Ngāti Hine Kaumātua Needs Assessment

INTERIM REPORT

Report prepared for
Te Rūnanga o Ngāti Hine

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1. Introduction

1.1 Overview

Health disparities and the increased incidence of diseases such as cancers, kidney and heart disease, and diabetes amongst Māori is well known, despite multiple attempts over the past few decades to improve Māori health (Hobbs, et.al., 2019; Te Karu, Dalbeth & Stamp, 2021, Wilson, et.al., 2021; Huria, et.al., 2018). Hobbs et al (2019) note that "The scarcity of tangible reductions in inequity between Māori and non-Māori populations raises questions about the effectiveness of policies to date". The needs of Māori elderly are wide ranging from disease and other health concerns to housing, to whānau and financial security.

While still a relatively small percentage of the overall NZ population (19.6%), those of Māori descent now number 978,246, with the population growing at a larger rate than other ethnicities. The median age of the Māori descent population is 27.2 years compared to 38.1 years for the total New Zealand population (Statistics NZ, 2024).

Although generally our populations are ageing rapidly, with an expected major drain on health resources, Hikaka and Kerse (2021) note that 2021 figures for Māori aged 65 years and older are only 7.6% of the aged population, the disparity attributed partly to the seven-year difference in longevity between Māori and non-Māori.

They note further, however, that demographic ageing will happen faster for Māori than non- Māori in the next 20 years with a concurrent large increase in the number of Māori elderly requiring support. Given the health and wealth challenges faced by many Māori, those challenges will be difficult indeed.

Kaumātua (elderly Māori, male and female) well-being is deeply interconnected with cultural identity, social determinants of health, and access to equitable healthcare. Research consistently highlights the role of whakapapa (genealogy), tikanga (customary practices), and te reo Māori (language) in shaping the lived experiences of - and their ability to thrive within their communities (Muru-Lanning et al., 2021). However, systemic barriers, colonisation, and socio-economic disparities continue to impact kaumātua well-being, necessitating a kaupapa Māori approach

to research and policy (Keelan et al., 2022).

In June 2024, the Kingi Ihaka Research Centre was contracted by the Selwyn Foundation to undertake a needs assessment of kaumātua living in the Ngāti Hine rohe in Te Tai Tokerau, of Ngāti Hine descent and/or accessing the services provided by the Ngāti Hine Health Trust (NHHT). A needs assessment, framed within a Kaupapa Māori research paradigm, aims to address the health, social, and cultural needs of kaumātua, ensuring that all actions are deeply rooted in tikanga and Ngāti Hine priorities.

The primary research question for this scoping report was – What are the health and wellbeing needs of kaumātua in Ngāti Hine rohe?

A literature review examined related issues such as cultural well-being and identity, health inequities and systemic barriers, whānau and community support structures, and the social determinants of health for kaumātua. This enabled the embedding of the project findings into the socio-economic context of Aotearoa New Zealand.

The purpose of this assessment is to identify key needs, gaps in service provision, and opportunities to enhance kaumātua well-being through culturally aligned strategies. The findings potentially inform advocacy and intervention pathways to support kaumātua in areas such as social engagement, healthcare access, housing, and intergenerational leadership.

While kaumātua did not explicitly use the term 'wairua' during interviews, their narratives implicitly highlight significant spiritual dimensions of well-being (Taha Wairua). Their consistent emphasis on relational connectedness (whanaungatanga) and cultural identity (whakapapa) underscores that kaumātua view their well-being holistically, deeply interwoven with relational, cultural, and implicitly spiritual dimensions. In kaupapa Māori frameworks, such connections inherently carry spiritual significance, reflecting a holistic view where wairua is integral to identity, belonging, and well-being.

This report therefore emphasises relational and cultural dimensions as essential pathways to implicitly support and strengthen kaumātua spiritual well-being.

1.2 Framing the Research through Ngāti Hine Concepts of Leadership, Mana, Whanaungatanga, and Whakapapa

This needs assessment is framed within kaupapa Māori research principles, aspiring to frame the research so that kaumātua well-being is understood in a manner that reflects Ngāti Hine realities, cultural frameworks, and leadership structures. While kaumātua themselves did not explicitly articulate all of the concepts explored in this report, the research team has drawn on Ngāti Hine Puke Pukerau (distributed leadership), Mana, Whanaungatanga, and Whakapapa to interpret and contextualise the findings in alignment with a whakapapa-based, mana-enhancing approach.

Ngāti Hine Pukepuke Rau – A Model of Distributed Leadership:

Leadership within Ngāti Hine is distributed across whānau, hapū, and marae relationships and structures. This means kaumātua are not passive recipients of care but active contributors, leaders, and knowledge-holders within their communities. Their well-being is directly linked to their ability to remain engaged, connected, and contributing to whānau decision-making and tikanga transmission.

Mana – The Authority to Lead and Be Recognised

Mana kaumātua is maintained through the ability to exercise influence, uphold tikanga, and remain connected to whakapapa-based roles. This research is framed through a mana-enhancing approach, which recognises kaumātua well-being not as a deficit to be addressed, but as an ongoing expression of intergenerational leadership that must be supported, not diminished.

Whanaungatanga – The Foundation of Connection and Support

Whanaungatanga (relational ties and belonging) is essential to kaumātua well-being. Relationships with whānau, hapū, and marae provide social, emotional, and cultural grounding. This research frames kaumātua well-being not only in terms of access to services but in their ability to remain deeply connected to their whanaungatanga networks,

ensuring that relationships remain strong across generations.

Whakapapa – The Intergenerational Link to Identity and Well-being

Whakapapa (genealogical connections) binds kaumātua to their ancestors, whenua, and future generations. Kaumātua well-being is sustained through their ability to transmit knowledge, tikanga, and identity to younger generations. This report applies a whakapapa-based framing, ensuring that kaumātua leadership and well-being are seen as essential to the ongoing vitality of Ngāti Hine.

By applying these Ngāti Hine-specific frameworks to interpret kaumātua perspectives, this report aims to ensure that findings and recommendations align with mana-enhancing, whakapapa-centred, and whanaungatanga-based responses, rather than deficit-based models of kaumātua support.

1.3 Acknowledgements

2. Executive Summary

The research for the full report that this Executive Summary is drawn from, was commissioned by the Selwyn Foundation and conducted by the Kingi Ihaka Research Centre, to assess the health, social, and cultural needs of kaumātua (elderly Māori) within the Ngāti Hine rohe (region) in Te Tai Tokerau (Northland, New Zealand). Framed within a Kaupapa Māori research paradigm, the report identifies key challenges faced by kaumātua and provides actionable recommendations to enhance their well-being.

The cause-and-effect relationships outlined in this Executive Summary highlight the root causes of the challenges faced by Ngāti Hine kaumātua and their downstream impacts on well-being. By addressing these root causes through culturally responsive interventions—such as expanding kaumātua roopu, improving healthcare access, and supporting housing security—we can enhance the well-being of kaumātua and ensure they age with dignity, cultural connection, and security.

2.1 Background

Health disparities among Māori, including increased incidences of cancers, kidney and heart disease, and diabetes, remain significant despite numerous efforts to improve Māori health over the past few decades (Hobbs et al., 2019; Huria et al., 2018; Te Karu, Dalbeth & Stamp, 2021; Wilson et al., 2021). Hobbs et al. (2019) highlight that the lack of tangible reductions in inequity raises questions about the effectiveness of current policies. The needs of kaumātua (elderly Māori) extend beyond health concerns to encompass housing, whānau, and financial security. Their well-being is deeply intertwined with cultural identity, social determinants of health, and access to equitable healthcare, with research emphasizing the importance of whakapapa (genealogy), tikanga (customary practices), and te reo Māori (language) in shaping their lived experiences and ability to thrive within their communities (Muru-Lanning et al., 2021). However, systemic barriers, the impacts of colonisation, and socio-economic disparities continue to affect kaumātua well-being, highlighting the necessity for a kaupapa Māori approach to research and policy (Keelan et al., 2022).

The kaumātua of Ngāti Hine are essential to the preservation and continuation of ngā taonga tuku iho o te iwi. Their roles encompass a wide range of responsibilities, from cultural transmission to leadership and spiritual guidance. However, they face significant challenges that require concentrated efforts from both the iwi and external organizations to ensure their voices are heard and their contributions are valued. Supporting kaumātua is not only vital for the well-being of the individuals themselves, but also for the future of Ngāti Hine as a thriving and culturally rich community.

2.2 Ngāti Hine

Ngāti Hine, an iwi within Te Tai Tokerau, had a recorded population of 17,853 in 2023 (Te Whata, 2023). The demographic profile reveals a young (57.3% under the age of 30) and predominantly whānau-based population, with socio-economic trends that have direct implications for kaumātua well-being. The relative youthfulness of the iwi indicates a currently lower proportion of kaumātua compared to the national Māori population, which has been experiencing an increase in aging cohorts. This suggests that while kaumātua currently represent a minority but important population, specific policy attention to ensure adequate support is required now to ensure the wellbeing of kaumātua but also to ensure future needs are met as demographic shifts occur (Te Whata, 2023).

The demographic composition of Ngāti Hine significantly influences kaumātua well-being, particularly concerning housing security, intergenerational caregiving, and financial stability (Te Whata, 2023). The low homeownership rates and high reliance on rental housing heighten the risk of housing insecurity for kaumātua, especially as rental costs rise, while crowded and damp homes pose health risks, underscoring the need for targeted health interventions.

The concentration of working-age iwi members in Auckland raises concerns about the availability of whānau caregivers in rural areas, increasing the demand for formal aged-care support. Additionally, the decline in religious affiliation and moderate retention rates of te reo Māori emphasize the necessity of culturally appropriate support networks for kaumātua. Although Ngāti Hine-specific literature is limited, it reveals the significant impact of cultural identity, systemic inequities, and social determinants on kaumātua well-being in the region, highlighting the importance of Indigenous-led models of care.

Addressing systemic inequities in aged care requires a shift towards kaupapa Māori frameworks that promote dignity and cultural connection for kaumātua. This approach should integrate traditional Māori values, strengthen whānau and community support systems, and ensure equitable access to healthcare and social services. By prioritizing culturally responsive policies and initiatives, the well-being of kaumātua can be safeguarded, allowing them to maintain their vital roles as knowledge holders, leaders, and caregivers within Māori society.

2.3 Methodology

Several hui were held in July to September 2024 to determine the scope of the research project between

KIRCE Kairangahau, Anthony Wilson from the Selwyn Foundation, and with Trustees and staff from the Ngati Hine Health Trust (NHHT). These included two preliminary hui with kaumātua to signal the advent of the project as well as draw on their knowledge to frame the project.

Data collection was via three focus groups with selection criteria that participants be of Māori descent, aged 55+, may be utilising the services of NHHT, and living in the rohe of Ngāti Hine within Te Tai Tokerau. The focus groups were held at Waikare Marae, Moerewa Community Centre, and offices of He Iwi Kotahi Tatou Trust in Moerewa also. When including the initial Ngāti Hine hui of 15 kaumātua, a total of 54 kaumatua took part in the health needs assessment. Additionally, the kōrero from staff helped flesh out the context and social situations of kaumātua they worked and interacted with.

A thematic analysis was conducted of the transcripts to identify key themes emerging from hui with kaumātua. The themes identified clearly indicated a variety of areas where kaumātua needed support. They also identified areas where the support they were receiving was praised, and the support that they needed was met.

2.4 Key Findings

1. Health Inequities and Systemic Barriers:

· Cause: Institutional racism, socio-economic disadvantages, and the long-term effects of colonisation.

· Effect: Disproportionately high rates of chronic illnesses and lower life expectancy among kaumātua.

· Example: "40 years ago, we wouldn't go to the hospital because every time somebody went there, they died." (Waikare roopu).

Kaumātua experience disproportionately high rates of chronic illnesses, including diabetes, cardiovascular disease, and respiratory conditions, compared to non-Māori, with these disparities largely arising from systemic barriers such as limited access to culturally appropriate healthcare, economic hardship, and the long-term impacts of colonisation (Ministry of Health,

2024; Keelan et al., 2022). Additionally, Māori face lower life expectancy and often develop age-related conditions earlier than their non-Māori counterparts (Hokowhitu et al., 2020). Unique challenges, including social isolation, historical injustices, systemic inequities, and cultural disconnection, further exacerbate their vulnerability to ill health. Institutional racism in healthcare settings serves as a persistent barrier, leading to discrimination that reduces trust and willingness to seek necessary care (Wilson et al., 2021; Keelan et al., 2023). Ultimately, the quality of life for kaumātua is significantly shaped by cultural and social determinants, including access to culturally responsive healthcare, strong whānau support systems, and the ability to engage in traditional practices (Dyall et al., 2014).

Features of health inequities and systemic barriers were consistently noted by kaumātua in the focus groups, inferring that all challenges they face arise from those inequities and barriers.

2. Healthcare Access:

· Cause: Long wait times, lack of culturally competent providers, and transportation challenges.

· Effect: Delayed or inadequate care, leading to worsened health outcomes.

· Example: "Practitioners sort of saying negative things about your diabetes or weight… I just walk out the door." (Waikare roopu).

Access to healthcare for kaumātua is hindered by various intertwined historical, cultural, and systemic factors. A major barrier is the failure of healthcare providers to effectively integrate Māori cultural perspectives, which can lead to negative experiences for kaumātua, including language barriers and insufficient information throughout their healthcare journeys (Abraham et al., 2018). This lack of cultural sensitivity may foster feelings of alienation and mistrust towards the healthcare system, discouraging them from seeking necessary medical attention. Financial constraints further exacerbate this issue, as many kaumātua live on fixed incomes, making it challenging to cover out-of-pocket expenses like transportation to medical appointments (Simpson et al., 2022). Additionally, the geographical distribution of healthcare facilities poses significant

challenges, especially for those in rural areas with limited access to services, resulting in delays in care that complicate health issues that could have been managed more effectively with timely intervention (Maeseneer et al., 2022).

In the focus groups, kaumātua noted significant challenges in accessing healthcare services due to transportation barriers, long wait times, and a lack of culturally competent healthcare providers. One kaumatua explained the impact of a judgemental health provider, which resulted in the kaumatua leaving feeling put down and therefore not wanting to return.

3. Social Isolation:

· Cause: Geographic distance from whānau, limited transport options, and digital exclusion.

· Effect: Increased risk of depression, anxiety, and loneliness, reducing quality of life.

· Example: "Isolation is a big thing, like, our whānau not being around. You never feel isolated if you got somewhere to come to." (Waikare roopu).

Social isolation, defined as a lack of contact with others, poses significant psychological and physical health risks, particularly for the elderly (Dong et al., 2024; Lee, 2019). For Māori, the effects of colonization have disrupted traditional social structures, resulting in increased isolation and feelings of loneliness among older Māori, which further exacerbate health disparities (Johnson et al., 2024; Wilson et al., 2021; Stephens et al., 2020). Kaumātua experience higher rates of social isolation compared to their non-Māori peers, a situation worsened by socioeconomic disadvantages and limited access to healthcare services (Tkatch et al., 2021).

Focus group participants highlighted the need for regular, structured social engagement, as many feel disconnected due to geographic distance from whānau and inadequate transport options. Community-based initiatives, such as marae-based elder care programs and kaumātua-led activities, have proven effective in reducing social isolation and enhancing well-being by fostering community connections and a sense of belonging (Te Pou Matakana, 2018; Keelan et al., 2023).

All of the focus groups raised the importance of social connection for dispelling social isolation.

4. Digital Exclusion:

· Cause: Lack of digital literacy and access to devices.

· Effect: Limited access to online services (e.g., telehealth) and social connectivity.

· Example: "Kuia and kaumātua face struggles with technology, even just going to the hospital, you've got to push the buttons." (Waikare roopu).

Digital inclusion initiatives are vital for supporting kaumātua social engagement by enhancing their digital literacy, which enables them to connect with whānau and access telehealth services (Ministry of Health, 2024). However, digital exclusion remains a significant barrier, particularly for Ngāti Hine elders in rural areas with limited internet connectivity, thereby restricting their access to essential services (Whitehead et al., 2021).

The communal nature of Māori culture means that kaumātua often depend on whānau for support in navigating digital tools, but this assistance can be inconsistent due to varying digital literacy levels within families (Herbert et al., 2017). To effectively address these challenges, a holistic approach is necessary, incorporating cultural safety, community engagement, and tailored educational programs. Initiatives that foster peer education can enhance kaumātua's confidence and skills in using digital technologies (Hokowhitu et al., 2020).

Additionally, healthcare providers must prioritize culturally safe practices that align with Māori values, ensuring that digital health interventions are both accessible and culturally relevant (Oetzel et al., 2014).

5. Housing and Economic Security:

· Cause: Only 24.6% own or partly own their homes, and 41.7% live in damp conditions.

· Effect: Increased risk of respiratory illnesses and financial strain.

· Example: "You're living frugally, and everything becomes an emergency." (Tāne roopu).

According to the latest Census data reported by the NZ Herald (2025), only 27.5% of Māori own or partially own their homes, highlighting the challenges of housing affordability and suitability for kaumātua, which adversely affect their health and well-being (Dulin et al., 2011; Nock et al., 2022). The Labour government identified Te Tai Tokerau/Northland as having one of the highest rates of homelessness in 2018 (George et al., 2021), with many households lacking access to basic facilities and living in substandard housing that promotes damp and mouldy conditions, significantly contributing to serious health issues.

Rural towns like Moerewa exhibit particularly high proportions of such inadequate housing, with isolated areas likely facing even worse conditions (George et al., 2021). In response to these challenges, the development of kaumātua villages has emerged as a potential solution, offering culturally appropriate housing alongside wrap-around services, including healthcare, transport, and social activities, which are essential for supporting the holistic well-being of kaumātua who often depend on whānau for care and support (Simpson et al., 2022; Holdaway et al., 2021).

Housing security is a significant concern noted by kaumātua in the focus groups, particularly for those in rental accommodation. Many face financial insecurity due to rising living costs and limited access to financial support for home modifications. Kaumātua from the different focus groups raised concerns about financial insecurity, which includes the fact that the superannuation payment is not enough to get by, and any unplanned expenditure becomes a crisis.

6. Cultural Continuity:

· Cause: Diminishing number of kaumātua stepping into leadership roles.

· Effect: Risk of cultural erosion and loss of traditional knowledge.

· Example: "They're a teaching tool for me, with knowledge we take for granted." (Waikare roopu).

Intergenerational knowledge transfer within Māori communities is crucial for cultural preservation and educational success, rooted in Māori epistemology that values relationships, cultural identity, and

reciprocal learning. The concept of 'ako,' or reciprocal teaching and learning, is central to this process, creating an environment for mutual knowledge exchange between learners and teachers (Dunn & Locke, 2022). This principle reflects the Māori worldview, viewing education as a communal responsibility that ensures cultural practices and languages are passed down through generations (Watene, 2022; Whitinui, 2019).

Cultural well-being is essential for kaumātua identity, allowing older Māori to maintain strong connections to their heritage and whānau, with engagement in traditional practices like marae activities and whaikōrero enhancing their mental, emotional, and spiritual well-being (Muru-Lanning et al., 2021; Keelan et al., 2022). However, conventional Western aged care models often neglect these cultural dimensions, resulting in social isolation and a decline in overall well-being for kaumātua (Hokowhitu et al., 2020).

Kaumātua play a critical role in upholding tikanga and mentoring younger generations. However, concern was expressed in the focus groups about the diminishing number of kaumātua stepping into leadership roles on marae. Participants noted a need for structured mentorship programmes to support the transfer of mātauranga Māori, ensuring cultural continuity and strengthening whānau and hapū resilience. This includes cultural education for some kaumātua, who because of cultural dissonance and an earlier disconnection from Te Ao Māori, are only just learning of tikanga and reo Māori.

7. Mate Wareware (Dementia):

· Cause: Higher prevalence of modifiable risk factors and systemic barriers to early diagnosis.

· Effect: Māori are diagnosed with dementia at a younger age and often at a more advanced stage compared to non-Māori.

· Example: "One of the tāne died last year and he had dementia. He stayed at home. He was 86 when he died. And I got to pick him up every week or twice a week, sometimes to take him out, to get away from home." (Tāne roopu).

Mate wareware presents a significant health challenge in New Zealand, with Māori experiencing a

notably higher prevalence of dementia than non-Māori, often diagnosed at a younger age and more advanced stage of the disease (Cheung et al., 2022; Cullum et al., 2018). This disparity is exacerbated by higher rates of modifiable risk factors such as diabetes, cardiovascular diseases, and hazardous alcohol consumption within Māori communities, all contributing to cognitive decline (Fonseka et al., 2022; Rivera-Rodriguez et al., 2021; Zawaly et al., 2021).

Māori are less likely to receive timely diagnoses and appropriate post-diagnostic support compared to non-Māori (Ma'u et al., 2024; Chan et al., 2022), and they are underrepresented in the use of anti-dementia medications despite their higher prevalence of the disease (Chan et al., 2022; Prieto et al., 2023). The cultural context of dementia is crucial, with models like Te Whare Tapa Whā emphasizing a holistic view that reflects how Māori perceive and cope with dementia.

Communal support structures significantly influence caregiving dynamics and the experiences of those living with dementia (Dudley et al., 2023). Additionally, stigma surrounding dementia can hinder early diagnosis and treatment, leading to poorer health outcomes (Cheung et al., 2022; Cullum et al., 2018). To improve health outcomes for those affected by mate wareware, future research and interventions must prioritize Māori perspectives and involve Māori communities, as exemplified by innovative clinics established through collaboration between the Centre for Brain Research, Ngāpuhi and Te Rarawa iwi, and Te Hau Ora o Ngāpuhi on Northland marae (NZ Herald, 2024).

Mate wareware was a common concern noted among participants in the focus groups and seemed prevalent in their communities.

8. Mental Wellbeing:

· Cause: Ongoing impacts of colonisation and features such as social isolation.

· Effect: Increase in mental health issues such as depression, sometimes leading to suicidal ideation.

· Example: "And to come and to meet like this, I really look forward to it, I really do. Yeah, I love it. You know, it does something for your mind. There's something for your being. Your sanity. Yeah. For

your sanity." (Waikare roopu)

A significant gap in mental health literacy among health providers working with Māori communities often results in disconnection in care provision (Simpson et al., 2015). There is a pressing need for a culturally attuned approach that respects and integrates Māori perspectives on mental health and well-being, recognizing the importance of traditional practices and community support systems (Simpson et al., 2022; Taitimu et al., 2018). External factors, such as socio-economic conditions and the impacts of colonization, further complicate the mental health landscape for kaumātua.

By leveraging community resources and creating environments that promote well-being, mental health outcomes for kaumātua can be significantly improved (Anderson et al., 2022; Clair et al., 2017; Oetzel et al., 2024). Addressing the mental health needs of kaumātua necessitates an understanding of their unique cultural context and the implementation of supportive programs that enhance social engagement and respect traditional practices.

Social isolation and loneliness are prevalent among kaumātua, detrimentally affecting their mental health (Simpson et al., 2022; Clair et al., 2017), but initiatives such as intergenerational programs and peer education have proven effective in fostering relationships and cultural identity, thereby improving their mental well-being (Oetzel et al., 2020; Oetzel et al., 2023; Oetzel et al., 2024).

Mental health concerns, including depression and loneliness, are prevalent and noted by the focus group participants. Some kaumātua have reported instances of suicide within their cohort, highlighting the urgent need for culturally responsive mental health support.

9. Indigenous & Māori Health Care Models:

· Cause: Necessitated by health inequities and systemic barriers.

· Effect: Increased efficacy of healthcare for Māori.

· Example: "The social part of it is meeting up and sharing. Like we get up at our Friday hui and we have a little bit of a kōrero about how our week went, whether we had a good week or a poor week,

or if someone's missing and do we feel worried about that. Yeah, we have that sort of connection. And that's our social outlet. And sharing ideas and sharing a kai. This is a good thing to all get together. When I first came here, I didn't know many. Now I know a lot. I expect to be here every Friday." (Tāne roopu)

Indigenous healthcare models are increasingly recognized for their ability to address the unique health needs of Indigenous populations by integrating traditional healing practices with contemporary healthcare systems, thereby fostering a holistic approach that respects cultural values (Auger et al., 2016; Farias et al., 2024). Involving Indigenous healthcare professionals is crucial for bridging the gap between traditional practices and modern medical care, while culturally appropriate assessment and diagnostic tools enhance engagement with healthcare services and improve health outcomes among populations such as Māori (Durey & Thompson, 2012).

Cultural safety is a key component of these models, creating welcoming environments that acknowledge and respect Indigenous identities, which has been shown to significantly improve patient experiences and health outcomes (Greenwood et al., 2017; Pilarinos et al., 2023). This is particularly vital in light of the historical context of colonialism and systemic racism, which has fostered mistrust in healthcare systems among Indigenous peoples (Nguyen et al., 2020).

A primary strategy for developing culturally centered health services involves co-designing interventions with kaumātua and their whānau, ensuring that services are culturally appropriate and resonate with Māori identity and values. The marae plays a foundational role in kaumātua well-being, serving as both a physical and spiritual space that reinforces cultural practices, social cohesion, and health service delivery while facilitating intergenerational learning and caregiving (Gillies & Barnett, 2012).

Providing healthcare services on marae aligns with traditional Māori health perspectives and has the potential to enhance kaumātua engagement in preventative and ongoing care. This was affirmed especially by the Waikare roopu who attend the monthly Pona Kakā kaumātua-led health initiative.

Table: Key Findings

Key Finding	Cause	Effect	Example
1. Health Inequities and Systemic Barriers	Institutional racism, socio-economic disadvantages, colonisation impacts.	High rates of chronic illnesses, lower life expectancy among kaumātua.	"40 years ago, we wouldn't go to the hospital because every time somebody went there, they died." (Waikare roopu).
2. Healthcare Access	Long wait times, lack of culturally competent providers, transportation challenges.	Delayed or inadequate care, worsened health outcomes.	"Practitioners sort of saying negative things about your diabetes or weight... I just walk out the door." (Waikare roopu).
3. Social Isolation	Geographic distance from whānau, limited transport, digital exclusion.	Increased risk of depression, anxiety, loneliness, reduced quality of life.	"Isolation is a big thing, like, our whānau not being around. You never feel isolated if you got somewhere to come to." (Waikare roopu).
4. Digital Exclusion	Lack of digital literacy and access to devices.	Limited access to online services (e.g., telehealth) and social connectivity.	"Kuia and kaumātua face struggles with technology, even just going to the hospital, you've got to push the buttons." (Waikare roopu).
5. Housing and Economic Security	Only 24.6% own/partly own homes, 41.7% live in damp conditions.	Increased risk of respiratory illnesses, financial strain.	"You're living frugally, and everything becomes an emergency." (Tāne roopu).
6. Cultural Continuity	Diminishing number of kaumātua stepping into leadership roles.	Risk of cultural erosion, loss of traditional knowledge.	"They're a teaching tool for me, with knowledge we take for granted." (Waikare roopu).
7. Mate Wareware (Dementia)	Higher prevalence of modifiable risk factors, systemic barriers to early diagnosis.	Māori diagnosed younger and at more advanced stages compared to non-Māori.	"One of the tāne died last year and he had dementia. He stayed at home. He was 86 when he died. And I got to pick him up every week or twice a week, sometimes to take him out, to get away from home." (Tāne roopu).
8. Mental Wellbeing	Ongoing impacts of colonisation, social isolation.	Increase in mental health issues (e.g., depression, suicidal ideation).	"And to come and to meet like this, I really look forward to it, I really do. Yeah, I love it. You know, it does something for your mind. There's something for your being. Your sanity. Yeah. For your sanity." (Waikare roopu).
9. Indigenous & Māori Health Care Models	Necessitated by health inequities and systemic barriers.	Increased efficacy of healthcare for Māori.	"The social part of it is meeting up and sharing. Like we get up at our Friday hui and we have a little bit of a kōrero about how our week went, whether we had a good week or a poor week, or if someone's missing and do we feel worried about that. Yeah, we have that sort of connection. And that's our social outlet. And sharing ideas and sharing a kai. This is a good thing to all get together. When I first came here, I didn't know many. Now I know a lot. I expect to be here every Friday." (Tāne roopu).

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[1] A report for this initiative is available in the near future from the Waikare Community Development & Research Trust.

2.6 Recommendations

Organisations such as the Selwyn Foundation has an opportunity to significantly improve the well-being of kaumātua (elderly Māori) in Ngāti Hine rohe by addressing some or all key challenges identified in the Ngāti Hine Kaumātua Needs Assessment. The following recommendations offer a range of options and are based on the Needs Assessment and existing literature, ensuring that interventions align with real needs and opportunities for impact.

Housing & Economic Security:

· Provide kaumātua rental relief and housing support, including grants for urgent housing costs.

· Fund essential home repairs and modifications to improve kaumātua safety and accessibility.

· Support kaumātua-friendly rental housing models, ensuring kaumātua can live independently with aged care support.

· Work with housing partners to develop culturally appropriate aged care options, aligning with kaumātua preferences for whānau-based or marae-connected living environments.

Social Connection:

· Fund kaumātua-led home visiting services, ensuring regular social engagement and well-being checks.

· Expand kaumātua transport support, enabling them to attend kaumātua roopu, health services, and social events.

· Support te reo Māori and tikanga-based kaumātua initiatives, ensuring kaumātua remain culturally connected.

· Establish intergenerational mentoring programmes, enabling kaumātua to share knowledge with rangatahi (youth).

Healthcare Access:

· Fund kaumātua-focused marae-based community hubs that could include mobile health clinics, providing chronic disease management, dementia support, and rongoā Māori services.

· Support home-based aged care options, ensuring kaumātua can remain in their own homes while receiving care.

· Provide respite care services, particularly for kaumātua who lack close whānau caregivers.

Digital Inclusion:

· Fund kaumātua-specific digital training, ensuring kaumātua can navigate health services, banking, and communication tools.

· Maintain non-digital access to Selwyn Foundation services, ensuring kaumātua can still receive information and support through phone-based assistance and printed materials.

· Provide kaumātua-friendly digital devices, such as pre-loaded tablets with key health and support services.

· Provide digital literacy training in accessible venues.

Mate Wareware & Mental Health Support:

· Expand culturally responsive dementia care programmes.

· Expand culturally responsive mental health programmes for kaumātua.

· Contribute to increasing awareness of the prevalence of these issues for Māori.

Advocacy:

· Advocate for kaumātua-centred healthcare and housing policies, ensuring aged care services align with kaumātua needs.

· Strengthen partnerships with Māori health and community providers to expand kaumātua-centred aged care.

· Support further kaumātua well-being research, ensuring future interventions reflect kaumātua needs and priorities.

2.7 Conclusions

Kaumātua are regarded as the custodians of knowledge and tradition within Māori society. They are often seen as the link between the past and the present, possessing a wealth of historical and cultural knowledge that is vital for the identity of the iwi. In Ngāti Hine rohe, kaumātua are responsible for:

1. Cultural Transmission: Kaumātua play a crucial role in passing down oral histories, genealogies (whakapapa), and traditional practices (tikanga) to younger generations. This transmission of knowledge is essential for maintaining the cultural identity of Ngāti Hine.

2. Leadership and Governance: Many kaumātua hold leadership positions within the governance structures of Ngāti Hine, such as on the NHHT Board. They are often involved in decision-making processes and provide guidance on matters affecting the community, including land management, resource allocation, and social issues.

3. Social Cohesion: Kaumātua serve as mediators and peacemakers within the community. Their wisdom and experience are invaluable in resolving conflicts and fostering unity among iwi members.

4. Spiritual Guidance: In Māori culture, kaumātua are often seen as spiritual leaders. They conduct rituals, blessings (karakia), and ceremonies that are integral to the spiritual well-being of the iwi.

Despite their vital role, however, kaumātua in Ngāti Hine face several challenges:

1. Cultural Erosion: The rapid pace of modernization and globalization poses a threat to the traditional practices and languages of Māori culture. Kaumātua are often at the forefront of efforts to combat cultural erosion by promoting the use of te reo Māori and traditional customs.

2. Health and Well-being: Many kaumātua inequitably experience health issues related to aging, which can impact their ability to fulfill their roles. Access to healthcare services and support systems is crucial for their well-being.

3. Intergenerational Disconnection: As younger generations become more assimilated into mainstream society, there is a risk of disconnection from traditional values and practices. Kaumātua must work tirelessly to bridge this gap and engage youth in cultural activities.

4. Resource Limitations: Many kaumātua operate within limited financial and organizational resources, which can hinder their ability to carry out cultural initiatives and community programs.

Nevertheless, the kaumātua of Ngāti Hine are essential to the preservation and continuation of the cultural heritage of the iwi. Their roles encompass a wide range of responsibilities, from cultural transmission to leadership and spiritual guidance.

However, they face significant challenges that require concerted efforts from both the iwi and external organizations to ensure their voices are heard and their contributions are valued. Supporting kaumātua is not only vital for the well-being of the individuals themselves, but also for the future of Ngāti Hine as a thriving and culturally rich community.

This report highlights the urgent need for culturally responsive interventions to address the challenges faced by Ngāti Hine kaumātua. By prioritising housing security, social connection, healthcare access, and cultural continuity, the Selwyn Foundation can help kaumātua age with dignity, cultural connection, and security.

Table: Recommendations

Category	Recommendations
Housing & Economic Security	- Provide kaumātua rental relief and housing support, including grants for urgent housing costs. - Fund essential home repairs and modifications to improve safety and accessibility. - Support kaumātua -friendly rental housing models. - Develop culturally appropriate aged care options.
Social Connection	- Fund kaumātua -led home visiting services. - Expand transport support for kaumātua to attend roopu, health services, and social events. - Support te reo Māori and tikanga -based initiatives. - Establish intergenerational mentoring programmes.
Healthcare Access	- Fund marae -based community hubs with mobile health clinics. - Support home -based aged care options. - Provide respite care services for kaumātua without close whānau caregivers.
Digital Inclusion	- Fund kaumātua -specific digital training. - Maintain non -digital access to services (e.g., phone -based assistance). - Provide kaumātua -friendly digital devices. - Offer digital literacy training in accessible venues.
Mate Wareware & Mental Health	- Expand culturally responsive dementia care programmes. - Expand culturally responsive mental health programmes. - Increase awareness of the prevalence of these issues for Māori.
Advocacy	- Advocate for kaumātua -centred healthcare and housing policies. - Strengthen partnerships with Māori health and community providers. - Support further kaumātua well -being research.

2.8 Pathway to Social Change: Collaborative Advocacy for Kaumātua Well-being

The following section, Pathway to Social Change: Collaborative Advocacy for Kaumātua Well-being, is offered as a suggested framework for Ngāti Hine and the Selwyn Foundation to consider as they work together to address the challenges identified in this report. It is important to emphasise that this pathway is not prescriptive or final; rather, it is a starting point for discussion and co-design. As a kaupapa Māori approach underpins this work, it is essential that Ngāti Hine lead the direction and priorities of any advocacy efforts, ensuring they reflect the aspirations, values, and needs of kaumātua and their whānau.

This proposed pathway is designed to support Ngāti Hine in driving systemic change by providing a structured yet flexible approach to advocacy. It combines the strengths of Ngāti Hine—deep cultural knowledge, community connections, and a commitment to kaumātua well-being—with the resources, expertise, and networks of Selwyn Foundation. The goal is to create a collaborative and empowering process that amplifies the voices of kaumātua, addresses systemic barriers, and achieves meaningful, long-term improvements in their well-being.

The pathway is structured around nine key steps, each of which can be adapted, refined, or expanded based on the guidance and leadership of Ngāti Hine. It is intended to serve as a practical tool to inspire action, foster collaboration, and ensure that advocacy efforts are grounded in the realities and aspirations of the Ngāti Hine community. Ultimately, the success of this pathway will depend on the collective wisdom, leadership, and participation of kaumātua, whānau, and community stakeholders. This pathway is a tool to support Ngāti Hine in its advocacy journey, offering ideas and strategies that can be adapted, refined, or expanded upon in partnership with kaumātua, whānau, and stakeholders.

2.9 Content of the Pathway

1. Establish Shared Vision and Goals:

Action:

· Ngāti Hine and Selwyn Foundation co-develop a shared vision statement for kaumātua well-being, grounded in the report's findings and aligned with kaupapa Māori values.

· Define shared advocacy goals, such as improving housing security, healthcare access, and social connection for kaumātua.

Best Practice:

· Ensure the vision and goals are culturally aligned and community-driven, reflecting the priorities of kaumātua and their whānau.

Table: A Collaborative Pathway

Advocacy Goal	Strategies	Activities	Key Partners
Housing Security	Advocate for increased funding for kaumātua -friendly housing and papakāinga.	- Develop policy submissions for housing grants. - Host hui to discuss housing needs.	Selwyn Foundation, Te Puni Kōkiri, local councils, housing providers.
Healthcare Access	Push for marae -based health clinics and culturally responsive aged care.	- Launch a media campaign highlighting healthcare barriers. - Partner with Māori health providers to pilot marae -based clinics.	Ngāti Hine Health Trust, Te Hau Ora o Ngāpuhi, Ministry of Health.
Social Connection	Secure resources for kaumātua roopu and transport support.	- Organise community events to reduce isolation. - Advocate for transport subsidies.	Selwyn Foundation, local marae, community organisations.
Digital Inclusion	Promote digital literacy programmes and access to devices.	- Develop digital literacy workshops for kaumātua. - Seek funding for devices and internet access.	Philanthropic organisations, tech companies, community groups.
Cultural Continuity	Strengthen intergenerational knowledge transfer and support kaumātua.	- Host wānanga on te reo Māori and tikanga. - Create a cultural revitalisation fund.	Ngāti Hine kaumātua, rangatahi, Māori media outlets.
Mental Health & Mate wareware	Advocate for culturally responsive mental health services and early intervention for mate wareware.	- Develop training for whānau and caregivers on supporting kaumātua with mate wareware and mental health challenges. - Advocate for funding for marae -based mental health services and dementia care. - Launch awareness campaigns to reduce stigma and promote early diagnosis for both mental health and mate wareware. - Establish support groups for kaumātua and whānau affected by mental health issues and mate wareware.	Ngāti Hine Health Trust, Te Hau Ora o Ngāpuhi, Ministry of Health, Alzheimer's NZ, Dementia Māori, Mental Health Foundation.

2. Build a Collaborative Advocacy Framework:

Action:

· Establish a joint advocacy working group comprising representatives from Ngāti Hine, Selwyn Foundation, kaumātua, and whānau.

· Develop a collaborative advocacy framework that outlines roles, responsibilities, and decision-making processes.

Best Practice:

· Use a co-design approach to ensure all stakeholders have a voice in shaping the advocacy strategy.

3. Leverage the Report's Findings:

Action:

· Use the report's data and findings to develop evidence-based advocacy messages that highlight the urgency of addressing kaumātua needs.

· Create targeted advocacy materials, such as policy briefs, infographics, and videos, to communicate key messages to different audiences.

Best Practice:

· Ensure advocacy materials are accessible and culturally relevant, using te reo Māori and tikanga Māori where appropriate.

4. Engage the Community:

Action:

· Host community hui across the Ngāti Hine rohe to discuss the report's findings and co-design advocacy strategies.

· Empower kaumātua and whānau to take an active role in advocacy efforts, ensuring their voices are at the forefront.

Best Practice:

· Use participatory approaches to build community ownership and ensure advocacy efforts are locally relevant.

5. Influence Policy and Funding Decisions:

Action:

· Develop policy submissions to government inquiries and reviews, using the report's findings to advocate for systemic changes.

· Engage with government agencies (e.g., Ministry of Health, Te Puni Kōkiri) and District Health Boards to influence funding and policy decisions.

Best Practice:

· Use strategic storytelling to humanise the data and make a compelling case for change.

6. Launch Public Awareness Campaigns:

Action:

· Co-launch a #KaumātuaMatters campaign on social media, featuring videos of kaumātua sharing their stories.

· Partner with mainstream and Māori media outlets to amplify the campaign's reach.

Best Practice:

· Use multi-channel communication to engage diverse audiences, including social media, traditional media, and community events.

7. Build Strategic Partnerships:

Action:

· Collaborate with Māori health providers (e.g., Ngāti Hine Health Trust, Te Hau Ora o Ngāpuhi) to co-advocate for kaumātua needs.

· Engage with philanthropic organisations and corporate sponsors to secure funding for advocacy initiatives and pilot programmes.

Best Practice:

· Foster high-trust relationships with partners, ensuring alignment on goals and values.

8. Monitor and Evaluate Impact:

Action:

· Develop a monitoring and evaluation framework to track the impact of advocacy efforts.

· Conduct follow-up research to assess the effectiveness of interventions and advocate for ongoing support.

Best Practice:

· Use data-driven insights to refine advocacy strategies and demonstrate impact to stakeholders.

9. Celebrate Success and Scale Up:

Action:

· Celebrate short-term wins (e.g., secured funding for pilot programmes) to build momentum and community support.

· Scale up successful initiatives (e.g., marae-based health clinics, digital literacy programmes) to reach more kaumātua.

Best Practice:

· Use success stories to inspire further action and attract additional resources.

2.10 Introduction to the Pathway in Action

This table presents a proposed three-year timeline for the Pathway to Social Change: Collaborative Advocacy for Kaumātua Well-being. Grounded in a kaupapa Māori approach, this pathway prioritises the voices, aspirations, and leadership of Ngāti Hine kaumātua and their whānau.

It is designed to be whānau-centred, culturally responsive, and community-driven, ensuring that every step reflects the values of manaakitanga (care and support), kotahitanga (unity), and whanaungatanga (relationships).

The timeline is not prescriptive but rather a flexible framework that Ngāti Hine can adapt and lead, ensuring that the well-being of kaumātua is upheld with dignity, cultural connection, and collective action.

Table: Example of the Pathway in Action

Year	Activities	Outcomes
Year 1: Building Foundations	· Co-develop a shared vision and goals. · Establish a joint advocacy working group. · Host community hui to co-design advocacy strategies.	· Strong foundation for collaborative advocacy. · Increased community engagement and ownership.
Year 2: Driving Change	· Launch the #KaumātuaMatters campaign. · Develop policy submissions and engage with government agencies. · Secure funding for pilot programmes (e.g., marae-based health clinics).	· Increased awareness of kaumātua needs. · Policy and funding commitments to support kaumātua well-being.
Year 3: Scaling Up	· Scale up successful initiatives (e.g., digital literacy programmes). · Conduct follow-up research to track impact. · Celebrate successes and build momentum for further action.	· Systemic changes that improve kaumātua well-being. · Strengthened cultural identity and intergenerational knowledge transfer.

2.11 Conclusion

This pathway for social change advocacy provides a clear and actionable roadmap for Ngāti Hine and SF to collaborate effectively, leveraging the report's findings to drive systemic change. By following this pathway, both organisations can ensure that their advocacy efforts are culturally aligned, community-driven, and focused on long-term impact. This section will serve as a practical guide for turning the report's findings into meaningful action.

3. Methodology (Expanded Version)

3.1 Kaupapa

The kaupapa for this research project was to undertake a needs assessment for the kaumātua who are part of Ngāti Hine and/or are served by Ngāti Hine Health Trust within the rohe of Ngāti Hine. In this way, the Ngāti Hine Health Trust can better address the health, social, and cultural needs of kaumātua, ensuring that all actions are deeply rooted in tikanga and Ngāti Hine priorities.

3.2 Kairangahau

This project was undertaken by the Kingi Ihaka Research Centre (KIRCE) on behalf of the Ngāti Hine Health Trust and funded by the Selwyn Foundation.

The KIRCE was established in 2023 under the umbrella of the Māori Anglican Church in Te Tai Tokerau. However, the KIRCE operates independently as a Te Tai Tokerau Kaupapa Māori research organisation to foster Kaupapa Māori health and wellbeing research within Te Tai Tokerau, and to contribute toward building Māori research capacity and capability for whānau, hapū and iwi to flourish within their own rohe.

The Kairangahau working on this project were Ven. Katene Eruera (Te Rarawa; Te Aupōuri; Ngāpuhi; Ngāti Whātua), Dr Paul Reynolds (Ngāti Rehia/Ngāpuhi), and Dr Lily George (Te Kapotai/Ngāpuhi nui tonu). Ven. Eruera and Dr Reynolds are also Directors of KIRCE. Dr George is Chair and Kairangahau Matua for the Waikare Community Development & Research Trust (WCD&RT). Together they have several decades experience in research, research ethics, theology, and legal matters. As the writers of this report, they have sole responsibility for any errors in this report.

3.3 Research Processes

Initially several hui were held in July 2024 to determine the scope of the research project between Ven. Eruera and Anthony Wilson from the Selwyn Foundation, and with Trustees and staff from the Ngati Hine Health Trust. Kairangahau undertook two preliminary hui with kaumātua to signal the advent of the project as well as draw on their knowledge to frame the project. The first was in September 2024, when Ven. Eruera and Dr Reynolds attended a hui of Ngāti Hine kaumātua to introduce themselves and the project (approx. 15 kaumātua and five NHHT staff). Dr George facilitates a fortnightly kaumātua roopu at Waikare Marae (Pona Kakā) for the WCD&RT (approx. 20 kaumātua and various staff) and talked about the project there the same month. This was not recruitment per se, but for the purpose of signaling future activities; recruitment actively began once ethics approval was gained.

Feedback from the kaumātua hui above signaled the following important themes to explore:

· Wellbeing as a multi-dimensional concept.

· Immediate concerns around housing and utilities.

· Health and dementia care needs.

· Kaumātua desire for active involvement.

This initial feedback suggested the needs assessment must remain grounded, culturally attuned, and focused on tangible outcomes that reflect the lived realities of kaumātua/kuia.

As part of the Kingi Ihaka Research Centre research process, ethics approval was gained from the Aotearoa Research Ethics Committee (AREC24_47) for this project.

Selection criteria for inclusion in focus groups was that participants be of Māori descent, aged 55 +, may be utilising the services of NHHT, and living in the rohe of Ngāti Hine within Te Tai Tokerau.

Key contacts were made within NHHT in order to gain access to existing Ngāti Hine kaumātua roopu for recruitment purposes for the focus groups. Other roopu were accessed through the networks of Dr George, including the Pona Kakā kaumātua roopu and He Iwi Kotahi Tātou Trust. The first focus group was held at Waikare Marae, and an invitation to attend the NHHT tāne kaumātua roopu at Moerewa was made by the roopu facilitator.

Three focus groups were held with kaumātua from

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³ Ngāti Hine rohe is loosely defined as Te Tai Tokerau up to Kaikohe and south to Whangārei – i.e. the area served by the Ngāti Hine Health Trust as well as the historical territories of Ngāti Hine, although sharing overlapping boundaries with other hapū.

Ngāti Hine rohe to assess the health, social, cultural, and emotional needs of kaumātua associated with Ngāti Hine and accessing Ngāti Hine services.

The following focus groups were held during November and December 2024:

1. Waikare Marae, Waikare – Pona Kakā kaumātua roopu, WCD&RT
2. Community Centre, Moerewa - Tāne kaumātua roopu, NHHT
3. He Iwi Kotahi Tatou Trust, Moerewa – kaumātua roopu.

The first two focus groups were with existing roopu, while the third focus group was with kaumātua brought together for that specific purpose, although they were all familiar with each other due to co-attendance at other He Iwi events. While the kōrero from kaumātua was the focus, staff, care providers and other stakeholders in attendance also contributed to the kōrero.

Each focus group hui was preceded by a pōwhiri or whakatau, then a cuppa. The focus group hui took up to two hours each, asking kuia and kaumatua a series of questions. This kōrero was then followed by a shared kai, which the Kairangahau provided as a koha, or in the case of the tāne roopu, groceries of an equivalent value were shared with the tāne.

Prior to the focus groups, potential participants were provided with a Participant Information Sheet (PIS) (including a referral sheet of services available if needed) and a Consent form, which were emailed to the various facilitators of the roopu. This allowed time for the purpose of the kaupapa to be known before the focus group occurred, and any questions asked. Furthermore, at the beginning of each focus group, the Kairangahau took time to go over the documents in detail to ensure that participants were clear about the kaupapa and their rights with respect to participation in the focus group. The consent forms were collected by the Kairangahau – some were reluctant to sign the consent form, however, and the Kairangahau therefore explained that their participation was an indication of consent for being a participant in the focus group.

The focus group hui kōrero were audio-taped, along with the research facilitator taking notes as

appropriate, and then the kōrero was transcribed using the online SONIX transcribing software.

Numbers at the focus groups were as follows:

· Waikare: 22 kaumātua plus seven NHHT and WCD&RT staff.
· Moerewa (NHHT): 12 tāne plus two NHHT staff.
· Moerewa (He Iwi): 5 kaumātua plus five staff.

When including the initial Ngāti Hine hui of 15 kaumātua, a total of 54 kaumatua took part in the health needs assessment. Additionally, the kōrero from staff helped flesh out the context and social situations of kaumātua they worked and interacted with.

3.4 Data Analysis

The transcripts from the four focus groups were analysed by the Kairangahau in order to write a report on the project for the Selwyn Foundation and the Ngāti Hine Health Trust trustees and staff.

The report utilises direct quotes from kaumātua to illustrate the themes identified in this scoping report. However, none of the kaumātua or other participants are personally identified in this report or in future presentations.

In this scoping report, a thematic analysis was conducted of the transcripts to identify key themes emerging from hui with kaumātua. The themes identified clearly indicated a variety of areas where kaumātua needed support. They also identified areas where the support they were receiving was praised, and the support that they needed was met.

A community presentation of the report findings will be undertaken at a kaumātua roopu hui in the future.

3.5 Limitations

The limitations of this study include:

Only three focus groups were conducted – more focus groups could have been conducted, however, the roopu themselves sometimes were not able to attend hui because of tangi or ill health, which then determined whether there were enough numbers to run a hui.

Interviews were not deemed necessary for this study because it is a scoping study, and because of time pressures for reporting. In future research, this could be included in order to provide deeper and richer kōrero for analysis.

This project was impacted by tight time constraints to meet report writing deadlines. For this kind of qualitative research, a longer time frame is preferred to ensure the integrity of the processes is maintained, and maximum richness and depth can be drawn from

the research participants, thereby honouring their participation.

Additionally, with participants being elderly in this project, and the probability of cancelled hui because of lack of numbers due to cultural obligations such as tangi, understanding the needs (health, other commitments, caregiving and transport to hui) of kaumatua in being involved in a research project that seeks their input, is important.

4. Ngāti Hine-Specific Context in Te Tai Tokerau

4.1 Ngāti Hine Demographic Profile

Ngāti Hine, an iwi within Te Tai Tokerau, had a recorded population of 17,853 in 2023 (Te Whata, 2023). The demographic profile reveals a young and predominantly whānau-based population, with socio-economic trends that have direct implications for kaumātua well-being.

Population Structure

Ngāti Hine has a young demographic profile, with 57.3% under the age of 30. The relative youthfulness of the iwi indicates a lower proportion of kaumātua compared to the national Māori population, which has been experiencing an increase in aging cohorts. This suggests that while kaumātua remain central to whānau and hapū structures, they represent a minority population that requires specific policy attention to ensure adequate support as demographic shifts occur.

Housing and Household Composition

The housing conditions of Ngāti Hine members demonstrate mixed indicators of stability and vulnerability:

· 98.9% of the iwi live in private dwellings, indicating strong access to conventional housing. However, only 24.6% own or partly own their homes, a significantly lower rate than national Māori

homeownership averages. This suggests a high reliance on rental accommodation or whānau-based intergenerational living, which may create financial instability for kaumātua, particularly if they do not have direct tenure security.

· 28.9% live in crowded homes, which can exacerbate intergenerational caregiving demands on kaumātua, while also increasing exposure to communicable diseases and reducing kaumātua autonomy within the household.

· 41.7% report their homes are sometimes or always damp, a factor strongly correlated with higher rates of respiratory illnesses, arthritis, and other chronic health conditions, particularly among older adults.

· 90.3% live in whānau households, reinforcing the role of kaumātua within intergenerational caregiving and knowledge transmission, but also potentially increasing their dependency on younger whānau members for financial and social support.

Economic Participation and Financial Stability

Ngāti Hine's economic participation reflects broader Māori labour trends, but certain aspects warrant closer scrutiny:

· 34.2% of employed iwi members work in Auckland, a pattern of urban migration that may reduce the availability of whānau-based caregiving support for

kaumātua living in Northland.

- 78.4% of employed members work in the private sector, reflecting economic engagement but also potential precarity given that private-sector employment is often less stable than public-sector roles.

- Household income disparities suggest economic stratification within the iwi.

- 34.4% of Ngāti Hine households report incomes exceeding $150,000 annually, aligning with national trends of increasing Māori income levels in certain urban sectors.

- Conversely, 42.6% of households pay over $500 per week in rent, reinforcing concerns about housing affordability and cost burdens, which may disproportionately affect kaumātua on fixed incomes.

- 22.8% of households rely on self-employment or business income, indicating a moderate degree of economic self-determination, though the stability of such income sources remains uncertain.

Cultural and Social Identity

Ngāti Hine members maintain a strong whānau-based living structure, yet cultural retention and religious affiliations appear to be shifting:

- Only 34.3% of iwi members can hold a conversation in te reo Māori, suggesting that while language knowledge persists, further efforts in language revitalisation are necessary to prevent further decline in fluency across generations.

- 49.7% report no religious affiliation, which aligns with national trends of Māori disengagement from Christian institutions, yet this shift has implications for kaumātua, who may have historically relied on faith-based networks for social and emotional support.

Conclusion

The demographic composition of Ngāti Hine presents key considerations for kaumātua well-being, particularly in the areas of housing security, intergenerational caregiving, and financial stability. The low rate of homeownership and high reliance on rental housing suggest that kaumātua may be at risk of housing insecurity, especially as rental costs

continue to rise. The prevalence of crowded and damp homes presents health risks, reinforcing the need for targeted health interventions. Additionally, the high proportion of working-age iwi members based in Auckland raises concerns about the availability of whānau caregivers in rural areas, potentially increasing the need for formal aged-care support structures.

Finally, the decline in religious affiliation and moderate te reo Māori retention rates highlight the importance of ensuring kaumātua remain connected to culturally appropriate support networks. These findings suggest that future kaumātua care strategies must integrate housing policy, economic support mechanisms, and culturally responsive healthcare services to sustain well-being within Ngāti Hine.

4.2 Ngāti Hine Kaumātua

Ngāti Hine is a prominent iwi (tribe) located in the Northland region of New Zealand, specifically within the area known as Te Tai Tokerau. The term "kaumātua" refers to the respected elders of the iwi, who play a pivotal role in preserving the cultural heritage, traditions, and governance of the tribe. Kaumātua are regarded as the custodians of knowledge and tradition within Māori society. They are often seen as the link between the past and the present, possessing a wealth of historical and cultural knowledge that is vital for the identity of the iwi. In Ngāti Hine rohe, kaumātua are responsible for:

5. Cultural Transmission: Kaumātua play a crucial role in passing down oral histories, genealogies (whakapapa), and traditional practices (tikanga) to younger generations. This transmission of knowledge is essential for maintaining the cultural identity of Ngāti Hine.

6. Leadership and Governance: Many kaumātua hold leadership positions within the governance structures of Ngāti Hine, such as on the NHHT Board. They are often involved in decision-making processes and provide guidance on matters affecting the community, including land management, resource allocation, and social issues.

7. Social Cohesion: Kaumātua serve as mediators and peacemakers within the community. Their wisdom

and experience are invaluable in resolving conflicts and fostering unity among iwi members.

8. Spiritual Guidance: In Māori culture, kaumātua are often seen as spiritual leaders. They conduct rituals, blessings (karakia), and ceremonies that are integral to the spiritual well-being of the iwi.

Despite their vital role, however, kaumātua in Ngāti Hine face several challenges:

5. Cultural Erosion: The rapid pace of modernization and globalization poses a threat to the traditional practices and languages of Māori culture. Kaumātua are often at the forefront of efforts to combat cultural erosion by promoting the use of te reo Māori and traditional customs.

6. Health and Well-being: Many kaumātua inequitably experience health issues related to aging, which can impact their ability to fulfill their roles. Access to healthcare services and support systems is crucial for their well-being.

7. Intergenerational Disconnection: As younger generations become more assimilated into mainstream society, there is a risk of disconnection from traditional values and practices. Kaumātua must work tirelessly to bridge this gap and engage youth in cultural activities.

8. Resource Limitations: Many kaumātua operate within limited financial and organizational resources, which can hinder their ability to carry out cultural initiatives and community programs.

Nevertheless, the kaumātua of Ngāti Hine are essential to the preservation and continuation of the cultural heritage of the iwi. Their roles encompass a wide range of responsibilities, from cultural transmission to leadership and spiritual guidance. However, they face significant challenges that require concerted efforts from both the iwi and external organizations to ensure their voices are heard and their contributions are valued. Supporting kaumātua is not only vital for the well-being of the individuals themselves, but also for the future of Ngāti Hine as a thriving and culturally rich community.

4.3 Health & Well-Being Needs

The section provides the context of Te Tai Tokerau-specific literature regarding kaumātua well-being and

needs; there is, however, limited literature available. The well-being of kaumātua within Ngāti Hine reflects broader trends in Māori ageing but also presents iwi- or hapū-specific challenges and responses. Research with Ngātiwai kaumātua by the Sir James Henare Research Centre state that the "value of kaumātua: their wisdom, their insight, their experiences of things that have happened in this country, they are actually the tūara, the backbone of Māori society," (Dr Muru-Lanning, cited in Mane, 2021).

The Centre's 2018 project, Mā mua ka kite a muri; mā muri ka ora a mua: Community responsibilities for kaumātua wellbeing in two Tai Tokerau rohe, built on a previous feasibility study that noted how kaumātua prefer to focus on a holistic perspective of health, rather than their personal health, with the health of their whānau and mokopuna of particular importance (see https://www.jhrc.auckland.ac.nz/our-research-kaumatuatanga/).

Research conducted in conjunction with Ngāti Hine and Kia Ora Ngāti Wai, alongside Northland DHB, identifies unique needs, systemic barriers, and culturally grounded solutions specific to this rohe, drawing primarily from the Te Pou Matakana (2018). Key findings from the literature regarding kaumātua in Ngāti Hine, focus on issues such as transport access, intergenerational caregiving, kaumātua roopu, and Whānau Ora support. This reflects some of the themes identified in the focus groups and other kōrero.

Transport as a Major Challenge:

A recurring theme in the Ngāti Hine kaumātua needs assessment is the difficulty in accessing transport. Limited public transport in rural Northland significantly impacts kaumātua mobility, making it challenging to attend medical appointments, kaumātua hui, or social gatherings (Te Pou Matakana, 2018). Many kaumātua rely on whānau for transport, yet younger family members are often unavailable due to employment or other commitments. Addressing transport barriers is crucial for enhancing kaumātua autonomy and ensuring sustained community engagement.

Grandparents Raising Grandchildren (GRG):

Another significant issue affecting Ngāti Hine

kaumātua is the increasing number of grandparents raising grandchildren. Economic and social factors have contributed to this growing trend, where kaumātua assume caregiving responsibilities for mokopuna (grandchildren), often without sufficient financial or institutional support (Te Pou Matakana, 2018). This responsibility places additional strain on kaumātua, who may already be facing health or economic challenges. Policies and initiatives that provide targeted support for kaumātua in caregiving roles are essential for improving their well-being and the welfare of their mokopuna.

Kaumātua Roopu - Social and Cultural Support:

Ngāti Hine kaumātua roopu (elder groups) are identified as crucial networks that provide social, cultural, and emotional support. These roopu serve as spaces for kaumātua to reconnect with their whakapapa, engage in wānanga (educational sessions), hui, and participate in traditional healing practices such as rongoā Māori (Te Pou Matakana, 2018). However, ensuring the sustainability of these roopu requires continued funding, as well as investment in kaumātua-led initiatives that reinforce cultural identity and well-being.

Whānau Ora and Iwi-Led Well-being Initiatives:

The Whānau Ora model has been particularly effective in addressing some of the complex health and social challenges faced by Ngāti Hine kaumātua. Unlike mainstream health approaches, Whānau Ora provides holistic, whānau-centred support, enabling kaumātua to access integrated services that cater to their physical, mental, and cultural well-being (Te Pou Matakana, 2018). Additionally, some iwi within the region have developed innovative medical insurance schemes to alleviate the financial burden of healthcare costs for kaumātua. Expanding these initiatives could significantly improve kaumātua health outcomes and access to care.

Housing, Mobility, and Healthcare Access:

Interviews with kaumātua in Northland reinforce the importance of remaining on whānau land as a key determinant of well-being. Many kaumātua express a desire to age in place rather than move into aged care facilities, preferring to be surrounded by whānau and immersed in a familiar cultural environment (Te Pou Matakana, 2018).

However, challenges such as inadequate housing, mobility issues, and difficulty accessing primary healthcare services remain barriers to achieving this goal. Investment in kaumātua-friendly housing solutions and mobile healthcare services could significantly enhance the quality of life for Ngāti Hine kaumātua.

Conclusion:

Although limited, the literature highlights the significant impact of cultural identity, systemic inequities, and social determinants on kaumātua well-being in the Ngāti Hine rohe. This reinforces the centrality of cultural identity, structural barriers, and Indigenous-led models of care in shaping kaumātua well-being.

Addressing systemic inequities in aged care requires a paradigm shift that centres on utilising kaupapa Māori frameworks, enabling kaumātua to age with dignity while remaining connected to their cultural roots and communities.

A kaupapa Māori approach that integrates traditional Māori values, strengthens whānau and community support systems, and ensures equitable access to healthcare and social services is essential. Recognising the unique needs of Ngāti Hine kaumātua ensures that strategies for ageing well align with their lived experiences, reinforcing cultural identity and fostering dignity in later life.

By prioritising culturally responsive policies and initiatives, the well-being of kaumātua can be safeguarded, allowing them to continue their vital roles as knowledge holders, leaders, and caregivers within Māori society.

5. Key Findings

This section presents the findings from the Ngāti Hine Kaumātua Needs Assessment as themes, integrating insights from focus groups, stakeholder discussions, and supporting literature.

5.1 Social Well-being and Community Connection

Social isolation was noted as a significant issue for participants, with kaumātua expressing a strong desire for regular, structured social engagement. Many feel disconnected due to geographic distance from whānau and limited transport options. Digital exclusion further exacerbates isolation, preventing kaumātua from accessing online services, maintaining social connections, and engaging with digital health tools.

Social isolation among elderly Māori is a significant concern that intertwines cultural, social, and health dimensions. The elderly Māori population often faces unique challenges that exacerbate their vulnerability to social isolation, including historical injustices, systemic inequities, and cultural disconnection.

Social isolation is defined as a lack of contact with others, which can lead to severe psychological and physical health issues, particularly among the elderly (Lee, 2019; Dong et al., 2024). For Māori, the impact of colonization has disrupted traditional social structures and relationships, leading to increased isolation (Wilson et al., 2021; Johnson et al., 2024). The loss of cultural practices and community ties has contributed to feelings of loneliness and disconnection among older Māori, which can further exacerbate health disparities (Stephens et al., 2020).

Research indicates that social isolation is linked to negative health outcomes, including depression, anxiety, and increased mortality rates (Ranjan & Muraleedharan, 2020; Santini et al., 2020). Specifically, studies have shown that kaumātua experience higher rates of social isolation compared to their non-Māori counterparts, which is compounded by socioeconomic disadvantages and limited access to healthcare services (Tkatch et al., 2021). The systemic racism within healthcare systems has also led to a lack of trust among Māori, further isolating them from necessary health and social services (Nguyen et al., 2023; Harris et al., 2018).

Culturally appropriate interventions are essential to mitigate the effects of social isolation among elderly Māori. Programs that facilitate social interaction, such as communal meal-sharing initiatives, have

been shown to improve both nutritional and psychological well-being (McElnay et al., 2012; Watson et al., 2010). These initiatives not only address nutritional risks but also foster community connections, which are vital for the mental health of older Māori (Tkatch et al., 2021; Wham et al., 2015). Kaumātua from the Waikare roopu highlight the health and wellbeing effects of coming together, especially when whānau are living away from home:

"It has an impact on your health and wellbeing if your whanau lives far away, definitely. Because it's only my husband and I here at home. Our whanau's way away. We're like you too - only dad and I at home. Yes. And, you know, we look forward to these Mondays to come back here and join up with the company that we have." (Waikare roopu)

Another kaumatua from Waikare reiterates this point saying:

"Isolation is a big thing, like, our whanau not being around. Yeah. Being out in the bush. You know, you never feel isolated if you got somewhere to come to. Are you? This is it. I look forward to coming here." (Waikare roopu)

In fact, one of the kaumatua suggested meeting more regularly rather than every two weeks:

"So that's another big thing for us is funding. Yes. To continue programs to happen. Weekly would be amazing. Yeah. That's how lonely we are." (Waikare roopu)

Another kaumatua believes in the benefits of the programme so much that they mentioned that they would like another programme set up at their marae:

"I enjoy coming out here. I'd love to try and set up the same sort of program at Otiria marae, because half of us come from there anyhow. But, you know, I think because it's important, it's just getting to know ourselves in a different light." (Waikare roopu)

One of the kaumatua talks about self-isolating themselves after retiring until another kaumatua recommended coming along to this roopu:

"Since I've stopped working, this group has really helped me. To talk to other people as well as I volunteer at the hospice shop. One of the kaumatua

sent me here. That was because I used to just stay at home. If I didn't attend with him, I didn't really meet any other people because I used to just believe in staying at home. So this group has brought me out and made me think about just different things. So I'm very thankful for all of this." (Waikare roopu)

Furthermore, the concept of whānau (family) is central to Māori culture, emphasizing the importance of relational connections for overall well-being (Hawaiiki et al., 2024). Initiatives which are inclusive of wider whānau participation are therefore likely to be more effective. Whānau play an essential role in kaumātua well-being, providing caregiving, emotional support, and maintaining kaumātua connections to their cultural roots (Muru-Lanning et al., 2021).

Traditional Māori models of care prioritise intergenerational reciprocity, where kaumātua mentor younger generations while receiving support from their whānau (Meha & Ruru, 2020). However, socio-economic pressures, urbanisation, and changing family dynamics have disrupted traditional caregiving structures, increasing the reliance on aged care facilities that often lack cultural responsiveness (Keelan et al., 2022).

Community-based kaumātua initiatives, such as marae-based elder care programmes and kaumātua-led social activities, have been effective in reducing social isolation and enhancing well-being (Te Pou Matakana, 2018). These initiatives provide kaumātua with opportunities to remain engaged in their communities, fostering a sense of purpose and belonging (Keelan et al., 2023). All of the focus groups raised the importance of coming together at the kaumātua roopu hui held at Waikare Marae, the two hui in Moerewa, including at the hui held at Kawiti Marae in September 2024. For kaumātua at the tāne roopu in Moerewa, they explain the benefits of coming to their group hui, including:

"It stops that isolation. Then, you know, people come back and have a bit of a laugh together. We know how everybody's health is and we can tautoko each other. Well, I don't know about anyone else, but I miss the group if I don't go. I try to plan around the Fridays, which is our hui." (Tane roopu)

Another kaumatua mentioned that: "There's eight

of us sitting here that live on our own. Yeah, and I look forward to Friday." (Tāne roopu). Yet another kaumatua highlights the specific beneficial aspects of the roopu:

"The social part of it is meeting up and sharing. Like we get up at our Friday hui and we have a little bit of a korero about how our week went, whether we had a good week or a poor week, or if someone's missing and do we feel worried about that. Yeah, we have that sort of connection. And that's our social outlet. And sharing ideas and sharing a kai. This is a good thing to all get together. When I first came here, I didn't know many. Now I know a lot. I expect to be here every Friday." (Tāne roopu)

Marae-based initiatives such as Pona Kakā (see Appendix One), provide essential social and health benefits, creating a culturally grounded space for kaumātua to engage in whakawhanaungatanga, receive health support, and participate in meaningful activities. Similar benefits were noted by the participants of the tāne roopu, citing the breakdown of social isolation as one of the most significant benefits.

Kaumātua explicitly affirmed the critical role marae and culturally centred spaces play in maintaining their relational health (whanaungatanga) and cultural connections (whakapapa). While not explicitly naming wairua, within Māori frameworks marae gatherings implicitly sustain spiritual well-being. Consequently, supporting marae-based initiatives implicitly supports kaumātua spiritual and cultural vitality, reinforcing holistic well-being.

In our view, kaumātua described isolation predominantly as a relational disruption impacting their social identity and collective connection (whanaungatanga). Within a Māori worldview, relational disruptions implicitly carry spiritual significance, as relationships sustain collective identity and spiritual resilience (Taha Wairua).

Therefore, solutions addressing isolation must consider this implicit spiritual dimension, restoring relational connectedness and cultural belonging.

5.2 Digital Exclusion

Digital inclusion initiatives have also proven effective in supporting kaumātua social engagement, with programmes aimed at increasing digital literacy helping kaumātua stay connected with whānau and access telehealth services (Tatau Kahukura, 2024). However, digital exclusion is a recognised issue, limiting kaumātua access to essential services and social connectivity.

This pressing issue intersects with cultural, social, and technological dimensions. As the digital landscape evolves, it is crucial to understand how kaumātua navigate these changes and the barriers they face in accessing digital resources. One of the health service providers at the Waikare focus group made a general observation around kaumātua using any form of technology, saying that:

> "Personally, and I come across this all the time at clinics, technology is a biggie. Kuia and kaumātua face struggles with technology, you know, on the phones, even just going to the hospital, you've got to go in the car park and push the buttons. A lot of our families struggle with it." (Waikare roopu)

One significant aspect of digital exclusion is the disparity in internet access and literacy among Māori populations. Research indicates that while internet access among Māori is reported at 70%, internet literacy remains at only 41% for those with diabetes, suggesting that many kaumātua may struggle to utilize online health resources effectively (Reti, et.al., 2011). This gap in digital literacy can hinder their ability to engage with health information and services, which is particularly concerning given the increasing reliance on digital platforms for healthcare delivery (Simpson et al., 2015). Furthermore, the design of digital health interventions must consider the preferences and needs of kaumātua to ensure their appeal and accessibility (Dudley et al., 2023).

Cultural factors also play a crucial role in digital exclusion. Some kaumātua feel a reluctance to engage with technology that does not reflect their cultural values (Oetzel et al., 2021). Cultural dissonance and disconnection from Te Ao Māori can also play a part. This disconnection can be exacerbated by a lack of culturally relevant content and interfaces in digital platforms, which may

alienate older Māori users (Mato et al., 2016). For instance, the introduction of Māori-language interfaces in technology has been shown to enhance engagement among Māori users, indicating that culturally tailored solutions are essential for improving digital inclusion (Mato et al., 2016).

Moreover, the social context in which kaumātua live significantly influences their access to technology. Many Māori elders reside in rural areas where internet connectivity is limited, compounding the challenges of digital exclusion (Whitehead et al., 2021). Additionally, the communal nature of Māori culture means that many kaumātua may rely on whānau (family) for support in navigating digital tools, but this support can be inconsistent due to varying levels of digital literacy within families (Herbert et al., 2017). One of the health service providers from the He Iwi Kotahi Tātou focus group, illustrates this dependence on whānau where:

> "For some of our nannies, papas, uncles, and aunties, the hospitals and the doctors email their stuff to them. They don't have email. They don't even know how to use it, or don't want to know how to use a phone. They wanna see something on paper. They want someone to ring the landline that they still have in their house to let them know that their appointments are coming. Because a lot of the time, by the time they have a moko that comes and reads the email for them, it's 5 days too late. They've missed their appointment. And then for the hospital or the doctors, they can't get another appointment for another month. So then they miss something that they need really, really badly." (He Iwi roopu)

In addressing these challenges, it is essential to adopt a holistic approach that integrates cultural safety, community engagement, and tailored educational programs. Initiatives that promote peer education and support among kaumātua can enhance their confidence and skills in using digital technologies (Hokowhitu et al., 2020). Furthermore, healthcare providers must prioritize culturally safe practices that respect Māori values and perspectives, ensuring that digital health interventions are not only accessible but also resonate with the cultural identity of kaumātua (Oetzel et al., 2014).

5.3 Healthcare Access

In the focus groups, kaumātua noted significant challenges in accessing healthcare services due to transportation barriers, long wait times, and a lack of culturally competent healthcare providers. One kaumātua explains the impact of a judgemental health provider, which then can result in the kaumātua leaving feeling put down and therefore not wanting to return:

> "Practitioners sort of saying negative things about either your diabetes or your weight when you, over the last couple of years, have tried very hard to lose weight. And they have the gall to say that. They just 'splat,' straight at you in your face, that you're not doing the proper things. I get so annoyed. I just stand there and look at them and then I walk out the door." (Waikare roopu)

Another kaumātua explains that every now and again they need to remind the doctor that they are Māori:

> "We've got a really good doctor. But I mean, the last time I went to her I did say to her, 'you know, you understand I'm Māori?' because sometimes they need to be reminded that you're just not another person coming through the door, you know, and that you think differently. You feel differently about things. And I think it's important that you let them know so they can help you, that they will find a way to understand you. But I just think they need a little bit more reminding about cultural awareness. You know, I want her to look after me for who I am. I'm just not like that Pākeha lady that walked through the door before me. No, I'm not like that." (Waikare roopu)

These challenges are multifaceted and deeply rooted in historical, cultural, and systemic factors. One significant barrier is the inadequacy of healthcare providers in integrating Māori cultural perspectives into their practice. Research indicates that healthcare professionals often lack the necessary cultural competence, which adversely affects the experiences of Māori patients, particularly kaumātua, who may encounter language barriers and insufficient information during their healthcare journeys (Abraham et al., 2018). This lack of cultural sensitivity can lead to feelings of alienation and mistrust towards the healthcare system, further discouraging

kaumātua from seeking necessary medical attention.

The distal effects of colonization contribute to negative health outcomes, which are exacerbated by systemic inequities in healthcare access and quality (Simpson et al., 2019). Cultural dissonance can significantly impact the wellbeing of kaumātua, manifesting through various dimensions of health, social connectedness, and cultural identity. This phenomenon also arises from the historical and ongoing effects of colonization, which have led to a disconnection from traditional Māori practices and values. The resultant cultural dissonance can create feelings of separation and fear among kaumātua regarding their cultural heritage, contributing to health inequities and adverse health outcomes (Oetzel et al., 2021; Hokowhitu et al., 2020; Simpson et al., 2022).

Financial constraints also play a critical role in limiting access to healthcare services for kaumātua. Many kaumātua live on fixed and limited incomes, which can make it difficult to afford out-of-pocket expenses associated with healthcare, including transportation to medical appointments (Simpson et al., 2022). Additionally, the geographical distribution of healthcare facilities often poses a challenge, particularly for those living in rural areas where access to services is limited (Maeseneer et al., 2022). This spatial disparity can lead to significant delays in receiving care, further complicating health issues that could have been managed more effectively with timely intervention.

A health service provider explained the difficulties of transport for some kuia and kaumatua:

> "They can't get to the doctors. They can't get to their appointments in Auckland. You know? How are you meant to get there if you're the only one in your home that drives, how are you meant to get to your appointment in Auckland for whatever treatment and then pay for it on top of that? Pay for the petrol. Pay to feed yourselves to go there and back. You know, to drive three and a half hours from here to Tamaki for an appointment that might take half an hour. Why do they have to go to Auckland to do that? You know, can they do it in Whangarei or can they bring the specialist to Kawakawa or Whangarei? So maybe manage

it better for our families. You know, and knowing what's available, knowing how to get there. There was a shuttle that they could catch that went to Auckland. But in order to get on the shuttle, our whānau had to drive to Kaikohe to get on the shuttle. You know? I mean, the services have to be usable for our whānau." (He Iwi roopu)

Furthermore, the stigma associated with certain health conditions can deter kaumātua from seeking help. Cultural beliefs and societal attitudes towards health issues may lead to feelings of shame or embarrassment, particularly regarding mental health or chronic conditions (Hawaiiki et al., 2024). A health provider speaking at the He Iwi roopu focus group recommends that sometimes kaumātua and kuia actually need an advocate to support their case when they are seeking assistance from government departments because it can be soul destroying asking for help and being questioned and made to feel less.

"It's sad that after working all their life for everything they have to go back and justify their life to get that little bit of money. You know, it's soul destroying. But how can we support our kaumātua and kuia to not just have a better understanding of that space around work and income, but to actually know how they can access that help. Because what we know is work and income staff are trained a certain way. And as a client, if you don't ask the questions, they don't tell you the options.

So they don't go in and say, okay, these are all your options. No. They work on, if you ask me that one question, that's the one answer I can give you. You know? And unfortunately, that's how they're trained to work. So it's not about enhancing mana. So how can we improve that system and the access to it and the understanding of it for our kaumātua and kuia so they know what they can ask for. So that they're comfortable enough to ask the caseworkers for what they need. They don't have to feel like they're a burden on society because they're trying to ask for something to help so they can get glasses or, you know, hearing aids, or walking things, or whatever they need, you know. Why do they have to jump through hoops to survive?" (He Iwi roopu)

This stigma can be compounded by negative interactions with healthcare providers, which can discourage kaumātua from returning for follow-up care or preventive services (Abraham et al., 2018). Taking account of kaumātua feelings of whakamaa is extremely important, as is expressed in this statement from a health service provider at the He Iwi roopu focus group:

"You know, as a community we need to do a better job in making sure that our whānau can access those marae clinics and feel okay to do it; they're still shy. You know, who's gonna be there? Who do I have to talk to about my stuff? Is someone else gonna hear what I'm gonna say and tell somebody else? You know, we've gotta manage that stuff really well for our whānau because, you know, they're brought up in a generation where you don't talk about your stuff. You know, my grandmother had to have a hip replacement, never been to hospital in her life, And she was, you know, in her seventies and had to allow a male doctor to lift her nighty and touch her. You know? Scary." (He Iwi roopu)

Kaumātua explicitly identified the importance of culturally responsive healthcare, implicitly linking cultural recognition to their holistic spiritual identity. When kaumātua emphasise healthcare interactions that acknowledge their Māori identity, they implicitly reference the interconnectedness of cultural dignity and spiritual well-being (Taha Wairua). Therefore, culturally responsive healthcare practices should implicitly acknowledge and support kaumātua spiritual dimensions.

5.4 Mental Well-being

Mental health concerns, including depression and loneliness, are prevalent and noted by the focus group participants. Some kaumātua have reported instances of suicide within their cohort, highlighting the urgent need for culturally responsive mental health support. Dementia care remains a growing concern, with kaumātua and their whānau requiring greater access to targeted, kaupapa Māori dementia support services. A kaumatua from the Tane roopu focus group shared a sad story of loneliness of one of his friends which illustrates this point well, but additionally demonstrates the importance of kaumatua supporting kaumatua:

"One of the tane died last year and he had dementia. He stayed at home. He was 86 when he died. And I got to pick him up every week or twice a week, sometimes to take him out, to get away from home. And he drank wine because he was too lonely. Nobody to talk to. So I would ring him up and said, shall we go out to Kerikeri or something. Just to get him out of the house. His wife died a few years ago. That's part of his worry, he was lonely. The kids were all out working. He's been gone for over a year now. Yeah. And I miss him." (Tane roopu)

Rongoā Māori and kaumātua-led health and wellness initiatives have demonstrated effectiveness in addressing both physical and mental well-being. Expanding these services could provide sustainable support for kaumātua. A kuia from the Waikare focus group explains the benefits of kaumatua coming together:

"I think having the company of this age group coming together, we come together and you learn from each other, because we're not all from the same place. I live out that way. These ones live out that way, and then some live here. You know, we live in faraway areas from each other. And to come and to meet like this. I really look forward to it, I really do. Yeah, I love it. You know, it does something for your mind. There's something for your being. Your sanity. Yeah. For your sanity." (Waikare roopu)

Kaumātua play a pivotal role in the health and well-being of their whānau (family), hapū (sub-tribe), and iwi (tribe), serving as vital links to cultural heritage and identity (Gall et al., 2021; Muru-Lanning et al., 2021). Their well-being is significantly influenced by their engagement with traditional practices, language, and community participation, which are essential for maintaining their mental health (Fraser et al., 2022; Oetzel et al., 2023; Oetzel et al., 2021). A holistic approach to health, which includes mental, physical, spiritual, and social aspects, is crucial for kaumātua. This perspective aligns with Māori models of health, such as the Whare Tapa Whā model, which emphasizes the interconnectedness of these dimensions (Menzies et al., 2021).

As noted above, social isolation and loneliness are prevalent among kaumātua, negatively impacting their mental health (Simpson et al., 2022; Clair et al., 2017). Initiatives aimed at enhancing social connectedness, such as intergenerational programs and peer education, have demonstrated effectiveness in improving the mental well-being of kaumātua by fostering relationships and cultural identity (Oetzel et al., 2023; Oetzel et al., 2024; Oetzel et al., 2020). One of the kaumatua from the Tane roopu focus group elaborates on the impacts of loneliness, saying,

"That's what part of that loneliness is too, thinking nobody cares, you know? So this kind of group is really good for being reminded that there's others out there who do care about you. That's awesome." (Tane roopu)

Another significant point related to understanding isolation is raised by a service provider at the He Iwi roopu focus group, in particular the importance for any provider of service to kaumātua to have empathy.

"You know something else that our services in general have to remember, when you make an appointment with one of our kaumātua or kuia, sometimes on that day you're the first person they've had a conversation with in three days. They don't wanna go straight to the end result. They wanna have a chat and maybe a cup of tea, you know, because you're the first engagement that they've had, you know, someone to talk to in a couple of days.

Because not all of our whanau have people that pop in to see them for no reason. And we've got to be really aware of that. So again, they leave a service or an appointment feeling uncared for, unappreciated, unread, not listened to. You know, you're just the next person in the door, in and out of my desk. And they still leave with no result. And why would you go back? In regards to whatever space, there has to be some level of empathy." (He Iwi roopu)

Furthermore, the impact of external factors, such as the COVID-19 pandemic, underscored the vulnerabilities faced by kaumātua. During this period, kaumātua were often portrayed as a demographic to be managed rather than as resilient community leaders (Wepa et al., 2023; Dawes et al., 2020). However, Māori-led initiatives during the

pandemic showcased the strength and adaptability of kaumātua, emphasizing their role in supporting their communities (Russell et al., 2023). The importance of culturally competent healthcare that respects Māori values and practices is also critical, as many kaumātua face barriers in accessing appropriate mental health services (Abraham et al., 2018; Wilson & Barton, 2012). Addressing their mental health needs requires a comprehensive understanding of their unique cultural context and the implementation of supportive programs that foster social engagement and respect for traditional practices.

5.5 Mate Wareware

Several kaumātua expressed the need for more services related to mate wareware or dementia. This was becoming a well-known issue for most, in their own households as well as in their communities.

Mate wareware presents a significant health challenge within New Zealand, particularly among the Māori population. The prevalence of dementia among Māori is notably higher than that of non-Māori populations, influenced by various socio-economic and health factors. Recent studies indicate that Māori are diagnosed with dementia at a younger age and often at a more advanced stage of the disease compared to their non-Māori counterparts (Cheung et al., 2022; Cullum et al., 2018). This disparity is compounded by the higher prevalence of modifiable risk factors such as diabetes, cardiovascular diseases, and hazardous alcohol consumption within Māori communities, which are known to contribute to cognitive decline (Rivera-Rodriguez et al., 2021; Fonseka et al., 2022; Zawaly et al., 2021).

The cultural context of dementia among Māori is also critical. Traditional Māori health models such as Whare Tapa Whā, emphasize a holistic view of health that includes physical, mental, social, and spiritual well-being (Menzies et al., 2021). This perspective is essential in understanding how Māori perceive and cope with dementia. Research has shown that Māori families often rely on communal support structures, which can influence the caregiving dynamics and the overall experience of those living with dementia (Dudley et al., 2023). Furthermore, the stigma associated with dementia within Māori communities can hinder early diagnosis and treatment, leading to worse health outcomes (Cheung et al., 2022; Cullum

et al., 2018). Access to healthcare services and equitable treatment is another significant concern. Studies have highlighted that Māori individuals are less likely to receive timely diagnoses and appropriate post-diagnostic support compared to non-Māori (Ma'u et al., 2024; Chan et al., 2022). This inequity extends to the use of anti-dementia medications, where Māori and Pacific peoples are underrepresented in treatment regimens, despite their higher prevalence of dementia (Chan et al., 2022; Prieto et al., 2023). The systemic barriers faced by Māori in accessing healthcare services are often rooted in historical and ongoing inequities, necessitating a culturally responsive approach to dementia care that respects Māori values and practices (Eggleton et al., 2021).

Future research and interventions must prioritize Māori perspectives and involve Māori communities in the development of solutions to improve health outcomes for those affected by mate wareware. One current example is "groundbreaking" clinics being undertaken in a collaboration between the Centre for Brain Research (University of Auckland), Ngāpuhi and Te Rarawa iwi, and Te Hau Ora o Ngāpuhi, on Northland marae. The clinics are aimed primarily at supporting kaiāwhina (carers) in their work with people with mate wareware – this term is utilised, rather than dementia, to negate the stigma attached to the latter term. This "revolutionary" approach is a culturally resonant model developed at one of the central factors of Te Ao Māori – marae communities. The clinics are visited by doctors, thereby reducing anxiety for participants as they are in the familiar setting of a marae. Project lead, Professor Sir Richard Faull (Ngāti Rahiri and Te Atiawa) noted that "It's time we grow and embrace marae-based clinics for the future" (author's emphasis) (cited in NZ Herald, 2024).

5.6 Housing and Economic Security

Housing security is a significant concern for kaumātua in Northland, particularly for those in rental accommodation. Many face financial insecurity due to rising living costs and limited access to financial support for home modifications. Kaumatua from the different focus groups raised concerns about financial insecurity, which includes the fact that the superannuation payment is not enough to get by, and

any unplanned expenditure becomes a crisis because,

"...you're living frugally and from day to day, and everything becomes an emergency after that. Pakaru to motor car – costs up to $300, $400, which backs you up for the whole year trying to make it back. And I think a lot of us are in that position." (Tane roopu)

One of the He Iwi roopu focus group service providers explained other scenarios that impact housing security for whanau, including whanau returning home but not contributing to paying the bills, which burdens kaumatua who cannot pay the bills on a limited income, and the fact that some homes need significant repair. Some of those home repairs were financially supported by programs in the past that,

"...funded renovations and fix ups for homes that were in quite dire shape. But, you know, money only lasts so long. There's only so many people that we can help in that space. You know?" (He Iwi roopu)

There is a strong preference for whānau-based living and intergenerational housing models, yet access to finance for papakāinga development remains a key barrier. Housing is another key determinant of health, with many kaumātua living in substandard or overcrowded housing conditions that contribute to poor health (Meha & Ruru, 2020). Marae-based kaumātua housing projects and kaumātua-friendly urban developments have been identified as potential solutions to improve housing stability while maintaining the cultural and social connections of kaumātua (Te Pou Matakana, 2018).

In 2018, the Labour government recognised that Te Tai Tokerau/Northland has one of the most severe experiences of homelessness (George, et.al., 2021). Further, many households in Te Tai Tokerau have little access to basic facilities, and there a large number of substandard houses that are more likely to create living conditions that are damp and mouldy, conditions which can contribute significantly to serious health conditions. Rural towns such as Moerewa had a high proportion of substandard housing, and for isolated rural areas, the situation is likely to be even worse. The Whangarei suburb of Ōtangarei, however, had some of the most concerning statistics, in this area 70% of the population are Māori. Nock et.al. (2021) state that this:

demonstrates also that factors creating and

maintaining homelessness are systemic and complex, hence the need for a widened definition, and therefore a need for innovative and sustainable solutions from multiple services which centres and values people in situations impelled by poverty and other issues, and which can result in fundamental insecurity on several levels. (p. vi)

Overall, 66% of households in New Zealand own their homes or hold them in a family trust, up from 64.5% in 2018 (Stats NZ, 2024). The NZ Herald (2025) reported that according to the latest Census data, only 27.5% of Māori owned or partially owned their homes. Mākere Hurst (Ngāti Rākaipaaka, Ngāti Kahungunu, Ngāti Rongomaiwahine) is ANZ NZ's Te Ao Māori Kairangahau Matua/principal researcher, supporting the bank to understand housing needs of Māori. By doing so she hopes to lift home ownership numbers. Hurst noted, however, the following reasons for the low rates of Māori home ownership:

The barriers are that we dominate lower-income groups and are under-represented in intergenerational wealth. We don't have very good health outcomes because of our housing, we don't have credit history. There are also some not-obvious reasons why Māori don't own houses, and they are some of the uglier ones ... fear of walking into a bank, and what we call 'colonisation of the mind' where we've been told we will never own homes, so we never believe we will own homes. (NZ Herald, 2025)

As noted, the challenges relating to housing affordability and suitability for kaumātua, can adversely affect their health and well-being (Nock et al., 2022; Dulin et al., 2011). The development of kaumātua villages has emerged as a potential solution to these challenges, providing culturally appropriate housing that incorporates wrap-around services such as healthcare, transport, and social activities (Simpson et al., 2022). These services are vital for supporting the holistic well-being of kaumātua, as they often rely on whānau (family) for care and support (Holdaway et al., 2021).

One of the foundational aspects of addressing kaumātua housing is the incorporation of Māori cultural principles into the design and development process. Oetzel et.al. (2024) identify nine key principles for creating a kaumātua housing village, which include fostering long-term collaborative relationships among stakeholders and establishing

a shared vision for the housing project (Oetzel et al., 2024). This aligns with findings from Simpson et.al. (2022), who emphasize the significance of a kaumātua-centered vision in co-designing age-friendly communities that respect and incorporate Māori cultural practices. Such culturally centered approaches not only enhance the living environment for kaumātua but also promote their overall well-being by ensuring that housing solutions resonate with their cultural identity and values.

Moreover, the concept of tūrangawaewae, which refers to a place of belonging and identity (George, Gilberd, Napier, Reynolds, & White, 2017) is crucial in understanding the housing needs of kaumātua. This notion encompasses not just the physical structure of a home but also the social relationships and environmental features that contribute to a sense of belonging (Hawaiiki et al., 2024). By integrating this understanding into housing design, developers can create spaces that foster community connections and support the mental and emotional health of kaumātua. Aspects of this point relate to the emotional attachment to a home that a kaumatua has lived in with their whanau for years. One kaumātua talks about his own home, saying,

"Our whanau home that we have, my grandfather built that house. He left it to my grandmother. He left it to my dad. He left it to My mom. My nephew will have it when my mom goes. That's our family home that we own. And a lot of the people from that generation own their own homes. You know? So you can walk down our street, and I can point out who owns that home." (He Iwi roopu)

A hauora service provider from the He Iwi roopu focus group also explains that for kaumātua,

"They don't wanna leave their home. You know? It's hard to leave that house. It's grown a lot of kids in that house. Grown a lot of whanau in that house... so it would be about staying in your home as long as you can." (He Iwi roopu)

Health considerations are also paramount in the discourse surrounding kaumātua housing. The integration of health services within housing projects can mitigate these challenges, as evidenced by the positive outcomes observed in peer education programs aimed at enhancing the well-being of Māori elders (Oetzel et al., 2024). Such initiatives not only provide essential support but also empower

kaumātua to maintain their independence and quality of life.

Furthermore, the importance of community involvement in the housing process cannot be overstated. Engaging kaumātua and their families in the planning and decision-making stages ensures that their voices are heard and their needs are met. This participatory approach is echoed in the work of Oetzel et al. (2024), who stress the need for high-trust relationships among stakeholders to facilitate effective collaboration (Oetzel et al., 2024). By fostering a sense of ownership and agency among kaumātua, housing projects can better reflect their aspirations and cultural heritage.

5.7 Cultural Leadership and Intergenerational Knowledge Transfer

Section 3.1 details how kaumātua play a critical role in upholding tikanga and mentoring younger generations. However, there is concern about the diminishing number of kaumātua stepping into leadership roles on marae. Participants noted a need for structured mentorship programmes to support the transfer of mātauranga Māori, ensuring cultural continuity and strengthening whānau and hapū resilience. This includes cultural education for some kaumātua, who because of cultural dissonance and an earlier disconnection from Te Ao Māori, are only just learning of tikanga and reo Māori.

While kaumātua taking on caregiving responsibilities for their mokopuna can facilitate intergenerational knowledge transfer, this also places additional financial and emotional pressures on them. A service provider at the He Iwi roopu focus group explains this well, especially in understanding how kaumatua will be thinking in regards to the wellbeing of their mokopuna rather than their own.

"I work with a lot of grandparents that are raising their grandchildren. Grandparents that are raising their grandchildren because their grandchildren are in state care. And the last thing that they're worried about is their health because they just wanna provide a good home for their kids, for their moko's. So if they know that their moko's are okay, then they're okay to have the conversations about the other things. But it's hard. It's like, you know, you're trying to pull the information, you know,

and we all go in with all the love and all the best intention." (He Iwi roopu)

Cultural well-being is fundamental to kaumātua identity, ensuring that older Māori maintain strong connections to their heritage, community, and whānau (Muru-Lanning et al., 2021). The ability to actively engage in traditional practices such as marae-based activities, whaikōrero (formal speeches), and mentoring younger generations contributes to the mental, emotional, and spiritual well-being of kaumātua (Keelan et al., 2022). However, Western models of aged care often fail to support these cultural dimensions, leading to social isolation and a decline in overall well-being (Meha & Ruru, 2020). One of the kaumātua explains that he is happy to be called upon to speak on the taumata, however, he requires transport if whānau want him.

"And I have people ring me up and say, can you come and be on the taumata for us? Well, all you got to do is to come and pick me up. When I come home, you bring me home. Oh, that's the easy job. You got the hard job. Yeah, well, I'm not going to do the mihi and sing the song too. Yeah, but I don't mind doing that sort of thing, you know? I believe a kaumatua's role in the community is simply that." (Tane roopu)

Another kaumātua explains how he sees his role within the community as an anchor.

"For me, it's an anchor for the community. Your role in the community is to ensure that process is followed with dignity. So the tikanga. You're here to affect people into a better space. Right? A lot of the mahi is, in particular, supporting the marae around tangihanga, birthdays and social functions." (Waikare roopu)

Contemporary cultural leadership for Māori is deeply rooted in the principles of kaupapa Māori, which emphasizes the importance of Māori values, beliefs, and practices in leadership contexts. This approach not only recognizes the historical and cultural significance of Māori leadership but also seeks to empower Māori communities through a collective and inclusive leadership model. The essence of Māori leadership is characterized by a commitment to community, cultural identity, and the principles of whanaungatanga (kinship) and manaakitanga (hospitality and care) (Ruwhiu & Elkin, 2016; Spiller et al., 2019).

The concept of leadership within Māori culture is often viewed through the lens of collective responsibility rather than individual authority. This perspective aligns with the idea that effective leadership is about fostering relationships and building community capacity. For instance, Ruwhiu and Elkin (2016) highlight that Māori leadership is inherently linked to cultural values that prioritize collective well-being and shared goals, which are essential for navigating contemporary challenges. Furthermore, the integration of traditional Māori concepts into modern leadership practices can enhance the effectiveness of health and social services, as evidenced by the work of Cargo et al., who discuss culturally safe evaluations in Indigenous settings (Cargo et al., 2019).

Moreover, the application of Kaupapa Māori theory in leadership practices provides a framework for addressing systemic inequities faced by Māori communities. Keelan et.al. (2022; 2023) emphasize the necessity of incorporating Māori perspectives in health and social care, advocating for leadership that is informed by Māori customs and cultural knowledge. This approach not only improves service delivery but also fosters a sense of ownership and empowerment among Māori individuals and communities. The ongoing evolution of Māori leadership further enhances the potential for transformative change in various sectors, including health and community development.

Intergenerational knowledge transfer within Māori communities is a vital aspect of cultural preservation and educational success. This transfer is deeply rooted in Māori epistemology, which emphasizes the importance of relationships, cultural identity, and reciprocal learning. The concept of 'ako', or reciprocal teaching and learning, is central to this process, as it fosters an environment where both learners and teachers engage in mutual knowledge exchange (Dunn & Locke, 2022). This principle aligns with the Māori worldview, which sees education as a communal responsibility, where knowledge is passed down through generations, ensuring that cultural practices and languages are preserved (Whitinui, 2019; Watene, 2022). Interestingly, a kuia describes the efforts she is making to try and keep her whanau connected to Marae tikanga, who live overseas, by keeping a book (pukapuka) for them to refer to.

"With our whanau going overseas, they're losing it.

Yes, I have to write things down in a pukapuka now so that my mokopuna will know the karakia or will know how to do this, or how to do that, or why. Yes, I have to. I have to write a book so that it's there for them because they're not living it." (Waikare roopu)

The role of whānau (family) in this knowledge transfer cannot be overstated. Whānau engagement in educational settings has been shown to enhance the learning experiences of Māori students, as it creates a culturally responsive environment that acknowledges and integrates Māori values and practices (Hynds et al., 2011). Furthermore, the establishment of urban marae and community organizations has provided platforms for Māori to maintain their cultural identity and facilitate intergenerational learning, especially in urban settings where traditional structures may be less accessible (Reweti, 2022).

Moreover, the significance of storytelling and personal narratives in the intergenerational transfer of knowledge is well documented. Māori adolescents often utilize autobiographical reasoning in their narratives, reflecting on lessons learned from their elders, which reinforces their cultural identity and connection to their heritage (Reese et al., 2017). This narrative practice not only serves as a means of knowledge transmission but also plays a crucial role in healing intergenerational trauma, as it allows individuals to articulate their experiences and connect with their cultural roots (Llavador & Begun, 2014).

Intergenerational knowledge transfer among Māori is a multifaceted process that relies on strong familial ties, culturally responsive educational practices, and the active engagement of the community; kaumātua and kaumātua-led initiatives are vital to these processes. By fostering environments where Māori values and knowledge are celebrated and integrated into learning, we can ensure that future generations remain connected to their cultural heritage, thus promoting their overall well-being and success.

Kaumātua are widely recognised as cultural knowledge holders and play a critical role in intergenerational knowledge transfer (Muru-Lanning et al., 2021). The role of kaumātua in ensuring cultural continuity is particularly evident in their ability to transmit whakapapa and te reo Māori. A younger kaumātua at the Waikare focus group explains that kaumātua are the whakapapa experts, and the importance of their role in being able to provide the connection to your whakapapa.

"They're a teaching tool for me, as well as a rock, because they have a lot of knowledge that us younger generation take for granted. You know, we have lost a lot of our kaumātua and kuia, and are still losing them. So as the younger generation, we should actually be supporting them. And they're the ones to go to when you want to know things, even at home. Yeah. For sure. You know, they know it." (Waikare roopu)

Language plays a vital role in kaumātua well-being, with many kaumātua being the last fluent speakers of their respective iwi dialects. Language revitalisation efforts, particularly those led by kaumātua, have proven effective in strengthening cultural identity and enhancing social engagement (Te Pou Matakana, 2018).

5.8 Health Inequities and Systemic Barriers

In this section we return to the health inequities experienced by kaumātua in the Ngāti Hine rohe, and therefore the need to know the needs of kaumātua in order to ameliorate these inequities. Kaumātua generally experience disproportionately high rates of chronic illnesses such as diabetes, cardiovascular disease, and respiratory conditions compared to non-Māori (Tatau Kahukura, 2024). These disparities stem from systemic barriers, including limited access to culturally appropriate healthcare, economic hardship, and the long-term effects of colonisation (Keelan et al., 2022). Māori experience lower life expectancy, and kaumātua often develop age-related conditions earlier than their non-Māori counterparts (Meha & Ruru, 2020). A powerful statement was made by a kaumātua at the Waikare focus group, reflecting on the change in the health system over the last 40 years.

"40 years ago, we wouldn't go to the hospital because every time somebody went there, they died. And why did they die? Because they were at the bottom of the cliff. So they'd already missed the ambulance. And by the time they got there, it was pretty much a waiting time. So that's how we, as Māori, view the hospital, or any other clinic, as a place you go and know that you're going to die. So, you know, we've had to learn how to use the system, and then give the system our knowledge so they can actually work with us and make it an

easier transition for everybody. Maybe five years ago, it was quite difficult to talk with clinicians because they only knew one way. And so with the onset of good things like Ngāti Hine Hauora breaking those small grounds to get in inside that bigger, bigger team, there has been change." (Waikare roopu)

One of the most persistent barriers facing kaumātua in healthcare settings is institutional racism (Wilson et al., 2021). Research indicates that kaumātua frequently encounter discrimination in medical institutions, resulting in reduced trust and reluctance to seek necessary healthcare services (Keelan et al., 2023). The quality of life for kaumātua is deeply influenced by cultural and social determinants, including access to culturally responsive healthcare, strong whānau support systems, and the ability to participate in traditional practices (Dyall et al., 2014). The Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ) found that cultural connection and community engagement were central to kaumātua well-being, with those maintaining strong ties to their marae and iwi reporting higher life satisfaction and better mental health outcomes (Dyall et al., 2014). However, systemic barriers such as socio-economic disadvantage and health inequities continue to impact kaumātua disproportionately, highlighting the need for policy interventions that prioritise cultural well-being alongside healthcare access. Systemic level impacts on Māori communities can be directly linked back to government policy, where one health provider at the He Iwi roopu focus group highlights the negative impacts of government policy.

"That's the worst thing that government does that plays against our kaumātua, our whanau in general, is they put our organizations against each other for funding. You know? Oh, we'll give you a little bit. We'll give you a little bit. And we'll just let you fight it out. But in amongst all that fighting, we're giving them all the information they want that makes them look good over here, when we're trying to do all of the work, and they leave our communities broken." (He Iwi roopu)

Comparisons with Indigenous communities in Canada and the United States reveal similar challenges in achieving equitable health outcomes for elderly populations (Gall et al., 2021). Structural inequalities, historical trauma, and systemic racism contribute to persistent health disparities, reinforcing the need

for culturally responsive care models that prioritise Indigenous autonomy and self-determination (Gall et al., 2021). Key shared themes across Indigenous ageing populations include the importance of cultural continuity, land-based healing practices, and the role of elders in knowledge transmission and community cohesion.

5.9 Indigenous & Māori Healthcare Models

Indigenous healthcare models are increasingly recognized for their potential to address the unique health needs of Indigenous populations. These models emphasize the integration of traditional healing practices with contemporary healthcare systems, fostering a holistic approach to health that respects cultural values and beliefs. A significant aspect of these models is the involvement of Indigenous healthcare professionals, who can bridge the gap between traditional practices and modern medical care. The training of Indigenous health professionals has been shown to enhance trust and adherence to treatment among Indigenous patients, as they are more likely to understand and respect the cultural practices of their communities (Farias et al., 2024; Auger et al., 2016).

Furthermore, the incorporation of culturally appropriate assessment and diagnostic tools is essential for improving health outcomes among Indigenous populations. Research indicates that culturally tailored interventions lead to better engagement with healthcare services and improved health outcomes (Durey & Thompson, 2012; Meiklejohn et al., 2016). For example, the development of frameworks that guide First Nations-specific mental health programs has demonstrated effectiveness in addressing substance abuse and mental health issues within Indigenous communities (Davy et al., 2016; Stefanon et al., 2023). This approach aligns with the broader goal of reducing health disparities by ensuring that healthcare services are not only accessible but also culturally relevant (Browne et al., 2016; Davy et al., 2016).

The concept of cultural safety is also pivotal in Indigenous healthcare models. It involves creating welcoming environments that acknowledge and respect Indigenous identities and experiences. Studies have shown that improving cultural safety within healthcare settings can significantly enhance

the experiences of Indigenous patients, leading to better health outcomes (Greenwood et al., 2017; Pilarinos et al., 2023). This is particularly important given the historical context of colonialism and systemic racism that has contributed to mistrust in healthcare systems among Indigenous peoples (Nguyen et al., 2020; Wylie & McConkey, 2018).

It is essential to develop health services that are not only culturally competent but also culturally safe. Cultural safety goes beyond mere awareness of cultural differences; it requires a fundamental shift in power dynamics within healthcare settings, allowing Māori to engage with health services on their own terms (Mullane et al., 2022; Wilson et al., 2021). For instance, the integration of te reo Māori and tikanga Māori into health promotion and clinical practices has been recommended to enhance the acceptability and effectiveness of healthcare for Māori (Thomas et al., 2022; Mullane et al., 2022). This approach aligns with the principles of Kaupapa Māori, which advocate for Māori-led initiatives that reflect Māori values and worldviews (Rolleston et al., 2020; Kerr et al., 2010).

Moreover, the role of health practitioners is pivotal in fostering an environment of cultural safety. Research indicates that healthcare professionals must engage in reflective practices and critical consciousness to understand their own biases and the impact of these biases on Māori patients (Kidd et al., 2020; Wilson & Barton, 2012). Training programs that emphasize the importance of cultural safety and the historical context of Māori health can significantly improve health literacy and outcomes for Māori communities (Pitama et al., 2019; Chin et al., 2018).

Indigenous healthcare models advocate for the inclusion of traditional healing practices alongside biomedical approaches. This integration not only respects Indigenous knowledge systems but also empowers communities by allowing them to take ownership of their healthcare decisions (Auger et al., 2016; Lavoie et al., 2016). For instance, traditional healing practices have been successfully incorporated into treatment plans for various health issues, demonstrating their effectiveness in promoting holistic wellness (Dennis & Robin, 2020; Ferdinand et al., 2020).

Culturally centered approaches to health and social services for kaumatua (Māori elders) are essential for addressing their unique needs and enhancing their well-being. Kaupapa Māori healthcare models offer a promising alternative to mainstream healthcare services by integrating Māori worldviews, rongoā Māori (traditional healing), and whānau-centred approaches (Meha & Ruru, 2020). These models have been shown to improve health outcomes for kaumātua by providing culturally safe spaces where Māori values and practices are prioritised. However, increased investment in kaupapa Māori healthcare services is needed to expand accessibility, particularly in rural and underserved communities (Tatau Kahukura, 2024).

One of the primary strategies for creating culturally centered health services is the co-design of health interventions with kaumātua and their whānau. This participatory approach ensures that the services provided are not only culturally appropriate but also resonate with the identity and values of Māori communities. For instance, Simpson et al. highlight the necessity of consulting kaumātua in the development of palliative care resources, which can enhance cultural health literacy and address the identity needs of Māori families (Simpson et al., 2015). Similarly, the codesigning of age-friendly communities for Māori kaumātua has been shown to lead to pragmatic solutions that effectively address their health and social needs, particularly in combating social isolation (Simpson et al., 2022).

The marae serves as a foundational element in kaumātua well-being, acting as both a physical and spiritual space that reinforces identity, social cohesion, and health practices (Gillies & Barnett, 2012). Kaumātua view the marae as a living entity that sustains cultural practices and offers a crucial space for intergenerational learning, caregiving, and health service delivery (Gillies & Barnett, 2012). Providing healthcare services on the marae aligns with traditional Māori health perspectives and has the potential to enhance kaumātua engagement in preventative and ongoing care.

Kaumātua clearly articulated relational and cultural dimensions as critical to their overall well-being. Although kaumātua did not explicitly reference 'wairua,' their consistent emphasis on whanaungatanga and whakapapa implicitly reveals spiritual aspects integral to their experiences. Recognising and explicitly attending to these implicit spiritual dimensions (Taha Wairua) within interventions, services, and supports is essential. Future research or community engagement could explicitly explore and capture kaumātua perspectives on spirituality, deepening the understanding and

6.0 Recommendations for the Selwyn Foundation: Supporting Ngāti Hine

The Selwyn Foundation has an opportunity to significantly improve the well-being of kaumātua (elderly Māori) in Ngāti Hine by addressing key challenges identified in the Ngāti Hine Kaumātua Needs Assessment and supported by Te Whata (2023) demographic, social, and economic data. The following recommendations are based on both sources, ensuring that interventions align with real needs and opportunities for impact.

6.1 Housing & Economic Security

Findings from the Kaumātua Needs Assessment

· Kaumātua face immediate concerns around housing and utilities, particularly affordability and safety.

· Aged care facilities were identified as a concern, with some kaumātua preferring culturally grounded options.

· There is a need for housing models that accommodate kaumātua within whānau settings or community-based alternatives.

Supporting Data from Te Whata (2023)

· Only 24.6% of Ngāti Hine members own or partly own their homes, meaning most kaumātua rely on rental or intergenerational housing.

· 28.9% live in crowded homes, increasing health risks for kaumātua.

· 41.7% report their homes are damp, contributing to respiratory illnesses, arthritis, and other chronic conditions.

· 42.6% pay over $500 per week in rent, suggesting significant financial strain on kaumātua who are renting.

Recommendations for the Selwyn Foundation

· Provide kaumātua rental relief and housing support, including grants for urgent housing costs.

· Fund essential home repairs and modifications to improve kaumātua safety and accessibility.

· Support kaumātua-friendly rental housing models, ensuring kaumātua can live independently with aged care support.

· Work with housing partners to develop culturally appropriate aged care options, aligning with kaumātua preferences for whānau-based or marae-connected living environments.

6.2 Social Connection & Reducing Isolation

Findings from the Kaumātua Needs Assessment

· Kaumātua roopu (elder groups) play a critical role in well-being, yet attendance is limited by transport and access barriers.

· Social isolation is a major concern, particularly for kaumātua who lack whānau support nearby.

Supporting Data from Te Whata (2023)

· 90.3% of Ngāti Hine members live in whānau households, yet many kaumātua experience isolation.

· Only 34.3% can hold a conversation in te reo Māori, indicating a potential loss of cultural connection among some kaumātua.

Recommendations for the Selwyn Foundation

· Fund kaumātua-led home visiting services, ensuring regular social engagement and well-being checks.

· Expand kaumātua transport support, enabling them to attend kaumātua roopu, health services, and social events.

· Support te reo Māori and tikanga-based kaumātua initiatives, ensuring kaumātua remain culturally connected.

· Establish intergenerational mentoring programmes, enabling kaumātua to share knowledge with rangatahi (youth).

6.3 Healthcare & Aged Care Services

Findings from the Kaumātua Needs Assessment

· Dementia (mate wareware) and chronic health conditions are major concerns among kaumātua.

· Healthcare access is limited, particularly for those in rural areas.

· Kaumātua prefer holistic, culturally grounded healthcare approaches, including rongoā Māori and marae-based services.

Supporting Data from Te Whata (2023)

· Many kaumātua live in damp and crowded homes, increasing the risk of respiratory illnesses and other chronic health conditions.

· 34.2% of the employed Ngāti Hine population works in Auckland, meaning some kaumātua lack close whānau caregivers for support.

Recommendations for the Selwyn Foundation

· Fund kaumātua-focused marae-based health clinics that could include mobile health clinics, providing chronic disease management, dementia support, and rongoā Māori services.

· Support home-based aged care options, ensuring kaumātua can remain in their own homes while receiving care.

· Expand mate wareware (dementia) support programmes, ensuring kaumātua and their whānau have access to culturally appropriate care.

· Provide respite care services, particularly for kaumātua who lack close whānau caregivers.

6.4 Digital Inclusion & Access to Services

Findings from the Kaumātua Needs Assessment

· Digital exclusion is a major barrier for kaumātua, limiting access to healthcare, banking, and social services.

· Some kaumātua rely on whānau for digital support, while others lack devices or digital literacy training.

Supporting Data from Te Whata (2023)

· 39% of Ngāti Hine members live in large families (3+ children), meaning kaumātua may not always have direct access to technology in their households.

Recommendations for the Selwyn Foundation

· Fund kaumātua-specific digital training, ensuring kaumātua can navigate health services, banking, and communication tools.

· Maintain non-digital access to Selwyn Foundation services, ensuring kaumātua can still receive information and support through phone-based assistance and printed materials.

· Provide kaumātua-friendly digital devices, such as pre-loaded tablets with key health and support services.

6.5 Advocacy & Strategic Partnerships

Findings from the Kaumātua Needs Assessment

· Kaumātua well-being is linked to broader advocacy and intervention pathways, including housing, social engagement, and healthcare access.

· There is a need for strategic partnerships to strengthen kaumātua-centred aged care models.

Supporting Data from Te Whata (2023)

· Ngāti Hine has a relatively young population—57.3% are under 30, meaning kaumātua represent a smaller but crucial group that requires targeted support and advocacy.

Recommendations for the Selwyn Foundation

· Advocate for kaumātua-centred healthcare and housing policies, ensuring aged care services align with kaumātua needs.

· Strengthen partnerships with Māori health and community providers to expand kaumātua-centred aged care.

· Support kaumātua well-being research, ensuring future interventions reflect kaumātua needs and priorities.

6.6 Conclusion

These recommendations, based on both the Ngāti Hine Kaumātua Needs Assessment and Te Whata data, position the Selwyn Foundation as a key contributor to kaumātua well-being. By prioritising housing security, social connection, culturally appropriate healthcare, digital access, and advocacy, Selwyn Foundation working in collaboration with the Ngāti Hine Health Trust can support kaumātua to age with dignity, cultural connection, and security.

This assessment explicitly highlights relational (whanaungatanga) and cultural (whakapapa) dimensions of kaumātua well-being. While kaumātua did not explicitly articulate "wairua," their consistent emphasis on relational connectedness and cultural identity implicitly confirms spiritual dimensions (Taha Wairua) inherent within kaupapa Māori worldviews.

Future approaches should explicitly embrace the following priorities:

· Marae-based kaumātua initiatives: explicitly acknowledging marae as vital spiritual and relational spaces.

· Culturally responsive healthcare models: explicitly recognising the cultural and implicitly spiritual identities of kaumātua.

· Addressing social isolation explicitly: recognising relational disruptions as implicitly spiritually disruptive, ensuring kaumātua maintain essential connections for collective and spiritual resilience.

Thus, while spiritual dimensions were implicit, explicitly addressing and strengthening these dimensions in future initiatives remains essential. Doing so respects kaumātua explicit perspectives and implicit spiritual needs.

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Appendix One – Pona Kakā

Pona Kakā: A Kaupapa Māori and holistic intervention for Māori with joint pain was a health research project undertaken by the Waikare Community Development & Research Trust from October 2022 to May 2024. This was undertaken in collaboration with Ngā Tai Ora/Public Health Northland's Intel Team, Leanne Emtage from the Community Wellbeing team, and two community nurses. Funded by the Health Research Council of NZ, Pona Kakā had two main points of data collection: 1) a survey of Te Tai Tokerau Māori over 50 years (n=335); and 2) a marae-based intervention. The latter had around 20-50 participants each session, mostly aged 60+ and of Māori descent but with a few non-Māori in attendance as well, coming to Waikare Marae from Waikare, Kawakawa, Moerewa, Russell, Rawhiti, Paihia, Waiomio and Kaikohe. The marae sessions utilised several modalities in the intervention:

- Rongoā Māori – traditional Māori forms of medicine are mostly undertaken by five whanaunga (relatives) with experience in therapeutic massage (mirimiri/romiromi), some of whom are ACC-registered rongoā practitioners, as well as kaumātua (elders) with related knowledge. Rongoā rākau (balms, cough syrups) were often made during the sessions and handed out to those who wanted them.

- Counselling services – provided by one of the ACC-registered rongoā practitioners. While her services are not in great demand, she has three regular clients who have greatly benefited from her service. It is likely that if this service wasn't available as part of this initiative, the clients would not have sought counselling on their own and continued to experience intensive bouts of depression and related life challenges. Note also that one participant was experiencing suicidal ideation near the beginning of the programme, but connected strongly with the community nurses also who were able to find him support.

- Gentle exercise – often led by Leanne Emtage, utilising household items such as scarves, paper plates and magazines as exercise tools, usually seated to accommodate the lessened range of movement amongst participants. While initially only female members participated, almost all males now join in regularly, reflecting their increasing comfort in the programme.

- Nutritious meals – morning tea and lunch were provided to participants, often introducing 'new' foods with lower fat and sugar content than participants were used to consuming.

- Podiatry – another whanaunga provided footcare for participants, although not the full range of her usual services in order to get through the number of participants usually at the sessions. She now attends once every six weeks.

- Arts, crafts and games – knitting and crochet, games such as monopoly, scrabble and cards, raranga (weaving), all designed to keep hands and minds active.

- Social interaction - the 'art of unstructured conversation' as one participant put it, stating how enjoyable it was to just sit and talk with people, some of whom they had known for 30 years or more but because of social and cultural obligations rarely get the opportunity to 'just sit' and talk to. This in particular helped to break down social and cultural isolation for participants and is one of the most important elements to the success of the programme.

- Tikanga marae - there were often tikanga (customs) such as pōwhiri and whakatau (formal welcomes) for manuhiri (visitors), and each session was opened with karakia (prayer) and mihi (formal greetings). Given that some of participants were not previously entirely comfortable on marae, this gave them a safe way in which to participate and learn. This was therefore also an opportunity for those steeped in mātauranga Māori to share knowledge with others in the group, including the professional and catering staff.

As well as these usual activities – sessions were initially held weekly then fortnightly - Pona Kakā became a hub for a range of other services (some regular and others 'one-off'), including:

- Dieticians from Te Whatu Ora.

- A research team from Te Whatu Ora developing a health app, utilising the session participants as a focus group.

- Community lawyers providing free legal advice.

- Diabetes nurses from Te Hauora o Ngāpuhi.

- A clinical team from Ngāti Hine Health Trust (NHHT) that now attends the sessions once a month.

- An exercise practitioner from Sport Northland.

- An Independent Māori Partnership Board (IMPB) Locality Advisor for Te Tai Tokerau (Te Whatu Ora).

- The Intel team members attended regularly, taking the opportunity to gain experience in working with Māori communities.

- Various doctors from Ngāti Hine Health and Russell Medical practice, interested in seeing how the programme worked.

- A team from ACC, to discuss funding for the programme.

In speaking of their joint pain and the impact on their lives, participant feedback included the following, with some noting a duration of life with joint pain of 20 years or more, with most having several co-morbidities, and some expressing frustration at the lack of care from medical staff:

- Still quite bad. I mean it's really weird because some days I have really good days. I mean, Saturday there was not a crutch to be seen but most of last week or even since we've had two tangi (funerals) here, and since then I've been on a crutch but Saturday I was fine. Then come yesterday morning I could barely get up out of bed. It's weird because it's hard to explain. It's not the same every day. I mean I could wake up tomorrow and I'm fine. Sometimes I start off all right and sometimes I'm hard to start. Frustrating.

- I got hit by a truck when I was 14 and then at 12 and 14 I had rheumatic fever…where you had a lot of broken joints and bits and pieces from the truck accident….but I didn't really put too much thought to it until maybe when I turned 40-ish. Then I started remembering, oh, I can't do that. I used to be able to get away with it by doing something slightly different, but I can't do that now, simply because of the calcification of those injuries now are coming into play….

Could have been a lot better off today than I am now if I had been given the information in time. Because of duration and wear and tear those bits that were semi-functioning are going to give you a bit of trouble. Now, you could have set your sights around, so what do I do? Who do I see? But, they don't want to talk to you. They've always got an excuse why they can't talk to you.

- Yes. I went to [the doctor] because I couldn't even walk properly. I mean, I was on two crutches when it first happened, when my knees first gave way, and I just went to him. He gave me some anti-inflammatories and that was it. He said to me I couldn't have any more because of my high blood pressure. He never gave anything else. He [the doctor] just told me I need to go and have an x-ray and that's all I did.

- It was annoying. Very sore. I mean I've had sore knees before, going back a bit. But, that was actually put through ACC. I can't remember what happened. I mean I'm going back something like 1996 when it was first recorded on my records that I'd been to the doctor for sore knees. I mean, just the pain, me not being able to do certain things. I mean a simple thing as climbing up steps or even going down steps is a hassle. I've got to really think about what I've got to do because if I get it wrong and I've got to go back then, no, that's not going to happen.

Participant interview feedback regarding marae sessions was almost all positive and included the following:

- [I love] Everything. I love that it's here [at the marae]. I love that we get to chat to everyone who's here. I love talking to the practitioners. I just think it's marvellous.

- I enjoy the programme and I think it also helps to maintain that mental thing. It's up to you. You're in charge of your own health, do it. I suppose for me it's like if I want to overcome those deficiencies and what have you is to get into that programme. So, I just mentally say, right, I have to do it and I do it. I try to do it, put it that way. Sometimes you get up and you think don't go for a swim in the morning but by the time I get up, I'm going.
Mentally as well, if you want to do it and get better, well continue with looking after yourself. Because at the end of the day I'm in charge of my health and I need to respect that and do what I can [so] I don't

have to go and have medical advice.

· Every time I came out here, even this morning, I was sitting there and I was thinking how could I introduce it in our marae at …? We've got enough sick people around or people that have issues that they need to bring and a programme like this which is socially great. Because, you know, when you're talking to other people and they might have the same things that you've got and you can talk about it and just encourage [them].

· Because, you learn something new every time, you know? Just by talking to somebody new. And I love listening to old people, you know? They used to do this and use different things….For me learning is just talking to people and see how they do deal with these different issues of health. I think the social part plays a big part in your wellbeing. I look forward to coming out here and it's just relaxing….It just sort of comes in just a nice natural environment which adds to people wanting to come back.

· Difference? I think it's good for me because being home for me I'm comfortable. Coming here and I'm comfortable with the people that are working with me as well.

· Sometimes excited [to be going to the sessions]. I mean, today I was like, "come on, hurry up. I've been in pain for too long. I need this". My husband said to me this morning, "Are you going for a mirimiri?" And, I go, "Yeah. I think I better. I'm just too sore." I mean, even he himself, he had to come too because he's the same. He's got pains all over the place. We both needed it.

· Meeting up with people. More people. Getting to know people. I know quite a few but I've got to know new people, so I like that. They're all whānaunga, relations, in the end. And the lovely kai. But the mirimiri is great. I've never usually had mirimiri so it's just been wonderful. I love it.

· I enjoyed interacting with the nurses and learning different things, and the mirimiri, and just interacting with everyone and the exercises.

· I think on the marae people understand what the tikanga is, so you are starting at a higher level, and a marae is about the people and the meeting place.
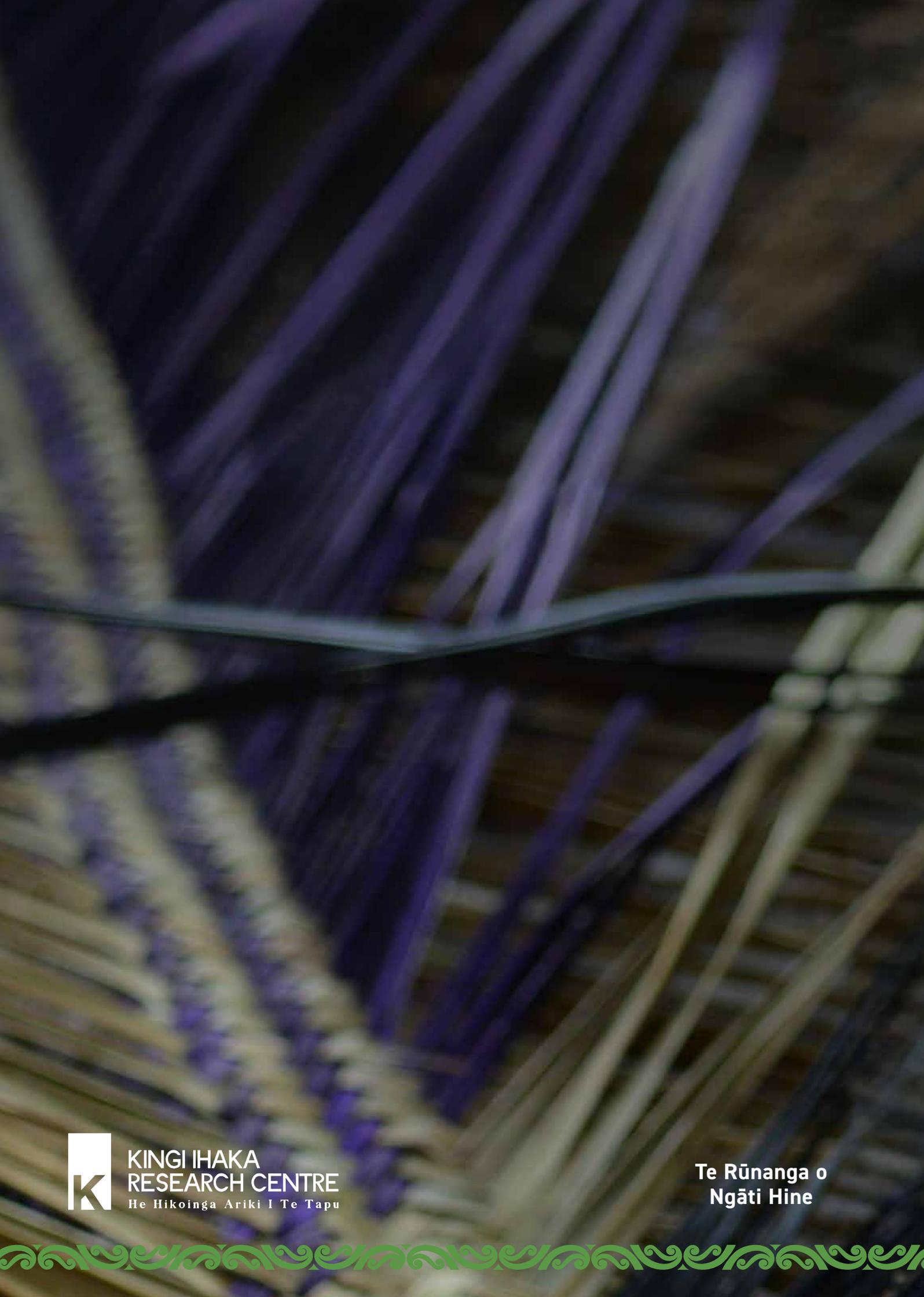
While the programme officially finished in May 2024, participants were very keen to keep it going and have now taken ownership of the programme, opting to provide their own food each time. The marae has agreed to koha (donation) for venue use. There was a smaller amount of funding left to pay for the kaimirimiri (massage therapists) for several more months, although two (a third soon) are now employed by NHHT and two others claim fees through ACC.

It is unlikely that the podiatrist will be able to continue without further funding, however. Nevertheless, the programme managers are determined to keep the programme going as long as the kaumātua express a desire for it to continue.

Pona Kakā is an excellent example of how external agencies can collaborate with Māori communities, rather than imposing programmes upon them. That is, this programme arose from within the community, they determined the research priority by addressing a community-identified health issue, and connecting with public health teams through existing relationships.

As a research project it provides valuable evidence in terms of chronic illness, co-benefit programmes, best practice for engagement with Māori, developing interdisciplinary public health teams to negate formation of silos, and the efficacy of marae-based programmes.