

MEASURING MĀORI WELLBEING

A commentary

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Abstract

Māori wellbeing is the foundation of Māori development, yet Indigenous peoples (including Māori) are often invisible in universal measures of wellbeing. In 2006 Mason Durie outlined Māori-specific measures of wellbeing, built upon Māori understandings of what constitutes a “good life”. Following Durie this paper describes developments in the culturally responsive measurement of Māori wellbeing. These have culminated in Te Kupenga, the 2013 survey of Māori wellbeing by New Zealand Statistics, and two Māori mental wellbeing assessment tools, Hua Oranga and the Meihana Model. Gaps remain in the measurement of collective Māori wellbeing, or whānau ora, with individual reporting on whānau wellbeing currently being used as a proxy. More information is also needed about Māori subjective wellbeing in order for this to be fully captured in measurement tools. The close involvement of Māori in the development of any wellbeing measure is essential for that measure to be culturally responsive and valid.

Keywords

Māori, objective wellbeing, subjective wellbeing, measurement

Introduction

A further proof, and not a weak one, of the sound health that these people enjoy, may be

taken from the number of old people that we saw ... who, if we may judge by their grey hairs and worn out teeth, were of a very advanced age. Of these few or none were decrepit: the greater number seemed in vivacity and

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cheerfulness equal to the young, and indeed inferior to them in nothing but the want of equal strength and agility. (Banks, 1896, p. 240)

Joseph Banks wrote these remarks based on his observations of Māori in 1769–1770, during his journey to Aotearoa New Zealand with Captain James Cook. For Māori the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration) statement that “Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health” (United Nations, 2007, Article 24(2)) echoes a time such as that observed by Banks when Māori were free “to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and ... customs” (United Nations, 2007, Article 34). These rights are described in the Declaration as minimum standards for Indigenous wellbeing. Progress toward the realisation of Māori rights as embodied in the 1840 Treaty of Waitangi and the more recent Declaration can be measured through assessments of whether and how close Māori wellbeing is moving toward this minimum, and then positively beyond it. However, this is not necessarily straightforward as “wellbeing is a complex and hard to measure concept”, with measures often neglectful of the worldview of Indigenous peoples (Kingsley, Townsend, Henderson-Wilson, & Bolam, 2013, p. 680).

Western psychological concepts, including wellbeing, have been criticised by Indigenous peoples as narrow because of their presumptions of universality and their preoccupation with the individual self (Durie, 1999; Kowal, Gunthorpe, & Bailie, 2007). The International Labour Office describes conventional indicators of wellbeing as “built on notions of adequacy or inadequacy that are upheld by mainstream groups” (Tomei, 2005, p. 10). This criticism has been applied to the Millennium Development

Goals and the Human Development Index, as both are notable for their absence of Indigenous peoples’ interests and concerns (Taylor, 2013). The United Nations has called this absence the “invisibility situation of the indigenous populations, communities and peoples” within conventional indicators (United Nations Permanent Forum on Indigenous Issues [UNPFII], 2008, p. 17).

Gaining fairness in any assessment instrument is not merely a technical issue; it is also a sociocultural issue (Stobart, 2005). For example, in describing how educational evaluation needs to be responsive to culture, Frierson, Hood, Hughes, and Thomas (2010) reject the idea that unbiased assessments need to be culture-free and objective. Indeed, a key criticism of objective and culture-free psychoeducational assessment has been its contribution to the perpetuation of a status quo in which minority cultural groups are marginalised and disempowered (Padilla & Borsato, 2008). Padilla and Borsato (2008, p. 6) are firm that “neglect of the role of the sociocultural context in which testing takes place absolutely collides with the ideal of equity in assessment.”

Frierson et al. (2010, p. 75) define culture as “a cumulative body of learned and shared behavior, values, customs, and beliefs common to a particular group or society. In essence, culture is a predominant force shaping who we are.” If the assessment of Māori wellbeing is to be culturally responsive, then Padilla and Borsato’s (2008) advice is that the development, administration and interpretation of wellbeing assessment tools be actively and continually preoccupied with Māori culture. It is this essentially Kaupapa Māori lens that is used here to examine the measurement of Māori objective and subjective wellbeing (Pihama, Cram, & Walker, 2002; Smith, 2012). This paper builds on Mason Durie’s (2006) paper on measuring Māori wellbeing and examines recent initiatives to measure objective and subjective Māori wellbeing, including whānau ora.

Objective wellbeing

Objective wellbeing is assessed at a population level through socio-economic measures that are considered to be important for people to live a good life. Information about how populations are faring on these measures is collected through censuses and other general surveys, and health, welfare, education and other agency-collected data. Māori tend to fare more poorly than New Zealand Europeans on these measures, and these disparities can be considered an indication of the non-fulfilment of the Treaty of Waitangi guarantee of citizenship (Reid & Robson, 2007). In other words, the disparities or unequal outcomes experienced by the Māori population signal the existence of inequities within the institutions of this country whereby Māori are not provided with a fair opportunity to attain their full potential (World Health Organization, 2010).

These indicators have been described as “universal” or “comparative” measures (Durie, 2006; Te Puni Kōkiri, 2013), and commonly fall into six dimensions: health, employment, education, housing, social participation and financial (Atkinson, Cantillon, Marlier, & Nolan, 2002). The United Nations Permanent Forum on Indigenous Issues (UNPFII) (2008, p. 17) has stated, “The indicators should not be a mere registration instrument, but also a fundamental tool for the evaluation and protection of the communities and their territorial and cultural resources.” The indicators used should therefore give account to the lived realities of Indigenous peoples, with the findings informing policies, services and government actions to improve their wellbeing (Durie, 2006; UNPFII, 2008). However, there is cynicism among Indigenous peoples about the relevancy of comparative analyses on universal indicators, both because of the failure of universal indicators to fully account for Indigenous wellbeing and because the documenting of Indigenous disparities does not necessarily result in any redress (Taylor, 2013).

Māori have made such criticisms since the first comprehensive Māori–non-Māori comparative statistical analysis was presented in the Hunn Report in 1961 (Statistics New Zealand, 2002). Māori at hui attended by the author have often expressed their concerns that reducing disparities is about making Māori more like New Zealand Europeans, thereby maintaining dichotomies between Pākehā and Māori that place more value and status on Pākehā people, knowledge and culture (Ten Fingers, 2005). An example is the area of employment, where Durie has questioned the assumption that all people derive status from their occupation.

Occupation is of comparatively little consequence within Māori society. A manual labourer performing the most menial task not infrequently turns out to be a gifted orator, or a person with exceptional prestige widely regarded by his tribe as healthy; while the professional who is hesitant within Māoridom may evoke the type of pity normally reserved for those in ill health. (Durie, 1985, p. 485)

A second example is poverty, which is usually measured in economic terms. However, poverty can also be described as the inability to live a “good life” according to traditional cultural values (Carino, 2009). This is not to say that economic security is unimportant to Māori, just that poverty also needs to be seen and defined through a cultural lens (Expert Advisory Group on Solutions to Child Poverty, 2012).

As a consequence, Māori-specific indicators have been developed to complement “universal” international and national indicators (Durie, 2006; Robson, Cormack, & Cram, 2007). Combinations of universal and culturally specific indicators are present in descriptions of what it means to be a healthy Māori. For example, for participants at the 1994 Māori Health Decade Hui, Te Ara Ahu Whakamua, a healthy Māori has economic security, a sense of identity, knowledge of Māori language and culture, personal responsibility and control of

TABLE 1 Te Ngāhuru: A Māori-specific population outcome matrix

Outcome classes	Human capacity		Resource capacity	
	Te Manawa	Te Kāhui	Te Kete Puāwai	Te Ao Tūroa
	A secure cultural identity	Collective Māori synergies	Māori cultural and intellectual resources	The Māori estate
Outcome goals	<ul style="list-style-type: none"> • Positive Māori participation in society as Māori • Positive Māori participation in Māori society 	<ul style="list-style-type: none"> • Vibrant Māori communities • Enhanced whānau capacities • Māori autonomy 	<ul style="list-style-type: none"> • Te reo Māori in multiple domains • Practice of Māori culture, knowledge and values 	<ul style="list-style-type: none"> • Regenerated Māori land base • Guaranteed Māori access to a clean and healthy environment • Resource sustainability and accessibility
Example indicators	<ul style="list-style-type: none"> • Enrolment on the Māori electoral roll • Employment in Māori designated positions • Involvement in Māori networks • Knowledge of whakapapa 	<ul style="list-style-type: none"> • Number of Māori institutions (e.g., marae, kapa haka teams) • Number of whānau businesses • Number of Māori provider organisations 	<ul style="list-style-type: none"> • Number of adults able to converse in Māori • Number of domains where Māori use is encouraged • Marae attendance • Presence of kaumātua 	<ul style="list-style-type: none"> • Māori land valuations • Regeneration of native bush • Quantity and accessibility of seafood stock

Source: Adapted from Durie (2006, Tables 3 & 4)

their own destiny, self-esteem and confidence, a respect for others, wairua, hinengaro, tinana and whānau support (Te Puni Kōkiri, 1994, p. 6).

Key informants in a study by Durie, Fitzgerald, Kingi, McKinley, and Stevenson (2002) talked about the importance of having an education, being healthy, owning their own home and having a job. They also described the importance of spiritual and cultural wellbeing, and the wellbeing of their whānau. In addition, tino rangatiratanga was recognised alongside kotahitanga. The researchers proposed a Māori-specific outcome matrix for measuring the wellbeing of the Māori population, Te Ngāhuru. This is based on five principles (connectedness, specificity, Māori-focused,

commonalities, relevance) and two domains (human capacity, resource capacity). Human capacity includes a secure cultural identity and collective Māori synergies, while resource capacity includes Māori cultural and intellectual resources and the Māori estate. Ten outcome goals are proposed, along with examples of Māori-specific indicators (see Table 1).

While Te Ngāhuru describes only Māori-specific indicators, the Māori Potential Framework developed by Te Puni Kōkiri combines universal and Māori-specific indicators within a strength-based, Māori-centric framework. Within this framework Te Ira Tangata is the outcome state in which Māori are able to realise their potential. Three poutokomanawa support the capability of people to be Te Ira

Tangata: mātauranga, whakamana and rawa (Kooyela, 2007). Indicators include education, labour force participation and housing alongside participation in cultural activities, engagement in Māori education, ability to speak the Māori language, and Māori land assets. The Māori-specific indicators therefore overlap with those recommended by Durie and colleagues (Durie, 2006; Durie et al., 2002).

Te Ngāhuru and the notion of Māori Potential are similar to Amartya Sen's (1999) capability approach and its focus on the "ends" rather than the "means" of human wellbeing. While education and income might be a means to a good life, Sen proposes that measuring what people are able to be and do (that is, their capabilities) is a more direct measure of wellbeing. In the Māori Potential Framework, Te Ira Tangata corresponds "to the overall freedom to lead the life that a person has reason to value" (Robeyns, 2003, p. 63). In Sen's capability approach the assessment of where Māori were at on the Māori Potential Framework, although not explicitly stated, provided an initial evaluation of whether the social arrangements experienced by Māori provided them with the freedoms to pursue and achieve the life they value; that is, "Māori potential" (Alkire, 2011).

In 2002 Statistics New Zealand published a progress report on the development of a Māori Statistics Framework. This framework was being developed to bring Māori philosophical approaches to population statistics in order to better represent Māori needs and aspirations and monitor the impact of government policies on these. The working party developing the framework explicitly used Sen's capability approach. "What is important in the capability model is not what people are or what they do, but what they can or cannot be, and what they can or cannot do, given the opportunities or the freedoms" (Statistics New Zealand, 2002, p. 5).

The resulting draft framework was arranged by areas of interest (for example, Māori language, social connectedness and attachments, skills and competencies, health), with each area of interest considered according to relevant goal dimensions of wellbeing; namely, sustainability of te ao Māori, social capability, human resource potential, economic self-determination, environmental sustainability, and empowerment and enablement (Statistics New Zealand, 2002, p. 6) (see Table 2). The next task proposed by Statistics New Zealand was the populating of the framework with measures and indicators, leading up to a more Māori-specific survey of Māori wellbeing. This

TABLE 2 Māori Statistics Framework: Māori language area of interest

Goal dimensions	Measurement dimension
Te ao Māori	<ul style="list-style-type: none"> • Use of the Māori language • Spoken proficiency • Availability of Māori language: speakers, services, products
Human resource potential	<ul style="list-style-type: none"> • Acquisition of Māori language proficiency • Recognition of proficiency
Empowerment and enablement	<ul style="list-style-type: none"> • Opportunities to acquire/enhance proficiency (provision of formal and non-formal learning, includes mentoring) • Access to opportunities to acquire/enhance proficiency • Government spending on the provision of learning opportunities and resources, services (e.g. television and radio)
Economic self-determination	<ul style="list-style-type: none"> • Purchase of, and expenditure on, Māori language related products, services, learning opportunities

Source: Adapted from Statistics New Zealand (2002)

would complement the New Zealand General Social Survey that collects information about both objective wellbeing (for example, education, income, employment) and subjective wellbeing (for example, perceptions of safety, self-assessed health, perceptions about free time) on comparative indicators (Statistics New Zealand, 2013).

In 2013 Statistics New Zealand carried out their first survey of Māori wellbeing, *Te Kupenga*, collecting information from over 5,000 participants (of either Māori descent and/or Māori ethnicity). Both comparative and Māori-specific indicators of social, economic and cultural wellbeing were included in the survey (for example, labour force status, highest qualification, cultural experiences, *te reo* Māori proficiency). *Te Kupenga* resulted from discussions and consultation with Māori and others about the gaps that existed in already collected data. This highlighted not only demands for more Māori-specific data but also the need for Māori data collected from sufficient numbers of respondents so that the data could be disaggregated to inform about divergent Māori realities (Statistics New Zealand, 2009). *Te Kupenga* is also measuring Māori subjective wellbeing and will provide a measure of *whānau ora*, using *whānau* member insights (see below). Information from *Te Kupenga* is expected to be available mid-2014.

The exploration of Māori wellbeing through the information collection channels of Statistics New Zealand and their commitment to a Māori-centred analysis of the data is a large step towards learning more about what Māori consider to be important for a good life. In addition to the profile(s) of Māori wellbeing that *Te Kupenga* will bring to the fore, the test of the credibility of this data collection exercise will be in what happens next at a governance level to help sustain and enhance Māori wellbeing and development.

Subjective wellbeing

Subjective wellbeing complements objective wellbeing and is more about how people are experiencing their life, “how people are in themselves—their emotions, judgements and experiences” (Lambeth First, 2011, p. 3). The assessment of subjective wellbeing is usually with individuals, and canvases their self-reported feelings and experiences. This includes their satisfaction with their lives generally and in specific areas (for example, work, leisure, cultural pursuits) (Deiner, Lucas, & Oishi, 2002). In the mental health area the use of culturally irrelevant measures of subjective wellbeing can result in the misdiagnosis of Indigenous peoples. As a result, Indigenous peoples have argued for “culturally appropriate, objective and scientifically validated ... tools” for assessing Indigenous psychological, social and emotional wellbeing, and mental and cognitive health (Dingwall & Cairney, 2010, p. 21).

Many non-Indigenous health services doing mental health assessments endorse holistic definitions of health and wellbeing. For example, in the United Kingdom the Health Education Authority (1997) defines mental health and well-being as how we think and feel; that is, “the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others’ dignity and worth.” In addition, people’s positive mental wellbeing is associated with them “feeling useful, feeling close to other people and feeling interested in other people” (Bailey, Fraser, Griffin, & Pedler, 2009, p. 15). However, it would be unusual for a subjective wellbeing assessment to examine the impact of colonisation, dislocation, racism and the destruction of culture on Indigenous wellbeing (Dingwall & Cairney, 2010).

Mental health services in Aotearoa New Zealand have been a key target of Māori requests for more culturally responsive measures of mental health wellbeing, and Mason Durie has been pivotal to the transformation

of these services (Durie, 2011). Durie and Te Kani Kingi developed Hua Oranga as a holistic Māori mental health outcome assessment tool (Kingi, 2002). Mental health interventions are assessed by clinicians, whaiora and their whānau on four dimensions of wellbeing based on the Māori health model, Te Whare Tapa Whā: taha wairua, taha hinengaro, taha tinana and taha whānau (Durie, 2006). Te Rau Matatini, a national Māori mental health workforce development organisation, is currently undertaking further validation of Hua Oranga, working alongside mental health providers and collecting data from Hua Oranga assessments in the Outcomes Recording Analysis database (McClintock, Mellsoy, & Kingi, 2011).

Pitama et al. (2007) also based their Meihana Model on Te Whare Tapa Whā. The Meihana Model is a framework to guide mental health clinical assessment and intervention with Māori clients and whānau (Pitama et al., 2007). The development of the model was initially informed by a literature review and key informant interviews with 25 health clinicians focusing on how they were implementing Te Whare Tapa Whā within their practice. The effectiveness of the framework that emerged from this initial investigation was then tested with clients and their whānau. The resulting six-dimension framework (Te Whare Tapa Whā, plus taiao and iwi katoa) was then “tested to see if it helped clinicians to engage with Māori patients” (Pitama et al., 2007, p. 119). It was then recommended that the use of the model occur within a multi-layered, systemic approach to Māori mental health.

Beyond mental health settings the assessment of subjective wellbeing can provide insight into how Māori are experiencing day-to-day life. Te Kupenga, for example, asked Māori participants about their overall life satisfaction, their experience of safety and security, their satisfaction with their amount of leisure time, and their overall sense of wellbeing gained from Māori cultural experiences and connectedness (Statistics New Zealand, 2009, p. 10). In 2005

the New Zealand Consumer Lifestyles Survey included the Personal Wellbeing Index (PWI) (International Wellbeing Group, 2013) and the National Wellbeing Index (NWI) (Cummins, Eckersley, Lo, & Okerstrom, 2004). The PWI asks people to rate their satisfaction with their standard of living, health, achieving in life, relationships, safety, community-connectedness and future security. In the NWI, participants rate their satisfaction with their country’s natural environment, social conditions, government, business and national security. Together the PWI and NWI form the International Wellbeing Index (IWI). Eight percent (that is, 289 people) of those responding to the Consumer Lifestyle Survey self-identified as Māori. Ganglmair-Wooliscroft and Lawson (2010) examined the psychometric properties of the IWI for the Māori sample and found that these were similar to those found in other countries. However, only satisfaction with standard of living, personal relationships, and achieving in life contributed significantly to Māori satisfaction with life as a whole. Left out were satisfaction with feeling part of their community, health, future security and safety. The authors suggest that “some in-depth qualitative research with a sample of New Zealanders with Māori heritage may be required in order to propose an explanation for this” (Ganglmair-Wooliscroft & Lawson, 2010, p. 65). In other words, there may be more to Māori subjective wellbeing than these measurement tools capture.

Understandings of the subjective wellbeing of Māori have advanced within mental health through the development of Māori-centred measurement tools. While international instruments may also provide some insight into the subjective wellbeing of the Māori population, they may not tell a full story about how Māori are experiencing their lives.

Whānau ora

Participants at the 1994 Te Ara Ahu Whakamua hui stressed the importance of strengthening Māori structures, particularly whānau. Restoring this “basic building block of Māori culture ... was necessary if Māori were to survive and flourish as a nation” (Te Puni Kōkiri, 1994, p. 18, contributed by Hekia Parata). This was reiterated in the Ministry of Health’s (2002) Māori strategy, He Korowai Oranga, and then in the report of the Taskforce on Whānau-Centred Initiatives (2010). Whānau ora is now firmly on the political agenda, and with it the need to assess Māori collective wellbeing.

Durie (2006) highlights whānau capacities in his discussion of whānau wellbeing. He identifies six whānau capacities and the best outcomes that could be achieved by whānau (see Table 3). Durie (2006) suggests that indicators be developed to reflect the best outcomes, as a sign of whānau capacity; for example, the establishment of whānau plans, and an increase in size and value of whānau assets. Multiple sources of data could then be used to determine the achievement of these outcomes.

Mckenzie and Carter (2010) reviewed a number of New Zealand longitudinal studies and concluded, “Most of the New Zealand data on individuals cannot be systematically aggregated at the whānau level without intimately knowing the living arrangements within each whānau.” Their recommendation was that the best opportunity for this aggregation lay with the Māori longitudinal study, Best Outcomes for Māori: Te Hoe Nuku Roa, begun in 1994. In 2005 Cunningham, Stevenson and Tassell reported on early analysis of the data from 655 Māori households that participated in the fourth sample wave of Te Hoe Nuku Roa. This provided limited insight into the engagement of household members with employment and study, as well as the level of connectedness of participants with their whānau. Little other information is available from this study.

The Whānau Ora initiative acknowledges and aims to strengthen the connectedness of whānau members, as well as the inclusion of whānau in society. The six major whānau goals developed by the Taskforce on Whānau-Centred Initiatives speak to both the objective and subjective wellbeing of whānau (2010,

TABLE 3 Whānau capacities, functions and best outcomes

Capacity	Function	Best outcome
Manaakitanga	Whānau care	Strong sense of identity, well cared for, quality lifestyle, sense of independence, concern for wellbeing of whānau members
Pupuri taonga	Guardianship	Active involvement in decision-making about whānau estate, increase in value of whānau assets
Whakamana	Empowerment	Participation as Māori in te ao Māori and te ao whānui
Whakatakato tikanga	Planning	Agreement about strategies for whānau development, and protection of interests of future generations
Whakapūmau tikanga	Cultural endorsement	Access to whānau cultural heritage, including fluency in te reo Māori
Whakawhanaungatanga	Whānau consensus	Decision-making processes that strengthen whānau inter-connectedness and collective action

Source: Adapted from Durie (2006, Table 2 & pp. 4–5)

p. 43): whānau self-management, healthy whānau lifestyles, full whānau participation in society, confident whānau participation in te ao Māori, economic security and successful involvement in wealth creation, and whānau cohesion. Reports on this initiative focus on the transformation of whānau as a result of their engagement with Whānau Ora providers, examining the resources whānau gain (for example, skills, access to services) and their satisfaction with the services they receive (Te Puni Kōkiri, 2012). More information about the assessment of whānau wellbeing may come from individual Whānau Ora providers and provider collectives.

In Te Kupenga (the 2013 Statistics New Zealand survey of Māori wellbeing), individual respondents were invited to inform on the wellbeing of their whānau. The cultural rationale given for this draws on whakataukī that emphasise the self as part and parcel of a collective (for example, *Ko au ko te awa, ko te awa ko au*—I am the river, and the river is me). “This concept suggests the individual is not just an individual, but is in fact the whānau. From this cultural perspective, the individual view can be also interpreted as the collective view” (Tibble & Ussher, 2012, p. 14). This enabled individual respondents to inform on their whānau wellbeing through questions about how their whānau is doing and how well their whānau gets along with each other. However, the level of agreement among whānau members about how to rate the wellbeing of their whānau remains to be tested.

Whānau ora can also be refined to reflect local views and understandings of iwi and hapū. Erena Kara et al. (2011) held a series of hui with kaumātua in the Waikato, Maniapoto, Hauraki and Raukawa regions to seek their views about the local-tribal meanings and practices of whānau ora. They noted that

The complexity of whānau ora lies in the delicate balance between the overall wellbeing of whānau members and their connection to each

other, their wider communities, ancestors and the land, and the physical, emotional, spiritual and social health of the individual who has specific health and illness issues. (Kara et al., 2011, pp. 100–101)

The outcome from their research was seven interconnecting themes about whānau ora that form Te Korowai (Kara et al., 2011). These themes are: *tūāpapa* of whānau ora; *whanaungatanga*; *uara tū*; *huarahi*; *oranga me hauora*; *mana tangata*; and *rangatiratanga me whakaruruhau*. Te Korowai provides a culturally responsive framework for designing, implementing, and evaluating whānau-centred services. It might also inform a tool for measuring whānau wellbeing in an iwi-responsive way.

Within wellbeing the issue of subjective whānau wellbeing perhaps remains the most elusive. This may be because whānau ora, although old in its roots, is still new in its operationalisation. When Cram and Kennedy (2010) and their colleagues looked at gathering information from whānau as a collective they settled mainly on qualitative methods and researching collaboratively with whānau. Now Te Kupenga has taken a step in the quantification of whānau wellbeing and the result is greatly anticipated.

Discussion

This paper set out to provide an update on the measurement of Māori wellbeing. There are several reasons for assessing Māori individual and collective wellbeing. First, to raise awareness among Māori about the different aspects of their lives that impact upon their wellbeing and what capacity they may have to effect change. Second, to find out what aspects of their lives people feel are going well and what aspects they would prioritise in terms of receiving support. Third, to establish baseline assessments of wellbeing against which progress as a result of service and/or programme delivery can be

assessed. And fourth, as a measure of Māori development (Statistics New Zealand, 2002).

Linda Smith (2012, p. 1) writes that the mention of research in the Indigenous world “stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful.” For example, questions raised by Māori during consultation for a project about researching whānau collectives included: Who wants to measure whānau? Who creates the tools? Why do they want to measure whānau? Will integrity and respect be accorded to whānau? (Cram & Kennedy, 2010). In addition to the cultural responsiveness of measurement instruments, the UNPFII (2006) identified several broader challenges that need to be addressed for wellbeing information to be collected from Indigenous peoples in a culturally responsive way. These included Indigenous peoples’ prohibitions on the sharing of data and concerns about intellectual property rights, ensuring that free and informed consent is given, involving Indigenous peoples as research collaborators, and even ensuring the accurate classification of ethnicity so that Indigenous peoples are properly identified. This is more than a politeness—the participation of Māori and Māori consultation processes are essential for the construction of valid indicators and their appropriate application and interpretation (UNPFII, 2008).

Durie (2006) described four key principles that underpin his frameworks for measuring Māori wellbeing: indigeneity, integrated development, multiple indicators, and commonalities. Indigeneity reflects the important linkages most Indigenous peoples have with land and their natural environment. Measuring these positive aspects of what it means to be Māori, alongside the more negative consequences of colonisation, discrimination and marginalisation, provides a fuller, more culturally responsive articulation of Māori wellbeing. This can also include inquiry about resiliency and self-efficacy, as is often seen in Indigenous measures of mental wellbeing (Dingwall & Cairney, 2010).

Integrated development speaks to integration across often-separated sectors (for example, health, education) and the necessity of this for Māori development. In his 2001 address to Hui Taumata Mātauranga, Durie explained that integrated action and coordination of the multiple players in Māori development was essential (Durie, 2001). Māori have been only a small subsample in many of the population surveys undertaken in this country. This has limited the opportunity for the analysis of more complex interactions between objective and subjective wellbeing indicators, and illumination of explanatory pathways that can influence Māori development agendas (Te Rōpū Rangahau Hauora a Eru Pōmare, 2002). Fortunately the Māori social survey, Te Kupenga, will have the explanatory power to investigate Māori wellbeing from an integrated development perspective (Statistics New Zealand, 2009).

It is very difficult and expensive to develop large scale surveys focused on Māori. Yet in order to generate output that explains the diversity of Māori social, cultural and economic outcomes, including by age, gender, Māori ethnicity, Māori descent, rural, and urban Māori, this is what is required. (Statistics New Zealand, 2009, p. 8)

The stress on multiple indicators signals the need to capture several dimensions of Māori wellbeing (Durie, 2006). Multiple indicators of wellbeing will include both comparative and Māori-specific measures and need not be confined to broad-brush measurement of Māori subjective and objective wellbeing. There is an opportunity to develop wellbeing tools to measure specific components of Māori wellbeing in depth; for example, the status and satisfaction (that is, objective and subjective wellbeing) of Māori linkages to and experiences of the land and natural environment, or food systems. International initiatives in these areas can inform Māori thinking about these more focused wellbeing projects, and

the exploration of Māori wellbeing in these areas can inform policies and interventions (for example, Kuhnlein, Erasmus, Spigelski, & Burlingame, 2013).

The commonalities principle acknowledges the heterogeneity of Māori while celebrating our distinctive cultural similarities (Durie, 2006). This provides a rationale for comparing Māori wellbeing with that of other ethnic populations; that is, that enough commonality exists to bind Māori together as a population group, as it does with Pākehā, Pasifika and Asian peoples within this country. While Durie (2006) endorsed comparisons with other Indigenous populations he questioned the validity of using Māori-specific wellbeing measures for comparisons across New Zealand ethnic groups. Statistics New Zealand (2002) also states that Māori–non-Māori comparisons are at odds with Sen’s capability approach. Such comparisons would, however, be a plausible response to the challenge laid down by Koro Dewes (1968) to recognise the importance of bilingualism and biculturalism, and would come closer to the realisation of Treaty-based measures of objective wellbeing that would be applicable to all by virtue of them being New Zealanders (Statistics New Zealand, 2002). This would lead to a more integrated system of social, economic, environmental and cultural indicators. Just as other groups should be asked to respond to Māori-specific measures of wellbeing it is foreseeable that in the future Māori may also wish to respond to Pasifika-specific or Asian-specific wellbeing indicators to explore the growth and development potential that may exist within the worldviews of other ethnic groups.

Finally, key feedback during the ongoing development of the Australian indicator framework for overcoming Indigenous disadvantage was that “many of the [suggested] indicators [were] in areas that Indigenous people ... regarded as the responsibility of Indigenous people themselves, not government” (Steering Committee for the Review of Government Service Provision, 2011, p. 2.14). The

exploration of Māori objective and subjective wellbeing, and whānau wellbeing, may likewise require a discussion about where government responsibility ends and Māori responsibility takes over, especially when wellbeing indicators and data are specific to a hapū or iwi. It may well be that the cultural responsiveness of hapū and iwi wellbeing measures can only be assured when the development, implementation and analysis of measurement tools rests with hapū and iwi.

Nei tāku!

Whakahokia mai tāku mana

Mana motuhake, mana Māori

Māku anō au e kōrero!

Māku anō au e tohutohu!

Māku anō au e whakatika!

(Here is my opinion

Restore my self-respect!

My right to be different, my right to be Māori

I can speak for myself

I can advise myself

I can put my own house in order!)

From the haka “Te Kauuanuanu” performed at the Māori Festival of Arts held at Waitangi in 1990 (Kāretu, 1991, p. 168)

Glossary

haka	performance
hapū	sub-tribe
hinengaro	intellectual alertness
Hua Oranga	a healthy result
huarahi	pathway and experiences of the individual
hui	meetings
iwi	tribe
iwi katoa	societal context
kapa haka	Māori performing group
kaumātua	elders
Kaupapa Māori	by Māori, for Māori

kotahitanga	cooperation	Te Kete Puāwai	Māori cultural
mana tangata	empowerment		and intellectual
manaakitanga	hospitality, kindness		resources
mātauranga	knowledge	Te Manawa	a secure cultural
oranga me hauora	health and wellbeing		identity
Pākehā	New Zealanders of	te reo Māori	the Māori language
	European descent	tinana	physical fitness
poutokomanawa	the centre pole	tino rangatiratanga	self-determination
	supporting the	tūāpapa	foundation/vision
	ridge pole of a	uara tū	guiding values and
	meeting house		principles that
	(Poutokomanawa,		underpin the
	n.d.)		relationships
pupuri taonga	guardianship	wairua	spiritual awareness
rangatiratanga	self-determination	whaiora	consumers, patients
rawa	resources	whakamana	influence, empower
taha hinengaro	mental health	whakapapa	genealogy
taha tinana	physical health	whakapūmau tikanga	promote culture
taha wairua	spiritual health	whakaruruhau	safety
taha whānau	relationships	whakatakato tikanga	plan ahead
	with family and	whakawhanaungatanga	process of establishing
	community		relationships
taiao	physical environment	whakataukī	traditional saying
te ao Māori	the Māori world	whānau	family
Te Ao Tūroa	the Māori estate	whānau ora	family wellbeing
te ao whānui	wider society	whanaungatanga	relationships
te ira tangata	human life principle		
Te Kāhui	collective Māori		
	synergies		

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