

# Hei whakaarotanga: Engaging with models of health and wellbeing that draw on mātauranga Māori

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**Nicola Bright and Sally Boyd**

2024

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## Ko wai māua | About the authors

**Nicola Bright** is of Tūhoe and Ngāti Awa descent. She is a Kairangahau Matua Māori at NZCER and has a lifelong interest in research that supports reo Māori revitalisation, identity, and wellbeing, particularly for Māori.

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**Writers' statement:** We have co-written this paper bringing our perspectives as Māori and tangata tiriti in an evolving space where we have begun to explore the potential for thinking about health and wellbeing models that draw on mātauranga Māori to guide mainstream education, health, justice, and youth organisations and institutions. We tread carefully, being critically aware of the risk of recolonisation of mātauranga Māori should this work be approached superficially or without regard for the integrity of the models included in this paper.

E rere ana ngā mihi ki ngā mātanga i rukuhia te rētōtanga o te whakaaro me te mātauranga. We acknowledge and express our admiration for the writers whose work we have included in this paper. Their work inspires us to extend our understandings of the world—and challenges us to decolonise and indigenise our thinking around wellbeing in Aotearoa New Zealand.

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# 1. Te pūtake | What is the purpose of this paper?

The original version of this working paper was written by Nicola Bright to help inform the development of a tamariki-centred model of wellbeing for the project *Manaakitia Ngā Tamariki Kia Ora Ai | Supporting Children's Wellbeing* (Boyd et al., 2021). The paper has since been reframed and updated by Nicola Bright and Sally Boyd.

This paper was partially funded through NZCER's Te Pae Tawhiti programme of research, funded by the Ministry of Education.

Our hope is that this paper encourages people working in education, health, justice, or youth organisations and institutions in Aotearoa New Zealand to critically consider how Māori philosophies, concepts, and ways of framing health and wellbeing might be applied to the development of measures of wellbeing. Māori will continue to be underserved in these sectors if measures that are meaningful for Māori are not part of the foundation for measuring wellbeing.

This paper introduces and briefly discusses a range of health and wellbeing models used in Aotearoa New Zealand. These models draw on aspects of mātauranga Māori which, in this context, we describe as key concepts and understandings from te ao Māori. The models conceptualise wellbeing in holistic and inclusive ways that are not commonly seen in Western models. Some models included in this paper are fully grounded in te ao Māori. However, the developers of some of the models were explicit that their thinking was informed by both mātauranga Māori and Western streams of knowledge.

Overall, these models of health and wellbeing can be used to privilege and uplift Māori wellbeing, as well as highlight some of the significant and negative impacts of colonisation for Māori in the education, health, and justice systems, which may otherwise be hidden. For these reasons, we propose that looking to these models for guidance is likely to be a good fit with Aotearoa New Zealand's unique context and cultural makeup. Where possible, we give examples of how these models have been applied to shape and inform different types of work.

This paper is divided into the following sections:

1. Conceptualising health and wellbeing from Māori and Western perspectives
2. Moving forward with care and respect
3. Models of health and wellbeing that draw on mātauranga Māori
4. Models designed for individuals and collectives
5. Models designed for populations
6. Summing up, and reflective questions to guide next steps.

We do not claim to be experts in this space, and we are constantly challenging ourselves to think critically about our own use of models of health and wellbeing that draw on mātauranga Māori. In this paper, we offer some of what we have learnt in our journey so far, which culminates in a set of reflective questions to help groups think critically about the process they might follow to select and use models of health and wellbeing. Given the complexity and depth of these models, incorporating them into different types of practice requires considerable thought. We strongly suggest that groups that choose to walk this path ensure they work with Māori and do their due diligence in researching the supporting literature and other sources of information, to build a fuller understanding of any model they wish to consider.

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## 2. Te huatau i te hauora | Conceptualising health and wellbeing from Māori and Western perspectives

Wellbeing is conceptualised in different ways within Māori and Western worldviews. This paper gives prominence to definitions and models of health and wellbeing that draw on mātauranga Māori. It is important to understand the values and concepts that underpin views of wellbeing, and how these might affect research, monitoring, and building new knowledge about wellbeing.

The Māori term “hauora” is often used to provide a view of health and wellbeing that is unique to an Aotearoa New Zealand context. Hauora can be loosely translated as health and wellbeing.<sup>1</sup> Over time, the use of terms such as “hauora” and “wellbeing” have gained prominence in the social sector. For example, when Mason Durie first developed Te Whare Tapa Whā, he described it as a holistic model of health (Durie, 1994). Since then, the term “hauora”—rather than “health”—has been widely used in connection with Te Whare Tapa Whā.

One key feature of models of health and wellbeing that draw on mātauranga Māori is their collective and holistic view of wellbeing. This holistic thinking acknowledges that dimensions of wellbeing are not discrete—they are interrelated and interact with each other. Thinking holistically avoids artificial separation of thoughts and feelings, or of mind and body. Durie (1994), for example, notes that Māori do not draw sharp distinctions between thoughts and feelings.

Te Aho Matua (Te Runanga Nui o Ngā Kura Kaupapa Māori o Aotearoa, 2008) provides an example of the holistic thinking that underpins Māori worldviews. Te Aho Matua is an Indigenous philosophy about the education of tamariki Māori in kura kaupapa Māori. This philosophy is embedded in mātauranga Māori and demonstrates the holistic and intertwined nature of health, wellbeing, and education (see Appendix 1).

Thinking holistically also enables us to position wellbeing in relationship to factors such as the social and environmental forces that surround individuals and collectives. As Durie (1994) states:

... health is viewed as an interrelated phenomena, rather than an interpersonal one ... explanations are sought from searching outwards, rather than inwards; and poor health is typically regarded as a breakdown in harmony between the individual and the wider environment. (p. 71)

Holistic views of wellbeing are embedded in Durie’s more recent work about the protective factors and conditions that contribute to flourishing wellbeing for individuals and groups (Durie, 2017; Kingi et al., 2014). Durie (2017) notes that, for individuals, the term “mauri ora” (flourishing life force or wellbeing) suggests:

robust spirituality, optimism, cultural engagement, emotional control, positive thinking, vitality and energy, rewarding relationships, and a readiness to engage with others. (Durie, 2017, p. 62)

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1 In translating a culturally bound concept, we acknowledge that meaning will be lost.

Durie (2017) uses the terms “mauri noho” or “mauri moe” (languishing) (p. 62) to convey a sense of the experience of individuals when their wellbeing is not flourishing. That is:

cultural and spiritual alienation, negative emotions (anger, mistrust, sadness, guilt, gloom, and pessimism), insufficient knowledge, unrelenting pain, lack of mental and physical energy, isolation, and harmful relationships. (Durie, 2017, p. 62)

A focus on flourishing, and the conditions that are needed for optimal wellbeing, is one example of a strengths-based approach. This type of approach is common for models that draw on te ao Māori.

Other core concepts from te ao Māori that are incorporated in models of health and wellbeing include those that “bind the individual to the outside world” (Durie, 1994, p. 71), such as whenua and whānau. Focusing on the wider context also provides space to consider how colonisation has impacted on collective wellbeing. For models of health and wellbeing that draw on mātauranga Māori, the focus or “unit of measurement” can be an individual, but the fundamental unit is often the whānau—a collective.<sup>2</sup>

In contrast, Western models tend to be more individualistic with discrete dimensions. The term “wellbeing” has a range of meanings in Western disciplines including economics, positive psychology, health, and education. Each discipline uses various concepts and terminology to describe wellbeing. As noted by the Centers for Disease Control and Prevention:

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following:

- Physical well-being.
- Economic well-being.
- Social well-being.
- Development and activity.
- Emotional well-being.
- Psychological well-being.
- Life satisfaction.
- Domain specific satisfaction.
- Engaging activities and work.<sup>3</sup>

While Māori and Western models of health and wellbeing differ in their philosophical and cultural foundations, there are some common threads. For example, models of health and wellbeing are usually multidimensional. There is also some commonality between Māori and Western models in terms of some of the dimensions they might include. For example, there is overlap between the dimensions of taha whānau (Māori model) and social wellbeing (Western model), even though in their entirety they are different concepts underpinned by different values and philosophies.

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<sup>2</sup> <https://www.treasury.govt.nz/sites/default/files/2019-01/dp19-01.pdf>

<sup>3</sup> <https://www.cdc.gov/hrqol/wellbeing.htm#:~:text=There%20is%20no%20consensus%20around,with%20life%2C%20fulfillment%20and%20positive>

There are also distinct and important differences between Māori and Western models. One difference is the holistic and interrelated nature of Māori models as discussed above. Another difference is that Western approaches often appear to position measurement tools as “culture free” and appropriate for everyone, when, in reality, they are founded on the culture and values of a dominant culture. Macfarlane et al. (2015) advise that it is inappropriate to seek solutions to Indigenous challenges solely from within Western knowledge streams. Western models are less likely to be a good fit with Aotearoa New Zealand’s unique context and cultural makeup. In addition, Western models do not acknowledge or support the obligations of the citizens of Aotearoa to be good partners under Te Tiriti o Waitangi.

Each of the models of health and wellbeing presented in this paper provides an operational definition of health and wellbeing; that is, they show what aspects of health and wellbeing can be observed or measured. Some models focus more on general health and wellbeing, while others focus on specific areas such as mental health or thriving learners. Many use concepts, metaphors, and symbolism to give context and grounding within te ao Māori.

## Thinking about measuring Māori wellbeing

According to the *Parameters of Wellbeing* framework by Durie (2006), Māori wellbeing can be measured from several perspectives, including the perspectives of individuals, collectives/communities, or populations (see Table 1). For each of these groups, wellbeing might be described through universal measures, “premised on the notion that all people have common views about being well and therefore their wellbeing can be measured in similar ways” (Durie, 2006, p. 2). Wellbeing can also be described through Māori-specific measures, which have a cultural focus and are not necessarily shared by all people.

TABLE 1 Parameters of Wellbeing (Durie, 2006, p. 2)

	<b>Individuals</b> <i>The wellbeing of individuals</i>	<b>Collectives</b> <i>The wellbeing of families, groups</i>	<b>Populations</b> <i>The wellbeing of whole populations</i>
<b>Universal measures</b>	Measures that are relevant to all people e.g. Life expectancy, mortality data	Measures that can be applied to diverse groups e.g. Aggregated data	Measures that apply to all populations & nations e.g. GNP, 'Global Burden of Disease'
<b>Maori-Specific measures</b>	Measures that are specific to Māori individuals e.g. Hua Oranga	Measures that are relevant to Māori collectives e.g. Whānau Capacities	Measures that are relevant to te ao Māori e.g. Te Ngahuru

Durie states that it is necessary to use more than one set of indicators because no single indicator can “accurately reflect the state of Māori wellbeing”:

The sole use of narrow single-dimension measures ignores the several dimensions of Māori wellbeing. For individuals those dimensions reflect spiritual, physical, mental and social parameters; while for whānau they include the capacity for caring, planning, guardianship, empowerment, cultural endorsement, and consensus. For the Māori population as a whole, measurements that can gauge the overall wellbeing of human capacity (individuals and groups) and resource capacity (intellectual and physical resources), are necessary. Some of these measurements will employ economic measures, others will be measures of social and cultural capital, and others will be linked to measurements of environmental sustainability. (Durie, 2006, p. 14)

Researchers suggest it is also important to measure the “positive aspects of what it means to be Māori, alongside the more negative consequences of colonisation, discrimination and marginalisation” because doing so “provides a fuller, more culturally responsive articulation of Māori wellbeing” (Cram, 2014, p. 27, citing Durie, 2006). This point about strengths-based measurement is particularly important when seeking to find out more about people who are located within institutions (e.g., educational or health institutions, prisons, care homes, or workplaces) in which they may be experiencing these negative consequences. A paper by Cram (2014), on measuring Māori wellbeing, identifies that Aotearoa New Zealand has a number of measures of subjective<sup>4</sup> Māori wellbeing such as Te Kupenga, Hua Oranga, and the Meihana Model. These three measurement frameworks all use strengths-based measurement approaches. They are discussed later in this paper.

To assist us in our conceptualisation of wellbeing, we examine existing models of health and wellbeing that draw on mātauranga Māori, which could be used to develop measurement frameworks and indicators of wellbeing for Māori as well as non-Māori groups in education, health, justice, or youth organisations and institutions in Aotearoa New Zealand.

This paper includes brief descriptions of six models that are aimed at individuals or collectives: Te Whare Tapa Whā (Durie, 1994); Te Wheke (Pere, 1991); The Mana Model (Webber & Macfarlane, 2020); Te Pae Māhutonga (Durie, 2003); Ngā Tuakiri o te Tangata<sup>5</sup>; and the Meihana Model (Pitama et al., 2007, 2014).

We also include models that have been developed for monitoring and evaluation at a national level such as Te Kupenga (StatsNZ, 2014); He Ara Oranga wellbeing outcomes framework (Mental Health and Wellbeing Commission, 2022); the Whānau Rangatiratanga Frameworks (Baker, 2016); and Te Puawaitanga o ngā Whānau | The Six Markers of Flourishing Whānau (Kingi et al., 2014).

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4 “Subjective” wellbeing refers to a person’s self-assessment of their wellbeing. “Objective” wellbeing refers to the resources surrounding people that can impact on their wellbeing. These resources include access to education, the state of the physical and build environment, community, and the economy.

5 <https://nzcmhn.org.nz/maori-caucus/maori-models-of-practice/>

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### 3. Te āta ahu whakamua | Moving forward with care and respect

This section considers how groups, in particular non-Māori groups, who are interested in developing contextual and culturally sustaining measurement frameworks or indicators of wellbeing in Aotearoa New Zealand, can move forward with care and respect. Taking such an approach means ensuring that work is done in ways that respect the integrity of health and wellbeing models that draw on mātauranga Māori. This approach includes going beyond superficial interpretations of Māori wellbeing and being critically aware of the risk of co-option or recolonisation of mātauranga Māori. In addition, Pohatu notes the importance of knowing te reo Māori as it “is an important precursor for initiating entry points to deeper understandings of Māori knowledge and cultural practices” (Pohatu, 2013, p. 14).

Heaton (2011) considers it is important to exercise caution when attempting to use framing based on mātauranga Māori in new settings, or within predominantly Pākehā structures, due to the risk inherent in translation and the risk of re-colonising. Non-Māori need to take care when attempting acts that may be underpinned by a desire to support decolonisation but may result in actions that “recenter whiteness” (Tuck & Yang, 2012). As Tuck and Yang note:

There is a long and bumbled history of non-Indigenous peoples making moves to alleviate the impacts of colonization. (Tuck & Yang, 2012, p. 3)

In a health education context, Heaton (2011) describes how attempts to co-opt Māori models or philosophies, such as the concept of hauora, can result in simplistic translations of complex and culturally bound concepts, with meaning being lost in translation. Heaton suggests there is a possibility that the co-opting of Māori concepts and ways of being could have the effect of maintaining colonial power structures, promoting narrow views of health or “healthism”, and invalidating Indigenous knowledge or holistic notions of wellbeing.

#### He awa whiria, e ekengia | Braided rivers, can be navigated<sup>6</sup>

Macfarlane et al. (2015) introduce the concept of *He awa whiria | Braided rivers* which can be used to assist organisations or groups to develop frameworks or engage in research and evaluation in ways that combine mātauranga Māori and Western knowledge. *He awa whiria | Braided rivers* is a process whereby the concepts, understandings, and strengths of two different worldviews can be combined into a workable whole (Macfarlane et al., 2015). A blending of Indigenous and Western paradigms and sets of knowledge has the potential to create an approach that is more powerful than a sole knowledge stream. *He awa whiria | Braided rivers* helps us consider how we might draw on understandings from these two paradigms in ways that respect their integrity. Use of *He awa whiria | Braided rivers* framework is one way groups can work to avoid co-option and misinterpretations.

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6 This heading has been copied from a report by the Advisory Group on Conduct Problems (2011, p. 40).

*He awa whiria* / Braided rivers framework has two main streams that represent Western science and kaupapa Māori models and understandings (see Figure 1). These streams are interconnected by tributaries. At the bottom of the diagram, the two streams converge as the two sets of knowledge are drawn together to enhance understanding. In order for this framework to be used effectively, the two different paradigms need to be viewed as equal (Macfarlane & Macfarlane, 2019).

FIGURE 1 He awa whiria: A braided rivers approach

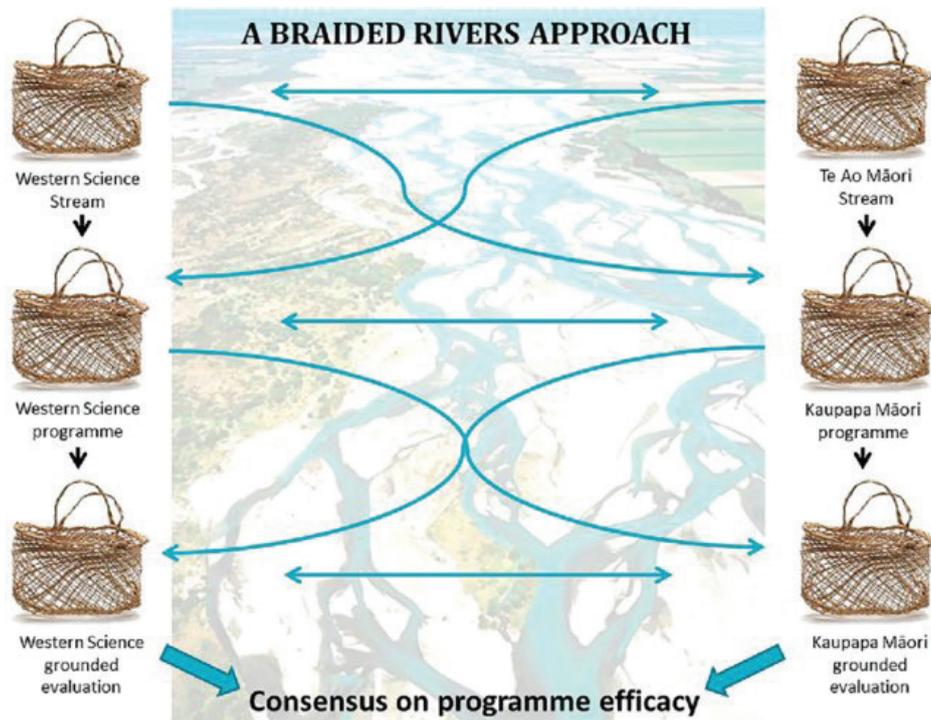


Image source: Macfarlane and Macfarlane (2019, p. 52).

Macfarlane and Macfarlane (2019) note that this idea of drawing on both paradigms fits with our obligations as Te Tiriti partners and is aligned with Mason Durie’s thinking about how to work in ways that privilege Māori knowledge about working towards better outcomes.

He Awa Whiria is an innovative framework that draws inspiration from Indigenous and Western streams of knowledge, while maintaining a consciousness of Māori data sovereignty. Western knowledge and theory, although fundamentally sound, are culturally bound (Durie, 2006), and can therefore not be transferred directly into another (Indigenous Māori) culture. Durie proposes that ‘it is necessary to make a plea for an interdependent and innovative theoretical space where the two streams of knowledge are able to blend and interact, and in doing so, facilitate greater sociocultural understanding and better outcomes for Indigenous individuals or groups’ (Durie, 2006, p. 52). He refers to harnessing the energy from two systems of understanding in order to create new knowledge that can be used to advance understandings in two worlds. (Macfarlane & Macfarlane, 2019, p. 52)

## Working reflectively and with care

Being reflective and critical in thinking about your ways of working in this space is important. Āta is one of many principles from te ao Māori that can support and guide groups in their efforts to work in ways that are tika (correct). See Appendix 2 for more detail.

According to Taina Whakaatere Pohatu (2013), a focus on the takepū or principle of āta is an example of deliberately placing “Māori thought and knowledge at the centre of activities to inform and guide practice” (p. 14). Pohatu provides the following description of āta:

Āta is a cultural tool, shaped to inform and guide understandings of respectfulness in relationships towards wellbeing. From the journey of gaining meaningful insights into the integrity of āta and its applications, five elements have been developed.

First, āta focuses on relationships, negotiating boundaries, creating and holding safe space.

Second, āta gently reminds people of how to behave when engaging in relationships with people, kaupapa, and environments.

Third, āta intensifies peoples’ perceptions; it does this by according quality space of time (wā) and place (wāhi), by demanding effort and energy of participants, and by conveying notions of respectfulness and reciprocity and conveying the requirements of reflection, the prerequisite to critical analysis, and of discipline.

Finally, by ensuring that the transformation process is an integral part of the relationship, āta incorporates the fourth and fifth elements: those of planning and strategising. (Pohatu, 2013, p. 15)

Exploring the fit between the principle of āta and organisational values and strategies that frame activities is one way to ensure that work has quality and integrity. The principle of āta can also assist groups to deal with tensions within relationships that are likely to arise as alternative (non-Western derived) approaches are developed for those who are impacted by colonisation.

## Māori lead the process

One strategy to mitigate issues of co-option and recolonisation of models that draw on mātauranga Māori is to ensure that Māori lead any development process. Another is to ensure that authentic partnerships are forged with Māori, as groups work towards gaining a deeper understanding of the models and how they might be applied to current contexts. As Cram notes, the participation of Māori, and Māori consultation processes, is “essential for the construction of valid indicators and their appropriate application and interpretation” (Cram, 2014, p. 27).

Having Māori stakeholders in the development process who can speak te reo Māori, and have knowledge of, and experience in, applying concepts from health and wellbeing models that draw on mātauranga Māori can assist groups to retain the integrity of such models as they apply it to their context.

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## 4. **Mai i te mātauranga Māori | Models of health and wellbeing that draw on mātauranga Māori**

The next two sections of this paper provide a brief introduction to a range of health and wellbeing models used in Aotearoa New Zealand. We have included this range to show some of the many ways that wellbeing is described and conceptualised in te ao Māori.

Some of the models of health and wellbeing in this paper have been designed for individuals and collectives, while others have been designed for monitoring and evaluation of populations at a national level.

Smaller organisations such as schools might find the models for individuals and collectives most useful for conceptualising wellbeing. At the same time, larger organisations have used models such as Te Whare Tapa Whā and Te Pae Māhutonga to assist in conceptualising aspects of their practice.

The models designed for populations may be less applicable to smaller organisations, although some of the dimensions might be useful for particular groups to consider, depending on their focus.

In addition, some aspects of the models might be more easily applied to groups that include Māori and non-Māori, whereas others may be more relevant for Māori.

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## 5. Mō te takitahi, mō ngā tōpūtanga tāngata hoki | Models designed for individuals and collectives

Here we provide an overview of six models that are mostly intended for individuals and/or collectives such as whānau:

- Te Whare Tapa Whā
- Te Wheke
- The Mana Model
- Te Pae Māhutonga
- Meihana Model
- Ngā Tuakiri o te Tangata.

All the models are based on or include concepts from te ao Māori. For each model, the developer has drawn on and interpreted these concepts in ways that relate to the purpose of the model. The models include understandings about the interconnection between health and wellbeing and whenua and whānau, as well as the societal and spiritual aspects of life.

There are many layers of meaning contained within each model that we as writers do not have deep knowledge of. So, within this paper we touch only lightly upon the purpose of each model and the concepts and metaphors they include.

### Te Whare Tapa Whā

Te Whare Tapa Whā (Durie, 1994) is a well-known health and wellbeing model that has been used within and outside of the health sector in Aotearoa New Zealand. This model was developed by Māori health advocate Mason Durie to assist health providers and promoters to better understand Māori views of health and wellbeing. The model reflects what Durie terms “contemporary Māori thinking” about health (Durie, 1994, p. 69). Te Whare Tapa Whā represents health and wellbeing as a wharenuī (meeting house) with four walls (see Figure 2). This model is holistic and acknowledges the interconnections between different aspects of wellbeing.

In Te Whare Tapa Whā, each taha (side) of the whare represents a different dimension of health: taha wairua (the spiritual taha or side); taha hinengaro (mind and body; thoughts and feelings); taha tinana (the physical side; physical health); and taha whānau (family; social systems; and belonging). All four dimensions are necessary for strength and symmetry, and people or communities are more likely to thrive when all four sides or dimensions are in balance. If one or more is out of balance, this impacts on our wellbeing. It is important to acknowledge the context of the wharenuī and the metaphors that are used in the model. The wharenuī is rich in symbolism (McNeill, 2009). It represents a person/ ancestor, and stands on, and is supported by, the whenua. This implies that individual and collective wellbeing is related to past contexts and is interconnected with the wellbeing of the land.

FIGURE 2 Te Whare Tapa Whā

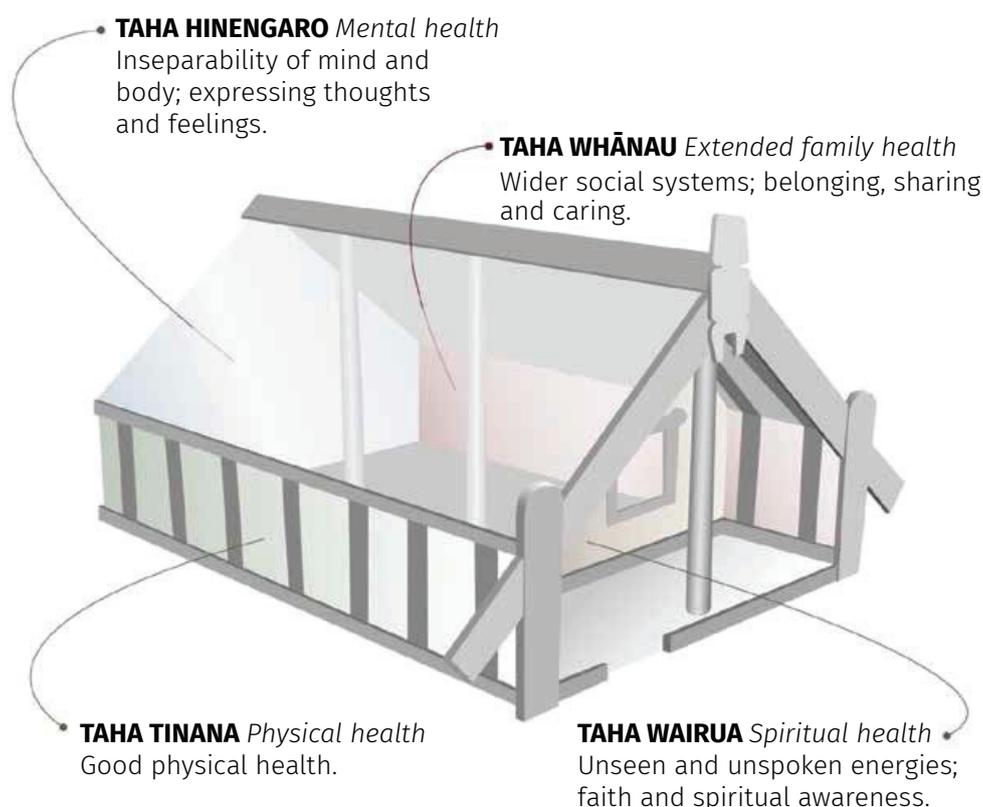


Image source: Education Review Office <https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/useful-wellbeing-resources/>

Durie (1994) notes that taha wairua (the spiritual side) is the most important dimension for Māori. The theme underpinning this dimension is that “health is related to unseen and unspoken energies” (p. 69). This dimension can be connection to religion but is also about values, and the spiritual significance of place and land. Therefore, embedded in taha wairua is an acknowledgement of the interrelationships between the whenua, environment, and people. More recently, Mason Durie has described how whenua is an integral part of all four taha.<sup>7</sup> Therefore, for our wellbeing, we need to look after the whenua.

For an organisation or group, taha wairua could be interpreted as being connected to organisational or personal identities and values, efforts to honour Te Tiriti o Waitangi, and the importance of the environment for wellbeing, as well as the need to act in environmental and sustainable ways.

Te Whare Tapa Whā has been used for a range of purposes that include consideration of the health and wellbeing of individual and collectives, or reviewing the provision of health services.<sup>8</sup> For example, Te Whare Tapa Whā is a core concept in the Health and PE learning area of *The New Zealand Curriculum* (Ministry of Education, 2007). It is used in schools in both individual (e.g., as a reflection tool for tamariki) and collective (e.g., as a model for school planning) ways.

Te Whare Tapa Whā has been used as a framework for measures such as Hua Oranga (Kingi & Durie, 2000). Hua (to bear fruit or be abundant) and Oranga (wellbeing) is a Māori health outcome

<sup>7</sup> Te Taha Whenua | Ministry of Health NZ - YouTube: [https://www.youtube.com/watch?v=wUjPxVSqN\\_8](https://www.youtube.com/watch?v=wUjPxVSqN_8)

<sup>8</sup> <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

measure developed by Te Kani Kingi and Mason Durie (2000)<sup>9</sup> to guide services to work on aspects of mental health and wellbeing that are important to Māori. Hua Oranga uses the four dimensions of Te Whare Tapa Whā (wairua, whānau, tinana, and hinengaro) as an overarching structure. The toolkit includes one-page sets of questions for practitioners, tangata whaiora (the person for whom an intervention is intended), and whānau, and a user manual (McLachlan, 2022). Each tool has a small set of questions relating to each dimension of Te Whare Tapa Whā (see Appendix 3 for the tangata whaiora questions).

Te Whare Tapa Whā also provides a foundation that has informed other models and measures mentioned in this paper such as the Meihana Model (Pitama et al., 2014).

## Te Wheke

Te Wheke is a model of Māori family health that was developed by Rose Pere (1991, 1997) drawing on learnings that have been transmitted from her ancestors of Ngā Pōtiki and Ngā Uri-a-Māui. Te Wheke can be used to assess an individual's overall wellbeing as they are located within their whānau. Pere notes that the octopus represents a whānau unit, and the eyes represent waiora (total wellbeing for the individual and family). Each of the eight tentacles represent a specific dimension of health (see Figure 3). The attachment of the tentacles indicates that the dimensions are interwoven. The suckers on the tentacles represent the many facets of each dimension of health and wellbeing. As the octopus is a sea creature, it is connected to Papatūānuku, Ranginui, and Tangaroa (McNeill, 2009).

FIGURE 3 Te Wheke—The octopus of infinite wisdom

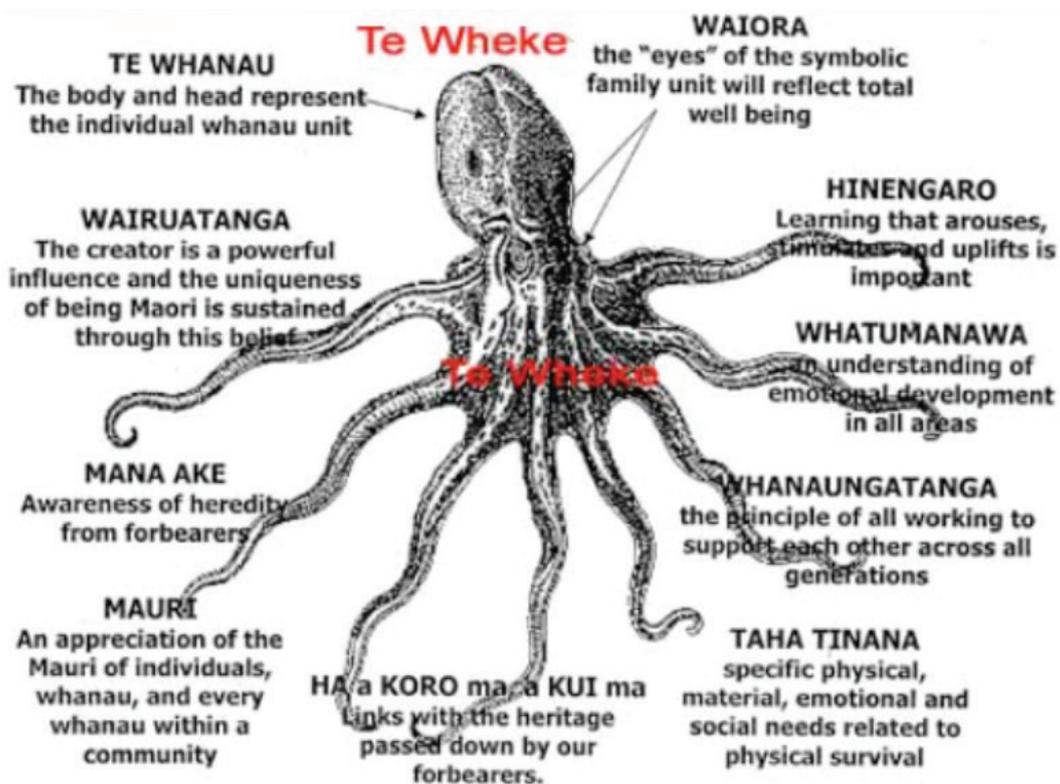


Image source: Te Wheke—A Celebration of Infinite Wisdom (Pere, 1991): <https://elp.co.nz/wednesday-november-24-2021/>

<sup>9</sup> <https://www.oradatabase.co.nz>

Te Wheke has been used to inform the development of nursing studies and early childhood education and teaching.

## The Mana Model

The Mana Model (Webber & Macfarlane, 2020) outlines the optimal cultural conditions that support the educational success of Māori students. The developers describe the Mana Model as a strengths-based, Māori-centric view of student thriving.

Although this model is not solely focused on wellbeing, its dimensions have substantial overlap with those included in wellbeing models that draw on mātauranga Māori.

The model (see Figure 4) includes five key components concerning optimal conditions for Māori student success: Mana Whānau (familial pride); Mana Motuhake (personal pride and a sense of embedded achievement); Mana Tū (tenacity and self-esteem); Mana Ūkaipo (belonging and connectedness); and Mana Tangatarua (broad knowledge and skills). The model was developed from the Ka Awatea project located in Rotorua, which was co-designed with the Te Arawa community. This project explored perceptions of success, and the conditions that support success, according to 132 successful Māori secondary school students, and some of their whānau, teachers and principals, and tribal elders. This model blends Māori worldviews with understandings from the discipline of social psychology. The model is system focused as it explores how student thinking, behaviour, and identities are shaped by school contexts, curriculum content, and classroom practices and spaces. The model is predicated on the idea that wellbeing approaches need to be schoolwide to best support students, teachers, and whānau.

FIGURE 4 The Mana Model: Five optimal conditions for Māori student success



(Webber and Macfarlane, 2018, 2020)

Image source: <https://hpe.tki.org.nz/guidelines-and-policies/mental-health-education/>

Webber and Macfarlane consider that Mana Whānau is the most important condition that provides a foundation that flows upwards to support the other forms of mana. They describe Mana Whānau as a child-centric family environment that also includes school and community as “family”.

Overall, these dimensions show that students’ sense of self and identity as learners is connected to having a strong sense of cultural identity, whakapapa, and connection to whānau and place. Their ability to thrive is related to their sense of identity and belonging as well as their ability to draw on wellbeing-related competencies such as resilience strategies.

The Mana Model has been:

- included in mental health education guides for schools<sup>10</sup>
- used to guide the development of *Mitey*, a mental health education approach for primary schools.<sup>11</sup>

## Te Pae Māhutonga

Te Pae Māhutonga (the Southern Cross) model (see Figure 5) developed by Mason Durie is designed to assist groups to consider community wellbeing from a Māori perspective for Māori, as well as other New Zealanders. Te Pae Māhutonga can be used to signpost strategic directions for agencies and Indigenous peoples to navigate towards (Durie, 2004). To guide in interpreting the model, Durie notes:

The four central stars can be used to represent the four key tasks of health promotion and might be named accordingly to reflect particular goals of health promotion: Mauriora, Waiora, Toiora, Te Oranga. The two pointers are Ngā Manukura and Te Mana Whakahaere. (Durie, 1999, p. 2)

The symbolism of Te Pae Māhutonga can be useful in conceptualising health promotion needs for adults as well as the interaction of forces that can “determine identity and shape positive outcomes for children” (Durie, 2003, p. 1).

Wellbeing is not only about a secure cultural identity, or an intact environment, or even about the avoidance of risks. It is also about the goods and services which people can count on, and the voice they have in deciding the way in which those goods and services are made available. In short, wellbeing, te oranga, is dependent on the terms under which people participate in society and on the confidence with which they can access good health services, or the school of their choice, or sport and recreation. And while access is one issue, decision making, and a sense of ownership is another. (Durie, 1999, p. 2)

Durie notes that wellbeing can be enhanced by increasing participation in society including in the economy, in education, in employment, in the knowledge society, and in decision making. Therefore, these societal dimensions are included in the model alongside dimensions that are more individually focused such as Toiora (healthy lifestyles).

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<sup>10</sup> <https://hpe.tki.org.nz/guidelines-and-policies/mental-health-education/>

<sup>11</sup> <https://www.mitey.org.nz/about-mitey/the-mana-mode>

FIGURE 5 Te Pae Māhutonga

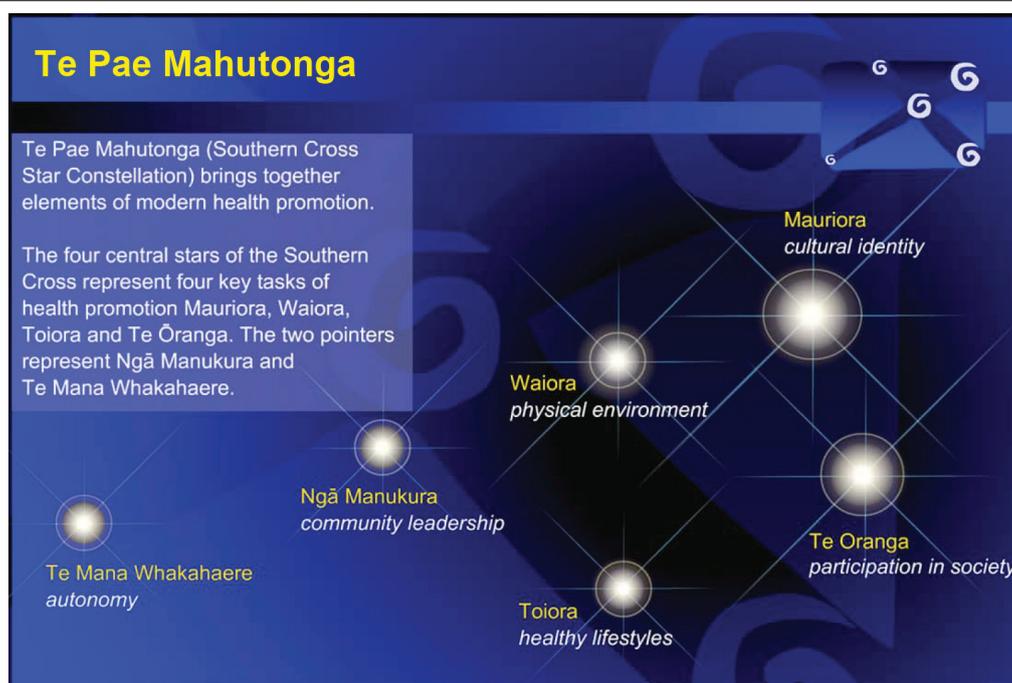


Image source: <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga>

Table 2 shows a summary of the health promotion challenges Durie (1999) noted are embedded in each dimension of the model, as represented by stars or pointers.

TABLE 2 Summary of the main health promotion areas to work towards

Stars (Key health promotion tasks)	
<b>Access to Te Ao Māori – Mauri Ora</b>	<ul style="list-style-type: none"> <li>• access to language and knowledge</li> <li>• access to culture and cultural institutions such as marae</li> <li>• access to Māori economic resources such as land, forests, fisheries</li> <li>• access to social resources such as whānau, Māori services, networks</li> <li>• access to societal domains where being Māori is facilitated not hindered</li> </ul>
<b>Environmental protection – Waiora</b>	<ul style="list-style-type: none"> <li>• water free from pollutants</li> <li>• clean air</li> <li>• earth abundant in vegetation</li> <li>• healthy noise levels</li> <li>• opportunities to experience the natural environment</li> </ul>
<b>Healthy lifestyles – Toiora</b>	<ul style="list-style-type: none"> <li>• harm minimisation</li> <li>• targeted interventions</li> <li>• risk management</li> <li>• cultural relevance</li> <li>• positive development</li> </ul>
<b>Participation – Te Oranga</b>	<ul style="list-style-type: none"> <li>• participation in the economy</li> <li>• participation in education</li> <li>• participation in employment</li> <li>• participation in the knowledge society</li> <li>• participation in decision making</li> </ul>

Pointers (Ways of working)	
<b>Leadership</b> – Ngā Manukura	<ul style="list-style-type: none"><li>• community leadership</li><li>• health leadership</li><li>• tribal leadership</li><li>• communication</li><li>• alliances between leaders and groups</li></ul>
<b>Autonomy</b> – Te Mana Whakahaere	<ul style="list-style-type: none"><li>• control</li><li>• recognition of group aspirations</li><li>• relevant processes</li><li>• sensible measures and indicators</li><li>• the capacity for self-governance</li></ul>

Table source: Durie (1999) from p. 7: <https://www.cph.co.nz/wp-content/uploads/TePaeMahutonga.pdf>

Te Pae Māhutonga has been used as a framework:

- for health promoters to screen new programmes<sup>12</sup>
- to guide the work of iwi trusts<sup>13</sup>
- to measure wellbeing in regional New Zealand communities (Ryks et al., 2018).

For a fuller understanding of each model, and detailed discussion of the symbolism of Te Whare Tapa Whā, Te Wheke, and Te Pae Māhutonga and some of the benefits and challenges of using these models, we encourage readers to refer to the writings of Mason Durie (1994, 1999), Rose Pere (1991, 1997), and Hinematau McNeill (2009).

## Meihana Model

The next two models, Meihana and Ngā Tuakiri o te Tangata, were developed to support social services practitioners embed mātauranga Māori in their work.

Pitama et al. (2014) developed an Indigenous hauora framework, the Meihana Model, to support both Māori and non-Māori mental health practitioners to incorporate Māori concepts in ways that support them to work more effectively with Māori patients and whānau. An aspiration of the developers was that the model “positively influence change in health practitioner’s history taking and management behaviours” (Pitama et al., 2014, p. 108).

Te Whare Tapa Whā provides the conceptual base for the model. A 2007 iteration of the Meihana Model included whānau, wairua, tinana, hinengaro, and two additional elements that aim to provide information about the wider context of clients (iwi katoa/societal context; taiao/physical environment). Together, the six elements form a practice model (alongside Māori beliefs, values, and experiences) to guide clinical assessment.

In an expanded 2014 iteration, the model draws on concepts of navigation (see Figure 6). This model is comprised of a waka hourua, ngā hau e whā (four winds), and ngā roma moana (ocean currents), and whakatere (navigation) that show how groups need to navigate wider challenges that get in the way of wellbeing such as racism and colonisation (Pitama et al., 2014, p. 109).

<sup>12</sup> [https://www.healthychristchurch.org.nz/media/22388/te\\_pae\\_mahutonga.pdf](https://www.healthychristchurch.org.nz/media/22388/te_pae_mahutonga.pdf)

<sup>13</sup> <https://www.nrait.co.nz/assets/Uploads/Te-Pae-Mahutonga-Social-and-Cultural-Development-Plan.pdf>

FIGURE 6 The Meihana Model



Image source: University of Otago, New Zealand, Public lecture on Meihana method for better understanding Māori patients' health needs: <https://www.youtube.com/watch?v=rjxLMF7UTak>

The use of Ngā Hau e Whā to unpack historical and societal influences on Māori could be useful to consider within group or organisational contexts. We have adapted the following statements by Pitama et al. (2014) to consider what these elements might look like in organisational contexts:

- Racism: Understanding of the impact of institutional, interpersonal, and internalised racism on stakeholders' wellbeing.
- Marginalisation: Knowledge or information that identifies Māori status in terms of areas such as health, housing, family, employment, or educational status—used in a negative way. Māori knowledges, identity, and culture are not valued.
- Migration: Understanding internal migration of Māori from traditional iwi land to other regions within Aotearoa New Zealand. Māori who are in urban or institutional situations may be living outside of iwi areas, which has implications for reo and tikanga, and disconnection from their culture and identity—tūrangawaewae.

Pitama and others have continued to develop practice in relation to this model. Lacey et al. (2011) integrated the Meihana Model and The Hui Process with elements of the clinical interviewing and hypothesis building approach developed by Wright (2011, cited in Pitama et al., 2017). This resulted in the development of a proposed Hauora Māori Clinical Guide for Psychologists (Pitama et al., 2017).

## Ngā Tuakiri o te Tangata

Ngā Tuakiri o te Tangata (see Figure 7) is used by justice and social services practitioners to work with clients and whānau. The model was developed by Aroha Terry (a Māori social services worker) in 2005 as one aspect of her work to bring tikanga Māori into social services practice to better support Māori. She was also instrumental in developing marae justice processes.<sup>14</sup>

FIGURE 7 Ngā Tuakiri o te Tangata

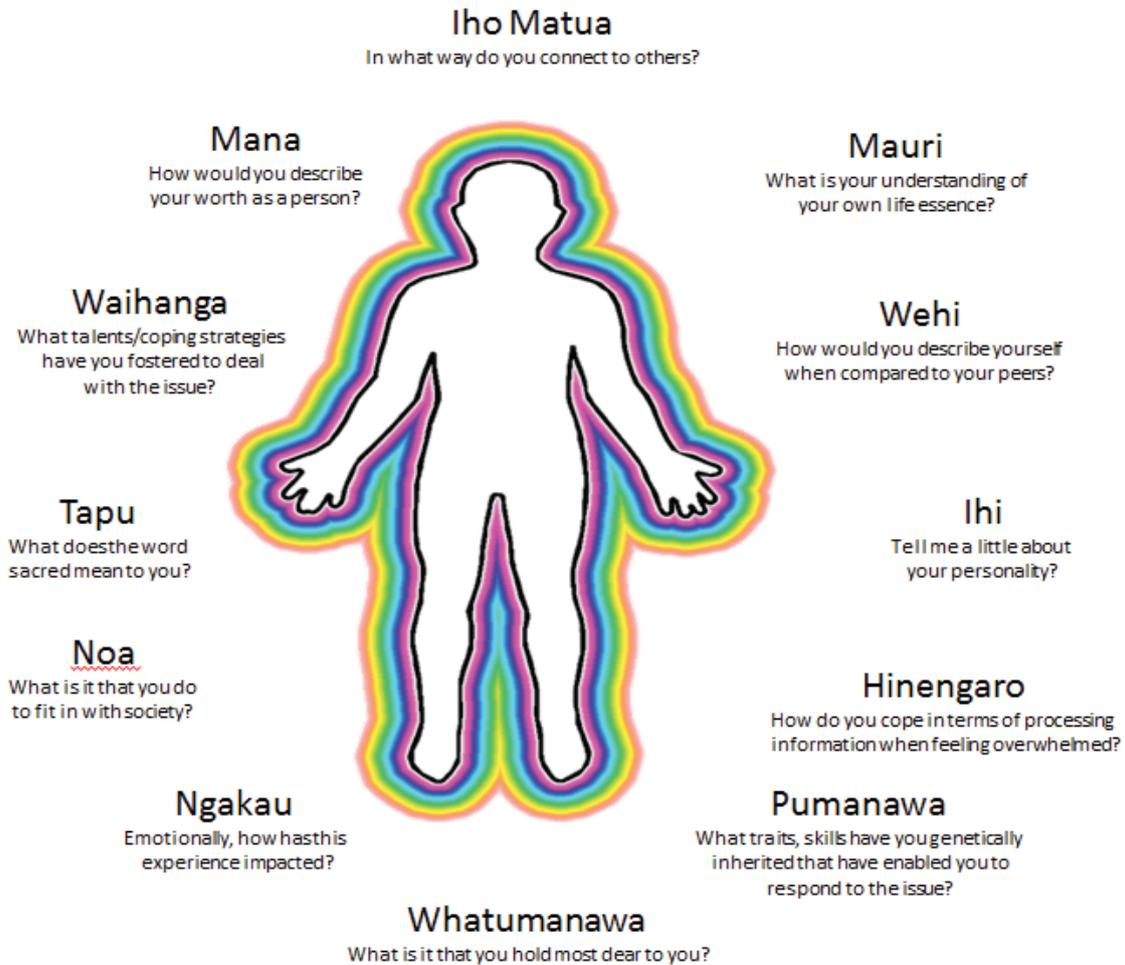


Image source: <https://nzcmhn.org.nz/maori-caucus/maori-models-of-practice/>

Ngā Tuakiri o te Tangata draws on mātauranga Māori to assist with client engagement and assessment. The model aims to provide dimensions of wellbeing that are grounded in mātauranga Māori concepts to assist clients to talk about their identity and experiences.

Mental health practitioners have combined this model with art therapy to assist clients and whānau to tell a story about their experiences.<sup>15</sup>

<sup>14</sup> Sunday, 30 May 2010, Te Ahi Kaa | RNZ: <https://www.rnz.co.nz/national/programmes/teahikaa/20100530>

<sup>15</sup> <https://nzcmhn.org.nz/maori-caucus/maori-models-of-practice/>

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## 6. Mō ngā taupori | Models designed for populations

The next four models were developed for government agencies to provide frameworks that could inform their work and the collection and interpretation of data, for monitoring and evaluation, that is meaningful to Māori at a population level. These models may be less applicable to smaller organisations such as schools, although some of the dimensions might be useful for particular groups depending on their focus.

### He Ara Oranga wellbeing outcomes framework

He Ara Oranga wellbeing outcomes framework is an aspirational framework that shows what ideal holistic wellbeing looks like. The framework was developed by the Mental Health and Wellbeing Commission (2022) and has a specific relevance to mental health and addiction.

He Ara Oranga is designed to measure holistic wellbeing at a population level. The framework includes six dimensions of wellbeing that draw on perspectives from te ao Māori, and six that have a shared perspective that also applies to Māori. This dual positioning reflects the Crown partnership obligations as set out in Te Tiriti o Waitangi. Together, these 12 dimensions act to define wellbeing. According to this model:

Wellbeing will be achieved when all people, their whānau (families), and hapori (communities) experience:

**from a te ao Māori perspective:**

Tino rangatiratanga me te mana motuhake

Whakaora, whakatipu kia manawaroa

Whakapuāwaitanga me te pae ora

Whanaungatanga me te arohatanga

Wairuatanga me te manawaroa

Tūmanako me te ngākaupai

**from a shared perspective:**

Being safe and nurtured

Having what is needed

Having one's rights and dignity fully realised

Healing, growth and being resilient

Being connected and valued

Having hope and purpose.<sup>16</sup>

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<sup>16</sup> <https://www.mhwc.govt.nz/our-work/wellbeing/he-ara-oranga-framework/>

The wellbeing dimensions that draw on perspectives from te ao Māori are described in Figure 8.

FIGURE 8 Te ao Māori perspective dimensions

Te Ao Māori Perspective		
<p><b>Tino rangatiratanga me te mana motuhake</b> - Legal, human, cultural, and other rights of whanau are protected, privileged, and actioned.</p>	<p><b>Whakaora, whakatipu kia manawaroa</b> - Whanau are culturally strong and proud - whanau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.</p>	<p><b>Whakapuāwaitanga me te pae ora</b> - Whānau have the resources needed to thrive across the course of their lives and equitable wellbeing is the norm.</p>
<p><b>Whanaungatanga me te arohatanga</b> - Whānau flourish in environments of arohatanga and manaaki and kotahitanga is realised.</p>	<p><b>Wairuatanga me te manawaroa</b> - The mauri and wairua of whanau are ever- increasing, intergenerationally.</p>	<p><b>Tumanako me te ngakaupai</b> - Whānau are hopeful and feel positive about self-defined future goals and aspirations.</p>

Source: [https://www.mhwc.govt.nz/assets/He-Ara-Oranga-wellbeing-outcomes-framework/30-June-2022/HAO-Summary-English\\_FINAL.pdf](https://www.mhwc.govt.nz/assets/He-Ara-Oranga-wellbeing-outcomes-framework/30-June-2022/HAO-Summary-English_FINAL.pdf)

The framework has an accompanying map of indicators that each have related data sources.<sup>17</sup> Thus, existing data from a range of agencies can be utilised to access information about each dimension. Data sources include information from StatsNZ (e.g., the Census, Te Kupenga), Manatū Hauora | The Ministry of Health (e.g., New Zealand Health Survey), and data from a range of other agencies such as the Accident Compensation Corporation (ACC) and the Ministry of Education.

The lead developer, the Mental Health and Wellbeing Commission, aims to use the framework to measure whether wellbeing is improving at a population level. Through this development, the Commission also had a range of other aims that include assisting in the strengthening of partnerships and sharing of data to better promote wellbeing and contributing to knowledge about the effectiveness of mental health services. He Ara Oranga has a partner framework, He Ara Āwhina, which is designed to support system monitoring of mental health and addiction services.<sup>18</sup>

The developers note that the framework has the potential to be used at an individual, collective, or population level by other government agencies, service providers, people using mental health and addiction services, community groups, iwi, hapū, and whānau.<sup>19</sup>

<sup>17</sup> <https://www.mhwc.govt.nz/assets/He-Ara-Oranga-wellbeing-outcomes-framework/30-June-2022/HAO-population-indicators-FINAL.pdf>

<sup>18</sup> <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mhwc.govt.nz%2Fassets%2FHe-Ara-Awhina%2FHow-the-He-Ara-Oranga-and-He-Ara-Awhina-frameworks-work-together.docx&wdOrigin=BROWSELINK>

<sup>19</sup> <https://www.mhwc.govt.nz/assets/He-Ara-Oranga-wellbeing-outcomes-framework/30-June-2022/Interpreting-the-He-Ara-Oranga-wellbeing-outcomes-framework.pdf>

## Te Kupenga Māori statistics framework

Te Kupenga is Statistics NZ's (StatsNZ's) population survey of Māori social, cultural, and economic wellbeing. It contains universal measures of wellbeing (general social and economic wellbeing measures), and Māori-specific measures based on Māori perspectives of cultural wellbeing. StatsNZ undertook a wide-ranging consultation process with Māori stakeholders to inform the content of Te Kupenga (StatsNZ, 2014, p. 2). The four areas of Māori cultural wellbeing focused on in Te Kupenga, through which individuals connect to te ao Māori, are:

- wairua (spirituality)
- tikanga (Māori customs and practices)
- te reo Māori (the Māori language)
- whanaungatanga (social connectedness). (StatsNZ, 2014, p. 2)

StatsNZ notes that:

Behaviours involving tikanga, such as marae participation, and modern-day equivalents such as kapa haka or waka ama, are the customs and practices through which individuals connect culturally with each other. Te reo Māori enables individuals to connect through language. Whanaungatanga and wairua are about connecting to the animate and the inanimate worlds, and the nature and strength of those relationships. Te Kupenga looks at the behaviours, knowledge, and attitudes of Māori towards these four areas. (StatsNZ, 2014, p. 2)

The information collected through Te Kupenga “gives a picture of the social, cultural, and economic wellbeing of Māori in New Zealand, including information from a Māori cultural perspective”.<sup>20</sup> Te Kupenga provides a view of cultural wellbeing that aims to support cultural revitalisation. Te Kupenga dimensions could be useful for other groups wishing to explore aspects of cultural wellbeing for Māori.

## Whānau Rangatiratanga Frameworks

The Whānau Rangatiratanga Frameworks include conceptual and measurement frameworks. These frameworks were developed by SUPERU to “provide a platform and a guide—from within a Māori world view—for collecting, analysing and using data about whānau wellbeing” over time (Baker, 2016, p. 1).

The Whānau Rangatiratanga Conceptual Framework presents five principles: whakapapa, manaakitanga, rangatiratanga, kotahitanga, and wairuatanga, and four whānau wellbeing capability dimensions: Sustainability of Te Ao Māori, Social capability, Human resource potential, and Economic capability (see Figures 9 and 10).

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20 <https://www.stats.govt.nz/information-releases/te-kupenga-2018-final-english>

FIGURE 9 The Whānau Rangatiratanga Conceptual Framework



Image source: Baker (2016, p. 3).

The interweaving of these principles and capabilities forms an approach to measuring whānau wellbeing (Baker, 2016, p. 3). A measurement framework is included that specifies what positive outcomes might look like for the interwoven dimensions.

FIGURE 10 Whānau Rangatiratanga Measurement Framework

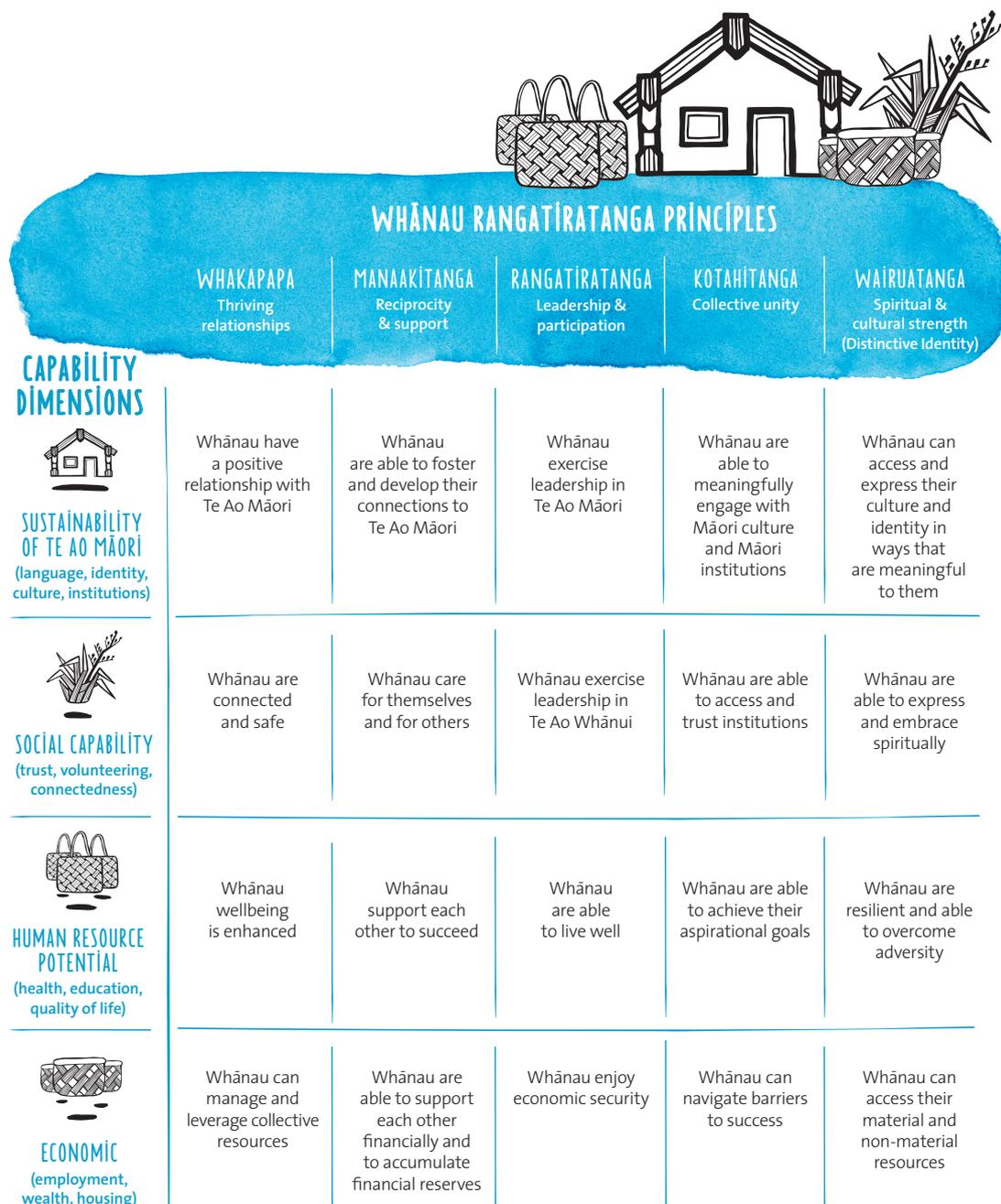


Image source: Baker (2016, p. 5).

When SUPERU began developing the Whānau Rangatiratanga Frameworks they posed a number of key conceptual issues and questions to guide their process. These questions are located in the final section of this paper which includes reflective questions to guide next steps.

## Te Puawaitanga o ngā Whānau | The Six Markers of Flourishing Whānau

Te Puawaitanga o ngā Whānau | The Six Markers of Flourishing Whānau was developed by Kingi et al. (2014) as a measure of health promotion for whānau to inform the *Fostering Te Pā Harakeke: Advancing Healthy and Prosperous Families of Mana* research initiative. Kingi et al. note that the concepts of flourishing and languishing are often used when considering ways to measure individuals' mental health. However, they can also be applied to collectives such as the wellbeing of a whānau. To develop the markers, Kingi et al. synthesised the views of Māori who participated in key informant interviews, with Western literature relating to the concept of flourishing. The aim of this synthesis was to assist in the identification and measurement of strengths-based and transformative experiences for whānau. The result was Six Markers of Flourishing Whānau.

The markers draw from measurement literature relating to wellbeing models grounded in Māori concepts, psychology and mental health, and economic health and wellbeing. They reflect the economic, social, cultural, and environmental factors that influence whānau flourishing. Kingi et al. state the markers are overlapping domains that each contain multiple elements, and a number of indicators that could be used for measurement purposes.

- Whānau heritage: “Whānau will flourish when they are strengthened by a distinctive heritage.”
- Whānau wealth: “Whānau will flourish when they have sufficient wealth to enable high standards of living.”
- Whānau capacities: “Whānau will flourish when they have the capacities needed to participate fully in society.”
- Whānau cohesion: “Whānau will flourish when they are cohesive, practise whanaungatanga, and are able to foster positive intergenerational transfers.”
- Whānau connectedness: “Whānau will flourish when their connections beyond the whānau lead to empowerment.”
- Whānau resilience: “Whānau will flourish when they are able to overcome adversity and adapt to changing circumstances.”<sup>21</sup>

Te Puawaitanga o ngā Whānau | The Six Markers of Flourishing Whānau has been used to:

- inform city planning<sup>22</sup>
- assist in the measurement of tamariki Māori wellbeing and resilience (Rootham, 2016)
- inform research (Rolleston et al., 2022).

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<sup>21</sup> Descriptions of each marker come from Kingi et al. (2014, pp. 35–36).

<sup>22</sup> <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/auckland-plan/maori-identity-wellbeing/Pages/focus-area-meet-needs-support-aspirations-tamariki-whanau.aspx>

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## 7. Hei whakarāpopototanga | Summing up

Models of health and wellbeing that draw on mātauranga Māori are holistic and multidimensional, with interwoven dimensions. The models portray a broad view of wellbeing that is culturally located and positions the individual as a being who is connected to their whakapapa, is located within a collective, and has a relationship with the whenua. This type of relational approach feels like a more comfortable fit for Aotearoa New Zealand, as it recognises the importance of the knowledge and ways of being of the Indigenous people of this land.

Models of health and wellbeing that draw on mātauranga Māori often use symbolism or conceptual imagery from te ao Māori to frame or contextualise ideas. The symbolism and concepts used in such models, which can represent history, values, and philosophical points of view from te ao Māori, can help decolonise or disrupt colonial thinking about wellbeing if the user is able to go beyond surface interpretations.

Reflecting its status as a foundational model, the four dimensions of Durie's Te Whare Tapa Whā model—wairua, whānau, tinana, and hinengaro—have been included in many of the more recent models of health and wellbeing for individuals and collectives. These models tend to explore factors that relate to the current context of individuals and collectives. Measurement of these dimensions often rests on individual and whānau self-reflection and reporting. Overall, models aimed at the population level include a more explicit focus on the wider societal and cultural influences on wellbeing. Measurement of some of these dimensions can use self or whānau reports but also existing health and economic datasets. Societally focused models often include both health and economic dimensions of wellbeing.

The models of health and wellbeing in this paper show how wellbeing can be defined and measured by drawing on mātauranga Māori. Applying these models can provide a way forward to surface and address some of the significant and negative impacts of colonisation for Māori in the education, health, and justice systems. Many models include dimensions explicitly aimed at addressing the impact of colonisation; for example, rangatiratanga and mauri ora.

### Reflective questions to guide next steps

Wellbeing means different things to different groups and is cross-disciplinary and multidimensional. This broadness of scope poses some challenges for groups wanting to define wellbeing within their particular contexts. Rather than providing a fixed or descriptive definition of wellbeing, one way forward could be to work in partnership with Māori to select a model of health and wellbeing that most aligns with the group's or organisation's values, ways of working, key area of exploration, and the needs and interests of stakeholders. As well as focusing on the alignment of a model to a purpose, groups need to ensure they are moving forward with care and respect in their partnership.

This final section of our paper provides a set of reflective questions to guide the reader as they consider whether models of health and wellbeing that draw on mātauranga Māori are the right fit for the work they are doing.

### **Moving forward with care and respect**

- How can we develop a process that ensures we move forward with care and maintain the integrity of any model we are using?
- Are we acting as good Tiriti o Waitangi partners?

### **Addressing racism and power dynamics**

- Do the people to whom this model is being applied have decision-making power and agency?
- Does our process enable us to explore the existing and potential impacts of racism, colonisation, marginalisation, and migration on wellbeing?

### **Thinking critically about models and their foundations before applying them**

- How do we ensure we have a deep understanding of the model?
- How will we talk with stakeholders about the possible models (e.g., whakawhiti kōrero, wānanga)?
- How can we ensure we apply the model in authentic ways?
- How can we bring the idea of thinking collectively as well as individually about wellbeing, and the interactions between dimensions of wellbeing into our work? How can we avoid making artificial distinctions that detract from the holistic nature of models?

### **Dimensions of wellbeing**

- What is our understanding and explanation of the Māori terms used to describe wellbeing—what do they mean in our unique context?
- What are the dimensions of wellbeing we intend to explore? To what extent do these terms align with our organisational values, strategies, or action plans?
- Different dimensions may be important to different groups. How will we ensure that we have heard stakeholder perspectives and aspirations?

### **Thinking about whose perspectives are being measured**

The following questions from the Whānau Rangatiratanga framework process (Baker, 2016) could be used to refine processes:

- How do we now frame this work within te ao Māori?
- What are the issues arising for whānau about data collection and analysis in relation to Te Tiriti o Waitangi, Indigenous Data Sovereignty, and/or existing Crown–Māori instruments?
- What are the key issues and drivers for Māori in measuring wellbeing?
- As most existing datasets measure the individual and not the collective, how do we get meaningful measures about whānau?
- How do we determine what Māori see as outcomes of whānau wellbeing?
- What measures and indicators can be developed to show this?
- What Māori-specific, and universal measures are being used?
- Whose perspectives are being measured (individuals, collectives, and/or populations)?
- How might a person's context, and starting point, influence their perception of wellbeing?

A wider intention of this paper is to support and prompt groups that are working in a wellbeing space to be good partners under Te Tiriti o Waitangi. We therefore encourage groups to reflect on how using models of health and wellbeing that draw on mātauranga Māori can assist them to uphold the cultural, political, and social responsibilities implicit in Te Tiriti o Waitangi.

Utilising models of health and wellbeing, or aspects of models, that draw on mātauranga Māori, has the potential to assist groups to develop more meaningful and relevant definitions and measures of wellbeing for Māori and non-Māori in Aotearoa New Zealand. Although there are many potential benefits from exploring these models, we also caution groups to move forward with āta (care and respect) to ensure the way that models are used supports positive and transformational change for Māori.

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## Ngā tohutoro | References

- Advisory Group on Conduct Problems. (2011). *Conduct problems: Effective services for 8–12 year olds*. Ministry for Social Development.
- Baker, K. (2016). *The Whānau Rangatiratanga frameworks: Approaching whānau wellbeing from within Te Ao Māori*. SUPERU. <https://doi.org/10.13140/RG.2.2.28459.44325>
- Boyd, S., Bright, N., Hunia, M., & Lawes, E. (2021). *Manaakitia ngā tamariki kia ora ai | Supporting children's wellbeing: Learning from the experiences of six good-practice schools*. New Zealand Council for Educational Research. <https://doi.org/10.18296/rep.0015>
- Cram, F. (2014). Measuring Māori wellbeing. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 3(1), 18–32.
- Durie, M. (1994). *Whaiora: Maori health development*. Oxford University Press.
- Durie, M. (1999). Te Pae Mahutonga: A model for Māori health promotion. *Health Promotion Forum of New Zealand Newsletter*, 49, 2–5. <https://studylib.net/doc/18281234/te-pae-mahutonga-a-model-for-maori-health>
- Durie, M. (2003, 22–25 September). *Te Pae Mahutonga: A navigational guide for the promotion of secure identity and best outcomes for Māori children*. Paper presented at the 8th Early Childhood Convention, Palmerston North.
- Durie, M. (2004). An indigenous model of health promotion. *Health Promotion Journal of Australia*, 15(3), 181–185. <https://doi.org/10.1071/HE04181>
- Durie, M. (2006). Measuring Māori wellbeing. *New Zealand Treasury Guest Lecture Series, NZ Treasury, Wellington*, 16. <https://treasury.govt.nz/sites/default/files/2007-09/tgls-durie.pdf>
- Durie, M. (2017). Indigenous suicide: The Turamarama declaration. *Journal of Indigenous Wellbeing—Te Mauri—Pimatisiwin*, 2(2), 59–67.
- Heaton, S. (2011). The co-opting of hauora into curriculum. *Curriculum Matters*, 7, 99–117. <https://doi.org/10.18296/cm.0130>
- Kingi, T. K., & Durie, M. (2000). *“Hua oranga” A Maori measure of mental health outcome*. School of Maori Studies, Te Pumanawa Hauora, Massey University.
- Kingi, T. K., Durie, M., Durie, M., Cunningham, C., Borman, B., & Ellison-Loschmann, L. (2014). *Te puawaitanga o ngā whānau: Six markers of flourishing whānau*. Office of Assistant Vice Chancellor, Māori and Pasifika, Massey University.
- Lacey, K., Huria, T., Beckert, L., Gillies, M., & Pitama, S. (2011). The hui process: A framework to enhance the doctor–patient relationship with Māori. *The New Zealand Medical Journal*, 124(1347), 72–78.
- Macfarlane, A., & Macfarlane, S. (2019). Listen to culture: Māori scholars' plea to researchers. *Journal of the Royal Society of New Zealand*, 49(sup1), 48–57. <https://doi.org/10.1080/03036758.2019.1661855>
- Macfarlane, S., Macfarlane, A., & Gillon, G. (2015). Sharing the food baskets of knowledge: Creating space for a blending of streams. In A. Macfarlane, S. Macfarlane, & M. Webber (Eds.), *Sociocultural realities: Exploring new horizons* (p. 52–67). Canterbury University Press.

- McLachlan, A. (2022). *Hua oranga: Whāngaihia te hua o oranga ki ō tatou whānau whānui. Ko te tikanga o te whakamahinga o Hua Oranga*. Te Rau Ora.
- McNeill, H. (2009). Maori models of mental wellness. *Te Kaharoa*, 2, 96–115.
- Mental Health and Wellbeing Commission. (2022). *He Ara Oranga wellbeing outcomes framework. English*. Author. <https://www.mhwc.govt.nz/assets/He-Ara-Oranga-wellbeing-outcomes-framework/30-June-2022/HAO-English.pdf>
- Ministry of Education. (2007). *The New Zealand curriculum*. Learning Media.
- Pere, R. (1991). *Te wheke. A celebration of infinite wisdom*. Ao Ako Global Learning New Zealand.
- Pere, R. (1997). *Te wheke: A celebration of infinite wisdom* (2nd ed.). Ao Ako Global Learning.
- Pitama, S., Bennett, S., Waitoki, W., Haitana, T., ... Valentine, H. (2017). A proposed hauora Māori clinical guide for psychologists: Using the hui process and Meihana Model in clinical assessment and formulation. *New Zealand Journal of Psychology*, 46(3), 7–19.
- Pitama, S., Huria, T., & Lacey, C. (2014). Improving Māori health through clinical assessment: Waikare o te Waka o Meihana. *The New Zealand Medical Journal*, 127(1393), 107–119.
- Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007). Meihana Model: A clinical assessment framework. *New Zealand Journal of Psychology*, 36(3), 118–125.
- Pohatu, T. W. (2013). Āta: Growing respectful relationships. *Āta: Journal of Psychotherapy Aotearoa New Zealand*, 17(1), 13–26. <https://doi.org/10.9791/ajpanz.2013.02>
- Rolleston, A., McDonald, M., & Miskelly, P. (2022). Our story: A Māori perspective of flourishing whānau. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 17(3), 277–297. <https://doi.org/10.1080/1177083X.2021.1981955>
- Rootham, E. (2016). *Tamariki Māori ki Tāmaki Makaurau. A study of Auckland Māori children under five and their whānau. Auckland Council technical report*. Auckland Council. <https://knowledgeauckland.org.nz/media/1287/tr2016-025-tamariki-maori-ki-tamaki-makaurau.pdf>
- Ryks, J., Kilgour, J. T., Whitehead, J., & Rarere, M. (2018). *Te Pae Mahutonga and the Measurement of Community Capital in Regional Aotearoa New Zealand*, 44, 85–108.
- StatsNZ. (2014). *Te kupenga 2013 (English)—corrected. Information release*. Author.
- Te Runanga Nui o Ngā Kura Kaupapa Māori o Aotearoa. (2008). *Official version of Te Aho Matua o Ngā Kura Kaupapa Māori and an explanation in English*. Department of Internal Affairs.
- Tuck, E., & Yang, K. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education, & Society*, 1(1), 1–40 online. <https://doi.org/10.25058/20112742.n38.04>
- Webber, M., & Macfarlane, A. (2020). Mana tangata: The five optimal cultural conditions for Māori student success. *Journal of American Indian Education*, 59(1), 26–49. <https://doi.org/10.5749/jamerindieduc.59.1.0026>

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## ĀPITIHANGA 1 | APPENDIX 1: Te Aho Matua and Te Ira Tangata

Te Ira Tangata is a philosophy about the “nature of the child” that shapes Te Aho Matua, the founding document and curriculum for Kura Kaupapa Māori. Attention to this nature aims to ensure that educators think holistically about fostering the health and wellbeing development of children. Te Ira Tangata has twelve dimensions and:

... focuses on the physical and spiritual endowment of children and the importance of nurturing both in their education. (Te Runanga Nui o Ngā Kura Kaupapa Māori o Aotearoa, 2008) (Te Aho Matua, English version<sup>23</sup>)

This statement from Te Aho Matua (English version) describes the dimensions of this spirit or nature:

... the spirits of human beings derive from the Rangi Tūhāhā, the twelve dimensions of enlightenment in which spirit entities dwell until physical life is desired and to which spirit entities return after physical death. The inference is that at the moment of conception the physical and spiritual potential of the human being becomes an individual entity endowed with the spirit qualities of *mauri, tapu, wehi, mana and ihi*; the spirit receptor-transmitters of *whatumanawa, hinengaro, auaha, ngākau and pūmanawa*; and the *iho matua*, which is the umbilical cord of spirit energy which links that single entity through his ancestral lines to the primal energy source which is Io.

The spirit qualities referred to here can best be described as emanations of energy, the strength or weakness of which is determined by the condition of the receptor-transmitters where feelings, emotions, intelligence, consciousness, conscience and all other non-physical characteristics of human personality dwell.

Most often referred to as *taha wairua*, these aspects of the human spirit are considered as important as physical attributes, not to be dismissed as the domain and responsibility of church or religion, but regarded as an integral part of human personality and, therefore, are responsive to and affected by teaching and learning.<sup>24</sup>

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23 Te Aho Matua, English version, NZ Gazette, 2008, 32, p. 741.

24 Te Aho Matua, English version, NZ Gazette, 2008, 32, p. 741.

## ĀPITIHANGA 2 | APPENDIX 2: Āta phrases/principles

<i>ĀTA: TAKEPŪ   PRINCIPLES AND HE WHAKAMĀRAMATANGA   DEFINITIONS</i>	
<b>Takepū   Principles</b>	<b>He Whakamāramatanga   Definitions</b>
<b>Āta-haere</b>	To be intentional and deliberate and to approach reflectively, moving with respect and integrity. It signals the act of moving with an awareness of relationships, their significance and requirements.
<b>Āta-whakarongo</b>	To listen with reflective deliberation. This requires patience and tolerance, giving space to listen and communicate to the heart, mind and soul of the speaker, context and environment. It requires the conscious participation of all senses, the natural inclusion of the values of trust, integrity, and respectfulness.
<b>Āta-kōrero</b>	To communicate and speak with clarity, requiring quality preparation and a deliberate gathering of what is to be communicated. This is to ensure a quality of presentation (kia mārama ki te kaupapa), to speak with conviction (kia pūmau ki te kaupapa), and to be focused (kia hāngai ki te kaupapa).
<b>Āta-tuhi</b>	To communicate and write with deliberation, needing to be constantly reflective, and knowing the purpose for writing; in this, consistently monitoring and measuring quality is implicit.
<b>Āta-mahi</b>	To work diligently, with the conviction that what is being done is correct and appropriate to the tasks undertaken.
<b>Āta-noho</b>	To give quality time to be with people and their issues, with an open and respectful mind, heart and soul. This signals the level of integrity required in relationships.
<b>Āta-whakaaro</b>	To think with deliberation, allowing space for creativity, openness and reflection, the consequence of which is that action is undertaken to the best of one's ability.
<b>Āta-whakaako</b>	To instil knowledge and understanding deliberately. There are clear reasons why knowledge is shared — to the appropriate participants, in the required manner, time and place.
<b>Āta-tohutohu</b>	To instruct, monitor and correct deliberately, in which grounded knowledge is a constant and valued companion. Cultural markers such as kaitiakitanga (responsible trusteeship) are then accorded safe space to enlighten how and why relationships should be maintained.
<b>Āta-kīnaki</b>	To be deliberate and clear in the choice of appropriate supports to enhance positions taken.
<b>Āta-hoki mārire</b>	To return with respectful acknowledgement of possible consequences.
<b>Āta-titiro</b>	To study kaupapa with reflective deliberation.
<b>Āta-whakamārama</b>	To inform with reflective deliberation, ensuring that the channels of communication at the spiritual, emotional and intellectual levels of the receiver are respected, understood, and valued.

Table source: Pohatu (2013, pp. 15–16).

# ĀPITIHANGA 3 | APPENDIX 3: Hua Oranga tangata whaiora questions

## Hua Oranga (the benefits of wellbeing)

There are four areas outlined below that are important for health, wellbeing and resilience. These are Taha Tinana (Physical wellbeing), Taha Wairua (Spiritual wellbeing), Taha Whanau (Family/Social wellbeing), and Taha Hinengaro (mental and emotional wellbeing). They represent the four sides of a whare tupuna. The storehouse of our memories, stories, abilities and aspirations for ourselves and our people. The four taha work well when they are in balance. Sometimes when we are struggling in one area, we can focus and address this; at other times we can strengthen the other areas to share the load.

Take some time to see where you are at. For each question, respond by shading in the box from 1 (strongly disagree SD) to 5 (strongly agree SA), based on how you feel at this point in time (today).

Taha tinana or your physical health	SD	1	2	3	4	5	SA
Able to move about without pain or distress	1	2	3	4	5		
I have goals to maintain or improve my physical wellbeing	1	2	3	4	5		
I believe physical health improves my general wellbeing, including mental wellbeing	1	2	3	4	5		
Physically healthy	1	2	3	4	5		
These questions are about taha wairua or your spiritual health							
My mana is intact and acknowledged/respected	1	2	3	4	5		
Strong in my cultural identity	1	2	3	4	5		
Content within myself	1	2	3	4	5		
Connected and healthy from a spiritual (Wairua and Mauri) perspective	1	2	3	4	5		
These questions are about taha whānau or your family health							
Able to talk with my whānau and others	1	2	3	4	5		
My relationships with whānau and others are healthy	1	2	3	4	5		
Clear about my roles within my whānau/family, and how to fulfil them.	1	2	3	4	5		
Able to participate in community, or hapū and iwi activities.	1	2	3	4	5		
These questions are about taha hinengaro or your mental health							
I want to make changes in my life that contribute to my wellbeing	1	2	3	4	5		
Able to think, feel and act in a positive manner	1	2	3	4	5		
Able to manage unwelcome thoughts and feelings	1	2	3	4	5		
I understand what contributes to my concerns and how to address these.	1	2	3	4	5		

## Reflection

If you could make improvements (a step at a time) in any taha (of the four areas), what would it/they be? Place a tick in the boxes you would like to be shaded in.

What would be different if you could make these changes to strengthen or balance the taha of your whare? How would life (really) change for you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What first step (change) could you attempt to move in this direction? What would it take for you to live this way for two weeks?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there other areas of life important for you at this time? Such as work, recreation/hobbies, education. Write other areas that you would like to focus on:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

