

Beyond *Puao-Te-Ata-Tu*: Realising the promise of a new day

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Puao-Te-Ata-Tu: The Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare (Māori Perspective Advisory Committee, 1988) recognised that the issues facing Māori in 1988 resulted from failing systems of state provision underpinned by a broader context of colonisation, racism and structural inequity. Although initially focused on state care and protection, *Puao-Te-Ata-Tu* highlighted the need for substantial overall structural and procedural state reform. The report was direct in its conclusions, noting that colonisation and monocultural organisations operated as major barriers to progress. Significant changes to organisational policy, planning and service delivery were critical to address these barriers. Furthermore, addressing these issues required a shift away from negative funding to devolved transformative investment focused on effecting positive change in the lives of whānau (families). These same messages have been consistently repeated for over three decades now: without exception, every major review focused on issues of critical importance for Māori has identified profoundly failing state sector systems, stressing an urgent need for bold transformational change. An overriding message repeatedly emphasised across the substantial evidence base is that we cannot continue using the same approaches and expect the outcomes to be different.

He aha te huarahi? I runga i te tika, te pono me te aroha.

What is the pathway? It is doing what is right, with integrity and compassion.

FOREWORD

The original purpose of this paper was to explore how *Puao-Te-Ata-Tu: The Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare* (Māori Perspective Advisory Committee, 1988) guides us in the urgent transformational change that has been unfailingly called for across hui (meetings), inquiries, reviews and reports in New Zealand for well over three decades. However, COVID-19 has changed our world in ways we could not have imagined just a few short months ago.

Adding an analysis of *Puao-Te-Ata-Tu* within the context of COVID-19 to this paper is unavoidable. In light of the internationally lauded and indeed heroic work that has been done by New Zealand as a whole in its response to the COVID-19 pandemic, New Zealand is now seen as a shining example for the rest of world. However, despite the sense of unity that underpinned the mobilising of our communities, the issues we raise in this paper are even more critical as we as a nation move to rise from the impact of this pandemic on our country.

Experience and evidence tells us that the economic and social impacts of recession on Māori communities, such as those that occurred in the mid-1980s and the early 1990s, are severe and intergenerational: impacts are seen across employment, mental health, and the ability to afford safe and healthy food, and affordable and healthy housing (Baker, 2010). While we do not yet have a full understanding of the economic, social and cultural costs for Māori of COVID-19, we can reliably predict that the impacts will be magnified for those already bearing the brunt of deep-seated structural inequity and disadvantage across New Zealand.

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Far from rendering the key messages of *Puao-Te-Ata-Tu* irrelevant, COVID-19 brings them into sharp focus, providing a unique opportunity to refocus and reset as we move forward into the future. As Te Pūtahitanga o Te Waipounamu expressed in April 2020:

COVID-19 will have a devastating impact on our national wellbeing over the next 18 months, however, the scale and severity of those impacts create an opportunity to reconsider the deep structural levers that can create a stepchange in the wellbeing of our nation over the short, medium and long term. (p. 11)

This is the brave new world anticipated three decades ago by *Puao-Te-Ata-Tu*.

I INTRODUCTION

During 2018–2019 several government-initiated reviews and inquiries focused on issues of critical importance for Māori were carried out. Reaching across a wide range of state sector¹ service areas. These reviews included *He Waka Roimata: Transforming Our Criminal Justice System* (Te Uepū Hāpai i te Ora, 2018), *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* (Government Inquiry into Mental Health and Addiction, 2018), *Whānau Ora Review* (Whānau Ora Review Panel, 2019), *Whakamana Tāngata—Restoring Dignity to Social Security in New Zealand* (Welfare Expert Advisory Group, 2019), *Te Korowai Ture ā-Whānau: The Final Report of the Independent Panel Examining the 2014 Family Justice Reforms* (Noonan et al., 2019), *Te Tangi o te Manawanui—Recommendations for Reform* (Chief Victims Advisor to the Government, 2019), *Turuki! Turiku! Move Together* (Te Uepū Hāpai i te Ora, 2019) and *Ināia Tonu Nei: Hui Māori Report* (Hui Māori, 2019). Without exception, these reviews identify profoundly failing state sector systems, stressing an urgent need for bold transformational change. Also, without exception, each review references a report completed over three decades ago, crediting it with providing the foundation for the transformative change required today: *Puao-Te-Ata-Tu: The Report of the Ministerial Advisory*

Committee on a Māori Perspective (Māori Perspective Advisory Committee, 1988).

In May of 2019, the Ministry for Children was filmed attempting to remove a newborn baby from a mother’s care in Hawke’s Bay Hospital (Reid, 2019). This highly publicised attempted removal of a baby into state² care became the catalyst for intense media scrutiny, public protest marches and open letters³ to both the Minister for Children and the Prime Minister. Highlighting its significance, this one attempted removal also resulted in five separate inquiries into the policy and practice of the Ministry for Children. These inquiries included a Ministry for Children internal “practice review” (Oranga Tamariki—Ministry for Children, 2019), the Māori Inquiry into the Ministry for Children (Kaiwai et al., 2020), the granting of an urgent hearing by the Waitangi Tribunal into WAI 2823 (The Māori Mothers Claim; Te Huia, 2019), and independent inquiries by both the Children’s Commissioner⁴ and the Chief Ombudsman.⁵ In 2019 at the first consultation hui convened by the Māori Inquiry into the Ministry for Children, one colourful Post-it Note on the whiteboard responded to the question “As Māori, what can we do differently to support our tamariki and whānau?” simply with the words “*Puao-Te-Ata-Tu*” (Sumner, 2019).

Puao-Te-Ata-Tu was authored in 1988 by the Māori Perspective Advisory Committee. This committee was charged with advising the Minister of Social Welfare on the most appropriate means by which to meet the needs of Māori in policy, planning and service delivery, including possibilities for decentralisation and devolution, in the then Department of Social Welfare (Māori Perspective Advisory Committee, 1988, p. 5). Consulting extensively with Māori communities across the country, the Māori Perspective Advisory Committee reached findings that culminated in the publication of *Puao-Te-Ata-Tu*. *Puao-Te-Ata-Tu* reported “like a litany of sound-Ngeri-recited with the fury of a tempest on every marae and from marae to marae came the cries” (Māori Perspective Advisory Committee, 1988, p. 21), filled with example after example of unjust state welfare agency policies and practices.

1 The term “state sector” is used to cover all organisations that serve as instruments of the Crown in respect of the Government of New Zealand. It includes the state services (including public service departments, other departments and Crown entities), tertiary education institutions and offices of Parliament (Public Service Commissioner, 2015).

2 The term “state” refers to the machinery of government in its entirety. This includes all political and governance structures (legislative, executive, judicial) and all government departments and services.

3 See He Paiaka Totara (2019) and Mason (2019).

4 See Children’s Commissioner (2019).

5 See Ombudsman (2019).

Although initially focused on State care and protection, the relevance of *Puao-Te-Ata-Tu* was significantly broader. With its in-depth historical, legislative and cultural analysis, *Puao-Te-Ata-Tu* argued for not only changes to state care and protection legislation, policy and practices (Hollis-English, 2012) but substantial overall structural and procedural state reform (Keenan, 1995). The report was direct in its conclusions: colonisation and monocultural organisations operated as major barriers to progress. Significant changes to organisational policy, planning and service delivery were therefore necessary to address these barriers. Indeed, a major crisis was deemed imminent if the issue of Māori socio-economic deprivation was left to languish unresolved (Hill, 2009; Māori Perspective Advisory Committee, 1988).

As its name implied, *Puao-Te-Ata-Tu* was to herald the “light of a new dawn” for Māori. However, despite influencing social work practice (Hollis-English, 2012) and generating aspects of legislative change in relation to state care and protection services (Doolan, 2005), there was, and continues to be, deep disappointment that the proposed solutions of *Puao-Te-Ata-Tu* were never fully implemented (Hollis-English, 2012). The “litany of sound” heard by the members of the Māori Perspective Advisory Committee in 1988 continues unabated today, as report after report continues to offer the same messages, alarmingly in some cases, almost word for word.

The continual referencing of *Puao-Te-Ata-Tu* solidifies its status as a seminal document for Māori. Smith et al. (2019) suggested that no other report has attracted such unchallenged positive commentary from both Māori and non-Māori over such a sustained period. The recent government-initiated reviews referred to earlier all emphasise the opportunity to do things differently—that with courage and creativity it is possible for New Zealand to show distinctive global leadership as it builds a transformational agenda, drawing on paradigms and systems that are visionary and agile. As in 1988 when messages of frustration, anger and alienation were frequently sprinkled with hope (Māori Perspective Advisory Committee, 1988, p. 17), iwi leaders in 2016 concluded that “the opportunity to effect real social change in a manner that has never been achieved before, has arrived” (*National Iwi Leaders Technical Working Party, 2016, p. 10*).

Drawing the strands of our now substantial knowledge base together to present a cohesive picture, this paper identifies consistent themes across three decades, alongside the issues we need to address as a nation if we are to achieve genuine transformative change. Racism, structural inequity, failing systems, genuine power-sharing, transformative investment and life beyond COVID-19 are discussed in the following sections.

II PUAO -TE-ATA-TU: AN ATTACK ON RACISM

Recommendation 1 of *Puao-Te-Ata-Tu* boldly called for an attack on “all forms of cultural racism in New Zealand that result in the values and lifestyles of the dominant group being regarded as superior to those of other groups, especially Māori” (Māori Perspective Advisory Committee, 1988, p. 9). *Puao-Te-Ata-Tu* identified the existence of three forms of racism—personal, cultural and institutional—of which the third, institutional racism, was described as the “most insidious and destructive” (Māori Perspective Advisory Committee, 1988, p. 19). *Puao-Te-Ata-Tu* was clear that sustainable and long-term change could only be achieved if the racism—specifically, institutional racism—that underpinned the state and wider society in New Zealand was eliminated.

The literature base has long demonstrated the central role of institutional racism, more recently also referred to as “unconscious bias”, in perpetuating negative outcomes for Māori (Boulton, Cvitanovic, Potaka-Osborne, et al., 2018; Māori Affairs Committee, 2013; Modernising Child Youth and Family Expert Panel, 2015; Reid et al., 2019; Te Uepū Hāpai i te Ora, 2019; Whānau Ora Review Panel, 2019). The Director-General of Health in 2019 acknowledged institutional racism as a determinant of health and wellbeing (Waitangi Tribunal, 2019). In that same year, the Waitangi Tribunal (2019) concluded that the framework for the primary health system in New Zealand was institutionally racist in that Māori, as those with the highest levels of need, were not receiving resources proportionate to that need. In relation to mental health and addictions, that significant resources have been invested in the development of strategies and research that have not decreased inequities, alongside a consistently identified lack of investment in the development of Kaupapa Māori (Māori approach/philosophy) approaches, is seen as clear evidence of institutional racism (Government Inquiry into Mental Health and Addiction, 2018). High rates of arrest and imprisonment for Māori have for decades been identified as reflecting wider systemic discrimination and bias within both the justice system and the wider community (Jackson, 1987; Te Uepū Hāpai i te Ora, 2019). Systemic racism was also overtly identified by the Whānau Ora Review Panel (2019) as a barrier to the application of Whānau Ora and whānau-centred approaches across government.

Review recommendations continue to highlight the fundamental need to address racism. For example, Recommendation 8 of *Turuki Turuki* (Te Uepū Hāpai i te Ora, 2019) was that racism be challenged within the justice system and throughout society. Stage One of the *Health Services and Outcomes Kaupapa Inquiry* (Waitangi Tribunal, 2019) reported

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on extensive evidence in relation to the impacts of racism on wellbeing. Following a long line of Māori health experts who have for well over two decades loudly called for the entrenched racism within the health sector to be addressed (e.g., Reid & Robson, 2007), in February 2020 senior Māori health researcher Dr Donna Cormack called for racism to be declared a public health crisis (Parahi, 2020a). The Health and Disability System Review (2020) openly stated that the negative impacts of racism and colonisation must be addressed.

It is clear that addressing institutional racism has been a central component of a transformational change agenda for some time. However, despite the drafting in 2013 of a private members' bill focused on eliminating institutional racism (Turia, 2013), and a more recent call from the New Zealand Māori Council to eliminate racism (Māori Council, 2020), the political will to act is notably absent. Instead, to the contrary, Reid and Robson (2007) observed how inequities for Māori do not generate dismay or horror but have become normalised as an almost expected and accepted feature of our national landscape. Similar sentiments regarding the normalisation of disparities for Māori continue to be routinely expressed by health professionals and researchers today (Parahi, 2020b; RNZ, 2020; Truebridge, 2020). The Waitangi Tribunal conclusion in 2019 that the Crown, despite being fully aware of the presence and ongoing impact of institutional racism across the health sector, had nevertheless failed to address that institutional racism, is further evidence of this normalisation. Normalisation results in inaction (Reid & Robson, 2007), and inaction in the face of high need is a fundamental characteristic of institutional racism (Waitangi Tribunal, 2019).

While the focus is often on the government, policies are mediated to government via state agencies (Keenan, 1995). That is, institutional values behind policies stem from the normative cultural expectations of those charged with designing them (O'Sullivan, 2019). Institutional racism manifests in the ideologies underpinning structures, institutions, policies and practices; public policy decisions and processes are not objective nor ideologically neutral (O'Sullivan, 2019). Previous attempts to reform social services have often struggled because of competing worldviews obstructing agreement on problem definitions, underlying causes and accountability (Dwyer et al., 2014; New Zealand Productivity Commission, 2015). For example, fundamental ideological differences, particularly regarding the relational context of Māori children within wider structures of whānau, hapū and iwi, and the central role of cultural identity to wellbeing, have also long been identified as sitting at the core of failing state care and

protection systems (Kawai et al., 2020; Māori Perspective Advisory Committee, 1988; Moyle, 2014).

Captured within a context dominated by what the New Zealand Productivity Commission (2015) referred to as the "politics of ethnicity" (p. 345), the evidence tells us that uniquely Indigenous Māori solutions and models lack state commitment, and legislative and infrastructure support, as well as remaining the focus of unremitting scrutiny (Lavoie et al., 2016; Smith et al., 2019; State Services Commission, 2019). In direct contrast, although there is demonstrated widespread system failure across sectors (as discussed in the following section), very little meaningful action has been taken to hold these systems to account for the poor outcomes they are producing for Māori. Furthermore, there continues to be a pattern across sectors of importing international programmes that demonstrate limited or unknown effectiveness with Indigenous or minority peoples.

The terms "institutional racism" and the somewhat less confronting "unconscious bias" are more familiar today than they were three decades ago. This is due in large part to the significant expansion of the local and international evidence base (e.g., Came et al., 2018; Houkamau & Clarke, 2016; Jones, 2000; Manhire-Heath et al., 2019). However, despite this extensive evidence base, we are yet to see the state critique itself and its institutions in any genuinely meaningful and transformative way. We cannot rely on simple generalised statements such as those made by the Health and Disability System Review (2020) that "an absence of racism must be a given" (p. 5).

On 25 May 2020, George Floyd, a 46-year-old black man in Minneapolis, Minnesota, was killed by a white police officer who knelt on Floyd's neck for 8 minutes and 46 seconds. In the midst of a pandemic, Floyd's death triggered large protests across the United States of America and around the world, including New Zealand. Presenting under the banner of the Black Lives Matter movement, the protests focused not only on police brutality, police racism and lack of police accountability but also on the fundamentally racist principles and actions upon which settler societies are founded.

While the specific context of the Black Lives Matter movement is recognised, the fundamentals of long-embedded systemic and institutional racism are common to people of colour and Indigenous peoples around the world. Reflecting this, countries from around the globe, including New Zealand, were placed under the spotlight, asked by those on the streets to tangibly confront their colonial histories. In the midst of a global pandemic, racism, and in particular entrenched systemic institutional racism, was pushed to the forefront.

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III STRUCTURAL INEQUALITY

Directly related to institutional racism, *Puao-Te-Ata-Tu* highlighted the fundamental importance of addressing structural inequity, stating:

We have been confronted with a Māori perception of issues which are deep rooted and structural ... It is plain that the institutions, by which New Zealand society governs itself, distributes its resources and produces wealth, do not serve Māori people but they do clearly serve the great bulk of Pākehā people. (Māori Perspective Advisory Committee, 1988, p. 17)

Recommendation 2 of *Puao-Te-Ata-Tu* included “to attack and eliminate deprivation and alienation by a) allocating an equitable share of resources, and b) sharing power and authority over the use of resources” (Māori Perspective Advisory Committee, 1988, p. 9). Similar conclusions were reached in 2018–2019, with an extensive evidence base demonstrating that Māori are disproportionately affected by consecutive downturns in the global economy, and the cyclical nature of inequity and compounding disadvantage (Boulton, Cvitanovic, Potaka-Osborne, et al., 2018; Rua et al., 2019; Te Uepū Hāpai i te Ora, 2019; Welfare Expert Advisory Group, 2019). Even when gains have been made through changes in policy or legislation, structural inequities mean Māori are not benefiting proportionately from those gains (Te Uepū Hāpai i te Ora, 2019).

The use of individualised deficit theory, language and indicators normalises the stereotype that inequities result from individual failure as opposed to systematic structural bias, serving to act as a justification for the existence of ongoing inequitable service delivery and, in the process, endorsing ongoing structural racism (Keddell, 2018; Reid & Robson, 2007; Rua et al., 2019; Waitangi Tribunal, 2019). Fully supporting the recommendations made in *Puao-Te-Ata-Tu*, recent major reviews have stressed the fundamental importance of addressing the structural inequity that manifests as poverty and social deprivation for whānau Māori (Government Inquiry into Mental Health and Addiction, 2018; Māori Affairs Committee, 2013; Te Uepū Hāpai i te Ora, 2019).

With equity described as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (World Health Organization, 2020), attention moves away from the individual, and is instead placed on the processes of how resources, including services, are distributed to the community (Reid & Robson, 2007). For example, a singular focus on housing fails to recognise the wider structural context in which homelessness exists, which includes such factors as low incomes; racism in the rental housing market; poor quality housing; insecure, overcrowded and unaffordable housing; social exclusion; and stigma (Rua et al., 2019). Similarly, Harwood (2020) highlighted the need for a wider structural analysis when considering seemingly simple issues:

There is no point telling people to sleep longer when they are working two jobs, long hours, shift work; or

**“inequity is structural,
and it is underpinned by
institutional racism”**

have unstable accommodation, poor housing; or feeling stressed about bills, illness, relationships. Instead we must look at addressing work conditions, housing and poverty for Māori whānau. (p. 3)

Discussions regarding racism and deprivation continue to be characterised by individualised deficit theory, indicators and language that ignore system and structural bias. However, the evidence is very clear; inequity is structural, and it is underpinned by institutional racism. Already in New Zealand we have seen how COVID-19 lockdown experiences vastly differed based on access to resources: whānau who have only enough money to shop weekly unable to access basic food necessities because unnecessary panic bulk buying emptied supermarket shelves; vital resources for whānau, such as food, usually accessed via contact with institutions such as schools no longer available; differential access to technology affecting educational progress and the ability to access resources in a new online contactless world; and Māori, as with minority groups internationally, being over-represented across occupations, previously considered unskilled but now reclassified as “essential”, which often required high levels of public contact, subsequently placing whānau at a greater risk of harm from COVID-19.

IV FAILING SYSTEMS: A NATIONAL CRISIS

In 1988 *Puao-Te-Ata-Tu* clearly communicated the urgency of the situation for Māori: “It is no exaggeration to say, as we do in our report that in many ways the picture we have received is one of crisis proportions” (Māori Perspective Advisory Committee, 1988, p. 8).

For over 30 years, government-initiated reviews undertaken across criminal justice, family court, child protection, welfare, mental health and addictions, and health and disability have stressed the failure of past and current state approaches to working with Māori communities. Recurring themes of systemic failure consistently identified over the past 30 years include system, service and role fragmentation; sectoral competition; and inadequate and siloed funding systems (Boulton, 2019; Dormer, 2014; Lavoie et al., 2016; Health and Disability System Review, 2020; Modernising Child Youth and Family Expert Panel, 2015; New Zealand Productivity Commission, 2015; State Services Commission, 2019; Whānau Ora Review Panel, 2019); lack of accountability to Māori (Modernising Child Youth and Family Expert Panel, 2015; Te Uepū Hāpai i te Ora, 2019; Waitangi Tribunal, 2017); inability to meet the depth and breadth of complex whānau needs that cross organisational boundaries (Government Inquiry into Mental Health and Addiction, 2018; State Services Commission, 2019; Welfare Expert Advisory Group,

“Not only are systems broken, but long-standing evidence clearly reveals the interconnectedness of those failing systems”

2019); and a reliance on Western knowledge leading to a lack of recognition and understanding of te ao Māori (the Māori world), Māori concepts and Māori models of practice (Boulton et al., 2018; Chief Victims Advisor to the Government, 2019; Government Inquiry into Mental Health and Addiction, 2018).

The system of state care and protection for children and young people in New Zealand, specifically in relation to negative outcomes for Māori, has been a focal point for multiple inquiries and reports over several decades (e.g., *Care and Protection is About Adult Behaviour: The Ministerial Review of the Department of Child, Youth and Family Services*, Brown, 2000; *The Green Paper for Vulnerable Children*, Minister for Social Development, 2011; *The White Paper for Vulnerable Children*, Minister for Social Development, 2012; *Expert Panel Final Report: Investing in New Zealand's Children and their Families*, Modernising Child Youth and Family Expert Panel, 2015). The existence in 2020 of five separate inquiries into state care and protection in New Zealand clearly indicates that major issues remain. A 2019 internal Ministry for Children practice review was described by the Children's Commissioner, Andrew Becroft, as portraying “a litany of failure at every step” (Office of the Children's Commissioner, 2019). Similarly, the Māori Inquiry into the Ministry for Children concluded that the current state care and protection system does not work for anyone—tamariki (children), whānau, caregivers or social workers (Kaiwai et al., 2020). Multiple recent reports attest to the pervasive fear and powerlessness whānau experience when faced with an inconsistent, unclear and unfair state care and protection system (Kaiwai et al., 2020; Wehipeihana, 2019; Wilson et al., 2019; Boulton et al., 2018).

Not only are systems broken, but long-standing evidence clearly reveals the interconnectedness of those failing systems (Hui Māori, 2019; Māori Perspective Advisory Committee, 1988). For example, the data show that those in state care not only experience unacceptable levels of re-abuse and re-victimisation but also have poorer long-term outcomes across the domains of physical health, mental health, education, employment and housing (Government Inquiry into Mental Health and Addiction, 2018; Modernising Child Youth and Family Expert Panel, 2015; Office of the Children's Commissioner, 2020; Rua et al., 2019; Te Uepū Hāpai i te Ora, 2019). There is a demonstrated increased likelihood that once enmeshed in state care, a child will move from care and protection systems to youth justice and into the adult criminal justice system (Boulton, Cvitanovic,

Potaka-Osborne, et al., 2018; McIntosh, 2019; Modernising Child Youth and Family Expert Panel, 2015; Office of the Children's Commissioner, 2020). In addition, the Children's Commissioner has emphasised the intergenerational nature of state care, identifying that almost half of the Māori women from whom the state removed babies had themselves been in state care (Office of the Children's Commissioner, 2020). Health system failures and exclusion from the compulsory education system are also recognised as pertinent to the criminal justice “pipeline” (Taskforce on Whānau-Centred Initiatives, 2009).

In 1988, the effective coordination of state social services was identified as an urgent priority for the State Services Commission (Māori Perspective Advisory Committee, 1988). Decades later, state agencies are still described as fragmented, siloed and uncoordinated, duplicating the efforts of other departments, and rife with conflicts and service provision gaps (Government Inquiry into Mental Health and Addiction, 2018; Kaiwai et al., 2020; Lavoie et al., 2016; Māori Affairs Committee, 2013; New Zealand Productivity Commission, 2015; Te Uepū Hāpai i te Ora, 2019).

The New Zealand Productivity Commission (2015) stated that calls to simply “collaborate” and “do better” are insufficient to drive system change (p. 27). Change needs to be informed by, and grounded within, a genuine whole-of-system approach in which the state collectively takes responsibility for addressing all barriers—infrastructural, legislative, financial, cultural, geographical and physical—affecting wellbeing outcomes for Māori (Government Inquiry into Mental Health and Addiction, 2018; Māori Affairs Committee, 2013; New Zealand Productivity Commission, 2015; State Services Commission, 2019; Te Uepū Hāpai i te Ora, 2019). For example, despite widespread acknowledgement that unmet needs across sectors such as state care and protection, mental health, education, housing and income support are associated with a greater risk of criminal offending, state agencies responsible for these areas do not perceive criminal justice as part of their core business (Te Uepū Hāpai i te Ora, 2019). A whole-of-systems perspective, underpinned by the concept of collective responsibility, dictates that state agencies such as health, education, housing, social security and child welfare be held accountable for the criminal justice outcomes arising from their work (Te Uepū Hāpai i te Ora, 2019). Similarly, the Welfare Expert Advisory Group (2019) highlighted that the need for welfare support arose from a complex mix of social, economic, psychological and biomedical factors, emphasising that what occurs in other parts of the social sector strongly influences outcomes for whānau receiving welfare support.

The state itself acknowledges that its systems struggle to act cohesively in order to address cross-cutting problems, and individual agencies are incentivised to focus on the production of outputs as opposed to connectivity for enhanced outcomes (State Services Commission, 2019). The state also acknowledges that to continue with the status quo risks not only the ongoing over-representation of Māori across negative indicators but also substantial lost opportunities to realise Māori potential (State Services Commission, 2019).

The lifetime traumatic impact of a child being disconnected from their sense of identity and belonging is well documented (Kaiwai et al., 2020). The Māori Inquiry into the Ministry for Children (Kaiwai et al., 2020) concluded that while there had been attempts to remedy service delivery in relation to state care, such attempts were essentially patchy efforts to fix what was in reality a broken system. Similar conclusions regarding the need for total system overhaul and transformation were expressed in 2018–2019 across justice, welfare and mental health sector reviews (Government Inquiry into Mental Health and Addiction, 2018; Te Uepū Hāpai i te Ora, 2019; Welfare Expert Advisory Group, 2019). On 30 June 2019, Tā Mason Durie (as cited in Hayden, 2019) posed the following question to a crowded audience at the first hui called to consider a Māori inquiry into the Ministry for Children: “Do we put our efforts in trying to fix something that’s broken? Or do we design something new that will be tailor-made for our futures?”

In 2020 the data continue to show negative outcomes for Māori across all sectors. Inequalities for Māori in the state care and protection system are “stark and widening” (Office of the Children’s Commissioner, 2020). In 2009, the then chief justice Sian Elias (as cited in Waitangi Tribunal, 2017) described Māori imprisonment rates as a “calamitous state of affairs for the health of our society” (p. 14). Outcomes in mental health and addictions for Māori are worse than those of the overall population (Government Inquiry into Mental Health and Addiction, 2018). Significant equity gaps still exist between Māori and the total population in education outcomes (Ministry of Education, 2017), and Māori have the poorest health status of any ethnic group in New Zealand (Waitangi Tribunal, 2019). The titles of recently completed reviews unreservedly call for urgency in making change: *Turuki! Turuki!* (Move together!) (Te Uepū Hāpai i te Ora, 2019), *Te Tangi o te Manawanui* (Enough is enough!) (Chief Victims Advisor to the Government, 2019), *Ināia Tonu Nei* (Now is the time) (Hui Māori, 2019) and *Ko Te Wā Whakawhiti* (It’s time for change) (Kaiwai et al., 2020).

Explicit recognition and acknowledgement that the avoidable conditions negatively affecting Māori constitute a national crisis requiring urgent attention is an essential starting point. Such a call is not to dismiss the substantial efforts dedicated to addressing Māori aspirations over a long period, most notably driven by Māori communities themselves. It does, however, emphasise the enduring presence and severity of the institutionalised racism and systemic and structural disparity that underpins system failure. As *Puao-Te-Ata-Tu* identified in 1988, “We need the coordinated approach that has been used to deal with civil emergencies because we are under no illusions that New Zealand Society is facing a major social crisis” (Māori Perspective Advisory Committee, 1988, p. 44).

V GENUINE POWER-SHARING

Puao-Te-Ata-Tu was explicit in its call for Māori communities to share power and authority with the state. In 2020 the genuine devolution of power and decision-making to Māori continues to be emphasised as central to the development and delivery of genuinely Māori-led responses (Chief Victims Advisor to the Government, 2019; Māori Affairs Committee, 2013; Te Uepū Hāpai i te Ora, 2019). A genuine power-sharing relationship is fundamentally different to “engagement” or “consultation” in which Māori are permitted to express views, but the real decision-making power remains with the state (Waitangi Tribunal, 2019). Of importance, genuine power-sharing requires the transformation of state power itself: a genuinely devolved relationship would transfer substantial decision-making power and responsibility to Māori (New Zealand Productivity Commission, 2015). In addition, the Crown must work through structures preferred by Māori as opposed to co-opting or imposing predetermined structures and processes on Māori. It is not up to the Crown to decide the parameters of the Treaty relationship (New Zealand Productivity Commission, 2015; Waitangi Tribunal, 2015).

The State Services Commission (2019) recognises that the system of government in New Zealand is underpinned by Te Tiriti o Waitangi via a strong Māori–Crown relationship. With Te Tiriti o Waitangi recognised as the foundation of tino rangatiratanga (self-determination), it is commonly accepted that the provision of state-funded services for Māori requires a combination of kāwanatanga (governance) and rangatiratanga (Māori Affairs Committee, 2013; New Zealand Productivity Commission, 2015). Likewise, the indicative models of constitutional transformation proposed by Matike Mai New Zealand (2016) understand the intent of Te Tiriti as the continuing exercise of rangatiratanga while allowing a place for kāwanatanga, alongside an interdependent relational space based on the values of conciliatory and consensual democracy where joint decisions are made. Where these domains overlap and, in some cases create tensions, negotiation in the spirit of cooperation between Te Tiriti partners to balance their respective authority is essential (Waitangi Tribunal, 2015). Long-standing conclusions identify that the state must relinquish control and actively facilitate decision-making participation by those best placed to offer solutions: effectively exercising rangatiratanga is underpinned by the devolving of commissioning decisions to those communities most affected (Brown, 2000; Māori Affairs Committee, 2013; Māori Perspective Advisory Committee, 1988; New Zealand Productivity Commission, 2015).

That said, the fundamental barrier to fully enacting genuine power-sharing relationships with Māori is state commitment

“...the fundamental barrier to fully enacting genuine power-sharing relationships with Māori is state commitment and **willingness to embody in practical terms the call for tino rangatiratanga.**”

and willingness to embody in practical terms the call for tino rangatiratanga. The Māori Inquiry into the Ministry for Children (Kaiwai et al., 2020) identified that despite the neoliberal emphasis underpinning the devolution of state services appearing on the surface to be consistent with the intent of *Puao-Te-Ata-Tu*, in reality, the relationship between the state and Māori continues to be problematic. This is entirely consistent with the New Zealand Productivity Commission (2015), who have previously concluded that although the devolved approaches of the 1990s and 2000s, particularly those across the health sector, led to innovative service delivery by Māori, those gains have been subsequently reversed by a return to the top-down paradigm of service delivery. Kaupapa Māori providers across the health sector continue to voice their concerns regarding the systematic undermining of Kaupapa Māori service provision (Waitangi Tribunal, 2019). The observations of Judge Brown in 2000 remain applicable: “subsequent to *Puao-Te-Ata-Tu* there was enthusiasm to devolve responsibility but not control” (p. 87).

Current crisis-focused funding models targeting the purchase of tightly defined services and activities are not only considered wholly inadequate to support the flexible long-term innovative transformative solutions needed but they actively operate to suppress such solutions (Kaiwai et al., 2020; New Zealand Productivity Commission, 2015; Te Pou Matakana, 2015). Decisions concerning what programmes or initiatives to fund, and the level of funding allocated to such initiatives, remain tightly controlled by government agencies. Genuine consultation with the organisations and communities best placed to know where resources should be invested is absent (Waitangi Tribunal, 1998).

Such models continue to dominate despite the evidence base long demonstrating that fragmented, competitive and underfunded contracting processes and practices pose substantial barriers to innovation, high-trust relationships, coordination and flexibility (Boulton, Gifford et al., 2018; Lavoie et al., 2016; New Zealand Productivity Commission, 2015). Prescriptive, short-term contracts and arduous reporting requirements are recognised as symptomatic of a deeper desire on the part of the state to maintain top-down control, primarily with the aim of limiting political risk (Dwyer et al., 2014; Lavoie et al., 2016; New Zealand Productivity Commission, 2015).

The New Zealand Productivity Commission (2015) concluded that the aspirations of Māori to improve the outcomes of whānau, and tikanga (customs/practices) around manaakitanga (reciprocal care), whanaungatanga (sense of belonging) and rangatiratanga, mean iwi and other Māori groups are obvious candidates for further devolution and the commissioning of social services. Resources and decision-making authority must be handed to communities and community organisations, who are then trusted and supported to design and deliver responses relevant to their needs (Kaiwai et al., 2020; Te Uepū Hāpai i te Ora, 2019). The most recent government review at the time of writing, the Health and Disability System Review (2020), explicitly concluded that the existing system has failed Māori, emphasising that mana motuhake (self-determination and

autonomy) and whānau rangatiratanga (whānau decision-making and voice) are integral to the system going forward: “The health and disability system must create opportunities for Māori to exercise their rangatiratanga, mana motuhake, and whānau rangatiratanga” (p. 25).

The Health and Disability System Review (2020) supported the call for increased rangatiratanga and mana motuhake for Māori, and agreed that a Māori Health Authority was the central mechanism by which this could occur. However, there were divergent views regarding the specific functions of such an authority. The Health and Disability System Review Panel Chair reported that no “consensus” was able to be reached on the extent to which the Māori Health Authority should control the funding and commissioning of services for Māori. In what appears to be somewhat of a compromise, a section entitled “Māori Commissioning—An Alternate View”, supported by a majority of the review panel members (four out of seven members), alongside all six members of the Review Māori Expert Advisory Group, is subsumed within the body of the final review report. While acknowledging that the review recommendations are positive and will have benefits for Māori, the authors of “An Alternate View” concluded that they are nonetheless limited in their scope and reach. “An Alternate View” proposes a system that gives “practical expression of Te Tiriti o Waitangi principles, rangatiratanga and mana motuhake through fully Māori commissioning roles that are embedded within and throughout the health system” (Health and Disability System Review, 2020, p. 173).

In justifying why the “Alternate View” was not accepted in the review recommendations, the review panel chair, in an article entitled “How Majority Became ‘Alternate View’ on Māori Issue”, is reported as stating that she simply does not know how an authority with full commissioning and funding powers could function (Johnston, 2020). This is despite the majority of panel members, all experts in their fields, and all six members of the Māori Expert Advisory Group clearly articulating in the “Alternate View” how such an authority could indeed function.

Commentary from Māori experts supports the “Alternate View”, stressing that the review recommendations fail to give tangible effect to the long-held and clearly stated aspirations of Māori for mana motuhake and rangatiratanga, as well as being silent on the specific role of iwi in the future configuration of the New Zealand health and disability system. Addressing long-standing and entrenched inequity demands a significantly bolder response than that proposed by the review recommendations.

Review after review, including *Puao-Te-Ata-Tu*, have concluded that if inequity is to be eliminated and Māori aspirations realised, the issue of entrenched institutional racism and structural inequity must be addressed. To do this, the state must fundamentally reshape its approach to working with Māori. We know in detail where systems are failing, how they are failing and why they are failing. We know that systems are interconnected and outcomes interrelated. We have long known that transformative approaches for Māori require the structural reformation of fragmented siloed systems.

However, despite the literature base articulating not only what is needed but also fundamental key Māori values and concepts in significant detail, there is little indication that the solutions proposed are fully understood or genuinely supported. It is somewhat ironic that the Health and Disability System Review recommended a programme of work to address racism and discrimination in the health and disability system, yet in its own processes appears unable or unwilling to demonstrate the power-sharing required of a genuine Te Tiriti relationship. The final report of the Health and Disability Review becomes our most recent example of what institutionalised racism for Māori looks like in reality.

VI INVEST IN TRANSFORMATION

Our commitment is to the attainment of socio-economic parity between Māori and non-Māori by the provision of resources to meet Māori needs on Māori terms ... negative funding, or funding that compounds negative outcomes for Māori people—dependency, unemployment, institutionalisation etc—should be redeployed. (Māori Perspective Advisory Committee, 1988, p. 36)

Puao-Te-Ata-Tu concluded that a crucial element of addressing structural inequity is eliminating the dominant focus on negative forms of expenditure, that is, funding that results only in compounding harmful outcomes for Māori (Māori Perspective Advisory Committee, 1988). The concept of eradicating negative funding was not new. In 1984 the Hui Taumata also proposed a decade of development specifically focused on the funding of services and programmes able to effect positive outcomes for Māori (Butterworth, 1995; Hill, 2009).

Over three decades later the same conclusion is reached: systems founded on negative investment are costly, both financially and in relation to lost human potential (Te Uepū Hāpai i te Ora, 2019). As *Puao-Te-Ata-Tu* recognised, transformative investment moves away from crisis-dominated approaches. It is characterised by high aspirations and the explicit prioritising of community-led prevention and restoration, *alongside* genuinely addressing factors such as poverty, social deprivation, housing, educational underperformance and exclusion, substance abuse, unmet mental health needs, and issues such as living wage and innovative pathways to employment (Government Inquiry into Mental Health and Addiction, 2018; Māori Affairs Committee, 2013; Modernising Child Youth and Family Expert Panel, 2015; New Zealand Productivity Commission, 2015).

The evidence base clearly acknowledges the benefits of a positive investment approach to realising transformative outcomes. For example, the Welfare Expert Advisory Group (2019), the Tax Working Group (O’Connell et al., 2018) and the current government’s chief science advisor (Te Uepū Hāpai i te Ora, 2019) all emphasise that increases in benefit levels and social housing investment will contribute to lifting families out of poverty. Improving outcomes for people receiving support from the welfare system will also save money in the long term (Welfare Expert Advisory Group, 2019). Robust evidence is cited that acknowledges that crime prevention, early intervention and enhanced rehabilitation are more cost-effective than imprisonment (Te Uepū Hāpai i te Ora, 2019). The research is also clear that investing early in children and families is the most effective means by which to reduce the likelihood of long-term harm: intergenerational cycles are broken by transformative investment (Modernising Child Youth and Family Expert Panel, 2015; Te Uepū Hāpai i te Ora, 2019).

Moving away from silos towards devolved systems that facilitate flexible, long-term, high-trust funding and contracting models able to support local solutions and innovation is required. As in 1988, the overwhelming message from Māori continues to be the desire for long-term sustainable “by Māori for Māori” solutions. Innovative, localised solutions designed, delivered and implemented by whānau, hapū, iwi and hapori (communities) are crucial (Government Inquiry into Mental Health and Addiction, 2018; Kaiwai et al., 2020; Māori Affairs Committee, 2013; Te Uepū Hāpai i te Ora, 2019).

I often thought if a visitor from Mars came to New Zealand and looked at our care and protection system [for children], they would say there’s no sign of intelligent life on Earth—because it is a Pākehā system with Māori add-ons, sadly for a clientele—63 per cent—who are Māori. Surely, we should have a Māori system with some clip-ons who are Pākehā? (Judge Becroft, as cited in Williams et al., 2019)

Puao-Te-Ata-Tu recognised that the enormity of the issues facing Māori communities was so great that a major shift of “social and economic resources among all social service and community agencies that can deliver them” was required (Māori Perspective Advisory Committee, 1988, p. 43). The calls for devolution, transformative investment and a community workforce made by *Puao-Te-Ata-Tu* laid the foundations for the uniquely Indigenous strengths-based paradigm of whānau ora (family wellbeing) that recognises that the wellbeing of individuals is inextricably linked to the wellbeing of the collective (Taskforce on Whānau-Centred Initiatives, 2009). Introduced to wider government policymakers in 2002 via *He*

“Moving away from silos towards devolved systems that facilitate flexible, long-term, high-trust funding and contracting models able to support local solutions and innovation are required.”

Korowai Oranga: Māori Health Strategy (Ministry of Health, 2002), Whānau Ora at that time was described as a long-term aspirational goal. Since then, Whānau Ora has come to be understood as an overarching philosophy focused on the wellbeing of whānau, not just individuals; a distinct process and model of practice for whānau and service delivery across health and social sectors; a desired outcome goal; and a funding mechanism (Boulton et al., 2013; Smith et al., 2019). Recognised as providing the foundation for a genuine whole-of-systems approach focused on flourishing whānau potential, as opposed to crisis and intervention, Whānau Ora has emerged after almost 20 years as a deliberate policy platform to improve Māori wellbeing (Boulton, 2019).

Of acute importance is that the Whānau Ora approach does not simply constitute more of the same. Its uniqueness lies in the fact that it is whānau who are driving their own destiny, as opposed to having their destiny prescribed and determined by service providers. Although Whānau Ora has been configured into a state programme of action, its origins do not lie in state thinking. Supported by an evidence base that clearly demonstrates that compartmentalised, siloed, individualised approaches do not work, Māori organisations, providers, communities and collectives have been operationalising whānau ora for decades, working across the artificial boundaries separating health, education, social and other services (Boulton, Cvitanovic, & Cropp, 2018; Dwyer et al., 2014; Smith et al., 2019). Reflective of this, the use of a capitalised “Whānau Ora” refers specifically to the state Whānau Ora policy approach, which includes Whānau Ora commissioning agencies, Whānau Ora providers and entities, and a Whānau Ora navigator workforce. The use of lower case “whānau ora” refers to the overall philosophy of whānau ora that is fundamental to all Kaupapa Māori service delivery (Boulton, Cvitanovic, & Cropp, 2018).

Evolving significantly since its inception, and with multiple reviews attesting to its effectiveness, Whānau Ora and its commissioning approach is considered the strongest public policy move towards a comprehensive “by Māori for Māori” service provision approach to date (Boulton, 2019; Māori Affairs Committee, 2013; New Zealand Productivity Commission, 2015; Smith et al., 2019; Whānau Ora Review Panel, 2019). Key factors consistently identified as contributing to the success of Whānau Ora include the following: it is culturally anchored, whānau centred and strengths based; it is flexible, in that issues of most importance to whānau are the focus; it supports intergenerational change and enduring outcomes; and a high level of support is provided by commissioning agencies to partners, providers and whānau entities (Boulton, Gifford et al., 2018; Government Inquiry into Mental Health and Addiction, 2018; Kaiwai et al., 2020; Smith et al., 2019; Te Uepū Hāpai i te Ora, 2019; Whānau Ora Review Panel, 2019).

Whānau Ora is about being a circuit breaker—Solutions for Māori exist, but they must be led locally and by Māori if they are going to work and be sustained over time. We have to be the circuit breakers; we have to believe in whānau. (Te Uepū Hāpai i te Ora, 2018, p. 26)

Integral to transformative investment is the community workforce. *Puao-Te-Ata-Tu* emphasised the importance of this workforce, often unpaid and on call, as best placed to meet Māori needs. This was as opposed to a “professional” workforce employed for prescribed hours and predominantly utilising internationally derived models inappropriate for the New Zealand context. The presence of a committed Whānau Ora workforce invested in the success of their communities via a focus on building trusting relationships with whānau has been identified as a critical success factor for Whānau Ora (Smith et al., 2019; Whānau Ora Review Panel, 2019). The Whānau Ora “navigator” role is specifically recognised as a key innovation supporting seamless access to necessary services (New Zealand Productivity Commission, 2015; Smith et al., 2019). The ongoing development of the Whānau Ora workforce, particularly alongside Kaupapa Māori practitioners with specialised expertise in areas such as family harm or mental health, remains critically important (Chief Victims Advisor to the Government, 2019).

The New Zealand Productivity Commission (2015) concluded that Whānau Ora incorporates many of the characteristics necessary for a successfully devolved model: decision-making is driven by families; whānau and their broad social context are engaged; there is movement away from tight ministerial and departmental control; experimentation, innovation and learning are facilitated, and there is sufficient contestability to reward effective providers. More recently, *The Evaluation of Wave Eight Initiatives for Te Pūtahitanga o Te Waipounamu* (Savage et al., 2020) concluded that the “agentic whānau-led activity is having a significant impact for whānau and with continued support has the capability to achieve Whānau Ora in Te Waipounamu” (p. 3). Recognising the significant potential yet to be realised, a focus on strengthening whānau capability and capacity via whānau ora and whānau-centred approaches and practice remains the principal call across health, welfare, social service and justice sectors (Government Inquiry into Mental Health and Addiction, 2018; Māori Affairs Committee, 2013; Noonan et al., 2019; Te Uepū Hāpai i te Ora, 2019; Welfare Expert Advisory Group, 2019).

With the existence of such a robust knowledge base to guide transformation, questions are raised regarding whether the true essence of reports such as *Puao-Te-Ata-Tu* and those undertaken more recently has been both understood and accepted by those in power (Hui Māori, 2019). Although the concept of whānau ora was not new for Māori, the means by which it could be achieved presented a significant challenge to the way in which the government thinks about improving outcomes for Māori (Boulton, 2019). Despite evidenced achievements, the funding allocated to Whānau Ora is considered insufficient to meet the needs of its target group (Boulton, 2019; New Zealand Productivity Commission, 2015): greater commitment on the part of the state is consistently identified as fundamental to Whānau Ora realising its full transformative potential. The New Zealand Productivity Commission (2015) some time ago recommended that the state fully support the transformational potential of Whānau Ora via dedicated cross-sectoral investment, and the recent Whānau Ora review recommended the development of

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a whānau-centred policy framework for use across state agencies, the embedding of whānau-centred approaches across the wider non-government sector and the exploration of more localised commissioning options (Whānau Ora Review Panel, 2019). In January 2020, Wai 2948, the Whānau Ora Commissioning Agency Claim, was filed with the Waitangi Tribunal. Wai 2948 seeks an urgent hearing into allegations that the government is diverting Whānau Ora funding appropriations outside of the commissioning agencies (Turia et al., 2020).

The State Services Commission (2019) itself has concluded it is difficult to establish and sustain a whole-of-system approach when the structures and processes within the system, including funding, measurement and reporting, not only fail to support such an approach but in reality, create incentives that continue to reinforce and reward individual agency outputs. When wider systems of funding, contracting and accountability remain fundamentally unchanged, it is difficult to both secure cross-sector investment and effect positive outcomes across sectors (Boulton, 2019; New Zealand Productivity Commission, 2015; Smith et al., 2019). Māori providers are continually asked for innovation, yet it is the state itself that is required to innovate its own systems: the wider environment must be conducive to whānau ora and all it requires.

Despite numerous positive reviews, and the substantial evidence base built up over a decade demonstrating the success of Whānau Ora in effecting transformative outcomes for Māori, Whānau Ora continues to remain politically vulnerable. Again, reflecting the reach of institutional racism, the research shows that Whānau Ora is likely to remain susceptible to challenge in a political climate not receptive to policies shaped around Indigenous needs, practices and values (New Zealand Productivity Commission, 2015; Smith et al., 2019). However, the politics of ethnicity go beyond a “lack of receptivity”. Indigenous service provision in New Zealand exists within a political paradigm heavily focused on limiting political risk, whereby long-term interests are often overshadowed by short-term political pressures generated by short election cycles (Boston et al., 2019; New Zealand Productivity Commission, 2015).

As identified by iwi leaders, state policies, processes and services have served to either increase disparities or at the very least maintain the status quo (National Iwi Leaders Technical Working Party, 2016). Commitment to shifting from short-term risk-adverse politically driven frameworks to long-term systemic transformational paradigms is crucial. Demonstrating how institutional racism manifests across

majoritarian decision-making systems (Waitangi Tribunal, 2019), prescriptive contracts, short contracting periods and arduous reporting requirements have all been identified as symptomatic of a deeper desire on the part of the state to maintain top-down control over Indigenous development (New Zealand Productivity Commission, 2015).

WAI 2948, the Whānau Ora Commissioning Agency Claim, reflects high levels of both frustration and fear that not only will the major gains made by Whānau Ora over the past decade be lost, so too will the transformative potential yet to be realised. WAI 2948 emphasises the fundamental importance of fully understanding the essential foundations of Whānau Ora as a state initiative, all of which have been clearly identified across multiple reviews and reports. This is as opposed to selectively picking elements that appear more politically appetising, a phenomenon long characterising Māori experiences across policymaking and implementation. The characterisation of the WAI 2948 claim as politically motivated (Manch, 2020) supports the reality that the reactions of political players towards Whānau Ora pose a significant risk to its ongoing sustainability (Smith et al., 2019). Of note is that deep fears concerning the extent to which hard-fought gains for Māori can be so easily eroded are by no means confined to Whānau Ora (Waitangi Tribunal, 2019). Gains at risk of being lost include those achieved by all Māori providers who have long practiced according to whānau ora philosophies and principles.

Never before have we as Māori had such a definitive foundation of self-determined, visibly consistent and clearly articulated aspirations for wellbeing reaching across all sectors. A critical issue therefore becomes how to ensure that momentum towards realising these fundamental aspirations is sustained? *Puao-Te-Ata-Tu* called for the coordinated attention and action of politicians at the highest level. In 2013, the cross-party Māori Affairs Committee responsible for the Inquiry into the Determinants of Wellbeing for Tamariki Māori, supported actioning the essential foundations of *Puao-Te-Ata-Tu* (Māori Affairs Committee, 2013). However, despite having oversight from a cross-party committee, many of the recommendations from their inquiry remain unaddressed.

The State Services Commission (2019) recently concluded that although non-legislative work focused on enhancing outcomes for Māori is occurring across departments, these initiatives have not resulted in significant improvements. The extent to which genuine change can occur without legislative support is questioned (State Services Commission, 2019). Lavoie et al. (2016) identified an ideology of equality that sees parallel Indigenous models and services rendered

unappealing for central government. Such an ideology sees Māori and Pacific needs being increasingly grouped together in policy contexts (e.g., *The Wellbeing Budget*, Treasury, 2019). As was acknowledged in 1988, policies presented within the overall concept of multiculturalism are a common tactic to avoid addressing the specific historical and social priorities underpinning issues facing Māori communities (Māori Perspective Advisory Committee, 1988).

Whānau Ora has been subjected to a wide-ranging rigorous assessment process and judged successful across a range of dimensions, including programmatic, process and political (Smith et al., 2019). It appears highly contradictory that on the one hand the evidence base clearly shows the effectiveness of Whānau Ora as a public policy approach for sustainable innovation, while on the other it continues to be side-lined by state agencies. If addressing inequity via the robust application of an equity lens and realising Māori aspirations is accorded urgency, collective commitment to an agreed transformative agenda will be significantly elevated in priority, thus enduring beyond the life of any one government. More than simply stated agreement, there must be shared commitment to ensuring that the wealth of knowledge we have gathered across successive governments is acted upon. Enacting cross-party agreements or accords have long been recommended.

Puao-Te-Ata-Tu recognised that a shift to positive development requires government resources to be coordinated and targeted towards need, and legislative change made to support the appropriation of funds dedicated to positive Māori development. The Māori Perspective Advisory Committee in 1988 also recognised movement away from negative funding could not be immediate and there would be a necessary period during which total expenditure would increase as a focus on positive development was implemented. In time, negative funding would decrease, eventually stopping all together, with permanent savings effected via a continually diminishing negative spend across, for example, unemployment benefits, prisons and other residential services (Māori Perspective Advisory Committee, 1988). Likewise, in 2019 it was acknowledged that significant upfront investment is required to grow transformative systems focused on addressing structural inequity and building workforce and community capacity, alongside sustaining existing systems in the short term (New Zealand Productivity Commission, 2015; Te Uepū Hāpai i te Ora, 2019). The state must be committed to the complete implementation of a transformative agenda for Māori. As the New Zealand Productivity Commission (2015) identified, innovation is both risky and at times costly.

VII LIFE BEYOND COVID19

Puao-Te-Ata-Tu recognised that the issues facing New Zealand in 1988 resulted from failing systems of state provision underpinned by a broader context of colonisation, racism and structural inequity (Māori Perspective Advisory Committee, 1988). Addressing these issues required a shift away from negative funding to devolved transformative investment focused on effecting positive change in the lives of whānau. These same messages have been consistently conveyed for over three decades now. Indeed, as we consider life beyond COVID-19, the overriding message repeatedly emphasised across the substantial evidence base is that we cannot continue the same approaches and expect the outcomes to be different. It cannot be business as usual (National Iwi Leaders Technical Working Party, 2016).

The fundamentals of Māori aspirations have remained unchanged for decades, and certainly since the publication of *Puao-Te-Ata-Tu* in 1988. It is clear that despite the abundance of reports and reviews, many of which are described as a “once in a generation opportunity to do things differently” and are entirely consistent with the core issues and solutions proposed in *Puao-Te-Ata-Tu*, none have resulted in sustainable and enduring change for Māori communities. As was concluded over three decades ago, without those in positions of power and influence actively working to eliminate the institutional racism pervading our state institutions, the system will not transform. Although the myriad of high-quality reports and reviews produced to date may not have realised sustainable and lasting change, each still carries the potential to do so. Long-term transformative change requires vision and persistence. It requires collective courageous action across the political spectrum.

Originally, we envisaged this paper being bookended by *Puao-Te-Ata-Tu* and *The Māori Inquiry into the Ministry for Children* (Kaiwai et al., 2020), observing how, despite being written over three decades apart, the conclusions reached by them were remarkably similar. They were also extraordinarily alike in the hope they conveyed, demonstrating how despite significant obstacles, iwi, hapū, whānau and hāpori have always worked tirelessly to lay significant foundations for the long-term transformative change necessary to fully realise Māori aspirations and potential.

However, we now have another book to add to our shelves, that of COVID-19. A global crisis of a magnitude most of us have never before experienced, COVID-19, particularly during the Level 4 lockdown, had the tendency to overshadow everything else, such was the immediate need to work together to overcome significant challenges to our everyday lives. During lockdown our newsfeeds were filled with COVID-19 and nothing else as we were implored to work together to save lives, which we, as has been internationally recognised, have as a nation done astonishingly well. To advance a critical lens in these months following lockdown release can feel almost treasonous—an affront if you like to our collective sense of national accomplishment in the fight against COVID-19.

“As many more people require assistance, our ingrained long-standing structural disparities will see Māori pushed to the back of those ever-growing queues.”

Yet, if anything, the issues we have raised in this paper take on even more significance in the shadow of COVID-19. COVID-19 has and will continue to amplify hardship for many people as the economic, social and cultural repercussions (e.g., changes to tangihanga [funeral] processes) of this global pandemic reverberate across New Zealand, and indeed globally, for many years to come. However, this does not mean our existing inequities magically disappear. As many more people require assistance, our ingrained long-standing structural disparities will see Māori pushed to the back of those ever-growing queues. As stated in the foreword, experience and evidence tells us that the interconnected economic, social and cultural impacts of recession on Māori communities are severe and intergenerational (Baker, 2010). The true costs of the pandemic will also be seen across issues such as domestic violence, mental distress, trauma and family fragmentation. Although we may not yet have a complete picture, we have already seen, and can reliably predict, that the impacts will be magnified for those currently bearing the brunt of deep-seated structural inequity, disadvantage and institutional racism.

Statements made in 2019 by Director-General of Health Dr Ashley Bloomfield (a pivotal and reassuring presence for the nation across the COVID-19 crisis response) explicitly acknowledging the presence of institutional racism and its position as a determinant of health and wellbeing remain true. If we look back on our lockdown experiences, we very clearly see the presence of underlying racism in the discourses regarding Māori community mobilisation, in particular, the substantial iwi-led efforts to keep our communities COVID-19 free. Examples include the reactions some iwi leaders have faced and continue to face when they decide to close roads to vulnerable and isolated communities during the lockdown (Boyle, 2020), through to the delays experienced by Whānau Ora entities for personal protective equipment (PPE) in comparison to health providers (Human Rights Commission, 2020) Such responses undoubtedly reflect what we have referred to earlier as the politics of ethnicity (New Zealand Productivity Commission, 2015) and ideology of equality (Lavoie et al., 2016). Without a doubt, responses and reactions to Māori-led community COVID-19 responses will be a focus of many papers to come. Suffice it to say at this point, in our new COVID-19 world, the issue of an equity lens and actively addressing institutional racism and structural

bias, unconscious or otherwise, across state agencies and public services will be paramount, more so as the pressure on finite resources substantially increases over the coming months and years.

Despite clearly demonstrating the seriousness with which iwi and Māori communities took the threat of COVID-19 both locally and nationally, genuine engagement with iwi and Māori experts in core COVID-19 decision-making spheres was near absent (Jones, 2020). Comment has since been made regarding the lack of Treaty compliance across the pandemic response (e.g., Johnsen, 2020; Jones, 2020). As Jones (2020) observed, this is not an issue able to be addressed in the middle of a global crisis. Originating from a lack of established mechanisms for enacting genuine power-sharing at the highest levels, the Office for Māori Crown Relations already has clear guidelines for engagement with Māori: where Māori interests are significant there is a requirement for joint decision-making (Jones, 2020).

VIII WHĀNAU, HAPŪ, IWI AND MĀORI MOBILISATION

COVID-19 has changed our world in ways we could have never imagined. One of the most widely remarked-on occurrences of the COVID-19 response in New Zealand has been the way in which whānau, hapū, iwi and Māori immediately mobilised resources to both protect and support communities. The unique nature of these cultural resources specifically available to Māori communities is well articulated by the Families Commission (Baker, 2010); such resources include whakapapa (genealogy) and whanaungatanga, social resources of Māori organisations, adaptability and innovation in leveraging limited economic resources to maximum effect and environmental resources such as access to food sources. In essence, our whānau, hapū, iwi and Māori community responses to COVID-19 brought to life what *Puao-Te-Ata-Tu* so clearly articulated. Those responses demonstrated the vast potential that lies within Māori communities, when adequately resourced, to successfully meet the challenges of modern life.

Again, significantly more detailed descriptions and analysis of Māori community experiences will undoubtedly be forthcoming over the coming months. However, in these early stages it is very clear that when Māori communities were called upon for urgent assistance by a range of government agencies and services, including district health boards, they were able to immediately and autonomously mobilise in culturally determined ways. The specific expertise of iwi providers and Māori provider networks and Whānau Ora entities in relation to not only understanding the specific needs of their communities but how to access communities quickly and effectively was pivotal to the nationwide COVID-19 response. Iwi developed and implemented their own COVID-19 plans, often taking a more conservative approach for their tribal members than was being called for by the government. The immediacy of the COVID-19 crisis meant trust contracting arrangements, long-called for by Māori NGOs, instantly became possible. Within the

“One of the most widely remarked-on occurrences of the COVID-19 response in New Zealand has been the way in which **whānau, hapū, iwi and Māori immediately mobilised resources to both protect and support communities.**”

context of COVID-19 flax-roots responses, Māori were able to operationalise tino rangatiratanga, implementing local innovations best able to serve their communities.

As noted earlier, iwi leaders were clear in 2016 that business as usual could not continue (National Iwi Leaders Technical Working Party, 2016). Similarly, in 2020 we are now hearing the consistent message from iwi providers and Māori provider networks and Whānau Ora entities that there is most certainly no desire to return to pre-COVID “business as usual”. Going forward, COVID-19 is unlikely to be last global pandemic we see (Gill, 2020). COVID-19 has visibly demonstrated the significant outcomes that can be realised for Māori communities when Māori-led priority relationships and partnerships exist, and when Māori are genuinely provided with the opportunity to meet the needs of communities via our own strength-based tools and models focused on collective whānau wellbeing and potential. Such approaches must extend beyond crisis situations. Te Tiriti o Waitangi continues to provide the overarching framework for how to do that; as with inequity, disparity and racism, COVID-19 does not remove that fundamental Te Tiriti relationship.

Across three decades, those charged with providing guidance have unequivocally stated the time for acting to realise transformative change is now. The time to herald the new dawn signalled by *Puao-Te-Ata-Tu* must be now. If we had not needed a new approach to how we function as a country prior to the pandemic, and the evidence presented here is unequivocal that we did, then we most certainly need one now. As the Families Commission (Baker, 2010) noted, although past recessions have interrupted Māori economic growth, they have never destroyed it; iwi, hapū and whānau have always adapted to changing circumstances.

COVID-19 has caused people from around the globe to query what a return to “normal” should actually look like. The meaning and value of, and pathways towards, wellbeing are therefore being reconsidered. For whānau, hapū, iwi and Māori there is already clarity around what the “new normal” looks like in practice; this is the brave new world anticipated three decades ago by *Puao-Te-Ata-Tu*:

Our engagement with whānau has revealed that through the lockdown, many whānau have begun new patterns of nurturing and healthy living that they intend to continue when the lockdown ends. That is what we mean about

re-imagining a new future. (Helen Leahy, Pouarahi, Te Pūtahitanga o te Waipounamu)⁶

Our whānau are amazing. COVID-19 amplified how whānau driven we are as a people and the unwavering commitment we have to protect our whakapapa. All of which is underpinned by aroha and our intrinsic inclination to manaaki. (Riki Niania, Executive Director, Māori, Equity & Health Improvement, Waikato District Health Board 2020)⁷

IX CONCLUSION

New Zealand has led the way in COVID-19 globally; our own models and solutions have not only worked but have been internationally praised. We are world leaders in looking to our own solutions. As stated by Te Pūtahitanga o Te Waipounamu (2020) when outlining their plan to restore, refocus and reimagine via specific initiatives that grow the Whānau Ora approach, COVID-19 presents a once in a generation “opportunity and a call to be courageous in pursuing policy that prioritises wellbeing, to take the commitments of this government to wellbeing to a higher and more impactful level” (p. 11).

COVID-19 may have provided the impetus, forcing us to think about how we want our country to look into the future and reminding us of the values on which it was built—fairness, justice and equity—but *Puao-Te-Ata-Tu* provides the blueprint for how we can work to achieve this. We have the knowledge. We have the evidence. The state in its entirety is required to enact a genuine commitment to move away from the status quo, courageously disrupting and transforming existing systems for the benefit of New Zealand as a whole, leaving no one behind, but instead ensuring we flourish together. The question now is whether those with power are finally prepared to hear that call, and whether we will take full advantage of the once-in-a-generation opportunity that we find ourselves presented with courtesy of COVID-19: to reset and redesign. As we return to where we started in this paper, the call from iwi leaders resonates with even greater clarity in July 2020: “The opportunity to effect real social change in a manner that has never been achieved before, has arrived” (National Iwi Leaders Technical Working Party, 2016, p. 10).

6 Personal communication, 10 August 2020.

7 Niania (2020).

X RECOMMENDATIONS

In considering how this document can be of practical use to those in iwi, hapū, community, academic, decision-making and policy settings, we offer a series of recommendations, namely that:

1. Engrained, systemic institutional racism is immediately and actively addressed.
2. Constitutional and legislative provision is made for the devolution of power, decision-making and resources in policy, planning and service delivery for Māori.
3. A coordinated, and cross-party state commitment is made to the complete implementation of a transformative agenda for Māori. Such an agenda will necessarily include high-trust, transformative, long-term investment as the new norm.
4. A coordinated cross-party approach is taken to fully support the transformative potential of Whānau Ora and those Māori organisations, agencies, entities and providers operationalising whānau ora and whānau-centred philosophies, principles and approaches.
5. The system-wide changes necessary for transformational change (including a genuine whole-of-systems approach, dismantling of departmental silos and funding for outcomes) are prioritised and implemented.
6. An equity lens is actively demonstrated in all aspects of state legislation, policymaking and implementation.

Mō tātou, ā, mō ngā uri ā muri ake nei.

For us and our children after us.

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Ngā Pae o te Māramatanga (NPM) is a Centre of Research Excellence, funded by the Tertiary Education Commission and hosted at the Waipapa Marae Complex at the University of Auckland, comprising 21 research partners and conducting research of relevance to Māori communities. Our vision is Māori leading New Zealand into the future. NPM research realises Māori aspirations for positive engagement in national life, enhances our excellence in Indigenous scholarship and provides solutions to major challenges facing humanity in local and global settings.

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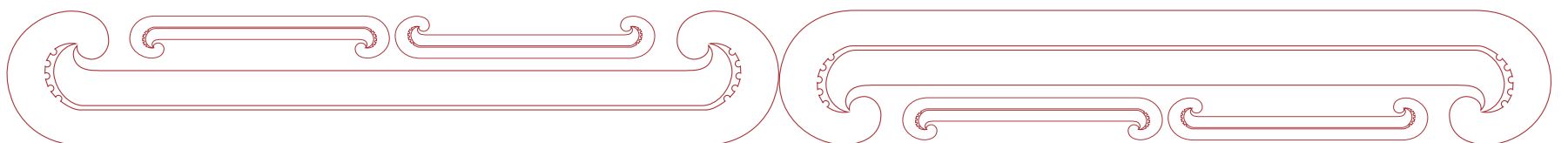
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