

DEVELOPING A KAUPAPA MĀORI FRAMEWORK FOR WHĀNAU ORA

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Abstract

The use of whānau ora (healthy families) to represent individual health while also encompassing the collective of family means there is a need to address connectedness that goes beyond wider family structures to include health, education and social service providers. The views of kaumātua (Māori elders) were sought through a series of hui (meetings) to develop an understanding of the term “whānau ora” and its practical application. The hui highlighted that whānau ora has many interconnecting facets, including some tension around the notions of interdependent whānau and individual health care needs. Te Korowai has been developed

from seven interconnecting themes raised by kaumātua. Te Korowai represents the concepts and practicalities of whānau ora.

Introduction

Whānau ora (healthy families) is a complex concept that has emerged from traditional Māori ways of viewing wellbeing, but it has only recently been accepted and promoted in the health policy environment in New Zealand. The complexity of whānau ora lies in the delicate balance between the overall wellbeing of

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whānau (extended family) 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. The introduction of Western medicine to New Zealand brought with it a focus on individuality and self-responsibility and a public health care system that reflects this. This model of health care has contributed to Māori being poorly served, as it works in complete opposite to the traditional interdependence and collectivism of Māori whānau, hapū (sub-tribe) and iwi (tribe). Hence, personal wellbeing for Māori depends, both immediately and ultimately, on the wellbeing of the community as a whole. The high prevalence of heart disease, diabetes, renal disease and cancer among Māori is well established (Ministry of Health, 2006), as is the notion that good health and wellbeing for Māori incorporates more than the merely physical aspects of the absence of disease (Durie, 2001).

While a New Zealand-wide definition for whānau ora makes for ease of alignment to national strategy, there is a need to clarify what whānau ora looks like and how it is experienced at a local level. In particular there is a need to establish whether the definition of whānau ora used in government policy fully encompasses te ao Māori (the Māori world view). This paper provides a background into terminology and usage of whānau ora in government policy and in Māori models of health and wellbeing before moving to describe the development of Te Korowai—a framework that addresses the full complexity of whānau ora for developing, providing and evaluating health services, as well as for qualitative enquiry in relation to those services.

Whānau ora

History indicates that Māori came to New Zealand in great waka (canoes) around 1300 AD. The areas where these waka landed became

the geographical boundaries upon which iwi set their historical roots. The wider genealogically related family groups, referred to as the hapū and whānau, have links to these regions where they are deemed to have mana whenua (customary authority). Māori identity came from membership and learning within the whānau, hapū, iwi and waka (Walker, 1989).

Whānau, hapū and iwi are central to Māori culture and all models of Māori wellbeing. To describe whānau is to describe a network that extends beyond the nuclear family unit. Indeed, whānau has been described as the key to the health and wellbeing of Māori and can be viewed as the epicentre for Māori society (Durie, 1994). In traditional literature, whānau is described as a Māori unit which has descended from a common ancestor, within which certain roles and responsibilities are maintained (Durie, 2001). An individual was able to maintain their sense of belonging through geographical landmarks and whakapapa (genealogical linkages) to whānau, hapū, iwi and waka (Barlow, 1991; Moeke-Pickering, 1996).

Colonization and urbanization prompted Māori to move away from ancestral land and tribal structures; it has become hard for Māori to maintain whānau units that are solely based on blood line. Māori resilience throughout the 20th century and until today has been ascribed to the evolution of whānau structures, which not only include traditional Māori units that are blood-related, but also of groups of people who share a common interest or purpose (Durie, 1994; Metge, 1995;). One key example of modern whānau units is the kōhanga reo (Māori immersion schools) movement where the term “whānau” has been used to identify the collective of adults and children participating in the kōhanga reo environment (Bingham, Waru, Ponini, & Keelan, 2004).

The whānau unit, whether viewed in a traditional or contemporary sense, is vital to achieving and maintaining wellbeing for Māori. “Whānau ora” is described as the goal of good health as it relates to support from

and connection to the family (Durie, 1994). From this, whānau ora can be viewed as a dimension of individual wellbeing or as a collective concept in which the health of individuals within the whānau unit each contribute to the health of the whānau. This latter concept can be understood through Aristotle's writing that "the whole is greater than the sum of its parts" (Aristotle in *Metaphysics*).

Whānau ora in the public sector

Whānau ora has been used widely within the public sector in New Zealand to describe an overarching goal in the development of Māori-specific programmes, strategies and policies. Its use in the health sector has increased since the publication of *He Korowai Oranga: National Māori Health Strategy* in 2002, which defines whānau ora in the context of Māori families supported to achieve their maximum health and wellbeing (Minister of Health and Associate Minister of Health, 2002). *He Korowai Oranga* charges the health and disability sectors with recognizing the interdependence of people. It acknowledges that health and wellbeing are influenced and affected by the "collective" as well as the individual, and the importance of working with people in their social contexts, not just with their physical symptoms.

Whānau ora has been used as a guiding principle, a goal, and in some instances has been used to describe a type of health service delivered through district health boards (DHBs), Māori health providers and other health service providers to Māori communities (Minister of Health and Associate Minister of Health, 2002). Within the Waikato District Health Board the *He Korowai Oranga* definition of whānau ora is used as the goal for its Māori health strategy, *He Huarahi Oranga (2006–2009)* (Waikato District Health Board, 2006). The Waikato DHB has a number of contracts with Waikato Māori health providers to deliver a whānau ora service to those with chronic conditions.

In 2010 the concept of whānau ora received new emphasis within a changing health and social sector environment. A commissioned report by the Taskforce on Whānau-Centred Initiatives released strong recommendations regarding the reconfiguring of government and non-government agencies providing services to whānau in New Zealand, and the use of a whānau ora approach within these agencies (Whānau Ora Taskforce, 2010). In addition, weight has been placed on whānau ora approaches in health care settings, particularly in the primary health care sector. An example of this is the inception of the National Hauora Coalition which, through its nine members, supports a range of primary care services for over 200,000 Māori and non-Māori "high needs" whānau throughout New Zealand, and represents urban, rural and tribal groups that serve growing communities (National Hauora Coalition, 2010).

Māori models of health and wellbeing

A number of Māori models of health and wellbeing have been developed from a Māori world view (Durie, 1994, 1999; Pere, 1984). The models have been used to assess health and wellbeing as well as a basis for the development of policies such as *He Korowai Oranga: Māori Health Strategy* (Minister of Health and Associate Minister of Health, 2002). These Māori models incorporate components of wellbeing, such as wairua (spirituality), te reo Māori (language), whenua (ancestral land), marae (community) and moana (oceans) (Durie, 1994). The following three Māori models of health and wellbeing are noted most frequently in literature, and are actively used in a variety of health care settings.

Te Wheke

Te Wheke (Pere, 1984) uses the figure of a wheke (octopus) to illustrate Māori health and wellbeing. The head and body of the wheke represent the whānau unit, the eyes represent

waiora—the essential ingredient of life which, when blessed, is able to heal the body, mind and spirit—and the eight tentacles represent eight dimensions of health: wairuatanga (spiritual), tinana (physical), hinengaro (mental), whanaungatanga (relationships), mana ake (uniqueness), mauri (vitality), hā a koro mā, a kui mā (inspiration from ancestors) and whatumanawa (emotional).

Te Whare Tapa Wha

Te Whare Tapa Wha (Durie, 1994) is a holistic Māori model of care, made up of four dimensions of health: taha tinana (physical), taha wairua (spiritual), taha hinengaro (mental) and taha whānau (environmental). The model likens the four dimensions to the walls of a house, providing a solid frame for wellbeing. Te Whare Tapa Whā has been used across various sectors including education and social services.

Te Pae Mahutonga

Te Pae Mahutonga (Durie, 1999) (also known as The Southern Cross) uses a well-known celestial body to illustrate a model of Māori health promotion. The four central stars represent: mauriora (access to the Māori world), waiora (environmental protection), toiora (healthy lifestyles) and te oranga (participation in society). The two pointers can be used to represent moving forward: ngā manukura (leadership) and te mana whakahaere (autonomy).

These models are widely used and accepted by Māori and non-Māori to inform culturally appropriate health care provision throughout New Zealand. Te Wheke and Te Whare Tapa Whā are used mostly to inform the health of individuals, while Te Pae Mahutonga is a community model for health promotion. These models have many strengths; however, the introduction of whānau ora to the New Zealand policy environment means there is a need to address connectedness that goes beyond

wider family and cultural structures to include health, education and social service providers as well as significant others.

Oranga Tāne Māori

The Oranga Tāne Māori research project began in early 2009 to explore the whānau ora experiences of Māori men with chronic disease or cancer. This project employed a kaupapa Māori (Māori ideology) methodology; a theoretical base centred within te ao Māori (Cram, McCreanor, Smith, Nairn, & Johnstone, 2006; Cram, Smith, & Johnstone, 2003; Moewaka Barnes, 2000). Kaupapa Māori methodology includes the principles of whakapapa, whānau, te reo, tikanga (protocols), rangatiratanga (self-determination) and aroha ki te tāngata (love for the people) (Bishop, 2005).

The relationship between the two investigative groups, Te Puna Oranga (Waikato DHB Māori Health Service) and The University of Auckland, Waikato Clinical School, brought to this project both Māori and non-Māori researchers with a range of associated skills and shared concerns surrounding Māori health. A key emphasis in planning and carrying out the research was on the relationship between the research and the community it serves.

Methods

The research team acknowledged the various existing descriptions of whānau ora (described above) but sought the views of kaumātua to develop an understanding of the practical application of whānau ora. Kaumātua are seen as traditional guardians of genealogy, spirituality and Māori knowledge. Kaumātua were the most appropriate people to provide guidance on the concept of whānau ora. The medium for such a discussion was through hui—an oral and aural process for discussing, debating and coming to a shared understanding about issues. In the area of

the Tainui waka, the geographical region of New Zealand where the Tainui waka came ashore and where this research took place, kaumātua are defined as both men and women elders.

Kaumātua were invited through their particular health provider and marae organizations to attend one of four hui and respond to the researchers' request to "tell us what you understand by the term whānau ora". Although the overall aim of the Oranga Tane Māori study is focused on the health and wellbeing of Māori men, we sought this preliminary guidance about the health of the whānau as a whole, and how the individual aspects of health and illness were viewed from the traditional perspective of interdependence.

The ensuing discussions were captured on a whiteboard by a member of the research team fluent in te reo Māori. This ensured the content of the discussion was accurately recorded, and enabled the kaumātua to correct any misunderstandings or missed points. Due to the nature of hui, quotes were not assigned to individuals; rather the content was viewed by all participants for further clarification or discussion at the time. Thus, what emerged was a unified discussion and agreement (one voice = kotahitanga) from each hui. The ideas and concepts advanced by kaumātua were analysed and arranged into thematic areas, which helped construct a draft framework for understanding whānau ora. The draft framework was then presented back to kaumātua through an additional two hui, to check, add, modify and enhance the knowledge captured during the first hui round. The second round often included participants who may not have been present at the first hui but wished to be heard.

Approval was sought and granted by the Northern Y ethics committee (NTY/09/03/027).

Results

Six hui were held with kaumātua in the Waikato, Maniapoto, Hauraki and Raukawa areas in the

Waikato DHB region. A total of more than 100 participants attended at least one of the two rounds of hui. The hui followed traditional processes of welcome, introductions and oration. Kaumātua, the research team, and at times carers or supporters who attended with the kaumātua, engaged in spirited discussion. Conclusions were reached by acclaim and a common view was agreed both during the hui and afterwards when Te Korowai was taken back to the kaumātua for further discussion.

Two particular issues for debate were the traditional roles of men and women regarding gendered health knowledge and privacy, and the responsibility of the individual to the health of the whānau. The conclusion reached on both issues was that a workable framework needed to prioritize the rights of whānau to act according to their own needs, with their own vision of what constitutes wellbeing.

A framework "Te Korowai" emerged with seven interconnecting themes of whānau ora raised by the kaumātua (Table 1). Korowai, in its simplest form, translates as a cloak (Te Kanawa, 2006). Korowai are traditionally made and worn to represent a whānau, hapū or iwi, and with that the mana (respect) of the whānau, hapū and iwi is carried by the wearer. The analogy of the weaving of korowai is significant for this research, as the Tainui rohe (region), where this research took place, includes notable weavers who are have lineage to the Tainui waka. This includes the late Diggeress Te Kanawa who co-authored the book *Weaving a Kākahu* (Te Kanawa, 2006).

Korowai, made up of natural materials such as harakeke (flax) and, most commonly, the feathers of birds, involves the intricate hand weaving of aho (vertical strands) and whenu (horizontal strands) of flax and feathers. The completed korowai is made to fit the dimensions of a person in length and breadth. Where aho and whenu are unable to connect, a korowai is not able to be worn as it is incomplete. It is only when all interconnecting parts come together and the here (cord) of the korowai is tied that

TABLE 1: Te Korowai framework.

Korowai concepts	Theme from kaumātua	Key words and concepts from kaumātua	How it relates to whānau ora
Taniko ki raro (bottom border)	Tuapapa (foundation/vision)	The vision and foundation of whānau ora	Provides the vision for whānau ora.
Whenu (vertical strands)	Whanaungatanga (relationships)	Whakapapa, whānau, hapū, iwi, kaumātua, pakeke, rangatahi, tamariki, piripoho	Represents the relationships held by a person, it looks at the individuals involved as well as the wider hapū and iwi community.
Aho (horizontal strands)	Uara Tu (guiding values)	Manaakitanga, tikanga, whakaponono, kotahitanga, rangimarie, aroha ki te tangata	Represents the values and principles that underpin the relationships a whānau has; also represents the “unwritten” values that hold and bind a whānau together.
Rārangi huruhuru (feathers)	Huarahi (pathway of the individual)	Support in the community, service provision	Represents the pathway and experiences an individual takes in their journey towards health and wellbeing.
Taniko ki runga (top border)	Oranga and hauora (health and wellbeing)	Wairua, tinana, hinengaro, whānau, environment, community, rongoa	These dimensions are key to the health and wellbeing of the whānau. For the taniko to begin, all preceding whenu and aho must be connected.
Here (cord)	Mana tāngata (empowerment)	Participation, responsibility, leadership, proactive approach	Represents the need to be responsible to ourselves as individuals, and to our whānau and community in the decisions we make about our health and wellbeing. To tie the korowai is to accept the responsibility of determining your pathway. It recognizes that every individual has the right to make their own decisions.
Completed korowai	Rangatiratanga (self-determination) Whakaruruhau (safety)	Safety, self-determination	When one wears the korowai there is a sense of whakaruruhau (safety and protection). The wearing of the korowai also represents rangatiratanga. It represents the attainment of whānau ora and the outcome of bringing all the components of the korowai together.

a korowai is complete and can be worn by the individual (Te Kanawa, 2006).

Te Korowai is a metaphoric framework that links the wearer and their wider whānau, hapū, iwi and community, while incorporating the underpinning values and principles Māori hold as a collective. Individually each theme is important; however, whānau ora is achieved when these seven themes intersect with one another.

The development of Te Korowai from the kaumātua hui involved a similar process to the making of a korowai. The research team met on multiple occasions to examine, discuss and debate the meanings of the guidance offered. These discussions resulted in the generation of a series of broad themes, which were recognized by a weaver on the team as having a clear relationship to the construction of a korowai. Te Korowai was then presented in its draft form to several of the project's formal stakeholder and guidance groups before being re-presented to the kaumātua for further discussion, consideration and approval.

Discussion

What became clear through hui held with kaumātua is that whānau ora is complex, with many interconnecting facets. This is supported in other literature (Bingham et al., 2004; Durie, 1994, 1999, 2001; Pere, 1984; Whānau Ora Taskforce, 2010). The key source in the development of Te Korowai as a practical application for whānau ora are the kaumātua who support, guide and protect the whānau of the Tainui region. It was essential for the project team to develop a framework that encompassed the key themes in a manner that reflected kaumātua beliefs, values and practices; the framework of Te Korowai enables this.

The guidance and discussion from the kaumātua focused on both traditional and contemporary aspects of whānau and whānau ora. They talked about the need to hold fast

to traditional Māori values and beliefs, but acknowledged that society has evolved and whānau need to have the opportunity to grow within that evolution. Kaumātua considered their role to be one of education and support to whānau to make sure traditional values are upheld in an ever changing society.

The development of Te Korowai incorporates the interwoven concepts or strands that bind the korowai together. Central to the notion of Te Korowai is Māori self-determination in influencing positive health outcomes for Māori. It also prioritizes the interlinking of partnerships between Māori and health services for whānau health gain.

Te Korowai is being piloted in three areas of the Oranga Tane Māori research project. First, Te Korowai will be applied to the evaluation of the Whānau Ora Māori Community Health Worker Service (contracted by the Waikato DHB); second, it will be applied to the analysis of qualitative data collected from Māori men, their whānau and service providers; and finally, in the start of discussions about planning for future whānau ora services.

Table 2 is an example of the application of Te Korowai in the evaluation of the Whānau Ora Māori Community Health Worker Service, showing how various components of Te Korowai may be used in an evaluation setting.

The project team has worked within the parameters of a Kaupapa Māori research methodology in determining Te Korowai. Key to the development of Te Korowai has been the in-depth guidance provided by kaumātua in relation to their views on what determines whānau ora. A limitation to this work is that participation of kaumātua has been from only one region of New Zealand. However, it is believed that the concept of whānau ora and the construct of the framework are universal within te ao Māori, and that differences which arise may be from differences in local implementation of services rather than through variations in interpretation of Te Korowai. The piloting of Te Korowai will test the practical application,

TABLE 2: An example of the application of Te Korowai in evaluation.

Korowai concepts	Example of application in evaluation	Measurement
Tuapapa (foundation)	<p>How would you describe the foundation/underlying principles of your service?</p> <p>How does whānau ora contribute to this foundation?</p>	<p>The service provider may provide their overall vision and/or mission statement. This sets the foundation for their provider.</p>
Whanaungatanga (relationships)	<p>How does whanaungatanga play a role in the service? What relationships are key to:</p> <ul style="list-style-type: none"> • your success as a service provider? • the success of whānau enrolled in your service? 	<p>Key relationships identified by service provider including (but not exclusively): other Māori providers; whānau entering their service; general practitioners; the wider whānau; secondary care services; Social Services agencies. The provider may discuss how whanaungatanga is important between the whānau and the service and how this is done.</p>
Uara Tu (guiding values)	<p>List the key values and ask the service provider if and how these are implemented.</p>	<p>Following on from Tuapapa, Uara Tu provides an opportunity for the provider to go more in-depth into the key values which underpin their service and how these are implemented on a daily/weekly/monthly basis.</p>
Huarahi (pathway)	<p>How does your service support the pathway to health and wellbeing?</p>	<p>This provides an opportunity for the provider to discuss how service provision supports the whānau in attaining and maintaining health and wellbeing. It may include a list of the services they provide.</p>
Oranga and hauora (health and wellbeing)	<p>What dimensions of the whānau are cared for in your service provision? How is this done?</p>	<p>While the service provider may be contracted to look specifically at measurable aspects of health, they have an opportunity to include other aspects of their work which may focus on the whānau, hinengaro, wairua, community and environment.</p>
Mana Tangata (participation)	<p>how does your service support the individual (within a whānau setting) to actively participate in good health and wellbeing?</p>	<p>This may involve an analysis of individual care plans using the concepts of Te Korowai as a guide.</p>
Rangatiratanga (self-determination)	<p>What changes do you see in whānau that acknowledge rangatiratanga?</p>	<p>This may involve narrative reports from the service provider outlining changes seen in the whānau that they are working with. It may also involve steps/processes that had been taken by the provider to ensure safety; for example: karakia;</p>
Whakaruruhau (safety)	<p>How does your service ensure the safety—of cultural, physical, emotional, spiritual—of whānau?</p>	<p>whanaungatanga; ensuring information relating to illness is conveyed to the whānau in a manner that is suitable, correct, and understood.</p>

and further consultation with and feedback from kaumātua will be sought to establish its acceptance for wider use.

Te Korowai provides a structure for whānau ora as a means of guiding, measuring and evaluating health services. It encompasses every individual and group as well as the key values on which whānau ora rests. Te Korowai recognizes the need to bind all strands together in order to achieve whānau ora.

Conclusion

This paper has presented the development of Te Korowai, which has emerged from the need for a contemporary framework that engages in a practical way the various understandings of whānau ora through further reaffirmation and expression of Māori and their identity. Te Korowai will be used to guide service provision and evaluation, and for qualitative data analysis. While other Māori models of health and wellbeing are used widely within the health sector, Te Korowai recognizes the responsibility of the individual in achieving whānau ora without diminishing the collective, interdependent values of Māori and the importance of responsive health services in the attainment of wellbeing.

The journey of developing Te Korowai is still in its formative stages. It needs to be developed in a manner that will be adaptive to and flexible within the realms of health and social science research and service provision.

Glossary

aho	vertical strands in weaving
aroha	love and empathy
aroha ki te tāngata	love for the people
hā a koro mā, a kui mā	inspiration from ancestors
hapū	sub-tribe
harakeke	flax, <i>Phormium tenax</i>
here	cord, to bind
hinengaro	mental
huarahi	road, pathway, way, track, street, method, procedure
hui	meeting
iwi	tribe
kaumātua	elders
kōhanga reo	Māori immersion school
korowai	traditional cloak
kotahitanga	one voice
mana	respect, authority
mana ake	uniqueness
mana whenua	the right to govern, manage and utilize land
marae	community, meeting house
mauri	vitality, life force
mauriora	access to the Māori world
moana	ocean
ngā manukura	leadership
oranga	wellbeing
rangatiratanga	sovereignty, right to exercise authority
rohe	region
taha hinengaro	mental
taha tinana	physical
taha wairua	spiritual
taha whānau	environmental
te ao Māori	the Māori world view
te oranga	participation in society
te mana whakahaere	autonomy
te reo Māori	Māori language

tikanga	customs and traditions
tinana	physical
toiora	healthy lifestyles
waiora	environmental protection
wairua	spirit, soul, spirit of a person
wairuatanga	spiritual
waka	canoe
whakapapa	genealogy
whānau	nuclear/extended family
whānau ora	healthy families
whanaungatanga	forming connections, relationships
whatumanawa	emotional
wheke	octopus
whenu	horizontal strands in weaving
whenua	land

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