of eliminating all forms of cultural racism, and to train public service employees in tikanga Māori and bicultural partnership.

We believe Government agencies and department should report annually on their achievements regarding the wellbeing of Māori, and work to ensure that no harm is done to tamariki and rangatahi Māori as a result of their dealings with government and community agencies.

Education

We believe tamariki Māori need to grow up in whānau that nurture lifelong learning. We want to see tamariki Māori growing up loving learning and engaging in education that will equip them with the skills and knowledge they need to succeed. Education is providing children not simply with academic skills, but also the skills to recognise and avoid risks, and participate in their community in a positive way. When whānau value education, they can influence their tamariki Māori's learning success. Education starts in the home—whānau are a child's first teachers. Learning starts from birth, and we want to support the ability of whānau to provide a stimulating environment for their tamariki Māori to grow up in.

As tamariki Māori move into more formal education, the role of whānau remains important. Whānau and educators need to work in partnership. Schools and parents can work together to ensure tamariki Māori receive a responsive and appropriate education. We also believe there is potential for iwi to take a proactive role in educating tamariki Māori, particularly in teaching their unique iwi knowledge.

In order to mitigate the effects of poverty it is important that rangatahi be equipped with the skills and knowledge to build a solid economic future for themselves and their whānau. We note that the Government has recognised the key importance of education for the wellbeing of rangatahi, and that addressing the tail of underachievement is crucial. Submitters gave this a high priority, some expressing a conviction that education was a pathway out of poverty in the longer term.

Te Reo Māori is an important part of Māori identity. We believe that society can benefit from more exposure to te reo Māori, to broaden respect for, understanding of, the Māori perspective, and increase the recognition of its value in building a fair and equitable society that respects diversity. Education providers can contribute by exposing all New Zealand children to Te Reo Māori.

We also believe it is important that Māori teachers and Te Reo speakers are represented in the education system. Currently, 5,140 teachers in New Zealand primary and secondary schools identify as Māori. The most recent Ministry of Education data reports that in 2009, 1,088 teachers received a Māori language immersion allowance. Of those teachers, 528 taught in kura.

As a result of our visit to Australia and to Yipirinya school, the idea was raised that every class should have a Māori teacher aide, to help with the students' understanding of Māori culture, development of identity, and learning. This initiative would be two-fold; it would also create a career path to teacher training to increase the number of Māori teachers in our schools.

Kohanga reo and early childhood education

Māori participation in early childhood education services has increased in the last decade; however we heard that "lack of participation is particularly acute in urban areas with high Māori populations, such as South Auckland". Concern at the low level of participation was echoed by a number of submitters. We want all tamariki Māori to have the best possible start to their education, and high-quality, accessible early childhood education is an important part of such a start.

Kohanga reo have a strong tradition of providing tamariki Māori with a positive early childhood education in a kaupapa Māori environment. The establishment of kohanga

resulted in rapid growth in Māori early childhood participation rates, but in recent years kohanga enrolments have dropped. The latest statistics from the Ministry of Education indicate that of the 41,961 tamariki Māori enrolled in early childhood education in 2012, about 8,500 (just over 20 percent) were enrolled in kohanga reo. This is in contrast to the peak of around 14,000 in 1993. To lift early childhood education participation amongst Māori the Government will need to redress funding inequities between kohanga reo and other early childhood education services. Currently kohanga reo are funded at a lower rate than mainstream teacher-led early childhood education providers, and many kohanga reo are struggling financially. The Waitangi Tribunal has recently reported on a claim by the National Kohanga Reo Trust and raised a number of disturbing issues. The committee is aware that the Government has initiated a process to engage with the National Kohanga Reo Trust to resolve issues identified in the Waitangi Tribunal Report.

Kura Māori

We are concerned that access to Māori-medium education following kohanga reo varies from town to town, area to area, which may disadvantage tamariki Māori who experienced immersion education in their earlier years.

The Children's Commissioner says that tamariki Māori achieve better educational outcomes in kaupapa Māori education initiatives; however, as noted, the rate of participation is declining in some areas.

We believe kura provide an important environment for teaching kaupapa Māori and Te Reo, as well as supporting whānau. Tamariki Māori enrolled in kura and Māori-medium classes have better opportunities for connection to their culture. It reinforces Māori identity and helps raise confident and resilient tamariki Māori. At primary and secondary level, the proportion of tamariki Māori enrolled in kura drops to just under 10 percent. We are concerned that the good work of kohanga reo is not sustained as tamariki Māori move through their school years. We are aware that five percent of tamariki Māori are enrolled in Māori language education. Despite the reported successes of Māori language education for tamariki Māori over mainstream education, we are concerned that too few whānau choose to remain in Māori-medium education. The committee believes that there are innovations from Māori-medium education that would transform mainstream schools in addressing underachievement.

Mainstream education

While we value the important contribution of kura Māori in educating our tamariki Māori, we recognise that around 173,000 tamariki Māori—roughly 95 percent—are educated in mainstream schools. Therefore we believe it is important for mainstream education providers to educate tamariki Māori in an environment that affirms their culture and language. To this end, we would like the number of te reo Māori speakers and teachers in mainstream schools to increase. Te Kotahitanga, along with other developments in cultural competency, has had a positive impact.

Cultural competency and communication

Communication is crucial to achieving these goals. We believe this needs to originate within the family and that we must begin from birth, talking to our tamariki Māori and encouraging them to express themselves.

We must respect the cultural paradigm within which Māori operate and communicate. Whakamā, for example, could be readily interpreted as an indication of shyness or modesty, or, at the other end of the spectrum embarrassment and shame.

The key is to be able to read and interpret cultural differences and not assume that what is in one culture is the same as another. Another example is whakahiihi which might be incorrectly interpreted as arrogance, while in reality it may be a mark of confidence.

We believe that anyone working with tamariki Māori needs to be culturally competent in the skills, knowledge and attitudes of culturally diverse groups. This means that they will function effectively in a way which respects the customs, cultural beliefs, values and practices of people from different cultural backgrounds. They will be able to communicate effectively cross-culturally, and be committed to developing relationships with whānau as and when appropriate.

Many submitters expressed concern about lack of cultural competency in the mainstream education system. To meet the needs of tamariki Māori and rangatahi, whānau need access to education at all levels. Teachers and schools need to be culturally responsive and appropriate in their approach to teaching Māori students and parents, and whānau should be more involved in education. Promoting such initiatives requires funding. We believe tamariki Māori learn better in an environment that acknowledges and supports their culture. With the vast majority of tamariki Māori enrolled in mainstream schools, it is important that these schools are culturally responsive.

We are impressed with the results of programmes like Te Kotahitanga, and believe similar interventions should be expanded to all schools. Run by the University of Waikato, Te Kotahitanga guided educators in creating culturally responsive learning environments with the support and engagement of whānau and community, and helps build positive relationships with their students, providing a supportive whānau environment in the classroom. We see this as whānau ora in action. Te Kotahitanga has recently been replaced by a new programme, Building on Success. We hope this will indeed build on the strengths of Te Kotahitanga and benefit Māori students and their school communities.

We would also support increasing the cultural competency training component of programmes at teachers' colleges. Educators need to be able to understand their students to fully meet their educational needs. A number of submitters expressed concern about a lack of cultural competency among teachers in mainstream schools.

Hutt Valley District Health Board Consumer Kaitiaki Group believed that it is crucial to improve teachers' awareness of the social justice issues regarding education and tamariki Māori in poverty, and to equip teachers to teach in empowering and culturally appropriate ways.

We recommend encouraging linkages between universities and grass-roots providers to share research and emerging knowledge about the best way to work with tamariki Māori. Such collaboration would enrich both the academic environment and the community setting.

Parental engagement

We believe parents need to stay engaged in their tamariki Māori's education throughout their school years. Where parents have limited education and literacy themselves, opportunities for them to learn by participation in their tamariki Māori's learning are needed, as is funding for parents to continue their own education (as submitted by Ko Te

Aroha Children’s Centre). In building on what has worked in schools to date, we look to examples such as the Reading Together programme, which brings caregivers into schools to teach them and their tamariki Māori to enjoy reading with each another.

Parenting programmes and adult education courses could be run at the schools to encourage parents to take part in the school community. Tamariki Māori should have priority access to Māori-led classrooms. Submitters also argued that funding should be available to promote parents continuing their education, which is very often interrupted.

Utilising technology

Children are engaged by the use of computers. We believe that technology offers many opportunities to improve the educational prospects for our tamariki Māori. We consider that access to technology is an issue of equity. We want all tamariki Māori to have equal access to technology, and believe the Government should take the lead in providing it. We endorse programmes such as Computers in Schools, which facilitate the use of computers in schools and homes. Digital literacy is a key factor in preparing children to succeed; confidence in using digital tools, including computers, is necessary in today’s career market. Tamariki Māori interact with the wider world through technology and communication technology is crucial in the workplace.

Schools as community hubs

We heard that services provided at education facilities needed to be relevant and responsive to the needs in a community. We believe that an effective outcomes-based model would require a relevant cultural framework, a quality-assurance standard for working with tamariki Māori, and the ability to evaluate and share best-practice models.

We recommend that one-stop-shops be developed to offer integrated services from single locations or hubs. A hub for a particular community would be located at the school or the community centre, and encompass services in areas such as health, education, and employment. A number of submitters suggested using education providers (schools, early childhood education, high schools) as a location for the delivery of social and health services, to help combat the impact of poverty on tamariki Māori’s education. We feel that schools are well placed to take on this role as they often already serve as de facto community centres, and have strong connections to whānau. We believe any community services operating out of school grounds should not be at a cost to school budgets, or put pressure on schools’ time and resources. We also believe community hubs should be strongly linked to Whānau Ora providers.

We are mindful that support services that intersect with a school community—social work, counselling, budgeting, health and whānau ora—involve multiple providers. We endorse a more “joined-up” approach, in order to include and coordinate all the necessary contributions to improve outcomes for tamariki Māori. We do not believe such services should be contracted exclusively to iwi-based organisations.

Health

Good health is often a pre-condition of educational achievement, employment, and a successful career. In turn, the health and wellbeing of people is determined by a wide range of economic, social, and environmental influences. The health sector therefore has an important role to play in addressing poverty.

We are aware that the findings of the New Zealand Children's Social Health Monitor Update 2011 link economic conditions with tamariki Māori wellbeing. There is a correlation between wellbeing and socio-economic status, which needs urgent attention; and long-term policy commitments will be needed to make enduring changes to benefit the lives of tamariki Māori. Implementing integrated strategies, mandatory reporting of outcomes throughout the Government sector, and addressing the damaging effects of poverty are among the structural changes that might benefit tamariki Māori.

We received many submissions from the health sector. Many specifically referred to or made recommendations regarding the link between poverty and ill health for tamariki Māori.

There is a consistent and pervasive correlation between increasing deprivation and worsening health and risk factor measures including shorter life expectancy, higher mortality rates and higher smoking rates. (Health Hawke's Bay, 2012)

The New Zealand College of Public Health Medicine New Zealand suggested a whole-of-Government approach to addressing the negative impact of poverty, and a review of alcohol and tobacco legislation. The college also submitted that better housing, maternal health, and preventative medicine are vital for tamariki Māori. Tairāwhiti District Health Board (Population Health Division) said that reducing health inequalities should be a priority, and suggested setting specific health targets for tamariki Māori. Christine Hawea cited the "Social Determinants of Health", supported by the World Health Organisation, as a key document of the connection between poverty and ill health.

Access to health care

We believe that to make the most of a child's future, whānau need better access to adequate primary health care and appropriate education in their child's health (Māori Party National Council). A number of submitters focused on improving the delivery of services to Māori. The Royal New Zealand College of General Practitioners suggested that general practitioners receive specific vocational training in order to serve Māori patients better, and that the Government work towards providing free healthcare 24/7 for all tamariki Māori under the age of six. Hutt Valley District Health Board Consumer Kaitiaki Group suggested that investment was needed in more Māori health practitioners, that mainstream health services should become more culturally competent in responding to and providing services to Māori; it also called for more investment in community-based secondary mental health and addiction services for youth and young adults, including more medical and clinical staff.

Delivering health services well means having the right services at the right time, delivering them seamlessly, and ensuring that we are getting the results we expect.

Submissions highlighted the importance of early and easy access, particularly to primary health care and early childhood education. While cost is one of the barriers most often cited, others include the opening hours of services, their location, transportation, and poor communication by health-sector agencies and professionals. Rape Crisis Dunedin suggested that to mitigate the impact of poverty and inequity, all tamariki Māori should have access to free health care and a doctor and a nurse should be working in every school. We are concerned that many health services, particularly in rural areas, are not easily accessible by those in need. Better access might involve extending service hours to suit whānau needs, and providing mobile services, particularly in isolated or low-income areas

where transport options are limited. The Kapiti Coast has a successful paramedic assessment service which acts as a first response to calls for assistance from home. This initiative could be extended elsewhere.

All tamariki Māori should be able to access primary health care as and when they need it. YouthLaw argued for extending free health care after hours for tamariki Māori and rangatahi to make good health attainable by tamariki Māori of low-income families. Empowering whānau to provide healthy environments for their tamariki Māori also requires more support by way of policy and services.

We believe access to service would be facilitated by increasing the cultural capability of staff, residences and work sites, and ensuring that Māori staff are present to work with Māori clients. We recommend that a review of population based funding be followed by a consideration of population-specific needs.

Early intervention

Some submitters proposed increasing the emphasis on, and investment in, prevention and early intervention to foster positive childhood development. Lakes District Health Board recommended such investment, as did the Liggins Institute and the National Research Centre for Growth and Development (University of Auckland).

We acknowledge that early intervention is a sensitive issue, but believe it is necessary to help tamariki Māori most at risk. Early intervention can be initiated by health, social service, education, or justice providers. If we are serious about breaking inter-generational cycles, we believe early intervention should begin as soon as the mother is pregnant, and assistance provided before the baby is born. Good health for tamariki Māori starts with high-quality maternity care and the right interventions in a child's early years. Many submitters raised this issue, concerned that tamariki Māori were missing out on essential healthcare; evidence suggested that whānau with the greatest needs are also the least likely to be engaged with services to meet them.

High-quality healthcare and nutrition for expectant mothers ensures their own good health and that of their babies. Pre-birth care allows healthcare providers to build relationships with mothers and whānau, so they can be of more help once a baby is born. Early intervention could employ a cross-sectoral needs assessment to ensure healthcare providers are aware of each whānau's needs, especially those of the more vulnerable.

One such early intervention initiative we heard about was quadruple enrolment in the healthcare system at birth—on the national immunisation register, with a Well Child provider, with an oral health provider, and with a primary health care provider. This initiative, which is currently operating in three district health board areas, was designed to reach as many tamariki Māori as possible in the earliest stages of their lives and to stop any “falling through the cracks” in these important areas of service provision. We are heartened to hear that all district health boards are working towards implementing a triple enrolment system.

Prenatal and postnatal care and planning

We agree that it is best for parents and tamariki Māori if pregnancies are planned. It means parents can weigh up options and opportunities and consider the responsibilities involved before choosing to have tamariki Māori. Regardless of whether pregnancies are planned or

not, so we must make sure that all whānau have the resources they need to prepare as best they can.

We acknowledge that many young parents with unplanned pregnancies struggle. They need to be fully informed to help reduce the risk of teen pregnancies, and to have access to support services should pregnancy occur.

We heard that the Netherlands has a significantly lower teenage pregnancy rate than most developed countries. Frank and pragmatic conversations are had there at early ages about the connection between sex and pregnancy, and the rights and responsibilities associated with sex. We recommend funding initiatives to reduce teenage pregnancy and provide high-quality pre-natal care, using local and overseas evidence of what constitutes best practice.

Best practice would certainly include all whānau having access to well-designed pre-birth programmes, as recommended by the Public Health Association of New Zealand; ante-natal care and education (Waikato Child and Youth Mortality Group); quality wrap-around social and health services for pregnant women (Tairāwhiti District Health Board (Population Health Division)); more effective engagement in Plunket or equivalent services (Plunket); early childhood development programmes (Public Health Association of New Zealand); and funding for the expansion of effective teen parenting units.

We recognise the low proportion of Māori women who use midwifery services. We would like to see a concerted focus on improving the number of pregnant Māori women who access such services, to secure better outcomes for mothers and babies.

We also recognise and are disappointed by the small number of Māori midwifery providers. We believe that once pregnant women have a midwife, they can be more readily engaged in primary healthcare services.

We also believe the health of Māori mothers and babies could benefit from reconnecting whānau to traditional Māori health practices, such as burying whenua and pito.

A whānau-centred approach might also see the extension of the “nan” model applied through the Māori Women’s Welfare League, where a maternity nurse takes on the role of model, mentor and counsellor for the whānau, looking after mother and baby for the first eight days after birth (this reflects the Kraamzorg Holland model, which however is paid for by the user).

Breast the best start for tamariki Māori

Breast feeding provides the best developmental benefits to pēpi and their mothers. Breast milk is the most nutritious and healthy food for babies, providing a key protective factor for a child’s health.

Breastfeeding also helps to develop a strong maternal bond with the child, improving the critical protective and responsive relationship between mother and baby in the short and long term.

Early writings about Māori from Elsdon Best and others describe how, pre-colonisation, pēpi were only breast fed and mostly for many months, often until a child chose to stop.

But in more recent times, Māori rates of breastfeeding have fallen below that of non-Māori. The Lakes District Health Board said that there are significant disparities in breastfeeding rates between Māori and non-Māori. They cited Plunket data from 2010 showing that full and exclusive breastfeeding rates at 6 weeks, 3 months and 6 months for Māori was 54

percent, 41 percent, and 12 percent respectively, compared to 75 percent, 61 percent, and 25 percent for non-Māori. They also noted an increase in the risks associated with the early introduction of solid food to babies, and that Māori children were twice as likely as non-Māori children to be given solids before four months of age (2006/07 NZ Health Survey). We also believe that societal pressures to hide breastfeeding infants create a culture hostile to mothers and babies and particularly to Māori mothers and babies who have had a long cultural history of breastfeeding.

We are aware of the strong correlation between increased risk of SIDS and early cessation of breast feeding. Dr Elizabeth Craig submitted that a recent review of SIDS-related knowledge and infant care practices among Māori mothers in South Auckland found that knowledge about SIDS prevention was much lower amongst Māori than European mothers, with more Māori infants sleeping prone and having stopped breastfeeding earlier.

In addition there are clear links between early cessation of breast feeding and longer term ill health for babies and young children. The Manaia Health Primary Health Organisation noted that factors which increase the likelihood of an infant suffering bronchiolitis include being less 6 months old, household crowding, older brothers and sisters attending day care, socioeconomic disadvantage, maternal smoking and lack of breastfeeding. They said that Tamariki Māori are disproportionately exposed to all of these risk factors for bronchiolitis.

We believe that government should continue to use as many public health measures as possible to encourage breastfeeding by Māori mothers and support whānau to support mothers to breastfeed their babies. Dr Cass Byrnes and Dr Adrian Trenholme recommended that programmes that have demonstrated success in promoting breast feeding among Māori women be supported and expanded. The New Zealand Nurses Organisation suggested that government should increase funding to improve breastfeeding rates in Māori for example community based lactation services and increasing the workforce of Māori lactation consultants.

Māori health workforce

Submissions indicated a shortage of Māori mental health and drug and alcohol services for Māori. This needs to be addressed through training and more targeted funding to reflect actual costs. We believe an intensive review of the provision of specialised mental health services for Māori is urgently needed.

We recommend developing a Māori health workforce through iwi, Te Puni Kōkiri, and the Ministry of Health, increasing the number of scholarships available for pertinent studies and targeting some to Māori in low-decile colleges and communities.

We recommend further promotion of and more participation in Te Pae Mahutonga, Te Whare Tapa Whā, and Te Wheke. These models reflect Māori paradigms of health and wellbeing while utilising Western scientific models for understanding suicide, and for mental health assessments and intervention.

We also support measures to attract and train additional health professionals, and training by kaumatua for health professionals, student psychiatrists and psychologists, nurses, counsellors, therapists, and social workers. For example, Tamati Kawai provides tikanga training at Orongomai Marae, Upper Hutt, for University of Otago health students and professionals.

Health literacy

The health literacy of New Zealanders is generally poor. If the goal of empowered and successful whānau is to be realised, we believe health literacy must be improved. Any health literacy education should be based on kaupapa Māori, and communicated in a culturally appropriate way. In this the health sector could work with educators and iwi organisations to find the best way to communicate important health messages and support whānau in efforts to live healthily. Communicating important health information to all members of a whānau empowers it to support the health of its tamariki Māori. We support health providers offering whānau health checks for all members together, rather than just seeing individuals on their own.

Many iwi, hapū and whānau live in rural areas and have access to land. Programmes should encourage the production and consumption of healthy food, from garden to table. These programmes could educate and inform whānau about diet and nutrition, and could work with healthcare providers to improve health literacy. In addition, the government could fund discounts, accessible by way of a smart card, on healthy food for low-income families.

Several submitters suggested ways in which the health status of tamariki Māori could be improved outside the scope of the healthcare system. Disproportionately high tobacco consumption, child maltreatment, overcrowded living conditions, and cold damp homes are just some of the factors inhibiting tamariki Māori health and wellbeing.

Tobacco

Smoking is an obvious health concern, and we heard suggestions from many organisations for cessation services, and media campaigns promoting smokefree cars and homes, targeting Māori youth, pregnant women and parents. Hawke's Bay District Health Board recommended supporting smokefree environments for tamariki and pregnant women; the Cancer Society's Wellington Division recommended adequate funding of cessation services targeted at Māori youth, pregnant women and parents via mass media campaigns; the Cancer Society's National Office and its Social and Behavioural Research Unit (University of Otago) recommended policies to encourage whānau to keep homes smokefree and ensure tamariki do not have access to tobacco; the Public Health Association of New Zealand supported further measures to control tobacco use, including smokefree cars and intensive cessation support for Māori women during and after pregnancy.

This committee has previously inquired into the impacts of smoking on Māori and many of the submitters' recommendations have been addressed in the resultant report. We note that the Government has advanced a number of the recommendations of that report.

Housing

Warm, affordable homes are critical to ensuring young Māori achieve positive lifetime outcomes. Many submitters expressed concern about the effects of poor housing on the health of tamariki Māori. Many tamariki Māori live in rented homes, which are often poorly maintained. Cold, damp houses result in sickness, particularly respiratory diseases. When tamariki Māori are unwell, they cannot thrive. Living in unhealthy homes can affect tamariki Māori's health in the long term, leaving them more susceptible to conditions such as asthma and glue ear. These illnesses can affect their learning and emotional wellbeing.

Poor housing can also encourage transiency, as whānau move often in search of better housing. This can hamper finding and maintaining employment, and disrupt tamariki Māori's schooling. Such instability can adversely affect their wellbeing in many ways.

The Children's Commissioner has recommended that the Government take the lead on the provision of social housing to address vulnerable tamariki Māori's need for a stable living environment. He expressed the view that under-investment in public housing has adversely affected tamariki Māori. Affordable rental accommodation for whānau on low incomes is not always available in areas close to schools, services or transport routes.

We believe that this issue needs further investigation, and that the solution requires an integrated central and local Government planning approach to addressing these needs.

Amongst the views canvassed were recommendations for provision of more safe, warm state housing for families in need, and more support for families to buy their own homes.

Taking a whānau-centred approach to more affordable housing for whānau, we look to papakāinga housing schemes around the country, and emphasise the need to continue and expand on the success of these initiatives, which not only provide for their needs, but also bring whānau closer together. Housing was suggested as one area where Māori incorporations could offer support by means such as grants for home investment, and creative options such as the kāinga whenua loan scheme.

We believe improving rental housing stock will need contributions from the State, iwi, and social service housing providers, as well as private landlords. It is time to start thinking outside the box, and looking at options such as using Māori Trustee assets to build houses for their own people as an investment.

Child maltreatment and abuse

One issue that we must address is the high rate of maltreatment and abuse suffered by tamariki Māori. Child maltreatment has a number of contributing factors. Poverty, low education levels, unemployment, unstable home life, and parental ill-health can all increase the risk to tamariki Māori. Maltreatment can take many forms, ranging from neglect and lack of care to physical, emotional, sexual, and mental abuse. Tamariki Māori who suffer maltreatment can experience many adverse consequences, the impact of which may be felt for many years.

Our specialist adviser told us that in 2009/10 Child, Youth and Family received around 125,000 notifications; half of these required further action. Our specialist adviser also told us that about 46 percent of CYFS clients are Māori.

Child, Youth and Family does not generally do intervention casework itself; it provides on-going intensive intervention to only about the worst 5 percent of abuse cases, as it lacks the resourcing to follow everything up quickly and effectively.

We heard that New Zealand has a robust Care and Protection Framework, but effective robust programmes, particularly small residential programmes, are lacking. There are few holistic whānau homes for the care and protection of vulnerable tamariki Māori. We recognise that Child, Youth and Family care is not responsible for strengthening or healing the whānau. However, we consider its role to be a matter requiring further investigation. In 2011 the Families Commission found that of the 4,238 tamariki Māori in out-of-home care in 2010, 45 percent also had siblings who had previously been removed from their parents

or caregivers by Child, Youth and Family. Fifty-two percent of the tamariki Māori in Child, Youth and Family out-of-home care were Māori, and of the tamariki Māori affected by custody orders in 2010, just under half (45 percent) had had a sibling previously removed. These figures indicate that when we intervene on behalf of the most vulnerable tamariki Māori, we are not doing it in the right way.

4 Conclusion

We were encouraged by the positive stories we heard during our inquiry of efforts throughout New Zealand to improve the well-being of tamariki Māori. We acknowledge that there is still much work to be done but we believe that the challenge is not insurmountable. We support a holistic approach that acknowledges tamariki as important members of their wider whānau, and empowers the adults in their lives to take a leading role in improving tamariki wellbeing.

We endorse the use of flexible and responsive cross-government initiatives, grounded in Māoritanga, to support and guide Māori whānau in changing the lives of their tamariki for the better. Whānau Ora is a prime example of such an initiative, and we support expanding it to reach more whānau. We encourage government agencies and non-government organisations to work collaboratively to support Whānau Ora and similar approaches to working with Māori whānau, and reject a silo mentality. We also encourage such organisations to consider revising their own programmes to utilise and support manaakitanga and whanaungatanga in the whānau with which they work. We believe that these initiatives need to acknowledge the Treaty relationship, which is an expression of tino rangatiratanga and kawanatanga, and should underpin the way government agencies and whānau work together.

Poverty is a major barrier to the wellbeing of tamariki Māori, and it often has a domino effect in all areas of a tamaiti's life. We believe that moving whānau out of poverty will benefit tamariki and allow whānau to build a strong foundation for a positive future.

Improving the wellbeing of tamariki Māori is in the interests of all New Zealanders. We call on all New Zealanders to support this important work, to ensure a brighter future for our tamariki and New Zealand as a whole.

Appendix A

Committee procedure

At its 28 September 2011 meeting, the Māori Affairs Committee resolved to conduct an inquiry into the determinants of wellbeing for Māori children. The committee called for public submissions on the inquiry. The closing date for submissions was 16 March 2012. The committee received 117 submissions and many supplementary submissions from the organisations and individuals listed in Appendix B. The committee heard 60 of the submissions orally at hearings of evidence at Wellington and Auckland. The committee met between 28 September 2011 and 11 December 2013 to consider the inquiry.

The Ministry of Maori Development, the Ministry of Health, the Ministry of Internal Affairs, and the Ministry of Social Development were our key advisers.

We also received independent specialist advice from Kitty McKinley MNZM.

Committee members

Hon Tau Henare (Chairperson)

Te Ururoa Flavell

Hone Harawira

Claudette Hauiti

Brendan Horan

Hon Nanaia Mahuta

Katrina Shanks

Rino Tirikatene

Metiria Turei

Nicky Wagner

Meka Whaitiri

Jonathan Young

Appendix B

Evidence and advice

Submitters

Action for Children and Youth Aotearoa
Action on Smoking and Health New Zealand
Alcohol Healthwatch
Andrew Sheldon Crooks
Angela Duthie (on behalf of Pomare School students)
Aotearoa New Zealand Association of Social Workers
Asthma Foundation
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (University of Otago)
Cancer Society Wellington Division
Carl Chenery
Child Poverty Action Group
Children's Commissioner
Christine Hawea
City of Manukau Education Trust
Community and Public Health West Coast
Dame Iritana Tawhiwhirangi
Deborah A Yates
Directions Youth Health Centre
Dr Amanda D'Souza
Dr Cass Byrnes, Dr Adrian Trenholme
Dr Elizabeth Craig and others
Dr Leland Ruwhiu
Dr Liz Gordon
Every Child Counts
Faavae Gagamoe
Families Commission
Franklin Baptist Church
Grace Coulter
Hapai Te Hauora Tapui, Māori Public Health
Hawke's Bay District Health Board
Health Hawke's Bay
Health Promotion Forum of New Zealand
Health Rotorua
Health Sponsorship Council
Hutt Playcentre
Hutt Valley District Health Board Consumer Kaitiaki Group
IHC New Zealand
Jigsaw Family Services
John Marcon
Just Speak
Ko Te Aroha Children's Centre
Lakes District Health Board

Liggins Institute and the National Research Centre for Growth and Development
Lyn Louise Milnes
Manaia Health Primary Health Organisation
Māori Party National Council Leadership
Mark D McNicholl
Mental Health Foundation of New Zealand
Methodist Church
Mira Szaszy Research Centre
Moana Bell
National Collective of Independent Women's Refuges
National Network of Stopping Violence Services
New Zealand College of Public Health Medicine
New Zealand Council for Educational Research
New Zealand Council of Christian Social Services
New Zealand Initiative
New Zealand Kindergartens Te Putahi Kura Puhou o Aotearoa
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand School Trustees Association
Ngāti Kahungunu Iwi
Nick Wright
Novi Marikena
Nutrition and Physical Activity Service of Te Hotu Manawa Māori
New Zealand Educational Institute Te Riu Roa
Ohomairangi Trust
Pahau Whānau
Peter Shuttleworth
Peter Zohrab
Pharmacy Guild of New Zealand
Post Primary Teachers' Association
Poverty Action Waikato
Problem Gambling Foundation of New Zealand
Professor David Fergusson
Professor Elaine Rush
Professor M Innes Asher
Public Health Association of New Zealand
Public Health South
Quit Group
Rape Crisis Dunedin
Regional Public Health, Hutt Valley District Health Board
Royal Australasian College of Physicians New Zealand
Royal New Zealand College of General Practitioners
Royal New Zealand Plunket Society
Safekids New Zealand
Smokefree Canterbury
Smokefree Coalition Te Ohu Auahi Kore
Social Justice Council of the Anglican Diocese of Auckland
Social Service Providers Aotearoa
South Auckland Family Violence Prevention Network
Steven Henry Whānau Trust

Strategic Expertise
 Tairāwhiti District Health Board (Population Health Division)
 Tamaki Treaty Workers
 Te Ora o Manukau Collective of Māori and non-Māori organisations
 Te Puawaitanga ki Otautahi Trust
 Te Roopu Awhina
 Te Runanga o Ngati Whatua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust
 Te Tai Tokerau Whānau Ora Collective
 Tu Wahine Trust
 Unicef New Zealand
 University of Auckland
 Venerable Michael Smart
 Violence Free Waitakere
 Waikato Child and Youth Mortality Group
 Wairarapa District Health Board
 Waitemata and Auckland District Health Boards
 WAVES Trust (Waitakere Anti-Violence Essential Services)
 WellTrust Youth Alcohol and Drug Service
 Wesley Community Action
 West Coast Tobacco Free Coalition
 Whānau Whakakotahi A Iwi Marae
 Women's International League for Peace and Freedom
 YouthLaw Tino Rangatiratanga Taitamariki

Advice

From Ministry of Education on:

- Numbers and locations of Māori students
- Provision of early childhood education

From Ministry of Health on:

- Provision of GPs and LMCs
- Live births by District Health Board region and ethnicity 2007-2011
- Live births by territorial local authority and ethnicity 2007-2011
- Three priorities to alleviate poverty

From Ministry of Social Development on:

- Children of beneficiaries
- Geospatial information on the Māori population
- Social Sector Trials extension
- Three priorities to alleviate poverty

From our specialist adviser, Kitty McKinley

- Specialist adviser report

From Te Puni Kōkiri on:

- Response to submissions
- Synthesis of submissions
- Three priorities to alleviate poverty

Joint advice from Ministry of Health, Ministry of Social Development, and Te Puni Kōkiri on:

- Written responses to committee questions
- Universal and targeted funding approaches

Appendix C

Index of socioeconomic deprivation for individuals – University of Otago

NZiDep

An index of socioeconomic deprivation for individuals

Clare Salmond and Peter Crampton
Wellington School of Medicine and Health Sciences
and

Peter King and Charles Waldegrave
Social Policy Research Unit, The Family Centre, Lower Hutt

Aim: To identify a small set of indicators of an individual's deprivation that is appropriate for all ethnic groups and can be combined into a single and simple index of individual socioeconomic deprivation.

Methods: The NZiDep index was derived using the same theoretical basis as the national census-based small-area indices of relative socioeconomic deprivation: NZDep91, NZDep96, NZDep2001 and NZDep2006. The index has been created and validated from analysis of representative sample survey data obtained from approximately 300 Maori, 300 Pacific, and 300 non-Maori, non-Pacific adults. Twenty-eight deprivation-related questions, derived from New Zealand and overseas surveys, were analysed by standard statistical techniques (factor analysis, Cronbach's coefficient alpha, item-total correlations, principal component analysis). The index was validated using information on tobacco smoking, which is known to be strongly related to deprivation.

Result: The NZiDep index is based on eight simple questions which take about two minutes to administer. The index is a significant new (non-occupational) tool for measuring socioeconomic position for individuals. **The questions and scoring system are shown overleaf.**

Conclusions: The NZiDep index has advantages over existing measures, including a specific focus on deficits, applicability to all adults (not just the economically active), and usefulness for all ethnic groups. Its strengths include simplicity, utility, acceptability across ethnic groups, criterion validity, statistical validity, external validity (measured with reference to tobacco smoking), and relevance to the current New Zealand context. The index is indicative of deprivation, in general, and is designed for use as a variable in research, and for elucidating the relationships between socioeconomic position and health/social outcomes.

For further information, please contact:

Clare Salmond:	clare.salmond@xtra.co.nz	ph 04 476 8998
Peter Crampton:	peter.crampton@otago.ac.nz	ph 04 918 6045
Peter King:	king.p@fc.org.nz	ph 04 569 7112
Charles Waldegrave:	waldegrave.c@fc.org.nz	ph 04 569 7112

June 2007

Questionnaire items for NZiDep

The eight questions for the five-point individual-level index of socioeconomic deprivation are shown below. The order of the eight questions is not important, although they are listed here in decreasing order of occurrence. The simple scoring system is described after the questions. A suggested lead-in to these questions is: "The following few questions are designed to identify people who have had special financial needs in the last 12 months. Although these questions may not apply directly to you, for completeness we need to ask them of everyone."

- 1 [Buying cheap food]
In the **last 12 months** have you **personally** been forced to buy cheaper food so that you could pay for other things you needed? (yes/no)
- 2 [Unemployment] NOTE: defined as no for those 60 and over, and for full-time care-givers/home-makers; otherwise: In the **last 12 months**, have you been out of paid work at any time for more than one month? (yes/no)
- 3 [Being on a means-tested benefit] NOTE: means-tested benefits were listed on a showcard (see below) Looking at Showcard 1, did you **yourself** get income in the 12 months ending today from any of these sources? (yes/no)
- 4 [Feeling cold to save on heating costs]
In the **last 12 months** have you **personally** put up with feeling cold to save heating costs? (yes/no)
- 5 [Help obtaining food]
In the **last 12 months** have you **personally** made use of special food grants or food banks because you did not have enough money for food? (yes/no)
- 6 [Wearing worn-out shoes]
In the **last 12 months** have you **personally** continued wearing shoes with holes because you could not afford replacement? (yes/no)
- 7 [Going without fresh fruit and vegetables]
In the **last 12 months** have you **personally** gone without fresh fruit and vegetables, **often**, so that you could pay for other things you needed? (yes/no)
- 8 [Help from community organisations]
In the **last 12 months** have you **personally** received help in the form of clothes or money from a community organisation (like the Salvation Army)? (yes/no)

Creating the NZiDep index

- (1) Add the 'yes' responses (any missing data are counted as 'no').
- (2) Re-code the count of deprivation characteristics into the following five ordinal categories (relatively few people will have the largest number of deprivation characteristics):
 - 1 no deprivation characteristics
 - 2 one deprivation characteristic
 - 3 two deprivation characteristics
 - 4 three or four deprivation characteristics
 - 5 five or more deprivation characteristics

Showcard 1

- Domestic Purposes Benefit
- Independent Youth Benefit
- Sickness Benefit
- Invalids Benefits

NOTE: This list of means-tested benefits is current as of June 2007, but it could change in the future. This list deliberately excludes the unemployment benefit, which is means tested but is captured in the unemployment question.

Appendix D

Indicators of disadvantage – Social Policy Research Centre, University of New South Wales

TOWARDS NEW INDICATORS OF DISADVANTAGE PROJECT

BULLETIN NO. 2: DEPRIVATION IN AUSTRALIA

BY PETER SAUNDERS

INTRODUCTION

An article in an earlier issue of the SPRC Newsletter described the *Left Out and Missing Out (LOMO): Towards New Indicators of Disadvantage* project and presented results on the essentials of life. The project is funded by the Australian Research Council Linkage Grant Scheme and is based on a collaboration between the SPRC and our Industry Partners Mission Australia, the Brotherhood of St Laurence, ACOSS and Anglicare, Diocese of Sydney. The research has generated new nationwide data that is being used to identify who is deprived ('missing out') and excluded ('left out') from the benefits associated with Australia's current period of extended economic growth and rising incomes.

The data has been produced by two surveys conducted in 2006. The first was a national postal survey of 6 000 adult Australians drawn at random from the electoral rolls. This was supplemented by a second survey targeted at those who used selected welfare services provided by the Industry Partner agencies. Both surveys were conducted over a three-month period in mid-2006. Welfare service clients were asked to complete a shortened version of the main survey when they accessed services - almost none of those approached refused to participate. The first (postal sample) was designed to build, for the first time, a comprehensive national picture of the extent and nature of deprivation and social exclusion in Australia. The second (client sample) is significant because the most vulnerable people are generally under-represented in postal surveys, and also because we wanted to find out more about the kinds of problems faced by welfare service clients, who are by definition doing it tough.

As explained in the earlier article, 2 704 people responded to the postal survey (a response rate of about 48 per cent), while 673

completed the shorter client survey. Further analysis indicates that the postal sample is reasonably representative of the general population, although it contains more people over 50 than the population, whereas the client sample is dominated by younger people (under 30), because these are the age groups at which the services that were included are targeted. Together, the two surveys provide a very rich source of new data that are being analysed to gain a better understanding of the kinds of problems faced by those who have been left out and are missing out - those that the benefits of economic progress have thus far, failed to reach.

THE ESSENTIALS OF LIFE

Both surveys included a series of questions asking which among a list of items are essential in Australia today - things that no-one should have to go without. Participants were asked to indicate for each item:

1. Whether or not they thought that the item was essential for all Australians;
2. Whether or not they themselves had the item; and
3. If they did not have the item, whether this was because they could not afford it, or because they did not want it.

The last question was only asked of those items that individuals themselves could buy; it was not asked of items like access to a public telephone, or to a bulk-billing doctor under Medicare that cannot be bought by individuals but are provided collectively by government.

The 'essentials of life' questions covered a broad range of items, activities, opportunities and other characteristics that previous research has shown to be associated with deprivation and social exclusion. The list of potential items included basic items (for example, a substantial meal at least

once a day; heating in at least one room of the house), items that reflect or influence people's connections with community life (to be treated with respect by other people; a night out once a fortnight), items that people need at particular times in their lives (dental treatment; child care for working parents), and the ability to make use of key facilities and services (good public transport; and streets that are safe to walk in at night). Several of the items related specifically to the needs of children, including a separate bed for each child, a local park or play area for children, and up to date schoolbooks and new school clothes.

FROM ESSENTIALS TO DEPRIVATION

The definition of deprivation that has evolved from three decades of international (mainly British) research is an *enforced lack of socially perceived necessities (or essentials)*. The first stage in identifying the profile of deprivation involves identifying the list of socially perceived essential items. As indicated in the earlier article, responses to the 'Is it essential?' question were used to identify which items are regarded as essential by a majority of the population. This benchmark was taken as indicative of items about which there is a community consensus that they are essential. Only the postal sample was used in this stage, because we were interested in what *the community as a whole* regards as essential in modern-day Australia. Of the 61 items included in the postal survey, 48 passed the 'majority rule' criterion. However, a number of these items could not be bought by individuals and were thus not used to identify deprivation, which focuses on an *enforced lack* of each item that results from not being able to afford it.

The earlier article indicated that two items - a car and a separate bedroom for each child aged over



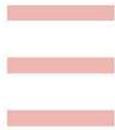
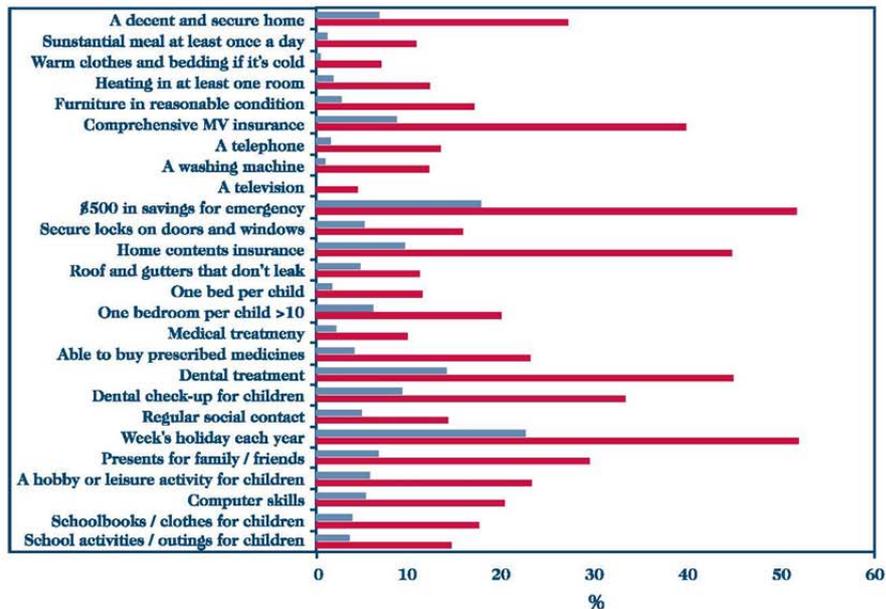


Figure 1: The Incidence of Deprivation among the Postal (Blue) and Client (Red) Samples (percentages)



10 – were very close to the 50 per cent cut-off. Further analysis revealed substantial differences in the views of different age groups about these two items (particularly about the car) and after adjusting for the over-representation of older people in the postal sample, support for the car being essential fell just below the threshold. It was therefore excluded from the final list, which contained the 26 items shown on the left hand side of Figure 1. The list includes basic needs items, such as a decent and secure home and a substantial daily meal, consumer durables like a washing machine and a television, access to medical and dental services and to prescribed medications, social participation activities such as regular social contact with others and an annual holiday, and risk-protection items like secure locks at home, insurance coverage and savings for an emergency.

Figure 1 shows the percentages of the two samples that are deprived in relation to each of the 26 items. For the postal survey, the incidence of deprivation is very low in the case of items like a

substantial daily meal, warm clothes and bedding, a telephone, a television and a separate bed for each child. Those items where deprivation is most severe are a week's holiday away from home each year (22.4 per cent), \$500 in savings for use in an emergency (17.6 per cent), dental treatment when needed (13.9 per cent), home contents insurance (9.5 per cent), an annual dental check-up for children (9.0 per cent), and comprehensive motor vehicle insurance (8.6 per cent). These patterns are unaffected when the postal sample is weighted to reflect the age structure of the population as a whole.

All but one of the items where deprivation is highest relate to steps that people need to take to protect their longer-term security: an adequate level of savings for use in an emergency, appropriate insurance coverage and access to dental care. The absence of these items among large sections of the population highlights the fact that many Australians may be managing, but are only a minor mishap (a scrape in the car, a toothache, or a broken refrigerator) away from

being unable to make ends meet financially. The other item where the incidence of deprivation is high – a week's holiday away from home – might be seen by some as a 'luxury' that has little to do with being deprived or disadvantaged. However, this item only enters the list because a majority of the population (around 53 per cent) regard it as essential: it is what *the community* thinks is essential that determines what is included in Figure 1, not what we as researchers think. This variable also has an insurance element, reflecting the need for families to have a break together and relax and re-group, away from the pressures of everyday (working) life.

The findings for the client sample paint a far bleaker picture of the extent of deprivation than those for the postal sample. At one level, this is hardly surprising since the client sample has been deliberately chosen to represent those who, having been forced to seek assistance from a welfare service, are likely to be most disadvantaged. Even so, it is still important to establish just how deprived those who use welfare

services actually are. The average incidence of deprivation across all 26 items among the client sample is 22.2 per cent, four times higher than that for the postal sample (5.7 per cent). The difference is hardly affected by adjusting for the differences in the age composition of the two samples.

Among those in the client sample (re-weighted so that it has the same age composition as the postal sample), the incidence of deprivation is highest in relation to a week's holiday away (51.7 per cent), not having \$500 in savings for use in an emergency (51.6 per cent), home contents insurance and dental treatment (both 44.7 per cent), and comprehensive motor vehicle insurance (39.7 per cent). The deprivation rate exceeds one-quarter in relation to 8 items (whereas it never exceeds this figure in the postal sample).

Around one-in eight of those in the client sample report not being able to afford a substantial meal once a day, to heat at least one room in the house, to have a washing machine, a separate bed for each child, have regular social contact with other people, or can afford to let their children participate in school outings or activities.

The evidence on deprivation among those who use welfare services illustrates the enormity of the challenges facing those who are working at the coalface of service delivery in these agencies. With tightly constrained budgets, these service delivery agencies can do little more than act as a palliative against the worst extremes of deprivation. The fact that those using welfare services face such high levels of deprivation suggests that the limited resources available to the services are being targeted effectively, but it also raises questions about the adequacy of the resources they have at their disposal. These are issues that should be of concern not just to those working in the services, but to all genuine 'fair go' Australians.

MULTIPLE DEPRIVATION

Previous studies have shown that many of those who experience deprivation in one area also face it in several others, compounding their problems and adding to the

Table 1: The Incidence of Multiple Deprivation (percentages)

Number of items lacking because they cannot be afforded	Postal sample	Client sample
0	61.5	25.2
1 or more	38.5	74.8
2 or more	26.4	64.7
3 or more	18.8	59.0
4 or more	14.2	52.7
5 or more	11.1	45.5
6 or more	8.1	39.9

complexity of solutions. Table 1 compares the severity of deprivation in the postal and client samples. Almost two-fifths of the postal sample experience at least one form of deprivation and more than one-quarter (26.4 per cent) are deprived in two or more areas. One-in-nine (11.1 per cent) are missing out on at least five essential items simultaneously. Although some will be reassured by the finding that over two-thirds experience no deprivation, the high numbers that are missing out in five or more areas will concern many others.

The extent of deprivation in the client sample is far higher than in the postal sample, and the findings again reveal the severity of the problems facing this group. Thus, almost two-thirds (64.7 per cent) experience two or more forms of deprivation, while close to half (45.5 per cent) are missing out on five or more items. The magnitude of the difference between the two samples is illustrated by the fact that the percentage of the postal sample that are deprived in two or more areas is the same as the percentage of the client sample that are deprived in eight or more areas. (The estimated multiple deprivation rates for the client sample increase by between two and four percentage points if the adjustment made to bring its age composition in line with that of the postal sample is removed).

The multiple deprivation rate differential between the postal and client samples cannot be assumed to imply that the latter group experience four times as much deprivation as the former, since the relationship between the number of essential items lacking and the

extent of deprivation may not be linear. Even so, it is difficult to deny that those who use welfare services are 'doing it tough', missing out on many of the items seen as essential by a majority of the population.

DEPRIVATION SCORES

In light of the extent of multiple deprivation shown in Table 1, it is clear that the incidence rates shown in Figure 1 do not reveal the full story about the severity of deprivation faced by different groups. In order to explore this issue more fully, a deprivation index has been derived by adding up the total number of items for which each individual is deprived. The average value of this index (or score) can then be calculated for groups in the population and used to compare the extent of deprivation experienced by different socio-economic categories. There are grounds for applying different weights to each of the items included in the index. Thus, an item could be counted more heavily if it is regarded as essential by a higher percentage of the population (attitudinal weighting), or each item could be weighted by the proportion of the population that actually possesses it (prevalence weighting). Neither approach has been used here, although future research is examining the robustness of the findings to different weighting patterns.

Table 2 shows how the deprivation index varies across socio-economic groups defined on the basis of their age, family type, employment status and Indigeneity. It reveals that there is a clear downward-sloping age gradient to deprivation among the

postal sample, although the gradient is somewhat less pronounced among those in the client sample. The pattern of deprivation across family types shows that deprivation is higher among single people than among couples (at all ages), increases for couples with children and increases again sharply for sole parent families. The level of deprivation experienced by Indigenous Australians is very high - the highest among any single category identified in this analysis - and exceeds that of the non-Indigenous population by a factor of more than four-to-one.

It is interesting to note that many of the between-group differences revealed in the client sample are smaller in relative terms than the corresponding relativities contained in the postal sample. Thus, the 4.2-to-one differential associated with Indigenous status in the postal sample is only 1.5-to-one in the client sample, while the 3-to-one employment to unemployment relativity in the postal sample falls to two-to-one in the client sample. To some extent, this reflects the fact that the postal sample is more diverse than the client sample, which is concentrated on those in greatest need. However, it is also striking that large differences in deprivation between the postal and client samples remain even when comparing *within* activity categories: thus, the deprivation score among those in the client sample who are unemployed is considerably higher than among the unemployed in the postal sample, while those in the client sample who are employed experience only slightly less deprivation than those in the postal sample who are unemployed. These comparisons suggest a number of factors are driving the results and that further analysis is warranted before any firm conclusions about the determinants of deprivation can be identified with certainty.

IN CONCLUSION

This article has examined the deprivation profile of the Australian population, as reflected in the postal sample, and drawn a series of

Table 2: Mean Deprivation Scores by Selected Socio-economic Characteristics

Characteristic	Postal sample	Client sample
<i>Age:</i>		
Under 30	1.97	5.55
30-64	1.43	5.62
65 and over	0.87	2.61
<i>Family type:</i>		
Single, working-age (WA)	2.14	5.14
Single, older person (65+)	1.33	3.16
WA couple, no children	0.84	4.14
Older couple (65+)	0.55	2.67
WA couple, with children	1.29	4.59
Sole parent	3.48	7.14
<i>Main activity:</i>		
Employed	1.15	2.92
Unemployed	3.66	5.85
<i>Indigenous (ATSI):</i>		
Yes	5.60	7.25
No	1.33	4.82

comparisons with deprivation among the smaller sample of welfare service clients. The estimates show that there is great variety between the two samples both in terms of the incidence of each deprivation indicator, in the extent of multiple deprivation and in the overall severity of deprivation (as captured in a simple unweighted deprivation score, or index).

More detailed analysis reveals substantial differences in the severity of deprivation across different sub-groups in the population, defined on the basis of a broad range of socio-economic characteristics. Although the between-group differences have been considered in isolation, many of them overlap and thus reinforce the combined impact on deprivation. Indigenous Australians, for example, tend to have low levels of education, to be more likely to be unemployed and/or reliant on social security for their income and to be renting their home, all of which are associated with a higher level of deprivation. These complex, deep-seated and often mutually reinforcing effects suggest that a coordinated plan of action is needed to address the different forms of deprivation

experienced by those who are missing out.

It is clear that the deprivation approach provides a valuable new insight into the nature and extent of disadvantage in contemporary Australia. It seems irrefutable that some in the general population and many in the sample of welfare service clients are missing out on the essentials of life and are thus deprived - often in many areas. If we are serious about addressing disadvantage, the patterns revealed in this research suggest that action is urgently needed to combat the many forms of deprivation that currently exist.

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Te pakirehua i ngā whakatakotoranga o te oranga mā ngā tamariki Māori

Te pūrongo a te Komiti Whiriwhiri Take
Māori

Pāremata e Rima Tekau
(Hōnore Tau Hēnare, Heamana)
Hakihea tau 2013

I whakatakotoria ki te aroaro o te Whare
Māngai

He kawanga

Ka tāpaea tēnei pūrongo ki tō mātou hoa mema, a Hōnore Parekura Horomia, kua riro atu nei. He tangata kaha rawa atu ōna āwhina i ngā matapakina, ariā, whakaotinga kei roto i te pūrongo nei e mau ana. Nā te ine o tōna tū rangatira, ka mahara ake mātou ko ia rā tērā i rapu, i whakakao mai i ngā tāngata katoa ahakoa, nō hea mai, ko wai, ki te whakatau i ngā tuma kei mua i te aroaro e pā ana ki te oranga o ngā tamariki Māori. He hōnore nui te wāhi mōna kei roto i a mātou, a ia nei i whakapau werawera puta noa te wā i a ia, mō ā tātou tamariki me ō rātou whānau.

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Te pakirehua i ngā whakatakotoranga o te oranga mā ngā tamariki Māori

Tauākī matua

Whai atu ana i tana pakirehua, ka whakaae te Komiti Whiriwhiri Take Māori ki ngā mātāpono ka whai ake, kei raro e tautoko mai ana i āna whakataunga me āna tūtohutanga ka whakatakotoria ki te aroaro o te Kāwanatanga:

- Kore rawa te oranga o ngā tamariki Māori e taea te tango mai i te oranga o tōna whānau.
- E whakaae ana ki te hiranga o te ohu tuakiri mō tētahi tamaiti Māori, te takahitanga tuatahi ki te whakatutuki i te pūmanawa nohopuku o tētahi ahunga ko te whānau-kei-waenganui i tō rātou oranga.
- Ka taea pea he ukauka panoni, he ukauka angitu mā te whānau (ā, nā reira mā ngā tamariki Māori) mehemea kei roto te whānau ake i te mahi whakatakotoranga whakaaro ka whakaawe i a rātou.
- Nā te āhua titiro whakaroto i te reanga o te huhua o ngā rarurau kei mua i te aroaro o ngā tamariki Māori, e tika ana me mihia, me whaitia ake.
- Ko te whakamahi i te ahunga Whānau Ora te tino takenga.
- He huhua ngā hanga o tētahi wharatonga ratonga pīngore; ko ngā whakaritenga matua, kia rata ngā ratonga, ā, ka taea te whakarerekē kia tutuki ai ngā matea o ngā kiritaki.
- Ko te mahi ngātahi me te mahi hoatahi i waenganui whānau, pokapū hapori, iwi, kāwanatanga ā-waenganui, ā-hau kāinga, rōpū whakahaere kore-kawanatanga, ā, me ētahi atu kaupuri pānga, kei waenganui ēnei i te mahi whakamana hononga mō tētahi tukunga ratonga pai rawa.
- I ngā rāngai katoa, otirā, i roto i ngā kura, ko te mea nui rawa kia titiro atu ngā kaiako ki te hunga takitahi me te mea nei he mema rātou o te whānau, ā, nā runga i tērā kia whakamahia ā rātou wāhi mahi me te mea nei he whānau ratarata.
- Ka āhei ngā tamariki Māori katoa ki te whiwhi tīmatanga pai rawa atu pea ki tō rātou whakaakoranga, ā, ko te whai putanga ki te whakaakoranga kōhungahunga kōunga-teitei tētahi wāhanga nui o taua tīmatanga.
- Ka hiahiatia he arotahi papahueke ki runga i te whakamārama mahi mō te hiki ake i ngā tūmanako me ngā whakatutukitanga o te whānau i roto i te mahi whakatakoto mahere, whakatinana, ā, me whakamātautau i te rāngai mātauranga me te rāngai pāpaori.
- Ko te tautoko i ngā hākoro me ngā kaitiaki ki roto mahi ka utua me te whakawhanake i tētahi ohu mahi ngā huarahi waiwai e pā ana ki te whakamana whānau.

- Mō ngā urupare ki ngā take oranga, ko te whai wahitanga mai o te tangata whenua me te kāwanatanga e mahi tahi ana, ko tērā te mea ka hiahiatia. He whakapuakitanga tērā o te tino rangatiratanga me te kāwanatanga (tā te pou tarāwaho o Te Tiriti).
- Te whakatakoto mahi tuatahi mō ngā matea me te oranga tamariki o ngā tau piki atu ki ngā tau e rima i roto i ngā hātepe ā-ture, kaupapa here katoa me tētahi papātanga hāngai, papātanga kore hāngai rānei ki te tamariki.
- Tērā ka hiahiatia kia mahi ngā pokapū kāwanatanga ki te whakatutuki i ngā matea o ngā tamariki Māori me ō rātou whānau, kāpā ki te whakanoho mahi, tuaiwi mō te pokapū.
- Tērā ki te whakapiki atu i ngā mea angitu mā ngā tamariki Māori me te whānau kia hono atu ai ki tō rātou tuakiri Māori.
- Tērā e tono ana ki ngā kaituku mātauranga auraki, me ākona e rātou ngā tamariki Māori i roto i tētahi taiao e whakakoitia ai tō rātou ahurea me tō rātou Reo.
- Ka hiahiatia he whakamataaratanga haepapa pāpori, whakahoatanga hei whakarangatira i te oranga o ngā tamariki Māori katoa.
- Tērā e kaha kē atu ana te hāpai i te mahi ngātahi i waenganui i te kāwanatanga, i te iwi, i ngā hāpori me te hunga kaipakihi ki te kōkiri whakaotinga mō te ōhanga ōhanga kua kitea kēngia nei he pai rawa.

He whakarāpopotanga tūtohutanga

I roto i te mārāma o ngā tauākī nei, ka whakatakotoria e Te Komiti Whiriwhiri Take Māori ngā tūtohutanga ka whai ake ki mua i te aroaro o te Kāwanatanga:

Rangahau me te kaupapa here

1 Tērā ka tono kia whānui, kia kounga-teitei te rangahau i te oranga o ngā tamariki Māori e ngā kaituku o ngā whare wānanga, o te hau kāinga, ā, me tā rātau whakahiato kaupapa here mō ngā ratonga pāpori, hauora arotahi-whānau, me ngā hōtaka hoki i taketake mai i ngā whakataunga. *Ka aro takengia te pai rawa o ngā hōtake nei e te hunga whakahiato ki ngā keonga kua whakaaetia, otirā, ērā me herea ngā kaituku ki te whakamārama i te mahi, ā, me te whakatakoto pūrongo ia tau e whakaatu nekehanga whakamua ana.*

2 Te whakahiato kaupapa here pipiri whakawhitinga-kāwanatanga me te whakahiato i tētahi ahurea whitiwhitinga kōrero, mahinga ngātahi mō roto tari kia pūmau ai ko te oranga o ngā tamariki Māori he mahi tuatahi mā ter katoa, ā, me te whai putanga atu hoki ki te pārongo e tino āhei ana.

3 Tērā ka tono kia whakatūria he aronga kaupapa Māori i taketake mai-i-runga-pakaritanga kia kaha ai te whānau ki te hoahoa, ki te whakatinana otinga kia pūmau ai te oranga o ō rātou tamariki.

Wharatonga Ratonga

Whakaharatau

4 Tērā ka tono, me hoatu he pūtea āwhina wā-roa (ngā wāwāhanga moni o ngā tau-tini maha) mā ngā kaituku ratonga e āhei ana, ā, me tuku hoki i a rātou kia whakawhanake hononga whakawhirinaki i te taha o te whānau.

5 Tērā ka tono, me whakamaherea ā-tauporingia, ā-kupenga rānei ngā ratonga kia pūmau ai te wātea o ngā ratonga matua i ngā wāhi e teitei ana te matea.

6 Tērā ka tono, kia whakahiatongia te aria mō ngā kapa whānau nekeneke raupapa-tinimaha hei hōmai ratonga i taketake mai-te-kāinga-te-tohungatanga, otirā, i ngā wāhi tūhāhā, i ngā wāhi he iti rawa-te-whiwHINGA.

7 Me whakaaroaro, ko tēhea pokapū kāwanatanga te mea tika rawa atu ki te tautoko whānau ki te whai ake wawaotanga ā-ture i te ao o ngā tamariki.

8 Tērā ka tono, me whakapakari, me haere tonu te mahi a Ara Poutama Aotearoa kite whakawhanake, kite whakatinana i tētahi mahere kia piki ai te tautoko mā ngā tamariki a ngā mauhere.

9 Tērā ka tono, kia arotakengia te wharatonga ratonga mō te hunga taiohi e hara ana, ā, te arotahi i te whakaoranga me te whakaurunga ki roto i te porihanga, ā, me te whakaheke i te uru anō ki te hara.

Hauora

10 Tērā ka tono, me whakatinanatia ngā hōtaka whakawawaotanga moata mō te whānau-morea.

11 Tērā ka tono, me whakatianatia he kaupapa whakaurunga hauora, e whā nei ōna wāhanga puta noa te motu mā te whakauru i ia tamaiti me tētahi tākuta noa, i tētahi kaituku a *Well Child Tamariki*, ki runga rēhita ārainga mate o te matu, ā, me tētahi kaituku *oral health*.

12 Tērā ka tono, kia whanakehia he pokapū hapori, e hono atu ana ki te hunga tuku Whānau Ora, me te tuku ratonga pāpori, ratonga hauora kua oti te kōtuitui, mai i ngā wāhi kotahi.

13 Tērā ka tono, kia auahatia ngā manawarū mō te rāngai hauora ki te kimi me te whakamahi i tētahi huarahi pono, pākari, rite ki te aro matawai hei aro matawai, ā, kia tae atu ai hoki ki ia whānau, otirā, ki te hunga e tino uuaa kē ana te tae atu.

14 Tērā ka tono, kia mahi ki te waihanga ohumahi hauora Māori mā te whakapiki i te tautoko mō te whakaakoranga, mō te kimi tangata mahi.

15 Tērā ka tono, kia hoatu pūtea āwhina mā ngā kōkiringa hou i taketake mai-i-te-taunakitanga, kia heke ai te hapūtanga i waenganui i te hunga taitamariki.

16 Tērā ka tono, kia whakapūmautia te whai putanga mā ngā whānau katoa ki ngā hōtaka mua-whakawhānautanga kua hoahoatia-paingia, ki te tiaki i te wā hapūtanga me te whakaakoranga, ā, ki ngā hōtaka whanaketanga kōhungahunga.

17 Tērā ka tono, kia kōmihanatia tētahi arotakenga tino uhupoho o te wharatonga ratonga hauora hinengaro kua whakawhāitia mā Māori mā.

18 Te whakapiki tautoko mō te whakatairanga i ngā taiao auahikore mā tētahi kaupapa here, mā ngā ratonga whakamutunga, ā, mā ngā whakamataaratanga a te tōpūtanga hunga pāpāho e tāketekete ana i te hunga taiohi Māori, i ngā wāhine hapū me ngā hākoro.

19 Te whakangāwari whakahoatanga i waenganui i te hunga tuku hauora, i ngā kohinga hāpori, ā, i te marae ki te whakatenatena i te whakanaonga me te kāinga kai hauora.

20 Te whakatenatena i te mahi-ā-ngaio a ngā tākuta kia tukua tētahi whakangungu e hāngai pū ana ki te ao rongoā kia pai kē atu ai tā rātou mahi i te taha tūroro Māori, me te mea nei he wāhinga noa o te toa e utua noatia ana, ā, ka haere tonu.

21 Te whakapiki atu i te whakatairanga me te whai wāhitanga ki ngā tauira whakatairanga hauora Māori pērā i Te Pae Mahutonga, i Te Whare Tapa Whā me Te Wheke.

22 Te whakapūmau i ngā ratonga hāpori, tae atu ki ngā ratonga hauora, e mahi mai ana i ngā papa whenua o te kura mā ō rātou pūkoro anō ēhara mā ngā pūkoro moni o te kura.

23 Te whakapūmau ka taketake mai te whakaakoranga tuhituhi hauora i te kaupapa Māori, ā, me te kōrerotia mā tētahi huarahi e tika ā-ahurea ana.

Mātauranga

24 Whakatenatena ai i ngā hōtaka hākorotanga whānau-ratarata me ngā akoranga mātauranga mā ngā hāgoro i ngā kura ki te akiaki i ngā hāgoro katoa kia whai wāhi i te hāpori o te kura.

25 Te whakatakoto hīkoitanga kia huhua kē atu ai ngā kaiawhina kaiako Māori, ā, he huarahi hoki e piki kē ai te huhua o ngā kaiako Māori.

26 Te whakatinana hōtaka whakangungu kaiako, kia pai kē atu ai matatau o ngā kaiako ki ngā take tōkeke pāpori e pā ana ki te mātauranga me ngā tamariki Māori pōhara, ā, kia whai pūkenga ai ngā kaiako ki te ako mā tētahi huarahi whakamana tika, huarahi ahurea tika. *Ko te tikanga, kia nobo mai ngā hōtaka nei hei wāhanga matū o te whakangungu tuatahi a te kaiako me te whakawhanake i te taha ngaio ka haere tonu.*

27 Te noho mai ki mua hei kaiarataki, kia pūmau ai te whai putanga tōkeke kite hangarau mā ngā tamariki Māori katoa.

28 Te whai ake i te ōritenga kore o te pūtea āwhina i waenganui i te Kōhanga Reo me ētahi atu ratonga mātauranga kōhungahunga.

29 Te whakatoro atu i ngā hōtaka me ngā wawaotanga pērā i a Te Kotahitanga ki ngā kura katoa.

30 Tērā e tonono ana kia mahi Te Tāhuhu o te Mātauranga me Te Puni Kōkiri i te taha o te hunga tuku whakangungu ki te kaiako, ki te whanake me te whakatinana mahere kia piki ai te hia kē o ngā kaiako kōrero-i-Te Reo, ā, ki te whakapai ake i te tukunga i ngā ratonga mātauranga i Te Reo Māori, i roto tahi i ngā tūwāhi reo rua, rumaki katoa.

Whiwhinga Whare

31 Te whakatairanga whakahoatanga i waenganui kāwanatanga ā-hau kāinga, ā-waenganui, i Te Tumu Paeroa, ā, i ngā rōpū whakahaere ā-iwi ki te whakamahi i ngā hua o te pito whenua mā te whakatūtū whare mō te whānau ki runga whenua Māori, ā, ki te whai ake i te kōpaka o te whiwhinga whare tika, whare ngāwari ki te pūkoro.

32 Te whakatinana i ngā tohu kei te pai te whare mō ngā pito whenua rīhi, rite anō ki te tūtohutanga mai i te *Expert Advisory Group on Solutions to Child Poverty* a Manaakitia Ā Tātou Tamariki.

Ngā moni whiwhi me te whiwhinga mahi

33 Tērā ka hiahiatia, kia whanaketia e ngā tari kāwanatanga, i te taha o ngā tohutohu a ngā mana whakahaere Māori, he kōkiringa hou e tāketekete i te hunga rangatahi kua roa-kē-te-wā e noho kore mahi ana, ā, me tā rātou whakapiki i te whakahaumi i ngā tamariki Māori me te hunga rangatahi.

34 Te whanake mahere whiwhinga mahi, mahere ōhanga pūmau e hāngai pū ana-ki-te-rohe i ngā wahi e teitei ana te kitea o ngā Māori kore mahi. Me mahi tahi hoki i te taha whānau, hapū, iwi, kaporeihana Māori, ā, me te rāngai kaipakihī Māori hoki, me ngā pokapū whanaketanga ōhanga ā-rohe.

35 Ki te whanake me te mahi tahi i te taha o te ao ahumahi, o ngā whakanōhanga mātautanga, o te iwi, ā, o ngā hapori, te whiwhinga pūkeng me te whakangungu anō i ngā mea angitu i ngā rāngai kei te puta ake, mā ngā kaimahi kei roto ahumahi pānekeneke, whakawhitinga rānei i ngā wāhi e teitei ana te taupori Māori.

36 Te whanake huarahi mātauranga māheahea ana te teitei rawa, ā, te whakanake mea angitu e pā ana ki te whiwhinga mahi, he whai tikanga te utu mā ngā hākoro me ngā kaitiaki.

37 Te haere tonu o te mahi ki te hikinga ake i te itinga rawa o te utu ā-wiki.

38 Te arotake i a *Working for Families* kia mōhio ai mehemea kei te tutuki tāna e whāia ana.

39 Te whakarato pūtea mō te whakaakoranga tuhi me te mōhiohio hei āwhina i ngā whānau ki te karo nama nui te utu, kore take noa, ā, me te tūhura i ngā tauira hou mō te tukuna pāpori.

40 Te tautoko i te wāhanga e pā ana ki te pārongo me te mātauranga tuhituhi, pānui kōrero mō te whakahaere moni, nā ngā pokapū kore-kāwanatanga me te kāwanatanga hei āwhina whānau.

Ka whakatakoto tūtohutanga ētahi mema ka whai ake ēngari, ka kōroiroi ngā mema Kāwanatanga ki te tūtohu whakapaunga Kāwanatanga ki ngā taumata teitei, nā te herenga kei runga i te ōhanga i te wā nei.

41 Kia whakaarotia he Mema Rūnanga Kāwanatanga mō ngā Tamariki me tētahi manatū mā ngā tamariki me tōna haepapa mō tētahi mahere whakahau a ngā tamariki, ā, me tētahi anō a ngā tamariki Māori kia whakatapua ki roto i tētahi Ture a Ngā Tamariki, ki te whakatakoto ūnga mō te hauora me te oranga o ngā tamariki, ā, me matua tuhia he pūrongo e ngā manatū me ngā tari katoa mō aua ūnga a rātou. Me whakaarotia, ā, me tino kōrerotia ō rātou herenga, ūnga hoki ke ēnei: New Zealand's obligations under the United Nations Convention on the Rights of the Child, ā, te United Nations Declaration on the Rights of Indigenous Peoples, ā, kia whakaurua atu ki roto i ngā hanganga ture hou katoa, he whakaritenga mō tētahi aro matawaitanga i te papātanga o tētahi tamaiti. Mā te manatu mō ngā tamariki tērā e whakataka, ā, e whakatatoko ngā mokamoka kōrero e pā ana ki ia pūmanawa nohopuku papātanga o ia pire ki ngā tamariki.

42 Kia whakatorona ngā hāora-whai muri kore utu tiaki hauora ki ngā tamariki e 18 ngā tau, heke iho.

43 Tūhuratia he wāhanga mō tiaki hauora kore utu ki ngā tamariki katoa e 18 ngā tau heke iho.

44 Tērā ka tono kia mahi tahi Te Manatū Hauora i te taha o ētahi atu manatū me ngā tari e tika ana, ki te whakahiato i tētahi utauta aro matawai matea whakawhitinga-rāngai mō ngā wāhine hapū, ā, e me te whakapūmau ka pā atu ngā kaimahi ki ngā wāhine whakaraerae kei te hapū, ā, he iti rawa te moni whiwhi, ki te whakatinana kawa aro matawai i ngā matea, me te kōtuitui i ngā ratonga.

45 Te hoatu pūtea āwhina mō te whakanuinga atu i ngā ngā hōtaka pai rawa mā ngā wāhanga hākorotanga taitamariki i ngā kura tuara, hei whakapakari, hei tautoko i ngā punua hākoro Māori,

46 Te whakapai atu i te rawaka o ngā takuhe me ngā moni whiwhi mā ngā whānau kīhai i roto mahi kei te utua kia pūmau ai te oranga o ō rātou tamariki.

47 Te tūhura i te whakaurunga mai o tētahi utunga tamaiti katoa.

48 Te tūhura i te mahi hoa i te taha kaituku mahi, uniana, kāwanatanga ā-hau kāinga, ā, i te taha iwi ki te whai ake i ngā whakatumeketanga o te mahi ēkene pea ka kino te papātanga ki te whānau.

1 Kupu Whakataki

Ka whakaae mātou kia whakatūria tēnei pakirehua i te oranga o ngā tamariki Māori, i runga i tō mātou whakapono, he taonga te tamaiti – he taonga ia tamaiti. Ka whiwhi papa mārō ana ngā tamariki Māori hei hanga i ō rātou ao, ka momoho, ka manahau rātou. Arā noa atu he mahi mā Aotearoa kia pono mai ai ia tamaiti, ko tō rātou oranga me ngā mea angitu i tō rātou ao, he mea hiranga ki te angitu o tō tātou whenua. Kua whakaaroarohia e mātou ngā take i matapakia i raro iho me te hāngai pū o ō rātou whakahīrautanga e pā ana ki te oranga o ngā tamariki Māori.

Te pōharatanga

Ko te mea nui kē kia whakatauhia, ēhara anake mō te moni te pōharatanga. Ēhara anake mā te pōhara o te moni whiwhi e tūpono ai te whakaraeraetanga. Hēoi, nā tēra ka kaha kē atu ai te ahotea ki runga i te whānau, ka tukitukia te pai rawa o ngā whakawawaotanga mā ngā whānau whakaraerae. Mō te takaonge o te moni whiwhi, mō te takaonge o te kaha, mō te kati atu i te pāpori ki waho, mō te whakawehea mai i te taha ahurea, ko tērā kē tā te pōharatanga. He whakapoapoatanga tērā, he hononga ki tētahi āhuatanga whānau, ā, he ngahorotanga katoa o te pāpori. Ka tautohetohe te maha kaiwhakatakoto tāpaetanga, ko te whakakorenga, ko te whakahekenga rānei o te pōharatanga te ritenga tūturu ki te oranga, ā, ko te tikanga me tū ki te taha kaupapa here mō te auahatanga rangatiratanga, ekenga ki te taumata, oranga.

I whakapuakina hoki e te huhua o ngā tāpaetanga te papātanga o te pōhara ki runga i ngā tamariki Māori, ā, mō rātou mā ko tērā te kaitaraiwa matua o te kore pai o te whakaakoranga, te tinana, te ōhanga, te pāpori. Ka mea ake te maha o ngā kaiwhakatakoto tāpaetanga, ka āwhinatia te pai ake o te tautoko me te manahau whānau mā te whakaheke i te pōharatanga.

Kāore he tino whakamāramatanga ake a Aotearoa mō te pōharatanga, mō te tamaiti pōhara, ā, arā noa atu ngā huarahi kē e taea ai tēnei te ine. Ko tā Te Manatū Whakahiato Ora ki a mātou, kei raro i te 60 ōrau o te moni whiwhi o te kāinga tau toharite te ine noa ka tino kitea nuitia. He maha ngā hunga whakatakoto tāpaetanga i mea ake, me whakapūmautia e Aotearoa he ine mō te tamaiti pōhara, ā, me te waiho ko te tau 2020 te wā mō tōna whakakorenga. Tae rawa atu ki taua tau kua mōhiohia te tauine o te raruraru, ā, ka taea hoki tōna nekenga whakamua te whai haere.

E 22 ōrau tata atu pea o ō tātou tamariki e 1.07 miriona tamariki i roto i te pōharatanga e noho ana.⁵ Kotahi o te ono o ngā tamariki nei he Pākehā, ā, kotahi o te toru he Māori. E ai ki te taunakitanga kua kitea, kei te kino haere kē atu te tūponotanga o te pōhara. Ko tā Manaakitia Ā Tātou Tamariki ki a mātou mua atu i te tau 1988, i rite ngā pāpātanga o te moni whiwhi pōharatanga mō te Māori me te Pākehā ēngari, tae rawa ki te tau 1994 kua peke kē te pāpātanga moni whiwhi pōharatanga (whai muri i te tangohanga o ngā whakapaunga utu whiwhinga whare) mā ngā tamariki Māori, atu mai pea i raro i te 10 ōrau ki te 50 ōrau. Ahakoa te noho o te pāpātanga o te tamaiti pōhara i ngā tau kotahi mano e

⁵ *Household Incomes in New Zealand Report, 2010.*

iwa rau 1980s ki te 11 ōrau pea i te tau, 2012, i waenganui kē i te 25 me te 27 ōrau⁶ te tino tikanga. Ko te āhua o tēnei nei tikanga, e tuwhene ana te papātanga ki te Māori.

Me hoatu wāhi ki te papanga ōhanga, ahurea, pāpori o Aotearoa

Hoatu wāhi ahurei ai a Māori mā ki te papanga ōhanga, ahurea, pāpori o Aotearoa. Ki tō mātou whakapono me tipu ake ngā Māori katoa ki roto i tētahi taiao e tino tuku ai i a rātou ki te hoatu wāhi tauake, ā, me te haere tonu o taua hoatu wāhi.

A Māori e puta Māori ana

He rongō tuakiri ahurea, he reo, e matatau ana ki tōna ake whakapapa me ōna hononga whānau, he taiao noho e pūmau ana, he ōhanga tū wehe kē, he whakaakoranga pai, he āhua noho hauora, ko ngā take katoa ēnei e hoatu wāhi ana ki a Māori e puta Māori ana. Ahakoa kāore he aro whānui rite mō Māori e angitu ai, ko tā te nuinga o te hunga whakatakotoranga tāpaetanga kua kite, me kaha kē atu te aronga mō te katoa ka hiahitia, kia tutuki ai ngā hua pai atu mā Māori.

Whai putanga ki ngā ratonga

Ki a mātou nei, tua atu i te whakapai ake i te oranga me whakaaro āno hoki mō ngā ratonga ka wātea atu ki te whānau, ā, te mana o te reo kei a rātou hei whakatau huarahi e wātea at ai ngā ratonga nei ki a rātou. Noho ai te oranga i runga i ngā tikanga e whai wāhi ai te whānau i roto i te porihanga, ā, i runga i te ngākau titikaha e whai putanga ai rātou ki ngā ratonga hauora, ngā ratonga pāpori, ā, ki te whakaakoranga. Ka hōhonu rawa atu te papātanga o te whai putanga ki ngā ratonga me te ngākau titikaha ki te whakamahi i aua rātonga, ki te angitu o ngā tamariki Māori me ō rātou whānau.

Ahunga ki te pakirehua

Kua tino hāngai te arotahi o tā mātou pūrongo ki runga i ngā whakaotinga tauake e pā ana ki ngā take i whakaaratia ake āta i roto i tā mātou pakirehua ēngari, ko te mea nui anō hoki kia mārama mātou ki te wero kei mua i te aroaro, me te āta titiro ka pai rawa atu ngā whakaotinga ka whakapūmautia e mātou.

Tikanga mahi

Ka whakahaerea e mātou te pakirehua nei i ngā whakatakotoranga o te orange mā ngā tamariki Māori i te taha o ngā tikanga mahi ka whai ake:

- Ngā kōtaha toko i te ora, whakaakoranga, hauora o ngā tamariki Māori i mua, i te wā nei. *Mā tēnei te whakawhitinga āhuatanga ora i waenganui reanga e whakamārama, ā, pēhea ai te papātanga o tēnei ki runga tamariki Māori.*
- Te whānuitanga o te haumitanga marea ki roto tamariki Māori ka whakawhiti ana ratonga hauora, ratonga whakaakoranga, ratonga pāpori me ngā rāngai ture—ā, mehemea e rawaka, e tōkeke te haumitanga nei.
- Ka pēhea te whakamahinga marea haumitanga mō ngā ratonga hauora, whakaakoranga, pāpori, ture, kia pūmau ai te oranga o ngā tamariki Māori.
- Ngā whakatakotoranga pāpori e āhei ana mō te tipuranga me te whanaketanga o te hauora mō ngā tamariki Māori.

⁶ *Household incomes in New Zealand: Trends in indicators of inequality and hardship 1982 to 2011*, Ministry of Social Development, 2012.

- Te hiranga o te whānau mō te whakapakaritanga tamariki Māori.
- Ngā ara ā-ture, ā-ture here hei whai ake i ngā kitenga o te pakirehua nei.

Whakahaerenga o te pakirehua

I whakarewaina te pakirehua i te wā o te Pāremata e 49, ā, i haere tonu i te wā o te Pāremata e 50. E 117 ngā tāpaetanga i whiwhi i a mātou mai i te hunga takitahi whai pānga, i ngā kohinga, ā, mai i ngā rōpū whakahaere puta noa i Aotearoa. I whakarongo mātou ki ngā tāpaetanga ā-waha nō mai i te hunga e 60. I haere mātou ki Tāmaki-makau-rau, ki Te Whanga-nui-a-Tara hoki ki te whakawātanga mō ngā tāpaetanga. Nā tētahi kohinga, nā te hunga takitahi me ngā tirohanga o tētahi whānuitanga whānui, ngā tāpaetanga i whiwhi i a mātou. Koa ana mātou nā te aurere, nā te kaingākau i whakaaturia. Nā te kanorau o ngā tirohanga kua whiwhi i a mātou tētahi tirohanga whānui rawa atu o ngā mānukanuka whakawherewhere e pā ana ki ngā tamariki Māori i ngā taumata hau kāinga, rohe, motu, ā, me ngā kaha e whakapaungia ana ki te whakapai ake i ō rātou oranga. Ka mihi mātou ki ngā kaiwhakatakoto tāpaetanga katoa mō ō rātou wā me ō rātou kaha

I whakaingoatia e mātou he kaiwhakamaherehere nō mai i Te Puni Kōkiri, i Te Manatū Whakahiato Ora, i Te Manatū Hauora. Ka mihi rā ki a rātou mō ā rātou mahi. Nā mātou hoki tētahi kawhakamaherehere mātanga tū wehe kē i whakaingoa. Ko Kitty McKinley MNZM tērā, ā, nui rawa atu tō mātou mihi ki a ia mō ōna whakamaherehere me ōna mātanga.

Nō te tau 2013 mātou i haere ai ki Ahitereiria. He wāhanga tērā o tētahi komiti whiriwhiri ngātahi whakawhitinga ā-tau. Ā, i kōrero i te taha o te kāwanatanga me ētahi atu kaupuri pānga mō te oranga o ngā tamariki o te Iwi Moemoeā, o te Moutere o *Torres Strait*. Hiwahiwa ana mātou nā te kōkiringa hou tauake e whakamahia ana ki roto o Ahitereiria.

Harikoa ana mātou ki te tūtaki i te Komiti mō ngā Take Hauora, ā, me te matapaki i ā mātou ake pakirehua. Kua whakaputaina i nāiane te *Inquiry into improving child health outcomes and preventing child abuse with a focus from pre-conception until three years of age* a te Komiti mō ngā Take Hauora. Ka whakaae mātou ki ngā mātāpono o tā rātou pūrongo, ā, whakaatu ai tērā i te kaha hiahia o te ngā hunga mema i ngā Pāremata ki te mahi tahi ki te whakapai ake i te hauora o ngā tamariki i Aotearoa.

Kua whakamaui atu he whakamārama mō ngā huarahi me ngā mema o te komiti ki roto i a Tāpiritanga A. Kua whakatakotoria ki roto i a Tāpiritanga B he rārangi taunakitanga me te whakamaherehere i whiwhi i a mātou. Kua whakamaui atu hoki ki tā mātou pūrongo te *Otago University's Index of socioeconomic deprivation for individual* ki roto i a Tāpiritanga C, ā, ki roto i a Tāpiritanga D, kua whakamaui atu he tuhi pānui nā Peter Saunders. Whakamārama ai tērā i ngā tohu ngoikoretanga.

Whakatakotoranga kupu i whakamahia i roto i te pūrongo nei

Kua whakaurua atu e mātou he rārangi whakatakotoranga kupu i whakamahia i roto i te pūrongo nei.

Whānau ora

Mō ngā kōrerotanga ki te hōtaka i taketake mai te pūtea āwhina-i-te-kāwanatanga, ka haupūngia tērā hei whānau ora ēngari, ki te kōrerohia a whānau ora me te mea nei he mātāpono, he huarahi ora rānei kāore e haupūngia.

Whanaungatanga Te whanonga pono hono ai i te hunga takitahi ki te kohingawhānui kē atu, ā, whakakoia ai i te uara o te ohu. Tautoko ai te whanaungatanga i te rōpū whajkahaere pāpori o te whānau, hapū, iwi. Ka uru atu ai hoki ngā tika me ngā herenga ngākau kotahi nā ngā mema o tētahi ohu i whakamaui. Ko te whakawhirinakitanga tērā a whanaungatanga, ā, ko te mihi atu, ko te iwi tō tātou rangatiratanga.

Manaakitanga He whanonga mihi ai i te mana o ētahi atu me te mea nei he ōrite ki tō tētahi, he nui kē atu rānei tō tētahi i tōna ake, mā roto i te aroha, te manaakitanga, te ohaoha, ā, te ngākau kotahi o te wehi. Nā, mā te mahi pērā, ka hikia ake ngā kohinga katoa ki tētahi atu taumata, ā, kua whakareia ō tātou tūranga, tūtū ai hoki te kotahitanga mā te māhaki o te ngākau, mā te hoatu noa.

2 Oranga o ngā tamariki Māori me te whānau

Tikanga mahi

Ngā kōtaha toko i te ora, whakaakoranga, hauora o ngā tamariki Māori i mua, i te wā nei. Mā tēnei te whakawhitinga āhuatanga ora i waenganui reanga e whakamārama, ā, pēhea ai te papātanga o tēnei ki runga tamariki Māori.

Ngā whakatakotoranga e ābei ana mō te tipuranga me te whanaketanga o te hauora mō ngā tamariki Māori.

Te hiranga o te whānau mō te whakapakaritanga tamariki Māori.

Ko te tamaiti he taonga mō te pā tūvatawata

Ko te pā tūvatawata he whakaruruhau mō te tamaiti

Mā te kāinga he tamaiti e whakatipu

Te Tiriti o Waitangi

Mai i te tīmatanga o te pakirehua mātou i rongō ai mai te hunga whakatakoto tāpaetanga, ā, ka whakaae mātou, me noho tika ngā urupare ki ngā take mō te oranga ki roto i tētahi pou tarāwaho mō Te Tiriti, tērā e whakaae ai ki te tino rangatiratanga me te kawanatanga e mahi tahī ana: inarā, tētahi honongatanga o te tangata whenua me te Kāwanatanga. Ki tō mātou nei whakapono noho ai Te Tiriti o Waitangi i runga i ngā tika Māori hei tangata whenua, ā, ko te haepapa o te o te Kāwanatanga o te rā ki te urupare ki aua tika. Hāngai pū tonu ai tētahi whanaungatanga ki waenganui i Te Tiriti o Waitangi me te hauora, te oranga o ngā tamariki Māori.

Kua whakarongo mātou ki te maha o ngā kaiwhakatakoto tāpaetanga me te mōhio anō, ka hiahiaia e te oranga tamariki Māori he āratakitanga tōrangapū, te kaha kē atu o te mahitahi i waenganui i te kāwanatanga me te rāngai kore-kwanatanga, tētahi rārangi mahi whai mana mō ngā tamariki Māori, ā, ngā rautaki tūturu hei whakapai ake i ō rātou hua mō te katoa-o-te-wā-e-ora-ana.

Mana whānau

Ahako te kanorau o te hunga whakatakoto tāpaetanga, he rite noa te ngākau mōhio ka tīria e rātou, inarā, kore rawa te oranga tamariki Māori e taea te karo nō te oranga tērā o tō rātou whānau. Ko tā *South Auckland Family Violence Prevention Network* me tā Te Ora o Manukau i whakatakoto, whakatakoto ai te oranga o te whānau i tērā mō ngā tamariki Māori. Ko tā te hunga whakatakoto tāpaetanga i kī, ko te mea waiwai tua atu i te hoatu wāhi mō te oranga o ngā tamariki Māori, ko te hoatu wāhi hoki ki te tiaki me te whakaae atu ki te hiranga o te whānau (tā *New Zealand Medical Association*) me te mana whānau (tā *NZEI Te Rin Roa*).

I roto i ngā kaupapa e rere haere ana i roto i ngā tāpaetanga i whiwhi i a mātou, ka uru atu ēnei, te mihi i te mana whānau, te kaha haere ake o te whānau ki te whakatutuki i tō rātou mana, ā, te hiranga o tētahi aronga, “ko te whānau-kei-waenganui”, ki te whakamahere me te tuku ratonga. He whānui-te-whānuitanga o ngā take ka taka ngā kaupapa nei ki raro: te tuakiri, te aratakitanga, ngā hononga, te kaha o te taha ahurea, ā, me te pūtea āwhina. He

matua katoa kite whakamanatanga i te whānau, ā, nā runga i tērā, te whakamanatanga o ngā o ngā tamariki Māori.

Ko tā te *New Zealand Council of Christian Social Services* i whakatakoto, i raru ai a Māori nā te wetekina mai, te whakawehenga mai rānei i te whānau, i te hapū; ā, ka whakapuakina e *IHC* tōna mānukanuka i te wā o te pakirehua nei mō ngā tamariki Māori kua hauātia, roto āhuatanga tiaki e noho wehe mai ana i ō rātou iwi, hapū, whānau. Ēkene pea, ko te tikanga o te whakapai ake i te oranga o ētahi tamariki Māori, ko te whakaāhei i tō rātou hononga anō ki ētahi tekiona o ō rātou whānau.

Ka whakaae mātou, ka noho te mutunga mai o te haepapa ki roto i ngā ringaringa o tētahi i roto ake i te whānau, mō te hauora, te marutau, ā, te oranga o ia tamaiti. Heoi, i tēnei wā ka hiahia mātou ki te whakahāngai i te mahara kia tino whakaaroarongia te tūranga o te whānau i roto ārona katoa mō te hoahoa, ā, mō te whakatinanatanga whakaotinga hei whai ake i te oranga o ngā tamariki Māori.

Whakapapa

Ko te hiranga o te whānau mō te whakapakari taitamariki Māori tāna tino mahi. Ko tā ngā taitamariki Māori kia tino mōhio, ko wai rātou, ā, nō hea mai rātou⁷.

Kei te tāiho o te ao Māori, ko te hiranga o te mōhio o tētahi ko wai ōna hononga, ā, me te mōhio he aha te pānga o te takitahi ki te katoa. E tika ana me mōhio ngā tamariki Māori katoa nō hea mai rātou, ā, me te mōhio ki te hapori nō reira nei rātou. Tīmata ai tēnei mā te mātau ki ō rātou hononga ki ō rātou whānau, hapū, iwi. I whakatakoto te *Regional Public Health*, me te *Hutt Valley DHB*, ko te atawhai ārona nōnatanga tētahi o ngā take matua mā te oranga o ngā tamariki Māori. Ka hiahitia te tautoko mai i ngā wāhanga katoa o tō whānau, ā, mai i ētahi atu mema o te hapori ki ō rātou whakaaro, ka whakawhanaunga atu ai rātou.

Tīmata mai te whakapapa i te whānau. He kaha kē atu te tikanga o te whānau ki te aria o te ao ki te Urua mō te whānau tata, mō te whānau i kō noa atu. Kei kō noa atu te whānau i ngā kāinga noho o ngā tamariki Māori, ā, ka toro ki roto i ngā hāpori he hononga rā ō rātou nā roto i ngā hononga ki ngā tāngata me te wāhi, Ara ake ai ngā whai maharatanga whānau e ai ki te ārona mā ngā tamariki Māori i taketake mai-i-runga-whanaunga, nā ō rātou whakawhanaunga ki te marae, hapū, iwi, waka.

Ka whakaae mātou, ka hiahitia e te oranga o ngā tamariki tētahi tuakiri ahurea whita. Ki tō mātou whakapono, ka taea e tō tātou porihanga te whakakoia te mihi atu nei mā tētahi huarahi e whakaae ai, e whakamana ai i Te Tiriti o Waitangi, tua atu i tērā, mā te tuku tino ratonga pāpori hoki pērā i te whiwhinga whare, whakaakoranga, whakangungu pāpori, ā, me ngā ratonga hauora.

Ka whakapono mātou, ka tipu whita, ka tipu āheia ngā tamariki Māori, he hononga o rātou ki ō rātou ake whakapapa, me te tūpono anō hoki ka angitu pai rātou hei pakeke. E tika ana me tautokona te whānau e ō rātou hāpori, pokapū kāwanatanga, ā, me tukua hoki e te rāngai kore-kāwanatanga tētahi hononga whakapapa mārō mā ngā tamariki Māori. Mā te whakatūtūi ō rātou whakapapa me ngā hononga whānau e āhei ai ngā punua Māori ki te neke tino āheia i waenganui i te ao Māori me te ao Pākehā. Ka kaha ngā whānau, hapū, iwi hoki ki te kawē i tētahi i hoahoatia mō te hau kāinga, hei atawhai, hei whakapūmau i aua momo hononga pērā, otirā, ngā hapori; heoi, he wā ano mō ngā aronga ā-tuāiwi kia

⁷ *Hutt Valley District Health Board Consumer Kaitiaki Group*

whakatinanatia i ngā kura, ā, i ngā tūwāhi o te te ratonga ture, ratonga hauora, ratonga pāpori.

E mihi ana ko te hiranga o te tuakiri ohu mā tētahi tamaiti Māori te takahitanga tuatahi e pā ana ki te whakatutukinga o te pūmanawa nohopuku o tētahi aronga ko te whānau-kei-waenganui ki tō rātou oranga.

Whanaungatanga, manaakitanga

He uara tautoko i te oranga i ngā tamariki Māori te whanaungatanga me te manaakitanga, atawhai ai i te hauora, te marutau me te haumarua i te kāinga, ā, i ngā taiao tautoko i te hāpori. I a mātou e rapu ana ki te whakamana i te whānau, ka manako mātou i ngā tikanga whakareia i te kaha o te whānau me ngā hāpori ki te whakaharatau i te whanaungatanga me te manaakitanga nā te mea, taitapa haepapa ai rātou i ēnei i ngā tamariki Māori, ā, mā ngā tamariki Māori, mā ētahi huarahi whai tikanga.

Whakamahi ai te nuinga o te whānau i tō rātou whanaungatanga me tō rātou manaakitanga mō ā rātou tamariki Māori. E pono ana hoki, ka nōnoke ētahi. Nā reira, ka whakatau mātou me pēhea pea te whānau e whakamanatia kia tutuki ai ngā uara nei mō te painga o tō rātou tamariki Māori. Nā, i roto i te hunga whakatakoto tāpaetanga tētahi whakatau whānui kia tūpono ai tēnei, me tino whakaakona ngā mea taketake o te hākorotanga, me tino mōhiotia e ngā hākororo, e ngā tūpuna hākororo, e ngā matua kēkē, ā, e ngā whaea kēkē katoa. Mā aua akoranga e piki ai te rangatiratanga o te taha ahurea o ia whānau Ki tō mātou whakapono, ko te ara ki te rangatiratanga o te taha ahurea he mea taketake o te whakaakoranga—te whakaakoranga i te ahurea, i te tuakiri.

Ko tā tēnei whāinga ka tonu ai, me mihia te matea mō kia whakangāritia te mahi hanga kaupapa here. Ko te whiwhi pou tarāwaho arotahi-i-te-pūmanawa, pou tarāwaho taketake-mai-i-ngā pakaritanga, he aronga whaipāinga te mahi waihanga pūmanawatanga whānau, i meatia ake rā e *Te Puāwaitanga ki Ōtautahi Trust*. Ka tautoko mātou i te tirohanga taketake-mai-i-ngā pakaritanga ka mahara kē i te tirohanga taketake mai-i-te-takarepa. He aronga tino whai tikanga tēnei mō te whakamana whānau, ā, nā runga i tērā mō te oranga o ngā tamariki. Ka whakapuaki a *Jigsaw Family Services* i te tirohanga, nā te neke i te haepapa atu i te whānau me ngā hāpori ki ngā rōpū whakahaere ō-waho kua kore kiko nui rawa te papātanga ki runga i te oranga o ngā tamariki Māori.

Ko tērā i rongu mātou i te taunakitanga mai i te marea, mai i ngā rōpū whakahaere kore-kāwanatanga kua whānui kē nei te whai wāhitanga i te maha kē o ngā ahuatanga e pā ana ki te hauora me te toko i te ora o te marea, kua kore kē te whānau o ngā tamariki Māori nui rawa atu, e āhei ki te hoatu āhuatanga kia tutuki ai tō rātou matea waiwai, ā, ko tētahi atu kua iti kē atu te rawa a te marea ki te whakatutuki i aua matea. Kua uaua kē atu te hākorotanga i ngā taumata maha: nā te taretare o te kai tōtika kua uaua kē atu ngā whanonga, nā tērā hoki kua taretare ngā hua o te akoranga, ā, i ētahi wā ko te whakapūmāutanga o te hākorotanga hē. He huhua ngā huarahi i meatia ake e ngā tāpaetanga hei whai ake i te āputa nei.

Ki tō mātou whakapono, ka taea anake pea he whakahounga mau tonu, he angitu mau tonu mā te whānau, ā, nā reira mā ngā tamariki Māori) mehemea ka uru atu rātou ki roto i ngā mahi whakatakotoranga whakaaro mō ngā whakataunga ka pā ki a rātou. Mā te whai wāhitanga whaipāinga a te whānau ki te whakatakoto whakaaro e kaha kē atu ai tā rātou kori ki te whakauru ka mahara te urupare tōmuri ki te tiaki mē te oranga o tō rātou tamariki Māori. Ko te whakaharautanga o tēnei, ka hiahiatia he rārangi māheheha whitiwhitinga kōrero, he rārangi tuwhera whitiwhitinga kōrero ki te kāwanatanga me ngā rōpū

whakahaere kore-kāwanatanga. Ka hiahia he ātea kua rāhuitia mā te whānau i ngā whakaunga kaha i te taumata hau kāinga. Otirā, he āhuetanga nui tēnei nā te mea kua kitea he pūreirei ngā kaha o te mahi waenganui-rāngai i te taumata waenganui, ā, i ētahi wā, kāore te whitiwhitinga kōrero e tātari whakararo ki ngā pokapū, e whakawhiti rānei ki ngā pokapū.

He huhua ngā pokapū kei roto i ngā tamariki e mahi ana, i karanga kia whakahokia atu ā rātou tāpaetanga e pā ana ki ngā whakawawaotanga mō te whakapakari me te tautoko whānau. Māheahea ana te kite atu, ko te kounga o te hākorotanga i whiwhi, te rerekētanga i waenganui o aua tamariki i mutu mai he pakeke hauora, he pakeke harikoa ki ērā i mutu hē nui (tā *Lakes District Health Board*, 2012). Ka tūtohu a Hāpai Te Hauora Tāpui, a Māori *Public Health* (Te Rūnanga o Ngāti Whātua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust) he wāhanga mō ngā akoranga hākorotanga me te tautoko a te hapori ki ngā hākoru, tae ki ngā hākoru punua, hākoru moke, ā, me te whānau; ka tūtohu ngā *Waitematā* me *Auckland District Health Boards* kia maha kē atu ngā hōtaka tautoko mā ngā taiohinga Māori me ngā hākoru taitamariki Māori; ka tūtohu a *Violence Free Waitakere* kia maha kē atu te whakaakoranga me te tautoko mā ngā hākoru taitamariki; ka tūtohu te *Lakes District Health Board* kia maha kē atu te whakaakoranga me te tautoko mā ngā hākoru. He nui te painga kei te kite atu mātou kia whakapūmautia te kawenga o te whakaakoranga hākorotanga me ngā hōtaka tautoko e te whānau otirā, e ngā hākoru punua, he hākoru moke ka hiahia tautoko i tua atu pea; nā te maha o te hunga whakatakoto tāpaetanga tēnei i tautoko.

Ko te mea nui rawa atu i roto i te mahi hiki ake i te pūmanawa o te whānau kia hoatu wāhi ai mō te oranga o ō rātou tamariki Māori, ko te mihi, ko te whai ake i te āhuetanga o roto reanga i te huhua o ngā raruraru kei mua i te aroaro o ngā tamariki Māori (tā *Liggins Institute* me *National Research Centre for Growth and Development (University of Auckland)*). Ki te kore mihi, kore whaitia ake, ko te aro kore tērā i te kaha mōrea kē atu o te kōhunu, o te takakino mō ngā tamariki Māori, he iti iho nei te whakaakoranga kei ō rātou hākoru, ā, he kore mahi, he punua ake hoki, he kōpipiri te pūmautanga o te whānau, he taretare te hauora o te hinengaro, kai whakapōauau ai, inu waipiro ai rānei.

He whakahirahira te pūmanawa nohopuku o ngā hapori ki te tautoko, ki te whai painga mai nā te pai rawa o ngā tamariki Māori me ngā rangatahi Māori. Ki te whakamanatia ngā mema hapori me ngā kohinga hapori kia whitiwhiti kōrero me ngā rangatahi Māori, e mōhio ana ki te whanaungatanga me te manaakitanga, arā noa atu te rahi o te whakahoutanga ka mana i a rātou. Hei tauira, i te maha o ngā hapori kua tīmata kē te nekehanga whakamua o te “neighbours’ day”; mō ētahi hapori, ka hangaia pea tēnei hei “whānau day”. He karanga anō hoki kei reira mō te hoatu rawa e pā ana ki ngā toa o te marae mō te oranga o te whānau, hei tauira, he karanga mai i te Pāhau Whānau me te *New Zealand Council of Christian Social Services*.

Ko te marae te pā kaha whakamutunga o te porihanga Māori. Ko te whakarapa kē, i ngā tāone nui, kua noho kē mai te nuinga o ngā marae hei wāhi hui, e kore he whānau noa nei e whai putanga, tae noa mō ō rātou tangihanga nā tō rātou hiahia ki te tautoko ake i a rātou anō. Tēnā koa, whakangaohia he moni ki roto i a rātou—utua rātou mō ngā hōtaka kua whakaangatia ki ngā whānau e hono atu ai i a rātou ki ō rātou uara ahurea. (tā te Pāhau Whānau, 2012)

Ki tō mātou whakapono, kei waenganui te marae i te rangatiratanga ahurea o Māori mā. E mōhio ana ki ngā whāititanga o te ahurea e pā ana ki te whānui o te wā e taea ai te

whakamahi i te marae mō ētahi mahinga ahurea. Mō ētahi atu mahinga ahurea pērā i ngā hōtaka hapori, ko te tangihanga kei mua rawa atu i ērā. Ka tautoko mātou i te karanga kia kaha kē atu te whakamahi i te marae mō ngā hōtaka-whakaangatia-ki-te-whānau.

Ka rika ana ngā ratonga pāpori me ētahi atu kaituku ki te mahi i te taha whānau, ko te tikanga, ka tika kē atu ngā kōwhiringa ka whakatakotoria mā ō rātou tamariki Māori, ā, i te mutunga mai ka pai rawa atu. I te horopaki kura me te horopaki pūtahi whakaaronga kōhungahunga ka pā tēnei i te mea, mārama ake ana te kore kitea o ngā matea o ngā tamariki Māori e hāngai pū ana i te huhua o ngā kura, ā, manako ai Te Tari Arotake Mātauranga i tēnei. Ka kore ana ngā tamariki Māori me ō rātou whānau e mōhiotia ko te tikanga, ka hinga rātou, ka kore uru mai. Me tino whakaheia ngā tamariki Māori he waimaero ō rātou, me ō rātou whānau ki te kōreo mō rātou ake. (*tā IHC New Zealand*)

Ahunga ko te whānau-kei-waenganui

Ki tō mātou whakapono, kāore ngā tamariki Māori e taea te tirohia tūhāhātia atu; me manakohia rātou me he mema o tō rātou whānau. Ko te tikanga o tēnei whakawhanaunga, me uru mai taua whānau ki roto i te mahi whakapai ake i te oranga o ō rātou tamariki Māori. Ira te kōrero e mea ana, e hē ana te whakaingoaia “tamariki Māori whakaraerae”; ko te kī ko ētahi hākoro, whānau, ā, hapori Māori whakaraerae te mea tika rawa atu. Kāore te hiahia i te wā nei i kaha kē atu ki te whai ake i ngā tauine whakawhara, ērā ka whakapiki atu i te whakaraeraetanga o tētahi ake whānau, o ētahi ake hapoti, ā, o ngā tamariki i whānau i a rātou ki ngā hua pōhara nō mai i te mātauranga, te hauora, whiwhinga mahi, ā, me te whānau pūmau. I pēnei ai tēnei nā te nui rawa o te hiahia. Ka hiahiatia i roto i te mahi whakatakotoranga mahere, te whakatinanatanga, ā, te whakamātauranga i ngā rāngai pāpori me te mātauranga he arotahi papahueke mō te hiki ake i ngā tūmanako me ngā whakatutukinga a te whānau, ā, ki runga anō hoki i ngā whakamāramatanga mahi.

Ko te whakamaherehere a Te Puni Kōkiri ki a mātou, ko te whakapai atu i ngā hua mō ngā kāinga a Māori mā me te whānau te ūnga a ahunga Whānau Ora. He urupare tēnei aronga ki te taunakitanga mō ngā whakawawaotanga e kore ana he wāhinga ahurea, whānau, whakapapa rānei i mua mā te whānau me ngā tamariki Māori whakaraerae. Ko tā rātou i whakamaherehere mai, kia mahi ai ngā wawaotanga mā Māori mā, me whakanohoa aua mea ki runga hanganga ahurea Māori, me te tīmata mai i te whānau.

He mea waiwai mō te whānau, te whakahāngai i te aro ki runga i te tuakiri, te ahurea, ā, me Te Reo ēngari, ēhara i te whakatakotoranga motuhake o te angitu. Ki tō mātou whakapono, ki te kawea he aronga i taketake-mai-pakaritanga, he niwha rawa atu ngā tauira Māori mō te whakatau angitu mō te oranga o ngā tamariki Māori me te whānau. I hoahoatia ngā tauira pērā i Te Whare Tapa Whā i te tūmatanga hei whakakomokomo i te pāhekohekotanga o te wairua, hinengaro, tinana, ā, me te whānau e pā ana ki te hauora. Kua momoho hoki te whakatinana i ētahi atu wāhi pērā i te pāpori mahi me te pāpori mātauranga.

Ko te mea niwha rawa atu i ngā rāngai katoa, ā, i ngā kura ake kia tirohia atu te hunga takitahi e ngā kaiako, he mema whānau rātou, ā, nā runga i tērā kia whakamahia ā rātou wāhi mahi me te mea nei he whānau-ratarata. Ka pā tēnei ki te maha o ngā māharahara i whakaarohia ake i te wā o te pakirehua nei. Hei tauira, i whakapuakina e Christine Hāwea te whakaaro, ki te whāia he aronga ko te whānau-kei-waenganui, ka kitea pea ngā tapuhi e whitiwhiti kōrero ana ki te whānau ka mahara ki ngā māma anake. Ka tūtohu a *Violence Free Waitakere* kia kaha kē atu te hoatu hōtaka arotahi-Māori-katoa ki te ūnga whānau whakaraerae, ā, ka whakangungu i ngā kaimahi tiaki hauora, kaimahi pāpori ki te tikanga Māori kia kaha ai rātou ki te hoatu i tētahi ratonga ahurea rata mā ā rātou kiritaki.

Whānau Ora

I rongō mātou i te tautoko mō Whānau Ora e kōwarowaro ana puta noa i te pakirehua nei ēngari, he huahua tonu ngā whakaaro puaki i meatia ake e te hunga whakatakoto tā whakawhānui atu, whakapai atu rānei i a ia. Ka taka haere ngā ariā atu mai i te ukauka o te kaingākau o te hunga hanga kaupapa here ki te tauira mō Whānau Ora (*Te Puāwaitanga ki Ōtautahi Trust*), ki te tūtohu kia whakawhānuitia atu te aronga Whānau Ora kia whiti atu ai ki ngā ratonga hauora (tā *Public Health South*), ā, tae noa atu ana ki tētahi tūtohutanga e tono ana kia tino whai wāhi mai ngā tari kāwanatanga katou (tā *Health Rotorua*). Mārama ana te whakaatu mai a tētahi whakaaro nui, kia pai ake ai te āhuetanga mō ia takitahi tamariki Māori, me tino noho mai te whānau ki waenganui i te hoahoa me te tukunga ratonga. Hei tauira, i mārama mai te tautohe a *Tamaki Treaty Workers* mā mō te wharatonga o tētahi āhuetanga pai-ana-te-pūtea āwhina, tika ana te ahurea, ko te hiahia he ratonga waiwai taketake-mai-i-te-whānau mō te oranga o ngā tamariki Māori.

Kua haere whakarara noa te maha o ngā tāpaetanga ki te pakirehua nei i te taha o aua urupare i whakarakotoria ki te Pepa Kākāriki mō ngā Tamariki. Heoi, kua whakatau mātou he tino kaha kē atu te whakatakoto i te kēhi ki tērā i te Pepa Kākāriki mō te kite atu, he pou o ngā whakatakotoranga mō te oranga ngā Māori te whānau. Nā tēnei āhua, he mea tūturu te aronga Whānau Ora. Nā tēnei, ka tūturu te whakamahinga o te aronga Whānau Ora.

He tautoko i te kaha o te whānau ki te whakatau ara hei kawē mā rātou ake tā Whānau Ora, ā, me ngā hua hei rapu mā ratou mā tētahi huarahi e hāngai ana ki te horopaki o tō rātou ahurea mē tō rātou pāpori. I whakatakoto te *Aotearoa New Zealand Association of Social Workers*, ka taea ngā whakatakotoranga pāpori e pā ana ki te hauora o te tipuranga me the whanaketanga o ngā tamariki Māori te whakarato mā te whakatinana i ngā kaupapa here *Strengthening Families and Whānau Ora*.

Ka whakaae mātou ki ngā whāinga o Whānau Ora kua whakaritea, anei rā, ki

- te waihanga i te pūmanawa o te whānau mā te hiki ake i te whānau me te whakaheia i a rātou mā te kawē i ō rātou ake take, whakahaerenga, tino rangatiratanga
- te whakapai ake kaupapa here, ki te hoatu rātonga marea matua pai ake ki a Māori mā me te whānau mā te whakauru ratonga ki roto i te ratonga pāpari, hauora matua, ā, me te mātauranga kōhungahunga, ā, me te whakahou i te mahi a ngā pokapū toko i te ora mahi.

Kua mōhio a Whānau Ora ki tētahi tauira mō te mahi i te taha whānau kei te kitea i te wā nei. Ki tō mātou whakapono, me tino mōhiotia, me tino whakaaetia te mana motuhake o te whānau Māori kia tutuki ai tēnei whāinga. Ka uru atu ēnei, arā, Te Whare Tapa Whā, Te Wheke, Te Pae Mahutonga, ā, me He Kōrunga o Ngā Tikanga, hei tauira whaipanga kia pā ai te ngākau mōhio mō te whānau me te mahi i te taha o ngā mema whānau. I roto i tēnei horopaki, kei te kite atu mātou ki te mānukanuka a *IHC* mō te whakamahi i ngā tauira o tāwāhi i te taha o ngā tamariki Māori kua hauātia me ō rātou whānau, ka mahara kē te whakamahi tauira i whanakehia i konei.

Arā noa atu pea ngā whakapōreareatanga ka tū mai ki mua i te aroaro o te whānau e pā ana ki te whai putanga ki ngā ratonga tae atu ki ngā whakapaunga utu heke hāngai atu, ki te tawhiti mai rānei i ngā kaituku ratonga. Nā runga i tērā, ka tautoko mātou i ngā whakaaro puaki pērā i te whanaketanga kapa whānau peka mātauranga-maha nekehanga i te hau kāinga ka pā ki te whānau, ā, me te hoatu ratonga taketake-mai-i-te-kāinga. Ko te pīngore o te aronga e pā ana ki te wharatonga i te ratonga Whānau Ora tētahi āhuetanga minamina

ōna: ka hangaia ngā ratonga kia tutuki ai ngā matea o te kiritaki, ā, ka whakaratohia i ngā wāhi hāneanea ki te kiritaki. Ko tā te *City of Manukau Education Trust* i whakatakoto me tino haere ngā ratonga ki te tūtuki tāngata i ngā wāhi rauaki ai rātou, kia hangaia ai ngā ratonga hei whakatutuki i ō rātou matea. Ka tūtohu a *Wairarapa District Health Board* kia kawea he aronga whakamaene, ka mahi ana i te taha tamariki Māori me ō rātou whānau, ā, me te hono atu ki ngā ratonga hiahiaitia hei whakatutuki i ngā momo matea. Ki tō mātou whakapono he huhua ngā hanga o taua ratonga pīngore ka hoatungia; ko ngā whakaritenga matua kia rata ngā ratonga, ā, taea te whakarerekē ki ngā matea o ngā kiritaki.

Kei waenganui te whānau i tō rātou ake angitu. Hangaia atu ana ki runga i tēnei ariā, ko tā mātou tautoko i te tirohanga kia whakapuakina te inenga tika o te angitu o ngā hōtaka mō te whakapai atu i ngā matea oranga o ngā tamariki ki runga i tētahi whakamāramatanga mō te orangā, tērā ka whakamārama ai i te whānau i roto i te aro turukitanga o te oranga o ō rātou tamariki Māori. Ka tūtohu *Te Tai Tokerau Whānau Ora Collective* kia whakamāramatia te oranga mā tētahi whakamāramatanga Māori, i runga i ngā rapunga tohutohu i te taha o te whānau, ā, me te whakarere kē i te huarahi aro turuki i te oranga o ngā tamariki Māori me te whakauru atu i te whānau ki roto i te hātepe. Ka tūtohu a *Violence Free Waitakere* kia whakamahia ngā ine “Māori-ki-waenganui” mō aro turuki i te oranga o ngā tamariki Māori. Nā, i whakaaro a *Mental Health Foundation of New Zealand* kia whakahiatongia ngā ine angitu o “child-centric”.

Ki tō mātou whakapono, mā te whakamana i te whānau ki te whakatau i tā rātou ake ine o te angitu e hoatu ai ki a rātou te rangatiratanga o ngā kaha hei tautoko i ā rātou tamariki Māori, ā, mā tērā hoki rātou e kaha ai ki te tākoha ki tō rātou ake pūmanawa moe. Me tino noho mai tēnei hei hātepe huapai katoa o te tautoko me te ārahitanga. Me mahi huapai ngā pokapū hapori, kāwanatanga, ā, me te rāngai kore-kāwanatanga i te taha whānau, ā, me te tuku i a rātou ki te whai i ō rātou ake ara, kāpā te uta atu whakahaerenga.

Aratakitanga Māori

Ki tō mātou whakapono ka hiahiaitia ngā kaiarataki o te whānau kia pakari anō i waenganui i ā rātou ki te whakatenatena me te whakaheia mema ki te hoatu wāhi ki te angitu o te whānau. Ka āhei te Kāwanatanga ki te kawē tūranga tautoko, ki te hoatu anga pakahi me te pūtea āwhina mā te whānau mō rātou ake ki te whakatau mā wai rātou e arataki, e whakarawe mā te aratakitanga me te whakangungu ka hiahiaitia e rātou kia puta ai he whakahounga tauake. Ka whakatakoto a *Wesley Community Action*, he tino momoho te wāhi ka hōmaingia e ngā hātepe ārahi-whānau ki te whakapaitanga wā-roa i te oranga o te whānau.

Ka whakatakoto a *Whānau Whakakotahi ā-Iwi Marae*, noho ai te oranga tamariki Māori i runga i te angitu, i te takanga rānei o ngā pākeke i roto i ō rātou ao. Whakaaweā nuitia ai ngā tamariki Māori e te whanonga o ngā pākeke, ā, he mea tino hira te whakatairanga tūranga whakatauirā tauake i roto i te whānau me ngā hapori mō te waihanga i te māiatanga i roto i te aratakitanga Māori. I te mea ko ngā tamariki Māori te hunga i tua atu i ētahi atu ka kaha atu pea te ārongia e ngā ratonga tiaki, papare, he mea waiwai kia atawhaitia ngā tauira tūranga i roto iho i te whānau me ngā hapori, hei tauira, te whakamahi i ngā tauira kaiakopono tuākana-tēina, kia whakatoahia te hauora me te oranga o ngā tamariki Māori i te taumata hau kāinga. Me haere tonu ngā whakamataaratanga pāpāho Kāwanatanga e whakamahi Māori he kōtaha-teitei ana ki tuku pānui tauake mō te aratakitanga ki ngā hākoro me ngā tamariki.

Tua atu i ngā rawa ōhanga, ka kitea ki tō mātou whakapono he pakaritanga i roto i ngā hapori Māori. Ko te mea nui, ka uaranga ngā pūkenga tukunga iho, te mōhiotanga, ā, me ngā rawa me te whakamahia hei painga mā ngā tamariki me ngā whānau Māori. He papa pūmanawa moe te marae mō ngā kaha o ngā hapori ki te tautoko me te atawhai i ā rātou tamariki Māori. Hoatu ai ngā ātea hapori e whakahaera ana i raro kaupapa Māori i tētahi wāhi haumarū, wāhi tautoko mā te whānau ki te tūtakitaki, ki te whitiwhiti kōrero, tētahi ki tētahi, ā, ngā pokapū kore-kāwanatanga me ngā pokapū kāwanatanga. Ki tō mātou whakapono, ka taea e ngā tūranga kaiakopono kuia, kaiakopono kaumātua i ngā takiwā katoa o ō rātou hapori te whakahaeria.

Ōhanga manahau

Ko te mea kia mōhiotia, ēhara anake te pōharatanga i tētahi āhuatanga whakatiki, āhuatanga pānekeneke ēngari, he āhuatanga whakamā, whakapūnguru, ka pā hoki kite pāpori...[ko ngā āhuatanga kore-whaitinana ka uru mai, ko] ...te kore mana kōrero; te tōtōā, te whakamōraro, ā, te tomokanga o te tū rangatira me te kiritau; te rōrā; te whakamā me te poapoa; te rōrā; te whakakāhoretanga tika me te kirirautanga kua whakaerongia...Tātā mai ai ērā i te hunga tangata kei roto i ngā pāhekoheko ia rā ki te porihanga whānui, ā, mai i te āhua e kohimuhimutia ai rātou, ā, e whakarangatiratia ai e te hunga tōrangapū, e ngā āpiha, e te hunga pāpāho, ā, e ētahi atu rangatōpū.⁸

Ko tā *South Auckland Family Violence Prevention Network* i whakaatu i roto i tā rātou tāpaetanga, whakatau ai te oranga o te whānau i tērā o ngā tamariki, ā, i te nuinga o te wā nō roto i te reanga ngā pūtaka o ngā whakaraeraetanga taurea. Hāngai tika tonu ai te whanaungatanga ki ngā tūtohu oranga mō ngā whānau Māori, ki te kaha o ngā hākoru ki te mahi, ki te neke whakamua atu i ō rātou pūkenga me te whakaakoranga, ā, me te whai putanga ki ngā wā whakangungu.

Ka whakakino kē atu ai te korenga mahi me te pōharatanga nō roto reanga i te huringa whakakākoretanga e ngaro ai te pūmanawa moe. I te taha o ētahi atu tamariki, ko ngā tamariki Māori ngā mea ka kaha kē atu pea te wheako i te takaonge o te oha-pori, ā, nā runga i tēnei, ka piki kē atu tō rātou whakaraeraetanga ki te pāpaku o te ekenga ki te taumata e pā ana ki te whakaakoranga me ngā raruraru kite hauora. Whakaatu mai ai te rangahau hou rawa a te Whare Wānanga o Tāmaki-makau-rau, kāore taea e te huhua o ngā whānau moni whiwhi-iti rawa te hoko kai tōtika, ahakoa te waiwai noa, mō ā ratou tamariki Māori.

Ka mea ake ētahi kaiwhakatakoto tāpatanga kia whakarerekēngia ngā āheinga mō *Working for Families*, kia tāpiritia atu he tautoko mō ngā whakapaunga whiwhinga whare, kia hikia te itinga rawa mō te utu ā-wiki me ngā takuhe, ā, me ētahi atu ine whakahaumi hāngai, kia hikia wawetia te pōharatanga kino rawa atu. He māharahara i reira mō te whirinakitanga kite toko i te ora, ā, me te hiahia kia whanakehia te ōhanga i ngā wāhi he teitei te koremahia a Māori mā kia pai ake ai te whakangungu me te whiwhinga mahi mā te whānau hei whawhati i te huringa pōharatanga. Ko tā mātou kei te kite atu mō ngā whānau kore mahi, ka āhei hoki rātou ki te whiwhi i tētahi moni whiwhi rawaka kia pūmau ai te oranga o ō rātou tamariki.

E matatau ana mātou, ko tētahi ritenga tūturu kia angitui ai a Māori mā, ko tā rātou whiwhi i te tino rangatiratanga e pā ana ki te ōhanga mā roto i tētahi whiwhinga mahi, umanga whai

⁸ Ruth Lister, *Poverty, quoted by Every Child Counts*

tikanga rānei. He āhuetanga tēnei kia āta whakaroarohia i te wā e whakatairangatia ana ngā tauira o te angitu.

E whakapono ana mātou, ko tētahi huarahi pai rawa mō te whakamana whānau, ko te tautoko hākoru me te hunga tuku tiaki ki roto wā whiwhinga mahi ka utua me te whanaketanga ohu mahi. I rongō ki te huhua o te hunga whakatakoto tāpaetanga e tohe ana mō tētahi moni whiwhi itinga rawa mō te whānau hei hoatu tiaki pai me tētahi taiao hauora mā ngā tamariki Māori (tā *Hawke's Bay District Health Board, Methodist Church*).

Ka kōrero ngā *Social Service Providers Aotearoa* mō tētahi aronga katoa mō te oranga o ngā tamariki Māori tae atu ki ngā rautaki katoa-a-te-kāwanatanga, hei whakapai ake i ngā tūmanakotanga whiwhinga mahi mā te whānau. I meatia ake he akoranga roa rawa hei whakamātautau i te whakaawetanga o kōkiringa hou a te kawanatanga kua whakaurua hapapātanga, tērā pea ka hōmai wāhi piripoho mō te hangangatanga kaupapa here ka pāki ngā tamariki Māori.

Ka maharatia atu e mātou te hiranga o te āwhina ka mōhio ana te whānau ki te pānui me te tuhi āhuetanga e pā ana ki te moni kia kore noa ai he nama nui te utu, he nama koretake noa e pā ki te kāinga. Mā te komokomo i tēnei huinga pūkenga ā-ringa ki roto hōtaka whakaakoranga mai i te wā e pakupaku tonu tētahi, ā, ki roto ratonga pāpori tautoko hoki, e āwhinatia ai te hunga takitahi me te whānau ki te whakatakoto kōwhiringa pai rawa mō te wā e ora ana rātou.

Me tino auahatia e tātou he taiao tautoko ai i te ōhanga pūmanawa moe o Māori mā, ā, e waihanga ai hoki i te angitu. Me tautoko hoki te taiao nei i ngā uara Māori me ngā whakamāramatanga o te angitu mā tētahi ara, ko te whānau-kei-waenganui. Mā te whiwhi kāwanatanga tautoko o Aotearoa me tētahi taiao pakihī tautoko, e tautokonatia atu te kaha o te whānau me te tino rangatiratanga hoki. I karanga te huhua o te hunga whakatakoto tāpaetanga, kia kaha kē atu te mahi tahi i waenganui te kāwanatanga, te iwi, te hapori me te ao pakihī ki te rapu whakaotinga mō te ōhanga kua kitea he pai rawa atu. Ka whakapono mātou, he pūmanawa moe nui tō te iwi ki te waihanga tūāpapa pakari mō te tipuranga o tētahi ōhanga ukauka mō Māori mā. Kei te kite atu hoki mātou i pūmanawa moe e tipu ake ana i roto i te rāngai pakihī Māori. Ko te wawata, ka whakamahia e ngā kaporeihana Māori ō rātou angitu kite tautoko i ō rātou hapori.

3 Te Kāwanatanga me te whānau

Tikanga mahi

Ka whakawhiti atu i te whānuitanga o te whakabaumitanga a te marea ki roto tamariki Māori ki ngā rāngai hauora, mātauranga, ratonga pāpori, ā, me te ture— mehemea e rawaka ana, e tōkeke ana te haumitanga nei.

Pēhea ai te whakabaumitanga a te marea ki roto i te hauora, te mātauranga, ngā ratonga pāpori, ā, me te ture e taea ait e whakamābia kia pūmau ait e oranga o ngā tamariki Māori.

Ngā huarahi kaupapa here me ngā huarahi ā-ture hei whai ake i ngā kitenga o te pakirehua nei.

Ka karanga te hunga whakatakoto tāpaetanga ki te Kāwanatanga kia aratakingia e ia te mahi whakapai ake i te oranga o ngā tamariki Māori. Ka whakaae mātou me riro i te kāwanatanga he tūranga ki waenganui i te mahi tautoko whānau ki te whakapai ake i te oranga o ngā tamariki Māori katoa. He pūtea, he kaimahi, hē mōhioanga me ētahi rawa kei ngā pokapū Kāwanatanga ka taea te whāwhā atu hei āwhina i te whānau me ā rātou tamariki Māori. Ka hiahiatia tahitia te tautoko nei i te taumata kaupapa here, i ngā ratonga-kei-te-mura-o-te-ahi. Ka kī tārua anō mātou me haere tonu te tūranga whānau i roto i te mahi whakapūmau i te oranga o ō tātou tamariki Māori.

Urupare kāwanatanga ki te taumata-teitei

I rongō mātou i te whānuitanga whānui o ngā tirohanga mai i te hunga whakatakoto tāpaetanga mō te tika o te tūranga mā te hunga waihanga kaupapa here, ā, me te huarahi e tika ana me whakatakotoria e rātou mō te kaupapa here, ā, me te whakapūrongo i te papātanga o te kaupapa here.

He whakaaetanga whānui kei reira kia haere tonu te mahi a te Kāwanatanga ki te hoahoa, whakamahere me te whakatinana i tētahi huinga kaupapa here whakawhitinga-kāwanatanga e kī katoa ana, e pai rawa ana, e pipiri ana hei whai ake i te oranga o ngā tamariki Māori. Ka hiahiatia e ngā kaupapa here nei he ūnga, kawenga, whakamārama mahi whakawhitinga-kāwanatanga kua whakaaetia, tae atu ki te whakapūrongotanga o tētahi huinga rārōto taturanga tauwhāiti-Māori. Ko te tikanga, mā tētahi Minita o Te Rūnanga Kāwanatanga te wāhi kaupapa here nei e arataki. Ko tōna haepapa he whai ake i ngā matea o ngā tamariki Māori e ai ki te horopaki whānau.

I ākinatia e te hunga whakatakoto tāpaetanga te hiahia mō te kāwanatanga ki te auaha i tētahi taiao kia noho ai a Māori mā ki roto e hiahia ana ki te akoako me te whitiwhiti whakaaro, kōrero i te taha āpiha, ā, i roto taiao e kaha ai ngā āpiha ki te whakaaro wairua auaha me te kore matakū ka whakaputa ana i ō rātou tirohanga.

I ki te hoki te hunga whakatakoto tāpaetanga te uara o te whakahiato i tētahi utauta aro matawai whānui i te papātanga o te tamaiti me ngā ūnga, inenga, whakatutukinga mārama mā ngā tamariki Māori whakaraerae. Ka whakapuaki rātou i tētahi whakapono me whakatenatena te Kāwanatanga kia whakaarohia kōtahangia ngā huarahi e wātea mai ai he pūtea āwhina hei mahi i te take kaikā nei, te take nui nei. I tem aha o ngā wā, heke mai ai te kaupapa here hāngai pū-ki-te-Māori i te rangahau kano, ēhara i te rangahau e hāngai pū ana

ki a Māori mā. Ki tō mātou whakapono me kaha kē atu te kawē rangahau he Māori kei roto me te whakatewhatewha hua kikino e hāngai pū ana te pā ki a Māori mā.

Ko te māharahara matua a te hunga whakatakoto tāpaetanga, ko te arotahi o te Kāwanatanga ki te whakahaerenga o tētahi raruraru nui, ka mahara te arotahi i te oranga, ā, me te hiahia anō mō tētahi kaupapa here i te taha mō te tamaiti pōhara. Ko te tikanga, me mahi kē te mīhini kāwanatanga kite whai ake i ngā matea tamariki Māori me ō rātou whānau, kāore ki te rapu wāhi mō ngā mahi me ngā hanga o te pokapū.

Ki tō mātou whakapono, he hiahia kei reira kia auahatia he taiao whakapono-teitei kia taea ai te whakarau atu i te mōhiotanga, te pārongo, te wheako, ā, me te whakaaronui ki roto kia whakawhiwhia ai he rautaki ā-ringa, ā-māhea, ā-kaikā hei whakarato i ngā matea o ngā tamariki Māori tino kaha rawa atu te whakaraerae. Ka hiahiatia he ūnga mō te whakaratonga kaupapa here me ngā hōtaka ka hiahiatia hei whakapai ake otinga, ā, hei here i ngā pokapū me ngā tari ki ngā tikanga mahi. He whakatakotoranga mō te hanga o te pai rawa atu o te rōpū whakahaere e pā ana ki ngā tamariki Māori whakaraerae, te pūtea āwhina me te mahi kirimana a te Kāwanatanga.

Ka tautoko mātou i te aria mō tētahi whakahoatanga pērā, ā, mō tētahi whakamataaratanga ē pā ana ki te haepapa pāpori, hei whakatairanga i te oranga o ngā tamariki Māori katoa. Ka whakatenatena kia tiria te haepapa ki waenganui i te iwi, ngā hapori, te rāngai pakihī, ā, ki waenganui i te kāwanatanga. He mea nui ngā toa me te rangatiratanga mō ngā kōkiringa hou pērā. Hei tauira, i raro i te kōkiringa hou te *Truancy Free Zone*⁹, kua whakaae he pakihī hapori kotahi kua kaua e hoko mea atu ki ngā tamariki Māori kua eke ki te tau-haere-ki-te-kura, i ngā hāora kura.

Ko tērā ka hiahiatia mō te whakaharatau i te whānau ora, ko te mahinga tahi i te oranga o ngā tamariki Māori i waenganui i ngā kaupapuri pānga. I te māharahara mātou, tērā pea kei reira tonu te whakaaro ipu o te hinengaro i ngā pokapū, ā, ka poapoatia te oranga o te whānau, ā, o ngā tamariki Māori ake, inaarā, i ngā tari kāwanatanga. Ko tā whānau ora ake, kia mōhiotia ngā hononga i waenganui tāngata, ēhara anake i te taumata whānau ēngari, tae atu ki te hapū, te iwi, ngā momo hinonga kāwanatanga katoa, ngā rōpū whakahaere kore-kāwanatanga, ā, me te rāngai tūmataiti hoki. He pānga tō rātou i roto i te oranga o ngā tamariki Māori.

He huhua tonu ētahi o te hunga whakatakoto tāpaetanga i tautohe, me kaha kē atu te puare, te mahi tahi me te māheahea a ngā pokapū kāwanatanga. Ki ō mātou whakaaro, he mea tika tēnei i ngā wāhi e taumahatia ana te oranga o ngā tamariki Māori. E tika ana kia pai rawa atu te tiaki i ngā tamariki Māori, ā, me kaha tonu te whakahāmene i te hunga kei a rātou te haepapa mō te tiaki tamariki Māori.

Ko te mea tika rawa ki tō mātou whakapono kia tutuki ai i te mīhini kāwanatanga ngā mātea tamariki Māori, ko te whiwhi āhuratanga whakawhitinga kōrero, whakaaro pai rawa atu i roto tari. Me te mea nei, ko te āhua i te wā, he iti rawa te whakawhitinga kōrero, whakaaro i waenganui i ngā tari he rite ngā pānga me te haepapa mō te oranga o ngā tamariki Māori. Ko te tiritiri mōhiohio tētahi huarahi nui mō “te honohono ira haere”; he māharahara kei reira, e whakaemia ana e ngā pokapū kāwanatanga te mōhiohio pou ēngari, kāore i te tiritiringia.

⁹ One of the Ministry of Social Development's Social Sector Trials which utilise cross-agency working groups to deliver social services to young people in targeted communities.

tamariki Māori me te whānau whakaraerae, te whakakirimana i te wā tika, ā, me te wharatonga, whakamātautau i ngā ratonga me ngā hōtaka tika e kaha atu ana te ahurea, te ngaio, te whānui, te pākari. I whakanuia a Whānau Ora mō te whakapakari whānau, ā, kua kite i te uara, kia haere tonu te haumi i a Whānau Ora.

Whakaatu ai te rangahau, ko ngā wawaotanga taha-maha, tauputu-maha, whakapiki, wātea, pīngore, ā, kei runga hononga noho ai, ko ērā ngā mea tōtika rawa atu. Hei tauira, tētahi hōtaka e hoatu whakaora nahanaha-maha mā ngā hunga hara pūhou—ko te maha o rātou he Māori—angitu ai nā te mea whaitia ake ai e te hōtaka ngā tūāhutanga whakawhare, mai ai i te taha o te whānau katoa, haere ai ki kāinga, pātai ai he aha ngā matea a te whānau, ā, mahi ai i roto i ngā taiao pāpori tino hira o te tangata pūhou: te kura, hapori, ā, me te kohinga ā-hoa.

Whakamana hononga

Mā tētahi aronga ko te whānau-kei-waenganui, e mahi hononga ai i te tuatahi ki ngā momo taumata ka mahara, te arotahi motuhake anake i te wharatonga ratonga. Pērā i tā Manaakitia Ā Tātou Tamariki i whakatakoto rā, mā te neke i te mahi tuatahi e whakamanatia ai ngā hapori ki te ārahi i te whakahoutanga, ā, ki te whakatakoto whakataunga kia tutuki ai ngā matea o te hau kāinga. Ko te uara tangata me ō rātou pānga tīria, ā, me te mōhio atu ki te pakari o ngā whakapaunga kaha kua whakakotahitia, ko tērā te tikanga o te mahi hononga i te tuatahi. Noho ana i wāenganui o te mahi whakamana hononga kia tuku ratonga tōtika ai, ko te whakarahi atu i te mahi tahi me te whakahoatanga i waenganui whānau, pokapū hapori, iwi, kāwanatanga ā-waenganui, rōpū whakahaere kore-kāwanatanga, ā, me ētahi atu kaupuri pānga. I tino koa rawa ake mātou ki te rongō kōrero mō Ngā Whakamātautau i te Rangai Pāpori a Te Manatū Whakahiato Ora, mō te *Manaiakalani Education Trust* me *Project Energise*, nā *Waikato District Health Board* te pūtea āwhina mā ngā tokorua nei. Ko ēnei ētahi i roto i ngā pūtere maha mahi tahi i whakahuatia ake i te wā e haere ana te pakirehua.

Mā te tīria-mōhiohio, mā ngā huinga-raraunga e āwhina te hanga arahanga hei whakawhiti atu i ngā āputa ki ngā ratonga mā ngā tamariki Māori kia pakari ai ngā hononga i waenganui i ngā pokapū e whai wāhi ana. Ko te whitiwhitinga kōrero, whakaaro te mea matua i roto i te mahi waihanga hononga kia manahau ai; mā te pai o te waihanga hononga me te pupuri kia noho pērā tonu, e taea anake ai he whitiwhitinga kōrero, whakaaro tino māheahea rawa atu. E mōhio ana mātou, he tino wero ake tēnei mā ngā rōpū whakahaere kore-kāwanatanga.

Me whai putanga anō hoki ngā hōtaka ki tētahi pūtea āwhina wā-roa, kia tukua ai te whānau me ngā kaituku ratonga ki te whakahiato hononga whakapono ki waenganui i a rātou. Nā *Waitematā* me *Auckland District Health Board*, te *New Zealand Council of Christian Social Services* me *Te Puāwaitanga ki Ōtautahi Trust* tēnei tirohanga i tautoko. Ko te mea pai rawa atu mehemea ka taea, kia whiwhi e ia whānau whakaraerae tētahi kaimahi kēhi whakahi ki te whakarato ratonga tuitui i te āwhina me te tiaki ka haere tonu. I te mutunga mai, ka taea te waihanga-hononga āritarita, whai take hoki i te taha whānau kua whakangū, hei whakapai ake i ngā otinga mā ngā tamariki Māori.

Hei tauira, mō ngā wāhine Māori e hapū ana, mā tēnei aronga ka kitea ngā tapuhi e whakatenatenatia ana ki te whakareia i ō rātou ake mōhiohio taha Māori ki te hanga tiaki kounga hei hoatu mā rātou, ā, me te whakono atu i ngā māmā hapū ki ētahi hapori, te hauora o tā te māmā hinengaro, te tautoko a te iwi ka hiahia pea e rātou, mua atu i te wā ka whānau tā rātou tamaiti.

Me rite anō te tāmata pūmanawa hanga-hononga ki roto i te whānau me nga kaituku ratonga. Mā ngā pūkenga hanga hononga pai pērā i te whitiwhitinga kōrero me te whitiwhitinga whakaaro tōtika, ā, me ngā pūkenga whai aro-whānui te whānau e whakamana, ki te whai take uua ake pērā i te tama wahine ka hapū ana.

Ka huri haere ana te wā, kua tipu ake te kore whakapono i waenganui i ētahi pokapū me Māori mā. Ko te nuinga o te hotohoto nei i ara mai i ngā wawaotanga i whakaawe kinotia nei ngā whānau whakaraerae me ō rātou tamariki Māori.

Ka whakamārama a *Obomairangi Trust* i tētahi tauira me tana kī ko te kupu nei whakapono te raruraru i tētahi takiwā. Ka manako a ia, he mea nui te whiwhi mahi ka utua hei whakangāwari i te āhuetanga o te hunga ō-roto reanga e whakawhirinaki atu ana ki te toko i te ora, me ngā huanga ka mauria mai pērā i te whakapikinga o te moni whiwhi, ngā kōtuitui pāpori pai ake, te hauora pai ake mā te hākoro, ā, me te whiwhi tauira tauake hei whai mā ngā tamariki Māori, ko tērā ka hiahiatia e te herenga pāpori matua kia ngākau titikaha te whānau i te tiaki ka whiwhi i ā rātau tamariki Māori. Mehemea i roto i ngā herenga pāpori o ngā whakahounga o te toko i te ora e marohitia ake nei, otirā, tērā e tono ana kia whakaurua e ngā hākoro ā rātou tamariki Māori ki roto mātauranga kōhungahunga, ko tērā te papātanga ka hiahiatia. Nā reira, kāore tērā i te māhehe. Ka mea ake a *Unicef* NZ, ka mōrea pea ngā tamariki Māori nā ngā whakahounga ki te toko i te ora ki te hiahiatia ngā hākoro kia haere ki te mahi, ā, kāore he wāhi tiaki tamaiti tika i te wātea.

Kei te titiro atu ki ngā rā kei mua i te aroaro, ki tō mātou whakapono, ko te mea nui rawa kia hanga anō te whānau me ngā pokapū kāwanatanga i te whakapono, kia kaha ai tā rāua mahi tahi. Ko te mea pou ki tō mātou whakapono, kia kaha ngā kaimahi o ngā rōpū whakahaere kore-kāwanatanga me ngā kaimahi a te kāwanatanga, ki te mahi i te taha tamariki Māori mā ngā huarahi whai tikanga, whai ahurea, ā, me te mōhio ki te mahi i te taha o ngā mema o te whānau kia taea ai ngā hua pai rawa mā ngā tamariki. Ka whakatenatena ngā kaiwhakatakoto tāpaetanga i te kāwanatanga kia whakapūmautia te whāinga, whakakorea katoatia ngā hanga whakatoihara ahurea, ā, me te whakangungu i te tikanga Māori me te whakahoatanga ahurea ki ngā kaimahi tari kāwanatanga.

Ko te tikanga ki tō mātou whakapono, me whakatakoto pūrongo ā-tau ngā pokapū me ngā tari kāwanatanga mō ā rātou whakatutukinga e pā ana ki te oranga o Māori mā, ā, me te mahi ki te whakapūmau, kore rawa he whara i pā ki ngā tamariki me ngā rangatahi Māori nā tētahi āhuetanga i hua mai i ā rātou mahi i te taha pokapū hāpori, pokapū kāwanatanga.

Mātauranga

Ki tō mātou whakapono, me tipu ake ngā tamariki Māori i roto whānau ka atawhai akoranga puta noa te wā e ora ana rātou. Ka pīrangī mātou kia kite tamariki Māori e hiahia ana ki te ako i a rātou e tipu haere ake ana, ā, kia kite i a rātou e takatū atu ana i te mātauranga kia whiwhi pūkenga ai, mōhiotanga ai ka pīrangitia e rātou kia angitu ai. Ēhara anake te mahi a te mātauranga i te hoatu pūkenga noa kia mātau ai ngā tamariki ēngari, kia whiwhi ai hoki i ngā pūkenga kia mōhio ai ki ngā mea whakawhara, ā, me pēhea te karo, ā, ki te whai wāhi ki roto i tō rātou hāpori mā tētahi huarahi tau ake. Ka uaratia ana te mātauranga e te whānau, kua kaha rātou ki te whakaawe i te akoranga o ā rātou tamariki Māori kia angitu ai. Tīmata ai te mātauranga i te kāinga—ko te whānau te kaiako tuatahi o te tamaiti. Tīmata ai te akoranga i te wā o te whānautanga, ā, e hiahia ana ki te tautoko i te

āhei o te whānau ki te hoatu taiao whakaongaonga hei wāhi tipu ake mā ō rātou tamariki Māori.

Ka ōkawa kē atu ana tē mātauranga e neke atu ana ngā tamariki Māori ki roto, ka hira tonu mai te noho o te tūranga whānau. Me mahi te whānau me ngā kaiwhakaako me te mea nei he hoa rātou. Ka kaha ngā kura me ngā hākoru ki te mahi tahi kia pūmau ai te whiwhi a ngā tamariki Māori i tētahi mātauranga rata, mātauranga tika. Ka whakaponu hoki mātou, he pūmanawa noho puku kei reira mā te iwi ki te kawē tūranga kakama i roto i te whakaakoranga tamariki Māori, i te whakaako ake i tō rātou mōhiotanga iwi ahurei.

Ko te mea nui hei whakangāwari i ngā tukinga o te pōharatanga, ko te āta titiro kei te rangatahi ngā pūkenga me te mōhiotanga hei hanga ao mō rātou ake me ō rātou whānau kei mua i ō rātou aroaro e totoka ana te ōhanga. Ko tā mātou e kite atu ana, kua mōhio te Kāwanatanga he hiranga matua te mātauranga mō te oranga o te rangatahi, ā, he mea hira te whai ake i te whiore o te kore eke ki te taumata. He mahi tuatahi rawa atu tēnei ki te hunga whakatakoto tāpaetanga me ētahi e whakapuaki ana i tētahi tino whakaponu, ko te mātauranga tētahi huarahi i te wā roa e puta ake mai ai i te pōharatanga.

Ko Te Reo Māori tētahi wāhi nui o te tuakiri Māori. Ki tō mātou whakaponu, he painga ki te porihanga te ka kaha kē te whakaputa atu i Te Reo Māori ki a rātou. Ko te māramatanga ki te tirohanga Māori tērā, ā, mā tērā hoki e piki kē ai te mihi atu ki te wāhi kei te Reo ki te hanga porihanga tika, porihanga tōkeke whakanui ai i te kanorau. Ka kaha te hunga whakarato mātauranga ki te āwhina mā te whakaputa atu i Te Reo Māori ki ngā tamariki katoa o Aotearoa.

Whakaponu ai hoki mātou he mea nui te kitea o ngā kaiako Māori me te hunga e matatau ana ki te kōrero i Te Reo Māori, ki roto i te pūnaha mātauranga. I te wā nei, e 5,140 ngā kaiako i ngā kura auraki tuatahi, tuarua o Aotearoa, tāutohu ai he Māori rātou. E ai ki ngā pūrongo raraunga hohou rawa atu a Te Tāhuhu o Te Mātauranga i te tau 2009, e 1,088 ngā kaiako i whiwhi i tētahi utu tāpui mō Te Rumaki Reo Māori. Ō aua kaiako, e 528 i roto kura e ako ana.

Ko tērā i hua mai i tā mātou haerenga ki Ahitereiria, me te toro i te kura Yipirinya, me whiwhi e ia akomanga he kaiāwhina kaiako Māori. Ko tāna mahi he āwhina ākongā kia whai mahara ai rātou ē pā ana ki te ahurea Māori, ki te whakahiato i te taha tuakiri, ā, me te akoako hoki i a rātou. Ka taha-rua te kōkiringa hou nei; ko tāna anō hoki he hanga huarahi mahi kia whakangungua ai, ka rua, he whakapiki i ngā kaiako Māori kia huhua noa kē atu ai i ō tātou kura.

Te Kōhanga Reo me te mātauranga kōhungahunga

I ngā tau takau kua hipa ake nei kua piki te whai wāhitanga a Māori mā ki roto i ngā ratonga mātauranga kōhungahunga, heoi, i rongo mātou “he kino rawa te kore whai wāhitanga i ngā wāhi tāone e teitei ake ana ngā taupori Māori, pērā i a Tāmaki-makau-rau ki te Tonga”. I pāohotia e ētahi atu hunga whakatakoto tāpaetanga te māharahara mō te iti rawa o te whai wāhitanga. Ko tā mātou hiahia kia whiwhi i ngā tamariki Māori katoa he tīmatanga pai rawa ki tō rātou mātauranga, ā, ko te kounga-teitei o te whai putanga ki te mātauranga kōhungahunga tētahi wāhanga hira a taua tīmatanga.

I roto taiao kaupapa Māori, mārō ana te tikanga a Te Kōhanga Reo mō te hoatu mātauranga kōhungaunga ki ngā tamariki Māori. Ko tērā i hua mai nā te whakatūranga kōhanga, ko te tere tipu o ngā pāpātanga e pā ana ki te whai wāhitanga o te kōhungahunga Māori ēngari, i ngā tau tata nei kua taka haere ngā whakaurunga kōhanga. Tūtohu ai ngā

tatauranga tino hou a Te Tāhuhu o te Mātauranga, o ngā tamariki Māori e 41,961 i whakauru kite mātauranga kōhungahunga i te tau 2012, e 8,500 tata atu pea (neke paku atu pea i te ōrau e 20) i whakauru ki te kohanga reo. He rerekētanga tēnei ki te keokeotanga e 14,000 tata atu peai te tau 1993. Hei hiki ake i te whai wāhitanga i waenganui i a Māori mā ki te mātauranga kōhungahunga, me tino whakatikaina e te Kāwanatanga te hapa e pā ana ki te kore ōrite o te pūtea āwhina i waenganui kōhanga reo me ētahi atu ratonga mātauranga kōhungahunga. I te wā nei, kei tētahi taumata raro iho kē te tāke a te kōhanga reo ki tērā a ngā kaituku mātauranga kōhungahunga auraki he kaiako-kei-te-ārahi. Ā, nā runga i tērā, e raruraru ana te maha o ngā kōhanga reo nā te iti rawa o te moni. Nō nā noa Te Rōpū Whakamana i Te Tiriti o Waitangi i whakatakoto pūrongo ai mō tētahi kerēme a Te *National Kōhanga Reo Trust*. He huhua ngā take mātūkanuka i whakaaratia. E matatau ana te komiti kua whakatīmataria e te Kāwanatanga he hātepe takatū i te taha o Te *National Kōhanga Reo Trust* ki te whakatau i ngā take i tāutohungia i roto i te Pūrongo a Te Rōpū Whakamana i Te Tiriti o Waitangi.

Kura Māori

E māharahara ana mātou ki ngā rerekētanga o te whai putanga ki te mātauranga kaupapa-Māori, ka whai atu i te kōhanga mai i tāone ki tāone, i wāhi ki wāhi kei kūare rawa ngā tamariki Māori i whiwhi mātauranga rumaki i mua.

Ko tā Manaakitia A Tātou Tamariki ka kī, he pai kē atu ngā hua whakaakoranga ka tutuki e ngā tamariki Māori, i roto kaupapa kōkiringa hou mō te mātauranga Māori; heoi, ko tērā kua kitea, kei te heke haere kē te pāpātanga o te whai wāhitanga i ētahi wāhi.

Ki tō mātou whakpono, hoatu ai te kura i tētahi taiao hira mō te whakaako kaupapa Māori me Te Reo, ka mutu, ki te tautoko whānau. He pai kē atu ngā mea angitu kei ngā tamariki Māori i whakaurua ki roto akomanga kura, akomanga kaupapa-Māori mō te whai hononga ki ō rātou ahurea. Whakapakari ai i te tuakiri Māori, ā, āwhina ai i te mahi whakatipu tamariki Māori āheia, manahau. Taka atu ai te hāngai rite o ngā tamariki Māori i te taumata kura tuatahi me te kura tuarua i whakaurua ki te kura, ki raro iho noa nei i te ōrau e 10. Kei te māharahara mātou, kāore te mahi pai a te kōhanga reo i te puritia ka neke haere ana ngā tamariki Māori i ō rātou tau e kuraina ana. Kei te matatau mātou, e rima ōrau o ngā tamariki Māori kua whakaurua ki te mātauranga Māori. Ahakoa ngā angitu e pā ana ki te mātauranga Reo Māori kua whakapūrongotia mō ngā tamariki Māori, ā, kei runga atu i ērā o te mātauranga auraki, kei te māharahara tonu mātou ki te itiiti rawa o ngā whānau e kōwhiri ana kia noho tonu ki roto i te mātauranga kaupapa-Māori. Ki tō mātou whakaponu, he tirohanga hou kei reira kei te mātauranga kaupapa-Māori hei whakahou i ngā tirohanga o ngā kura auraki ki te whai ake i te take e noho tonu nei te whaktutukitanga ki raro.

Mātauranga auraki

Ahakoa tō mātou uara i te wāhi hira kei ngā kura Māori ki te whakaako i ā tātou tamariki Māori, e 173,000 tata atu pea ngā tamariki Māori—ko te ōrau e 95 pea tērā kei te mōhio mātou—kei te whakaakona i ngā kura auraki. Nā reira, ki tō mātou whakaponu he mea hira kia ākona e ngā kaituku i te mātauranga auraki ngā tamariki Māori i roto taiao e whakakoiatia ai i tō rātou ahurea me Te Reo Māori. Hei whakatutuki i tēnei, e hiahia ana mātou kia whakapikia te hia kē o ngā kaikōrero i Te Reo Māori me ngā kaiako i Te Reo Māori ki roto i ngā kura auraki. He papātanga tauake tā Te Kotahitanga i te taha o ētahi whanaketanga e pā ana ki te matatau ki te taha ahurea..

Te matatau ki te taha ahurea me te whitiwhitinga kōrero, whitiwhitinga whakaaro

Ko te mea hirahira hei whakatutuki i ēnei whāinga ko te whitiwhitinga kōrero, whitiwhitinga whakaaro. Ki tō mātou whakapono, me ōrokohanga mai tēnei roto igo i te whānau, me tino tīmata mai i te wā ka whānau mai, mā te whakahere kōrero i wanga nui i wā tātou tamariki Māori, ā, me te whakaputa i wā kōrero, whakaaro.

Me tino wehi tātou ki te tauira taha ahurea mahi ai, whakawhitiwhiti kōrere, whakaaro ai a Māori mā ki roto. Hei tauira, ko tēnei mea te whakamā, ko tōna whakamārama ki tētahi pito o te tūāwhiorangi, he pūihi, he whakaiti; ā, ki tērā pito o te tūāwhiorangi, he pōrahutanga, he rōrā.

Ko te mea matua i te pānui, i te whakamārama rerekētanga e pā ana ki te taha ahurea, kia kore rawa e pōhēhē, ko tērā e pai ana ki tētahi ahurea, he rite anō mō tētahi atu. Anei ake he tauira kē atu. Ko te whakahihī ki tētahi pito o te tūāwhiowhio ka mahara hēngia kētia he whakatoatoa, he tū te ihu ēngari, ki tērā pito o te tūāwhiowhio, ko tōna motuhenga kē, he tohu kē o te ngākau titi kaha.

Ki tō mātou whakapono, ka mahi ana tētahi i te taha tamariki Māori me tino mātau rawa atu a ia ki ngā matea pūkenga, mōhiotanga, whaiaro ahurea o te whānuitanga kohinga. E pēnei ana te tikanga o tēnei. Me mahi rātou mā tētahi huarahi whai tikanga whakawehi ai i ngā tikanga, ngā whakapono ahurea, ngā uara me ngā whakaharatau tangata nō mai i ngā takenga ahurea rerekētanga rawa atu. Ā, me kaha rātou ki te whakawhitiwhiti kōrero, whakaaro tōtika rawa atu whakawhitinga-ahurea. Me ū hoki ki te whanake hononga i te taha whānau i ngā wā e puta ake ai, e tika ai.

He maha te hunga whakatakoto tāpaetanga i whakapuaki māharahara mō te kore mātau i te pūnaha mātauranga auraki mō te taha ahurea. Kia tutuki ai ngā matea o ngā tamariki me ngā rangatahi Māori me tino whai putanga te whānau ki te mātauranga i ngā taumata katoa. Me tino rata, me tino tika te aronga o ngā kaiako me ngā kura ki te wahakaako ākongā, hākoro, ā, me te kaha kē atu o te whai wāhitanga ki te mātauranga. Me tino whai pūtea āwhina te mahi whakatairanga i aua momo kōkiringa hou. Ki tō mātou whakapono, ka pai kē atu te ako a ngā tamariki Māori i tētahi taiao whakatau ai, tautoko ai i tō rātou rātou ahurea. I te mea kua whakauru te maha o te nuinga o ngā tamariki Māori ki roto i ngā kura auraki, ko te mea nui mā ngā kura auraki nei, he kura rata te taha ahurea rātou.

I mīharo mātou ki ngā hua i puta ake i ngā hōtaka pērā i Te Kotahitanga, ā, me te whakapono anō kia whakawhānuitia atu he wawaotanga pērā anō te rite ki ngā kura katoa. Whakahaerea ai e Te Whare Wānanga o Waikato a Te Kotahitanga, ā, ko tāna mahi he arataki kaiwhakaako ki te auaha taiao he rata te taha ahurea me te tautoko, whakawaretanga o te whānau me te hapori, ā, āwhina ai i te mahi waihanga hononga tauake i te taha o ō rātou ākongā ki te whakarato i tētahi taiao tautoko whānau i te akomanga. Ko tā mātou e kite atu ana i tēnei, ko te whānau tēnei e oreore nei. Nō nā noa nei Te Kotahitanga kua whakakapia e tētahi hōtaka hou. Ko *Building on Success* tērā. Ko tō mātou ake tūmanako ia, ka utaina atu ngā kaha o tēnei ki runga i ērā o Te Kotahitanga, ā, mā tērā te painga e taka atu ai ki runga i ngā ākongā Māori me ō rātou hapori o te kura.

Ka tautoko hoki mātou i te mahi whakapiki ake i te wāhinga whakangungu o ngā hōtaka i ngā kāreti mā ngā kaiako. Me tino mōhio te hunga whakaako ki ō rātou ake ākongā kia tutuki katoa ai o rātou matea whakaakoranga. He huhua ngā kaiwhakatakoto tāpaetanga i whakapuaki i ō rātou māharahara mō te kore mātau i waenganui i ngā kaiako o ngā kura auraki ki te taha ahurea.

Ko te mea hira ki te whakapono o te *Hutt Valley DH Consumer Kaitiaki Group*, kia whakapaitia ake te mātaitaitanga o te kaiako ki ngā take e pā ana ki te tōkeke pāpori mō te mātauranga me ngā tamariki Māori kei roto pōharatanga, ā, me te hoatu pūkenga ki ngā kaiako kia kaha ai rātou ki te whakaako mā ētahi huarahi whakamana, ā, e tika ana te taha ahurea.

Ka tūtohu mātou kia whakatenatenatia ngā hononga i waenganui i ngā whare wānanaga me ngā kaituku o te hau kāinga, ki te tuari rangahau me te mōhiotanga kei te puta ake mā te huarahi pai rawa ki te mahi i te taha tamariki Māori. Mā tērā momo mahi tahi e mōmona ake ai te taiao mātauranga, ā, me te tūwāhi o te hapori.

Whakawaretanga i te hākoro

Ki tō mātou whakapono, me noho whakaware ngā hākoro ki ō rātou tamariki puta noa i te wā e haere ana rātou ki tētahi kura mātaunga. Mehemea he itiiti iho te mātauranga o ngā hākoro ake, ā, kāore hoki e tino kaha ki te tuhi me te pānui, ko te hiahia kia whai mea angitu mō rātou mā te uru atu ki te akoranga o ō rātou tamariki Māori, ā, me te pūtea āwhina mā ngā hākoro kia haere tonu mō tō rātou ake mātauranga (e ai ki tā *Te Aroha Children's Centre* i whakatakoto). Tua atu ki ērā kua mahi pai i ngā kura ki te wā nei, ka titiro atu mātou ki ngā tauira pērā ki te hōtaka *Reading Together*. He hōtaka tērā ka mau mai ai i ngā kaitiaki ki roto kura kia whakaakotia ai rātou me wā rātou tamariki Māori, kia rekareka ai tā rātou pānui, tētahi ki tētahi.

Ka taea ngā hōtaka hākorotanga me ngā akoranga mātauranga mā te pakeke, te whakahere i ngā kura hei whakatenatena hākoro kia whai wāhi i te hapori o te kura. Me matua whiwhi tuatahi e ngā tamariki Māori he puitanga ki ngā akomanga he Māori-kei-te-ārahi. Ka tautohe hoki te hunga whakatakoto tāpaetanga, ko te tikanga kia wātea mai hoki he pūtea āwhina hei whakarangatira hākoro e haere tonu nei ki te whakatutuki i ō rātou mātauranga. I te nuīnga o te wā ka kokotia.

Te whakamahi mea hangarau

Whakaware ai ngā tamariki mā te whakamahi rorohiko. Ki tō mātou whakapono, he maha noa atu ngā mea angitu ka hōmaingia e te hangarau hei whakapai ake i ngā huarahi akoranga mā ō tātou tamariki Māori. Ka whakatau mātou, he take tōkeke te whai putanga ki te hangarau. E hiahia ana mātou kia ōrite te whai putanga a ngā tamariki Māori katoa kite hangarau, ā, me te whakapono kia noho mai te Kāwanatanga ki mua ki te whakarato i taua hangarau. Ka tautoko mātou i ngā hōtaka pērā i te kaupapa, *Computers in Schools*, tērā ka whakangāwari i te whakamahinga rorohiko i roto kura, i roto kāingawhich facilitate the use of computers in schools and homes. Ko te tuhi, ko te pānui ā-mamati tētahi tino tū āhuatanga nui ki te whakareri tamariki kia puta ai; ko te ngākau titikaha ki te whakamahi taputapu ā-mamati, tae atu ki ngā rorohiko, ngā me aka tino hiahiatia i roto i ngā wāhi mahi o ēnei rā. Mā te pāhekoheko a ngā tamariki Māori ki te ao huri whānui noa mā roto āhuatanga hangarau, whitihwhitinga whakaaro, kōrero ā-hangarau te mea tino hira i roto i te wāhi mahi.

Ngā kura hei pokapū hapori

I rongo kōrero mātou e pā ki ngā ratonga ka hōmaitia e ngā whakaurunga mātauranga, arā, me hāngai, me rata aua ratonga ki ngā matea kei roto i tētahi hapori. Ki tō mātou whakapono mō tētahi tauira taketake mai-i-ngā-hua tōtika, ka hiahiatia he pou tarāwaho ahurea e hāngai ana, he paerewa whakatūturu-kounga mō te mahi i te taha tamariki Māori, ā, ka kaha ki te whakamātau me te tuari tauira whakaharatau-pai.

Ka tūtohu mātou kia whanaketia ngā toa-tū-ai-te-kaihoko-mō-te-wā-kotahi kia pai ai te hōmai ratonga kua whakakotahitia i ngā wāhi, i ngā pokapū tōtahi rānei. Nā, mō tētahi pokapū i tētahi ake hapori, ka whakanohoa tērā i te kura, i te pokapū rānei, ā, me rarawhi i ngā ratonga i ngā wāhi, pērā i te hauora, te mātauranga, ā, me te whiwhinga mahi. Ka whakapuakina he whakaaro e ētahi kaiwhakatakoto tāpaetanga, kia whakamahia ngā kaituku mātauranga (arā, ngā kura, ngā whakaakoranga kōhungahunga, me ngā hai kura) hei wāhi tukunga ratonga hauora, ratonga pāpori kite whawhai i te papātanga o te pōharatanga i te mātauranga ngā tamariki Māori. Ki ō mātou whakaaro, e noho pai ana ngā kura ki te kawa i te tūranga nei nā te mea, i te nuinga o te wā e mahi pērā ana ngā kura hei pokapū hapori, ā, kua mārō kē ngā hononga ki te whānau. Ki tō mātou whakapono mō ētahi ratonga e whakahaere ana i aua ratonga mai i te kura, me kua rawa te pūtea āwhina mō ngā whakahaere whakapaunga utu e puta mai i ngā pūtea o te kura. Ka whakapono anō hoki mātou, me mārō tonu ngā hononga pokapū hapori ki ngā kaituku o Whānau Ora.

Ka mahara tonu mātou ki tērā, arā, ka whakapūtahi ana ngā ratonga—e pā ana ki te mahi pāpori, mahi tohutohu, mahi whakarite pūtea, te hauora, me tētahi hapori kura, ka whai wāhi ngā kaituku taurea. Ka tautoko mātou i tētahi ahunga kaha kē atu “te whakaurunga”, kia taea ai ngā āwhina tika katoa mō te whakapai hua ake mā ngā tamariki Māori te whakauru, ā, te tuitui. Kīhai mātou e whakapono kia kirimanahia aua ratonga ki ngā rōpū whakahaere taketake-mai-i-te-iwi anake.

Hauora

I te nuinga o te wā, ko te pai o te hauora tētahi tikanga-tōmua o te whakatutukitanga akoranga, o te whiwhinga mahi, ā, o tētahi umanga mahi momoho. Tua atu i tērā, mā te whānui whānuitanga o ngā whakakaawetanga ōhanga, pāpori, ā, taha taiao e whakatau te hauora me te oranga tangata. Nā reira, he tūranga nui tō te rāngai hauora ki te whai ake pōharatanga.

Kei te mārama mātou ki tērā e mea ana, e ai ki ngā whakataunga o te *New Zealand Children's Social Health Monitor Update 201*, he hononga tō ngā tikanga ōhanga me te oranga tamariki Māori. He whanaungatanga kei reira i waenganui i te tūranga ōhanga-pāpori me te oranga, kia tino arongia kōhukihukingia; ā, ka hiahiatia ngā ūnga ki tētahi kaupapa here wā-roa kia pūmau ai ngā whakahounga hei painga mō te ao o ngā tamariki Māori. I roto i ngā whakahounga ki te tuaiwi, tērā pea he painga kei reira mā ngā tamariki Māori, ko te whakatinana rautaki kua kōtuituia tērā, ko te whakatakoto hauanga mō ngā hua puta noa i te rāngai kāwanatanga tērā, ā, ko te whai ake i ngā papātanga kino o te pōharatanga tērā.

He huhua te māha o ngā tāpaetanga i whiwhi i a mātou nō mai i te rāngai hauora. He maha noa i kōrero ake mō ngā tūtohutanga e pā ana ki te hononga i waenganui i te pōharatanga me te māuiui o ngā tamariki Māori, i whakatakoto tūtohutanga rānei mō te hononga i waenganui i te pōharatanga me te māuiui o ngā tamariki Māori.

He rite, he kawekawe te whanaungatanga i waenganui i te piki o te takaonge, ā, me te hē haere kē atu o te hauora me ngā ine o te tū āhuatanga whakawhara, tae ata atu ki te poto kē o te wā ora, te teitei kē atu o ngā tere matemate, ā, me te teitei kē atu o ngā tere kai paipa. (tā *Health Hawke's Bay*)

Ka whakapuaki a *New Zealand College of Public Health Medicine New Zealand* i te whakaaro mā te katoa-o-tētahi-ahunga kāwanatanga e whai ake te whakakorehanga o te papātanga pōharatanga, ā, me tētahi arotakenga e pā ana ki te hanganga ture tupeka me te waipiro. Ka whakatakoto hoki te kāreti, he mea pou mā ngā tamariki Māori te whiwhi whare pai, whaea

hauora, ā, rongoā āraitanga. I kī te *Tairāwhiti DHB (Population Health Division)*, me noho kē mai te mahi whakaheke i ngā kore ōritenga hei mahi tuatahi me te whakapuaki i te whakaaro kia whakatakotoria he ūnga e hāngai pū ana ki te tamariki Māori. Ka whakahuatia ake e Christine Hāwea te “*Social Determinants of Health*”, ka tautokonatia ake e *World Health Organisation*, hei tuhinga matua mō te hononga i waenganui i te pōharatanga me te māuiui.

Putanga ki te tiaki hauora

Ki tō mātou whakapono, kia tino pai kē atu ai te ao o tētahi tamaiti ā tōna wā, me pai kē atu te putanga a te whānau ki te tiaki hauora matua rawaka, ā, me te mātauranga tika i te hauora o tā rātou tamaiti (*tā te Māori Party National Council*). Ko tērā kai arotahingia e te huhua o ētahi tāngata whakatakoto tāpaetanga, ko te whakapai ake i te tukunga ratonga ki a Māori mā. Ka whakapuakina e te *Royal New Zealand College of General Practitioners* te whakaaro me whakangungua ngā tākuta rongoā marea ki tētahi āhuatanga e hāngai pū ana ki a rātou mahi, kia pai kē atu ai te mahi i te taha tūroto Māori, ā, kia mahi haere kē atu te Kāwanatanga ki te hoatu tiaki hauora kore utu mō ngā rā e 7/i ngā hāora e 24, mā ngā tamariki Māori katoa ō raro tau e ono. Ka whakapuaki te *Hutt Valley DHB Consumer Kaitiaki Group* i te whakaaro, arā kē noa atu te haumi ka hiahia kia maha kē ati ai ngā tākuta rongoā marea Māori, me matatau ā-ahurea kē atu ngā ratonga hauora auraki ki te urupare ki a Māori mā, ki te hoatu rātonga hoki ki a rātou; ka whakaputaina hoki e te *Hutt Valley District Health Board Consumer Kaitiaki Group* te karanga, kia kaha kē atu te haumi i te hauora hinengaro tuarua-taketake-mai-i-te-hapori, ā, me te haumi ratonga waranga mā te taiohi me ngā punua pakeke, tae atu ki te maha kē atu o ngā kaimahi i ngā whare makatea, whare rongoā.

Ko te tikanga o te tuku pai i ngā ratonga hauora, ko te whiwhi ratonga tika i te wā tika, ā, ko te tuku ratonga maurua kore, ā, me te whakapūmau kei te whiwhi tātou i ngā hua e tūmanakohia rā e tātou.

Tīpakohia ai e ngā tāpaetanga te hiranga o te moata me te ngāri o te whai putanga, otirā, ki te tiaki hauora tuatahi ake, ā, me te mātauranga kōhungahunga ake. Ahakoa ko te utu tētahi o ngā ārai e whakataukia ana i te nuinga o te wā, arā anō ētahi atu, ngā hāora e tuwhera ai ngā ratonga, ō rātou wāhi whakanōhanga, ngā waka kawenga, ā, te taretare o te whakawhitinga kōrero, whakawhitinga whakaaro a ngā pokapū o te rāngai-hauora, a te hunga ngaio. Ka whakapuaki a *Rape Crisis Dunedin* i te whakaaro, hei whakangāwari i te papātanga o te pōhara me te kore ōrite, me whai putanga ngā tamariki Māori katoa ki te tikai hauora kore utu, ā, me kitea he tākuta, he hēhi e mahi ana i roto ia kura. Kei te māharahara mātou ki te maha rawa o ngā ratonga hauora, i ngā takiwā tuwhenua ake, he uaua rawa mō tau hunga e tino matea ana ki te whai putanga atu. Tērā pea mā te whakarua atu i ngā hāora mahi o te ratonga, kia tau ai ki ngā matea o te whānau, e pai kē atu ai te whai putanga, ā, tērā pea mā te hoatu rātou ratonga nekeneke, ki ngā wāhi tūhāhā ake, ki ngā wāhi he iti-rawa-te-moni whiwhi, ā, he whāiti noa ngā kōwhiringa waka. He ratonga aro matawai mana pou momoho tā *Kapiti Coast*, ā, oreore ai hei kaiwhakautu tuatahi ki ngā waea mō tētahi āwhina mai i te kāinga. Ka taea tēnei kōkiringa hou te whakatoro atu ki wāhi kē.

Me kaha ngā tamariki Māori katoa ki te whai putanga ki te tiaki hauora tuatahi i a rātou e hiahia ana, i te wā ranei e hiahia e rātou. Ka tautohe a *YouthLaw* kia whakatōtorotia atu te tiaki hauora kore utu mō ngā hāora ā-muri mahi mā ngā tamariki Māori me te rangatahi, kia whiwhi pai ai ngā tamariki Māori o ngā whānau he ititi-te-moni whiwhi. Me kaha kē atu te tautoko Ko tērā ka hiahia hoki hei whakamana whānau ki te hoatu taiao hauora pai mā ō rātou tamariki Māori, ko te kaha kē atu o te tautoko mā ngā kaupapa here, mā te kaha kē

atu o te tautoko a te kaupapa here me ngā ratonga. Ki tō mātou whakapono, mā te whakapiki i te māia o te taha ahurea i roto o ngā kaimahi, kāinga noho me ngā paenga mahi, e kitea ai he huarahi kia whai putanga ai ki te ratonga, ā, me te whakapūmau hoki, kei reira ngā kaimahi Māori e mahi ā-tinana ana i te taha o ngā kiritaki Māori. Kā tūtohu mātou me whai ake tētahi arotakenga i te pūtea āwhina-i-taketake-i-te-taupori mā tētahi whakaaroarohanga matea, e hāngai pū ana-ki-te-taupori.

Wawaotanga moata

Ko tā ētahi tāngata whakatakoto tāpaetanga i mea ake, kia whakapikia te hāngai kē ki runga, ā, ki roto i te haumi, te āraitanga me te moata o te āraitanga ki te atawhai i te whanaketanga o te ohinga tauake. Ka tūtohu a *Lakes District Health Board* i aua haumitanga, ā, ka pērā anō a *Liggins Institute* me te *National Research Centre for Growth and Development* (o Te Whare Wānanga o Tāmaki Makaurau).

Ka whakaae mātou he take āritarita te moata o te wawaotanga ēngari, ki tō mātou whakapono ka hiahiatia hei mea āwhina tamariki Māori mōrea rawa atu. Ka taea e ngā kaituku ture, mātauranga, ratonga pāpori, hauora hoki te whakatūmata te moata o te wawaotanga. Mehemea kei te pono tō tātou whakapono ki te whawhati i ngā huringa titiro whakaroto-o-te-reanga, ki a mātou nei me tūmata i te wā tonu e hapū ana te māmā me te hoatu āwhingatanga mua noa atu i te wā e whānau ai te pēpi. Tūmata ai te hauora pai mā ngā tamariki Māori i te tiaki kōkātanga kounga-teitei, ā, me ngā wawaotanga tika i ngā tau e pakupaku tonu ana te tamaiti. I whakaaratia ake te take nei e te maha o te hunga whakatakoto tāpaetanga i runga i tō rātou māharahara, kihai ngā tamariki Māori i te whiwhi ritenga tūturu o te tiaki hauora; whakapuaki ai te taunakitanga i te whakaaro, ko te whānau me ngā matea nui rawa atu te hiahia, ngā mea iti rawa atu pea te whakaware ratonga kia tūtaki ai i a rātou.

Mā te whiwhi a ngā māmā kei te hapū i te tiaki hauora kounga-teitei, me ngā kai tōtika, e whakapūmau ai te pai o tō rātou ake hauora, ā, o tō rātou pēpi hoki. Mā te tiaki mua mai-o-te-whānautanga, e tukua ai ngā kaituku tiaki hauora ki te whakawhanaunga atu ki ngā māmā me te whānau, kia kaha atu ai tā rātou hoatu i te āwhina kei a rātou, ka whānau ana te pēpi. Mā te moata o te wawaotanga e taea ai tētahi aro matawai matea whakawhitinga-rāngai te whakahaere, kia mārāma ai ngā kaituku tiaki hauora ki ngā matea o ia o ia whānau, otirā, ērā ake a taua hunga, kaha rawa atu te whakaraerae.

Ko tētahi momo kōkiringa hou wawaotanga i rongo kōrero mātou, ko tērā mō tētahi momo kōkiringa wawaotanga moata e pā ana ki te whakaurunga tokowhā i te pūnaha tiaki hauora, i te whānautanga—i runga rēhita ārainga mate puta noa te motu, i te taha o tētahi kaituku *Well Child*, kaituku *oral health*, ā, i te taha o tētahi kaituku tiaki hauora matua. I auahatia te kōkiringa hou, e whakamahia ana i te wā nei i ngā wāhi poari hauora takiwā e toru, kia tae atu ai ki te huhua pea o te maha o ngā tamariki Māori, i ngā wāhanga moata rawa atu o tō rātou tamarikitanga. Ko tētahi atu hoki hei kati i ētahi o rātou, “ka taka atu ana i ngā pūareare”, i ngā wāhi whai tikanga wharatonga ratonga. Hari koa ana mātou ki te rongo kei te mahi ngā poari hauora takiwā katoa e toru kite whakatinana i te pūnaha whakaurunga tokowhā.

Te tiaki me te āta whakaaro i te whānautanga-mua mai, me te whānautanga-muri atu

Ka whakaae mātou, he pai kē ake mō ngā hākorero me ngā tamariki Māori ki te āta whakaaro hāputanga. Te tikanga mō tērā, kia āhei ai ngā hākorero ki te āta whakariterite he aha ngā kōwhiringa me ngā mea angitu mā rātou, tae atu ki te whakaaroaro i ngā haepapa kei roto,

mua rawa atu i te mea me noho whāngai ngā tamariki Māori mā rāua, ngā hākoru. Ahakoa ka āta whakaarohia ngā hapūtanga, ka kore rānei, me āta titiro tonu ngā whānau katoa mehemea kei a rātou ngā rauemi ka hiahia e rātou kia pai ai tā rātou whakareri ki tā rātou ka taea.

Ka whakaae mātou, he maha ngā punua hākoru ka nōnoke tonu rātou ki te kore he hapūtanga e āta whakaarohia. Me tino mārāma rawa atu rātou ki ngā āhuatanga katoa o te hapūtanga i te mea, he mea āwhina katoa ērā hei whakaheke i te tūpono hapū noa o tētahi kōtiro taitamariki, ā, mē te whai putanga ki ngā ratonga tautoko ka tūpono hapū noa ana he kōhine.

Ko tērā i rongo mātou, he tino kaha kē te iti iho o te pāpā hapūtanga i waenganui tama wāhine i Hōrana, ki ērā i ngā whenua kua mārō kē te tū. He māhorahora, he whai kiko ngā kōrerorerotanga ka whakahaerea i te wā e tamariki tonu ana ngā kōhine me ngā taitama mō te hapūtanga me te onioni, Kāore ngā tikanga e pā ana ki te hapūtanga me te onioni, ngā tika me ngā haepapa e pā ana kite onioni e whakawehea. Ka tūtohu pūtea āwhina mātou mō ngā kōkiringa hou hei whakaheke i te hapūtanga o te tama kōhine, ā, me te hoatu tiaki kounga-teitei mō te hapūtanga-mua mai, mā te whakamahi taunakitanga nō konei, nō tāwāhi e mea ana, he aha ngā whakaharatau pai.

Ko te tino tikanga e pā ana ki te whakaharatau pai rawa, me whai putanga te katoa o te whānau ki ngā hōtaka mō te whānautanga-whai mua kua oti te hoahoatia-paingia, e ai ki tā *Public Health Association of New Zealand* ka tūtohu ; te tiaki me te mātauranga whānautanga-whai atu (tā *Waikato Child and Youth Mortality Group*); ngā ratonga hauora, ratonga pāpori kounga kua-tākaia-tahingia mā ngā wāhine hapū (tā te *Tairāwhiti DHB (Population Health Division)*); ētahi atu whakawaretanga tōtika i *Plunket*, i ngā ratonga rite tonu rānei (tā *Plunket*); ngā hōtaka whakahiato kōhungahunga (tā *Public Health Association of New Zealand*; ā, me te pūtea āwhina mō te whakawhānuitanga wāhanga tōtika mō te hākorotanga taitamariki.

Kei te mōhio mātou ki te heke o te korahi o ngā wāhine Māori e whakamahi ana i ngā ratonga tapuhi. Ka hiahia mātou ki te kite i tētahi arotahi kaha ki te hiki ake i te hia kē o ngā wāhine Māori hapū e whai putanga ki aua ratonga kia whiwhi hua pai ake mā ngā māmā me ngā pēpi.

Kei te mōhio anō hoki mātou me te pāpōuri ki te itiiti o ngā kaituku tapuhi Māori. Ki a mātou nei, i te wā e whiwhi tapuhi ana ngā wāhine hapū, ka kaha kē atu tā rātou whakawarea noa atu i ngā ratonga tiaki hauora matua.

Ka whakapono hoki mātou, ka whai painga te hauora o ngā māmā Māori mā te whakahonohono atu anō i te whānau ki ngā whakaharatau hauora Māori tukunga iho, pērā i te tanumia whenua me te pito.

Mā tētahi ahunga ko te whānau-kei-waenganui e kitea ai hoki pea he torohanga atu o te tauira “kuia” ka whakamahia mā roto i Te Rōpū Wāhine Māori Toko-i-te Ora. He āhuatanga tērā e kawē ai tētahi nēhi kōkātanga i te tūranga tauira, kaiakopono, tumu kōrero mō te whānau ki te tiaki i te māmā me te pēpi mō ngā rā tuatahi e waru, whai muri i te whānautanga (ko te tauira *Kraamzorg Holland* tēnei ēngari, ka riro mā te kaiwhakamahi e utu).

Ko te ūkaipō te fimatanga pai rawa mā ngā tamariki Māori

Hōmai ai e te ūkaipō ngā tipuranga painga mō te pēpi me ō rātou māmā. Ko te miraka ūkaipō te kai hauora, tōtika rawa mā ngā pēpi, hōmai ai i tētahi take manaaki matua mō te

hauora o tētahi tamaiti. Āwhina ai hoki te whāngaitanga mā te ūkaipō i te tipu o tētahi herenga mārō o tā te māmā ki te tamaiti, whakapai ake ai hoki i tētahi whanautanga rata, tiaki whai tikanga rawa ki waenganui i te māmā me pēpi mō te wā roa, mō te wā poto.

Whakamārama ai ngā tuhinga ō-mua a Te Pēhi me ētahi atu mō Māori mā, ko te whāngai ūkaipō i te pēpi te tikanga anake i mua i te wā i noho taiwhenua ai a Aotearoa nō Ingarangi, ā, i te nuinga o te wā mō ngā marama e hia kē nei. I te nuinga o te wā, kia kōwhiri rā anō te tamati kia mutu.

Ēngari, i te nuinga o ngā wā o nā noa nei mua taka te whāngaitanga mā te ūkaipō a te nuinga o Māori mā, ki raro i tō te hunga kore-Māori. Ko tā *Lakes District Health Board* i kī, he nui rawa ngā rerekētanga o te nuinga o te whāngaitanga mā te ūkaipō i waenganui i a Māori mā me kore-Māori mā. Ka whakataukīhia e rātou tā *Plunket* raraunga nō mai i te tau 2010, tērā ka whakaatu mai i te katoa, i te motuhake ake o te nuinga o ngā whāngaitanga ūkaipō i ngā wiki e 6, i ngā marama e 3, e 6 mō Māori mā, e 54, e 41, ā, 12 ōrau ake ki ērā e 75, e 61, ā, e 25 ōrau mō kore-Māori mā. Kua kite anō hoki rātou i tētahi pikinga e pā ana ki ngā morea nā te whakatakinga moata mai o te kai mārō ki ngā pēpi. Ko te tikanga, ka tāpara kē atu pea tā ngā tamariki Māori, ki ngā kai mārō ka hoatu ki ngā tamariki kore-Māori mua mai i ngā Marama e whā te pakeke (tā *NZ Health Survey* o te tau, 2006/07). Ka whakapono hoki mātou, ko ngā pēhitanga pāpori e huna ana i te whāngaitanga ūkaipō ērā i tipu ake ai te riri ki ngā māmā me ngā pēpi, ā, ki ngā māmā me ngā pēpi Māori, nō mai anō i ngā rā o ngā tūpuna e whāngai ūkaipō ana.

Kei te matatau mātou ki te kaha o te whanaungatanga i waenganui i te piki o te morea o *SIDS*, me te mutu moata o te whāngaitanga ūkaipō. Ka whakatoko a *Dr Elizabeth Craig*, i tētahi arotakenga o nā noa nei o *SIDS*-e-pā ana ki te mōhiotanga, me ngā whakaharatau tiaki pēpi i waenganui i ngā māmā Māori i Tāmaki-ki-makaurau-ki-te-Tonga, i raro rawa te mōhiotanga o ngā māmā Māori ki tērā o ngā māmā Pākehā mō te āraitanga *SIDS*, ā, he maha kē atu ngā pēpi Māori e moe tīraha ana, whakakupa ana rānei me te moata o te mutu o te whāngaitanga ūkaipō.

Tāpiri atu ki tērā, he marama ngā hononga kei waenganui i te mutunga moata o te whāngaitanga ūkaipō me te māuiui wā roa o ngā pēpi me ngā punua tamariki. Kua kite a *Manaia Health Primary Health Organisation* i ngā take i piki ai te tūponotanga pāngia o tētahi pēpi ki te mate ngōrahi mehemea kei raro ngā tau o te pēpi i ngā marama e 6, kei te kōpipiri rawa atu te kāinga i te tangata, kei te haere ngā tuākana ki tētahi wāhi tiaki i te rā, kei te rawakoretia nā tētahi āhuatanga oha-pori, he tangata kaipaipa te māmā, ā, nā te kore whāngaitanga ūkaipō. Ko tā rātou i kī, e tuwhenatia ana ngā tamariki Māori nā tō rātou puare ki ngā take morea katoa nei mō te pāngia ki te mate ngōrahi.

Ki a mātou nei, mehemea ka taea, me whakamahia tonutia e te Kāwanatanga te huhua noa atu o ngā ine hauora marea, ki te whakatenatena māmā Māori kia whāngaitanga ūkaipō ai, ā, ki te āwhina whānau kia tautoko ai i ngā māmā ki te whāngai ūkaipō i ā rātou pēpi. Ka tūtohu a *Dr Cass Byrnes* rāua ko *Dr Adrian Trenbolme* me tautoko, me whakawhānuu ngā hōtaka kua kitea he momoho i te mahi whakatairanga i te whāngaitanga ūkaipō ki waenganui wāhine Māori. Ka whakapuaki te *New Zealand Nurses Organisation* i te whakaaro me whakapiki te kāwanatanga i te pūtea āwhina kia rahi kē atu ai te nuinga o Māori mā e whāngaitanga ūkaipō ana, hei tauira, mā roto i ngā ratonga whakangote kua whakanohoa i te hapori, ā, mā te whakarahi atu i te ohu mahi o ngā kaiakoako whakangote Māori.

Ohu mahi hauora Māori

Tohu ai ngā tāpaetanga i te kōpaka o ngā ratonga Māori mō te waipiro, whakapōauau, me te hauora hinengaro mā Māori mā. Me whaitia ake tēnei mā roto i ngā mahi whakangungu, ā, me te kaha kē atu o te pāture pūtea āwhina kia mōhiotia ai ko ērā kē ngā whakapaunga utu tūturu. Ki tō mātou whakapono, he tino kaikā te hiahiatia o tētahi arotakenga tūturu mō te wharatonga ratonga hauora hinengaro kua whakawhāititia mā Māori mā.

Ka tūtohu mātou kia whanaketia he ohu mahi hauora Māori mā roto iwi, mā roto i Te Puni Kōkiri, mā roto i Te Manatū Hauora, kia whakapikia ngā karahipi e wātea ana mō ngā akomanga e āhei ana, ā, pāture ana i ētahi Māori i ngā kāreti, ā me nga hapori pōhara.

Ka tūtohu mātou kia kaha kē atu te whakatairanga me te whai wāhitanga i roto i te Te Pae Mahutonga, Te Whare Tapa Whā, ā, me Te Wheke. Ko ēnei ngā tauira e whakaatu ai i ngā tauira Māori o te hauora me te oranga, ā, whakamahī tauira pūtaiao ai, o te Ao Uru e ngākau mōhio ana i te whakamomori, ā, ki ngā aro matawai me te wawaotanga hauora hinengaro.

Ka tautoko hoki mātou i ngā ine whakaminamina mai i ētahi atu hunga hauora ngaio me te whakangungu i a rātou, ā, me te whakangungu a ngā kaumātua i te hunga ngaio e pā ana ki te hauora, ngā ākongā ka mutu mai hei tākuta mate pōrangi, hei tohunga hinengaro tangata, ngā nēhi, ngā tumu kōrero, ngā mirimiri tinana, ngā kaihaumarū, ā, ngā kaimahi pāpori. Hei tauira, a Tāmāti Kāwai, tērā kaumātua hoatu whakangungu tikanga ai i te Marae o Ōrongomai, i Whakatiki, ā, hoatu whakangungu tikanga ai mā ngā ngaio me ngā ākongā hauora o Te Whare Wānanga o Ōtākou.

Tuhituhi me te pānuī i te hauora

E ai ki te tikanga, he taretare te tuhituhi me te pānuī a ngā tangata o Aotearoa i te hauora. Kia tutuki ai te whāinga e pā ana ki tētahi whānau momoho, ā, kua whakamanahia, ki tō mātou whakapono, me hikia te tuhituhi me te pānuī i te hauora ki tōna taumata. Ahakoa he aha te mātauranga tuhituhi me te pānuī i te hauora, me whakanohoa katoatia ki runga kaupapa Māori, ā, me whakawhiwhitia te kōrero me te whakaaro mā tētahi huarahi e ahurea ana, e tika ana. I runga i tēnei whakaaro, ka āhei te rāngai hauora ki te mahi i te taha hunga kaiwhakaako, i te taha o ngā rōpū whakahaere ki te kimi huarahi pai rawa atu ki te pāho atu i ngā kōrero hauora whai tikanga, ā, me te tautoko i ngā pūmanawa o te whānau ki te noho hauora. Mā te whakawhiwhiti kōrero whai tikanga ai mō te hauora ki ngā mema katoa o tētahi whānau, e whakamanahia ai rātou ki te tautoko i te hauora o ō rātou ake tamariki Māori. Ka tautoko mātou i nga kaituku hauora e hoatu āhuatanga tiro tiro takitahi ana mā ngā mema katoa. He pai ake tēnei tū āhua hoatu tautoko ki a mātou, ki te kitekite hunga takitahi me tō rātou kotahi anake.

Noho ai te maha o ngā iwi, hapū, whānau i ngā wāhi tuawhenua, ā, whai putanga ai ki te whenua. Ko te tikanga kia whakatenatena ngā hōtaka i te whakanaonga me te kainga o ngā kai hauora, nō mai i te maara ki te tēpu. Ka kaha ngā hōtaka nei ki te whakaako me te whakaatu kōrero ki te whānau mō te kai tika, mō te kai whakakaha, ā, ka kaha ki te mahi i te taha kaituku tiaki hauora ki te whakapai ake i te tuhituhi me te pānuī i te hauora. Tua atu i tērā, ka kaha pea te kāwanatanga ki te hoatu pūtea āwhina mō ngā hekenga utu, mō te whai putanga mā tētahi kāri kakama, mō ngā kai hauora mā ngā whānau he iti rawa te moni whiwhi a ngā whānui.

He huhua ngā kaiwhakatakoto tāpetanga i whakapuaki huarahi e taea ai te whakapai ake i te mana hauora o ngā tamariki Māori, waho mai i te hōkai o te pūnaha tiaki hauora. Ko ētahi

take e tautāwhi ana i te hauora me te oranga o ngā tamariki Māori, ko te teitei o te tuwhene e pā ana ki te kainga o te tupeka, ko te kōhunu tamaiti, ko te kōpipiri o ngā āhuatanga noho, ā, ko ngā whare mākū, makariri.

Te tupeka

Mārama ana te kite atu ko te kaipaipa te mea māharahara rawa ki te hauora, ā, i rongo whakapuakinatanga mātou nō mai i te maha o ngā rōpū whakahaere ratonga whakamutunga, ā, ngā whakamataaratanga a te hunga pāpāho e whakatairanga ana i ngā auahi kore motokā me ngā auahi kore whare, ka pārure taiohinga, wāhine hapū, ā, hākoru Māori. Ka tūtohu te *Hawkes Bay District Council Board* e tautoko ana a ia i ngā wāhi auahi kore mā ngā tamariki, ā, mā ngā wāhine hapū; ka tūtohu pūtea āwhina rawaka te *Cancer Society's Wellington Division* e pā ana ki ngā ratonga whakamutunga ka pārure taiohinga, wāhine hapū, ā, hākoru Māori mā ngā whakamataaratanga papatipu a te hunga pāpāho; ka tūtohu kaupapa here te *Cancer Society's National Office* me tana *Social and Behavioural Research Unit (o Te Whare Wānanga o Otākou)* hei whakatenatena whānau kia auahi kore ngā kāinga me te whakapūmau, kia kore ngā tamariki e whai putanga ki te tupeka; ka tautoko te *Public Health Association of New Zealand* i ētahi atu ine kia kore ai te tupeka e momingia, tae atu ki ngā motokā aua kore, ā, kia kaha kē atu te tautoko i te whakamutunga mā ngā wāhine Māori i te wā o te hapūtanga, me te wā whai atu.

Kua uiui kē te komiti i mua atu mō ngā papātanga o te kaipaipa ki runga i a Māori mā, ā, he huhua noa atu ngā tūtohutanga a te hunga whakatakoto tāpaetanga kua whaitia kēngia ake i te pūrongo i whai ake. Ko tērā kua kite mātou, he huhua tonu o aua tūtohutanga i taua pūrongo kua nekea whakamuatia e te Kāwanatanga.

Whiwhinga whare

Ko te whiwhi whare mahana, ā, he ngāwari te utu ngā mea nui hei whakapūmau, ka tutuki i ngā punua Māori ngā hua tauake i te wā e ora ana. He maha ngā tāngata whakatakoto tāpaetanga, i whakapuaki māhara mō ngā papātanga o te whare taretare ki te hauora o ngā tamariki Māori. Noho ai te maha o ngā tamariki Māori i ngā kāinga kua rīhitia, ā, i te nuinga o te wā kāore i te tiakinatia paingia. Ka hua mai i ngā whare makariri, whare haukū te māuiui, he tahumaero ake. Ka māuiui ana ngā tamariki Māori kua ngoikore, kua pau te hau. Ka pāngia te hauora o ngā tamariki Māori e noho ana i roto whare kore hauora mō te wā roa. Ka ngoikore kē atu nā ngā āhuatanga, kā pāngia anōtia e ngā mate pērā i te hūango, i te taringa kāpia. Ka pāngia tō rātou oranga e pā ana ki te akoranga, ki ngā kare-ā-roto.

Ka whakatenatenahia e te whare taretare te āhuatanga tūao. He nui te wā e neke ai te whānau i a rātou e rapu whare pai ake ana. Ka whakakōroiroi e tēnei te kitenga mahi, te pupuri mahi, ā, ka tauwhatia te kuraina o ngā tamariki Māori. Ka tino kino te pātanga o tō rātou oranga, ahakoa aha, ki te pērā rawa te pāhekeheketanga.

Kua tūtohu a Manaakitia A Tātou Tamariki kia riro mā te Kāwanatanga e arataki te wharatonga i te whiwhinga whare a te pāpori hei whai ake i te matea a ngā tamariki Māori, mō tetahi wāhi noho pūmau. Ka whakapuakina e ia te tirohanga, nā te noho o te haumi-kiraro i te takiwā whiwhi whare a te marea, kua tino kino rawa atu te āhua mā ngā tamariki Māori. Kāore rawa hoki ngā whare he ngāwari te utu mā ngā whānau, he iti rawa ngā moni whiwhi, i te wātea tata i te nuinga o te wā, ki ngā kura, ratonga, me ngā rori haerenga waka.

Ki tō mātou whakapono, he take tēnei ka hihiatia he tūhuratanga i tua atu, ā, ko te hīraunga, mā tētahi ahunga whakatakoto maherem, kia whakakotahitia i te taumata kāwanatanga ā-hau kāinga, ā-waenganui, hei whai ake i ngā matea nei.

I waenganui i ngā tirohanga i rapuhia, ko ngā tūtohutanga mō te wharatonga i ētahu atu whare kāwanatanga haumarū, mahana mā ngā whānau matea, ā, i ētahi atu tautoko mō ngā whānau kia hokona mai he kāinga mō rātou ake

Nā, ki te kawea he ahunga, ko te whānau-kei-waenganui, ki ngā kāinga he ngāwari kē atu te utu mā rātou, me titiro atu tātou ki ngā kaupapa papakāinga whiwhi whare huri noa te motu, ā, me te whakataukī i te hiahia kia haere tonu, kia whakawhānuitia atu te angitu o ngā kōkiringa hou nei ēhara anake, kia tutuki ai ō rātou matea ēngari, kia noho tata kē mai ai te whānau. Ko te whiwhi whare tētahi wāhi i whakapuakina ai te whakaaro, e kaha ai pea ngā kaporeihana Māori ki te tuku tautoko pērā i ngā takuhe haumi whare, ā, mā te hanga kōwhiringa pērā i te kaupapa pūtea taurewa kāinga whenua.

Ki tō mātou whakapono, ka hiahiatia he āwhina nō mai i te kāwanatanga, i te iwi, ā, nō mai i ngā kaituku o te ratonga pāpori whiwhi whare, tua atu i ngā rangatira whenua tūmataiti, hei whakapai ake i ngā rawa rīhi whare. Kua eke ki te wā e tūmata ai te titiro ki waho o te pouaka, e titiro ai ki ngā kōwhiringa pērā ki ngā hua a Te Tumu Paeroa, kite whakatū whare mā ō rātou ake tāngata hei haumi.

Te kōhunu me te tūkinu tamaiti

Ko te teitei rawa o te kōhunu me te tūkinu tamariki Māori tētahi take me tino whaitia ake e tātou. Arā noa atu te huhua o ngā take i kōhunuitia ai te tamaiti. Te pōharatanga, kei raro ngā taumata mātauranga, te kore mahi, te pāhekehekeo te noho i te kāinga, te māuiui o ngā hākoro, mā ēnei katoa te morea o ngā tamariki Māori e piki ai. He maha ngā hanga o te kōhunu. Ko tōna whānuitanga e pēnei ana, atu i te mahue noa, te kore tiaki, tae atu ki te tūkinotanga ā-tinana, ā-tokomauri, ā-taera, ā-hinengaro. Mō ngā tamariki Māori ka pāngia e te kōhunu, ka wheako rātou i ōna mutunga mai kikino maha, ā, ahakoa te hipa o ngā tau ā muri atu, ka rongohia tonutia te mamae.

Ka kī mai tō mātau mātanga kaiwhakamaherehere ki a mātou, e 125, 000 huri noa, ngā whakaaturanga i whiwhi i a *Child, Youth and Family* i te tau 2009/10; kīhai he mahi i tua atu i hiahiatia mo te haurua o ēnei. Ka mea mai anō hoki a ia ki a mātoa, e 46 ōrau tata atu pea o ngā kiritaki a *CYFS* clients he Māori.

Ko te tikanga, kore rawa a *Child, Youth and Family* e kawea i āna ake wawaotanga kēhi mahi; tata pea ki te 5 ōrau anake o āna kēhi tūkinu, hē rawa atu ka hōmai e ia he wawaotanga tūturu ka haere-tonu i te mea, he itiiti rawa āna kaimahi ki te whai ake i ngā take katoa, kia tere hoki, kia pai ake hoki.

I rongohia mātou, he pākari te *Care and Protection Framework* a Aotearoa ēngari, kei te mōiti ngā hōtaka pākari pai rawa, otira, ngā hōtaka mō ngā whare pakupaku ake. Kei reira anō ngā kainga tiaki, whakamarumarū tamariki Māori whakaraerae mō te whānau katoa. Kei te mōhio mātou, ēhara i tā *Child, Youth and Family* tiaki te haepapa ki te whakapakari, ki te whakamaimoa rānei i te whānau. Heoi, ki a mātou nei ko tōna tūranga tētahi take me āta tiro-tirohia anōtia. I te tau 2011, o ngā tamariki Māori e 4, 238 i kitea e Manaakitia Ā Tātou Tamariki i waho-whare-tiaki i te tau 2010, e 45 ōrau anō hoki o ō rātou tēina i tangohia mai i mua, i ō rātou hākoro, kaitiaki rānei e *Child, Youth and Family*. E 52 ōrau o ngā tamariki i tā *Child, Youth and Family* waho-whare-tiaki he Māori, ā, o ngā tamariki Māori i pāpāngia e ngā *custody orders* i te tau 2010, i raro iho i te haurua (e 45 ōrau), he tēina ō rātou i mua i tangohia. Ko tā ngā whika e tohu mai ai, ka wawao ana tātou i te taha o ngā tamariki Māori tino whakaraerae nei, kāore tā tātou huarahi tango mai i a rātou i te tika.

4 Te whakamutunga

I akiakingia mātou e ngā kōrero tauake i rongohia i te wā o tā mātou pakirehua i te kaha, puta noa i Aotearoa, ki te whakapai ake i te oranga o ngā tamariki Māori. Ka whakaae mātou, arā noa atu ngā mahi kei te toe tonu hei whakatutuki ēngari, ki a mātou nei ēhara te tuma i tētahi e kore e taea. Ka tautoko mātou i tētahi ahunga mā te katoa, tērā ka whakaae ai he mema hira ngā tamariki o tō rātou whānau whānui, ā, whakamana pakeke ki roto i tō rātou ao, ki te kawē i tētahi tūranga arataki ki te whakapai i te oranga o ngā tamariki.

Ka tautoko mātou i te whakamahinga o ngā kōkiringa hou pīngore, rata whakawhitinga kāwanatanga, i poua ki roto Māoritanga, hei tautoko, hei mea ārahi whānau Māori ki te hanga whakarerekētanga tauake ki roto i te ao o tō rātou tamariki. Ko Whānau Ora tētahi tauira toitū o tētahi kōkiringa hou pērā, ā, ka tautoko mātou kia whakawhānuitia atu ā tōna me ngā rōpū whakahaere kore-kāwanatanga, ki te tautoko i a Whānau Ora me ētahi atu ahunga rite ka mahi ana i te taha whānau Māori whānau, ā, ka whakatenatena anō hoki i ngā kohinga nei ki te whakahou anō hoki i ā rātou ake hōtaka, ki te whakamahi me te tautoko i te manaakitanga me te whanaungatanga i roto i te whānau e mahi ana rātou i te taha. Ka whakapono hoki mātou me tino whakaae ngā kōkiringa hou nei, he hononga tō Te Tiriti, ā, mā tērā hoki ngā pokapū kāwanatanga me te whānau e herea ai kia mahi takitahi.

Ko te pōharatanga tētahi take nunui i roto i te oranga o ngā tamariki Māori, ā, i te nuīnga o te wā, he pāpātanga tōmino tōna i ngā wāhi katoa o te ao o tētahi tamaiti. Ki tō mātou whakapono, he paīnga mā ngā tamariki te neke whānau ki waho mai o te pōharatanga, ā, tuku ai i te whānau ki te whakatū tūāpapa mārō hei hanga ao tauake mō rātou ā tōna wā.

He pānga mō ngā tāngata katoa o Aotearoa, te whakapai ake i te oranga o ngā tamariki Māori. Ka karanga mātou ki a rātou katoa mā, mō tō rātou tautoko i te mahi whai tikanga nei ki te whakapūmau, i tētahi ao mārama ake mā tō tātou tamariki, me te katoa o Aotearoa, ā tōna wā.

Tāpiritanga A

Huarahi o te komiti

I tāna hui i te 28 o Mahuru i te tau, 2011, ka whakatau Te Komiti Whiriwhiri Take Māori, kia whakahaerea he pakirehua mō ngā whakatakotoranga o te oranga mā ngā tamariki Māori. Ka puta te karanga a te komiti mō ngā tāpaetanga a te marea mō te pakirehua. Ko te 16 o Poutū-te-rangi i te tau, 2012, te rā katinga mō ngā tāpaetanga. E 117 ngā tāpaetanga i whiwhi e te komiti, nō mai i ngā rōpū whakahaere me te hunga takitahi kua whakarārāngtia rā i Tāpiritanga B. E 60 ngā tāpaetanga ā-waha i rongohia e mātou i ngā whakawātanga taunakitanga i Te Whanga-nui-a-Tara, ā, i Tāmaki-makau-rau. I hui te komiti i waenganui o ngā rā, atu i te 28 o Mahuru i te tau, 2011 ki te 11 o Hakihea i te tau, 2013, ki te whakaaroaro i te pakirehua.

I whiwhi whakamaherehere mātou, nō mai i Te Puni Kōkiri, Te Manatū Hauora, Te Tari Taiwhenua, ā, Te Manatū Whakahiato Ora.

I whiwhi whakamaherehere hoki mātou, no mai i tētahi mātanga tū wehekē, ko Kitty McKinley MNZM tērā.

Ko ngā mema o te komiti, ko

Hōnore Tau Hēnare (Heamana)
Te Ururoa Flavell
Hone Harawira
Claudette Hauiti
Brendan Horan
Hōnore Nanaia Mahuta
Katrina Shanks
Rino Tirikātene
Mētīria Tūrei
Nicky Wagner
Meka Whaitiri
Jonathan Young

Tāpiritanga B

Taunakitanga me te whakamaherehere

Te hunga whakatakoto tāpaetanga

Action for Children and Youth Aotearoa
Action on Smoking and Health New Zealand
Alcohol Healthwatch
Andrew Sheldon Crooks
Angela Duthie (on behalf of Pōmare School students)
Aotearoa New Zealand Association of Social Workers
Asthma Foundation
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (University of Otago)
Cancer Society Wellington Division
Carl Chenery
Child Poverty Action Group
Children's Commissioner
Christine Hāwea
City of Manukau Education Trust
Community and Public Health West Coast
Dame Iritana Tāwhiwhirangi
Deborah A Yates
Directions Youth Health Centre
Dr Amanda D'Souza
Dr Cass Byrnes, Dr Adrian Trenholme
Dr Elizabeth Craig and others
Dr Leland Rūwhiu
Dr Liz Gordon
Every Child Counts
Faavae Gagamoe
Families Commission
Franklin Baptist Church
Grace Coulter
Hāpai Te Hauora Tāpui, Māori Public Health
Hawke's Bay District Health Board
Health Hawke's Bay
Health Promotion Forum of New Zealand
Health Rotorua
Health Sponsorship Council
Hutt Playcentre
Hutt Valley District Health Board Consumer Kaitiaki Group
IHC New Zealand
Jigsaw Family Services
John Marcon
Just Speak
Ko Te Aroha Children's Centre
Lakes District Health Board

Liggins Institute and the National Research Centre for Growth and Development

Lyn Louise Milnes

Manaia Health Primary Health Organisation

Māori Party National Council Leadership

Mark D McNicholl

Mental Health Foundation of New Zealand

Methodist Church

Mira Szaszy Research Centre

Moana Bell

National Collective of Independent Women's Refuges

National Network of Stopping Violence Services

New Zealand College of Public Health Medicine

New Zealand Council for Educational Research

New Zealand Council of Christian Social Services

New Zealand Initiative

New Zealand Kindergartens Te Pūtahi Kura Pūhou o Aotearoa

New Zealand Medical Association

New Zealand Nurses Organisation

New Zealand School Trustees Association

Ngāti Kahungunu Iwi

Nick Wright

Novi Marikena

Nutrition and Physical Activity Service of Te Hotu Manawa Māori

New Zealand Educational Institute Te Riu Roa

Ohomairangi Trust

Pāhau Whānau

Peter Shuttleworth

Peter Zohrab

Pharmacy Guild of New Zealand

Post Primary Teachers' Association

Poverty Action Waikato

Problem Gambling Foundation of New Zealand

Professor David Fergusson

Professor Elaine Rush

Professor M Innes Asher

Public Health Association of New Zealand

Public Health South

Quit Group

Rape Crisis Dunedin

Regional Public Health, Hutt Valley District Health Board

Royal Australasian College of Physicians New Zealand

Royal New Zealand College of General Practitioners

Royal New Zealand Plunket Society

Safekids New Zealand

Smokefree Canterbury

Smokefree Coalition Te Ohu Auahi Kore

Social Justice Council of the Anglican Diocese of Auckland

Social Service Providers Aotearoa

South Auckland Family Violence Prevention Network

Steven Henry Whānau Trust

Strategic Expertise
 Tairāwhiti District Health Board (Population Health Division)
 Tāmaki Treaty Workers
 Te Ora o Manukau Collective of Māori and non-Māori organisations
 Te Puāwaitanga ki Otautahi Trust
 Te Roopu Āwhina
 Te Rūnanga o Ngāti Whātua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust
 Te Tai Tokerau Whānau Ora Collective
 Tū Wāhine Trust
 Unicef New Zealand
 University of Auckland
 Venerable Michael Smart
 Violence Free Waitakere
 Waikato Child and Youth Mortality Group
 Wairarapa District Health Board
 Waitematā and Auckland District Health Boards
 WAVES Trust (Waitakere Anti-Violence Essential Services)
 WellTrust Youth Alcohol and Drug Service
 Wesley Community Action
 West Coast Tobacco Free Coalition
 Whānau Whakakotahi A Iwi Marae
 Women’s International League for Peace and Freedom
 YouthLaw Tino Rangatiratanga Taitamariki

Whakamaherehere

Nō mai i Te Tāhuhu o te Mātauranga e pā ana ki:

- Numbers and locations of Māori students
- Provision of early childhood education

Nō mai i Te Manatū Hauora e pā ana ki:

- Provision of GPs and LMCs
- Live births by District Health Board region and ethnicity 2007-2011
- Live births by territorial local authority and ethnicity 2007-2011
- Three priorities to alleviate poverty

No mai i Te Manatū Whakahiato Ora e pā ana ki:

- Children of beneficiaries
- Geospatial information on the Māori population
- Social Sector Trials extension
- Three priorities to alleviate poverty

Nō mai i tā mātou mātanga tū wehe kē, a Kitty McKinley

- Specialist adviser report

Nō mai i Te Puni Kōkiri e pā ana ki:

- Response to submissions
- Synthesis of submissions
- Three priorities to alleviate poverty

Whakamaherehere takitahi nō mai i Te Manatū Hauora, Te Manatū Whakahiato Ora, ā, nō mai i Te Puni Kōkiri e pā ana ki:

- Written responses to committee questions
- Universal and targeted funding approaches

Tāpiritanga C

Tohu-ā-kupu mō te takaaonge o te oha-pori mā te hunga takitahi – Te Whare Wānanga o Ōtākou

NZiDep

An index of socioeconomic deprivation for individuals

Clare Salmond and Peter Crampton
Wellington School of Medicine and Health Sciences
and

Peter King and Charles Waldegrave
Social Policy Research Unit, The Family Centre, Lower Hutt

Aim: To identify a small set of indicators of an individual's deprivation that is appropriate for all ethnic groups and can be combined into a single and simple index of individual socioeconomic deprivation.

Methods: The NZiDep index was derived using the same theoretical basis as the national census-based small-area indices of relative socioeconomic deprivation: NZDep91, NZDep96, NZDep2001 and NZDep2006. The index has been created and validated from analysis of representative sample survey data obtained from approximately 300 Maori, 300 Pacific, and 300 non-Maori, non-Pacific adults. Twenty-eight deprivation-related questions, derived from New Zealand and overseas surveys, were analysed by standard statistical techniques (factor analysis, Cronbach's coefficient alpha, item-total correlations, principal component analysis). The index was validated using information on tobacco smoking, which is known to be strongly related to deprivation.

Result: The NZiDep index is based on eight simple questions which take about two minutes to administer. The index is a significant new (non-occupational) tool for measuring socioeconomic position for individuals. **The questions and scoring system are shown overleaf.**

Conclusions: The NZiDep index has advantages over existing measures, including a specific focus on deficits, applicability to all adults (not just the economically active), and usefulness for all ethnic groups. Its strengths include simplicity, utility, acceptability across ethnic groups, criterion validity, statistical validity, external validity (measured with reference to tobacco smoking), and relevance to the current New Zealand context. The index is indicative of deprivation, in general, and is designed for use as a variable in research, and for elucidating the relationships between socioeconomic position and health/social outcomes.

For further information, please contact:

Clare Salmond:	clare.salmond@xtra.co.nz	ph 04 476 8998
Peter Crampton:	peter.crampton@otago.ac.nz	ph 04 918 6045
Peter King:	king.p@fc.org.nz	ph 04 569 7112
Charles Waldegrave:	waldegrave.c@fc.org.nz	ph 04 569 7112

June 2007

Questionnaire items for NZiDep

The eight questions for the five-point individual-level index of socioeconomic deprivation are shown below. The order of the eight questions is not important, although they are listed here in decreasing order of occurrence. The simple scoring system is described after the questions. A suggested lead-in to these questions is: "The following few questions are designed to identify people who have had special financial needs in the last 12 months. Although these questions may not apply directly to you, for completeness we need to ask them of everyone."

- 1 [Buying cheap food]
In the **last 12 months** have you **personally** been forced to buy cheaper food so that you could pay for other things you needed? (yes/no)
- 2 [Unemployment] NOTE: defined as no for those 60 and over, and for full-time care-givers/home-makers; otherwise: In the **last 12 months**, have you been out of paid work at any time for more than one month? (yes/no)
- 3 [Being on a means-tested benefit] NOTE: means-tested benefits were listed on a showcard (see below) Looking at Showcard 1, did you **yourself** get income in the 12 months ending today from any of these sources? (yes/no)
- 4 [Feeling cold to save on heating costs]
In the **last 12 months** have you **personally** put up with feeling cold to save heating costs? (yes/no)
- 5 [Help obtaining food]
In the **last 12 months** have you **personally** made use of special food grants or food banks because you did not have enough money for food? (yes/no)
- 6 [Wearing worn-out shoes]
In the **last 12 months** have you **personally** continued wearing shoes with holes because you could not afford replacement? (yes/no)
- 7 [Going without fresh fruit and vegetables]
In the **last 12 months** have you **personally** gone without fresh fruit and vegetables, **often**, so that you could pay for other things you needed? (yes/no)
- 8 [Help from community organisations]
In the **last 12 months** have you **personally** received help in the form of clothes or money from a community organisation (like the Salvation Army)? (yes/no)

Creating the NZiDep index

- (1) Add the 'yes' responses (any missing data are counted as 'no').
- (2) Re-code the count of deprivation characteristics into the following five ordinal categories (relatively few people will have the largest number of deprivation characteristics):
 - 1 no deprivation characteristics
 - 2 one deprivation characteristic
 - 3 two deprivation characteristics
 - 4 three or four deprivation characteristics
 - 5 five or more deprivation characteristics

Showcard 1

- Domestic Purposes Benefit
- Independent Youth Benefit
- Sickness Benefit
- Invalids Benefits

NOTE: This list of means-tested benefits is current as of June 2007, but it could change in the future. This list deliberately excludes the unemployment benefit, which is means tested but is captured in the unemployment question.

Tāpiritanga D

Ngā whakaatu o te whakatiki – Pokapū Rangahau Kaupapa here, Whare Wānanga o New South Wales

TOWARDS NEW INDICATORS OF DISADVANTAGE PROJECT

BULLETIN NO. 2: DEPRIVATION IN AUSTRALIA

BY PETER SAUNDERS

INTRODUCTION

An article in an earlier issue of the SPRC Newsletter described the *Left Out and Missing Out (LOMO): Towards New Indicators of Disadvantage* project and presented results on the essentials of life. The project is funded by the Australian Research Council Linkage Grant Scheme and is based on a collaboration between the SPRC and our Industry Partners Mission Australia, the Brotherhood of St Laurence, ACOSS and Anglicare, Diocese of Sydney. The research has generated new nationwide data that is being used to identify who is deprived ('missing out') and excluded ('left out') from the benefits associated with Australia's current period of extended economic growth and rising incomes.

The data has been produced by two surveys conducted in 2006. The first was a national postal survey of 6 000 adult Australians drawn at random from the electoral rolls. This was supplemented by a second survey targeted at those who used selected welfare services provided by the Industry Partner agencies. Both surveys were conducted over a three-month period in mid-2006. Welfare service clients were asked to complete a shortened version of the main survey when they accessed services - almost none of those approached refused to participate. The first (postal sample) was designed to build, for the first time, a comprehensive national picture of the extent and nature of deprivation and social exclusion in Australia. The second (client sample) is significant because the most vulnerable people are generally under-represented in postal surveys, and also because we wanted to find out more about the kinds of problems faced by welfare service clients, who are by definition doing it tough.

As explained in the earlier article, 2 704 people responded to the postal survey (a response rate of about 48 per cent), while 673

completed the shorter client survey. Further analysis indicates that the postal sample is reasonably representative of the general population, although it contains more people over 50 than the population, whereas the client sample is dominated by younger people (under 30), because these are the age groups at which the services that were included are targeted. Together, the two surveys provide a very rich source of new data that are being analysed to gain a better understanding of the kinds of problems faced by those who have been left out and are missing out - those that the benefits of economic progress have thus far, failed to reach.

THE ESSENTIALS OF LIFE

Both surveys included a series of questions asking which among a list of items are essential in Australia today - things that no-one should have to go without. Participants were asked to indicate for each item:

1. Whether or not they thought that the item was essential for all Australians;
2. Whether or not they themselves had the item; and
3. If they did not have the item, whether this was because they could not afford it, or because they did not want it.

The last question was only asked of those items that individuals themselves could buy; it was not asked of items like access to a public telephone, or to a bulk-billing doctor under Medicare that cannot be bought by individuals but are provided collectively by government.

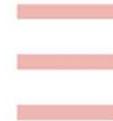
The 'essentials of life' questions covered a broad range of items, activities, opportunities and other characteristics that previous research has shown to be associated with deprivation and social exclusion. The list of potential items included basic items (for example, a substantial meal at least

once a day; heating in at least one room of the house), items that reflect or influence people's connections with community life (to be treated with respect by other people; a night out once a fortnight), items that people need at particular times in their lives (dental treatment; child care for working parents), and the ability to make use of key facilities and services (good public transport; and streets that are safe to walk in at night). Several of the items related specifically to the needs of children, including a separate bed for each child, a local park or play area for children, and up to date schoolbooks and new school clothes.

FROM ESSENTIALS TO DEPRIVATION

The definition of deprivation that has evolved from three decades of international (mainly British) research is an *enforced lack of socially perceived necessities (or essentials)*. The first stage in identifying the profile of deprivation involves identifying the list of socially perceived essential items. As indicated in the earlier article, responses to the 'Is it essential?' question were used to identify which items are regarded as essential by a majority of the population. This benchmark was taken as indicative of items about which there is a community consensus that they are essential. Only the postal sample was used in this stage, because we were interested in what *the community as a whole* regards as essential in modern-day Australia. Of the 61 items included in the postal survey, 48 passed the 'majority rule' criterion. However, a number of these items could not be bought by individuals and were thus not used to identify deprivation, which focuses on an *enforced lack* of each item that results from not being able to afford it.

The earlier article indicated that two items - a car and a separate bedroom for each child aged over



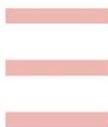
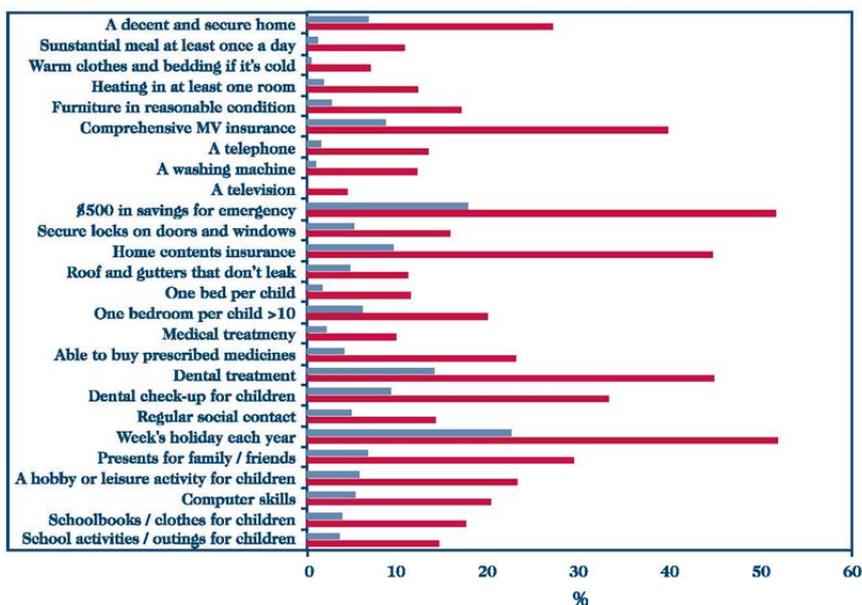


Figure 1: The Incidence of Deprivation among the Postal (Blue) and Client (Red) Samples (percentages)



10 – were very close to the 50 per cent cut-off. Further analysis revealed substantial differences in the views of different age groups about these two items (particularly about the car) and after adjusting for the over-representation of older people in the postal sample, support for the car being essential fell just below the threshold. It was therefore excluded from the final list, which contained the 26 items shown on the left hand side of Figure 1. The list includes basic needs items, such as a decent and secure home and a substantial daily meal, consumer durables like a washing machine and a television, access to medical and dental services and to prescribed medications, social participation activities such as regular social contact with others and an annual holiday, and risk-protection items like secure locks at home, insurance coverage and savings for an emergency.

Figure 1 shows the percentages of the two samples that are deprived in relation to each of the 26 items. For the postal survey, the incidence of deprivation is very low in the case of items like a

substantial daily meal, warm clothes and bedding, a telephone, a television and a separate bed for each child. Those items where deprivation is most severe are a week's holiday away from home each year (22.4 per cent), \$500 in savings for use in an emergency (17.6 per cent), dental treatment when needed (13.9 per cent), home contents insurance (9.5 per cent), an annual dental check-up for children (9.0 per cent), and comprehensive motor vehicle insurance (8.6 per cent). These patterns are unaffected when the postal sample is weighted to reflect the age structure of the population as a whole.

All but one of the items where deprivation is highest relate to steps that people need to take to protect their longer-term security: an adequate level of savings for use in an emergency, appropriate insurance coverage and access to dental care. The absence of these items among large sections of the population highlights the fact that many Australians may be managing, but are only a minor mishap (a scrape in the car, a toothache, or a broken refrigerator) away from

being unable to make ends meet financially. The other item where the incidence of deprivation is high – a week's holiday away from home – might be seen by some as a 'luxury' that has little to do with being deprived or disadvantaged. However, this item only enters the list because a majority of the population (around 53 per cent) regard it as essential: it is what *the community* thinks is essential that determines what is included in Figure 1, not what we as researchers think. This variable also has an insurance element, reflecting the need for families to have a break together and relax and re-group, away from the pressures of everyday (working) life.

The findings for the client sample paint a far bleaker picture of the extent of deprivation than those for the postal sample. At one level, this is hardly surprising since the client sample has been deliberately chosen to represent those who, having been forced to seek assistance from a welfare service, are likely to be most disadvantaged. Even so, it is still important to establish just how deprived those who use welfare

services actually are. The average incidence of deprivation across all 26 items among the client sample is 22.2 per cent, four times higher than that for the postal sample (5.7 per cent). The difference is hardly affected by adjusting for the differences in the age composition of the two samples.

Among those in the client sample (re-weighted so that it has the same age composition as the postal sample), the incidence of deprivation is highest in relation to a week's holiday away (51.7 per cent), not having \$500 in savings for use in an emergency (51.6 per cent), home contents insurance and dental treatment (both 44.7 per cent), and comprehensive motor vehicle insurance (39.7 per cent). The deprivation rate exceeds one-quarter in relation to 8 items (whereas it never exceeds this figure in the postal sample). Around one-in eight of those in the client sample report not being able to afford a substantial meal once a day, to heat at least one room in the house, to have a washing machine, a separate bed for each child, have regular social contact with other people, or can afford to let their children participate in school outings or activities.

The evidence on deprivation among those who use welfare services illustrates the enormity of the challenges facing those who are working at the coalface of service delivery in these agencies. With tightly constrained budgets, these service delivery agencies can do little more than act as a palliative against the worst extremes of deprivation. The fact that those using welfare services face such high levels of deprivation suggests that the limited resources available to the services are being targeted effectively, but it also raises questions about the adequacy of the resources they have at their disposal. These are issues that should be of concern not just to those working in the services, but to all genuine 'fair go' Australians.

MULTIPLE DEPRIVATION

Previous studies have shown that many of those who experience deprivation in one area also face it in several others, compounding their problems and adding to the

Table 1: The Incidence of Multiple Deprivation (percentages)

Number of items lacking because they cannot be afforded	Postal sample	Client sample
0	61.5	25.2
1 or more	38.5	74.8
2 or more	26.4	64.7
3 or more	18.8	59.0
4 or more	14.2	52.7
5 or more	11.1	45.5
6 or more	8.1	39.9

complexity of solutions. Table 1 compares the severity of deprivation in the postal and client samples. Almost two-fifths of the postal sample experience at least one form of deprivation and more than one-quarter (26.4 per cent) are deprived in two or more areas. One-in-nine (11.1 per cent) are missing out on at least five essential items simultaneously. Although some will be reassured by the finding that over two-thirds experience no deprivation, the high numbers that are missing out in five or more areas will concern many others.

The extent of deprivation in the client sample is far higher than in the postal sample, and the findings again reveal the severity of the problems facing this group. Thus, almost two-thirds (64.7 per cent) experience two or more forms of deprivation, while close to half (45.5 per cent) are missing out on five or more items. The magnitude of the difference between the two samples is illustrated by the fact that the percentage of the postal sample that are deprived in two or more areas is the same as the percentage of the client sample that are deprived in eight or more areas. (The estimated multiple deprivation rates for the client sample increase by between two and four percentage points if the adjustment made to bring its age composition in line with that of the postal sample is removed).

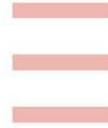
The multiple deprivation rate differential between the postal and client samples cannot be assumed to imply that the latter group experience four times as much deprivation as the former, since the relationship between the number of essential items lacking and the

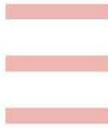
extent of deprivation may not be linear. Even so, it is difficult to deny that those who use welfare services are 'doing it tough', missing out on many of the items seen as essential by a majority of the population.

DEPRIVATION SCORES

In light of the extent of multiple deprivation shown in Table 1, it is clear that the incidence rates shown in Figure 1 do not reveal the full story about the severity of deprivation faced by different groups. In order to explore this issue more fully, a deprivation index has been derived by adding up the total number of items for which each individual is deprived. The average value of this index (or score) can then be calculated for groups in the population and used to compare the extent of deprivation experienced by different socio-economic categories. There are grounds for applying different weights to each of the items included in the index. Thus, an item could be counted more heavily if it is regarded as essential by a higher percentage of the population (attitudinal weighting), or each item could be weighted by the proportion of the population that actually possesses it (prevalence weighting). Neither approach has been used here, although future research is examining the robustness of the findings to different weighting patterns.

Table 2 shows how the deprivation index varies across socio-economic groups defined on the basis of their age, family type, employment status and Indigeneity. It reveals that there is a clear downward-sloping age gradient to deprivation among the





postal sample, although the gradient is somewhat less pronounced among those in the client sample. The pattern of deprivation across family types shows that deprivation is higher among single people than among couples (at all ages), increases for couples with children and increases again sharply for sole parent families. The level of deprivation experienced by Indigenous Australians is very high - the highest among any single category identified in this analysis - and exceeds that of the non-Indigenous population by a factor of more than four-to-one.

It is interesting to note that many of the between-group differences revealed in the client sample are smaller in relative terms than the corresponding relativities contained in the postal sample. Thus, the 4.2-to-one differential associated with Indigenous status in the postal sample is only 1.5-to-one in the client sample, while the 3-to-one employment to unemployment relativity in the postal sample falls to two-to-one in the client sample. To some extent, this reflects the fact that the postal sample is more diverse than the client sample, which is concentrated on those in greatest need. However, it is also striking that large differences in deprivation between the postal and client samples remain even when comparing *within* activity categories: thus, the deprivation score among those in the client sample who are unemployed is considerably higher than among the unemployed in the postal sample, while those in the client sample who are employed experience only slightly less deprivation than those in the postal sample who are unemployed. These comparisons suggest a number of factors are driving the results and that further analysis is warranted before any firm conclusions about the determinants of deprivation can be identified with certainty.

IN CONCLUSION

This article has examined the deprivation profile of the Australian population, as reflected in the postal sample, and drawn a series of

Table 2: Mean Deprivation Scores by Selected Socio-economic Characteristics

Characteristic	Postal sample	Client sample
<i>Age:</i>		
Under 30	1.97	5.55
30-64	1.43	5.62
65 and over	0.87	2.61
<i>Family type:</i>		
Single, working-age (WA)	2.14	5.14
Single, older person (65+)	1.33	3.16
WA couple, no children	0.84	4.14
Older couple (65+)	0.55	2.67
WA couple, with children	1.29	4.59
Sole parent	3.48	7.14
<i>Main activity:</i>		
Employed	1.15	2.92
Unemployed	3.66	5.85
<i>Indigenous (ATSI):</i>		
Yes	5.60	7.25
No	1.33	4.82

comparisons with deprivation among the smaller sample of welfare service clients. The estimates show that there is great variety between the two samples both in terms of the incidence of each deprivation indicator, in the extent of multiple deprivation and in the overall severity of deprivation (as captured in a simple unweighted deprivation score, or index).

More detailed analysis reveals substantial differences in the severity of deprivation across different sub-groups in the population, defined on the basis of a broad range of socio-economic characteristics. Although the between-group differences have been considered in isolation, many of them overlap and thus reinforce the combined impact on deprivation. Indigenous Australians, for example, tend to have low levels of education, to be more likely to be unemployed and/or reliant on social security for their income and to be renting their home, all of which are associated with a higher level of deprivation. These complex, deep-seated and often mutually reinforcing effects suggest that a coordinated plan of action is needed to address the different forms of deprivation

experienced by those who are missing out.

It is clear that the deprivation approach provides a valuable new insight into the nature and extent of disadvantage in contemporary Australia. It seems irrefutable that some in the general population and many in the sample of welfare service clients are missing out on the essentials of life and are thus deprived - often in many areas. If we are serious about addressing disadvantage, the patterns revealed in this research suggest that action is urgently needed to combat the many forms of deprivation that currently exist.

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