

INVITED FEATURE: MAORI HEALTH REVIEW SERIES

The assertion of Tino Rangatiratanga in tertiary education and by Iwi: The Tū Kahika foundation year health sciences scholarship at the University of Otago and the Te Rarawa Response to COVID-19

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Introduction

Welcome to the fourth New Zealand Medical Student Journal (NZMSJ) Māori Health Review. This review was prepared in January 2021, after an unprecedented year that challenged Māori assertion of *tino rangatiratanga* (self-determination) by *iwi* (tribes), and also within the tertiary education sector. Over 50 *iwi* had developed pandemic response plans by April 2020,¹ with a number including checkpoints to protect those within their tribal boundaries.² Māori professors called for a nationwide review of universities, highlighting the Crown's failure to protect Māori staff and students,³ following serious allegations of systemic and casual racism at the University of Waikato.⁴

In the context of Te Tiriti o Waitangi (Treaty of Waitangi), *tino rangatiratanga* guarantees the right of Māori to self-determination, that is, the advancement of Māori, as Māori. This includes the right to make decisions to advance their *whenua* (land), communities, cultural identity, and health and wellbeing.^{5,6} However, differences in the translations of Te Tiriti o Waitangi have resulted in ongoing efforts to restore equality, honour Te Tiriti, and consequently, affirm Māori *tino rangatiratanga*.⁷ Despite Aotearoa New Zealand's fluctuating political climate, the endeavour for Māori *tino rangatiratanga* remains constant and enduring.

In light of the recent Waitangi Day, the author encourages NZMSJ readers to consider how they can contribute to Māori aspirations for *tino rangatiratanga*, through reflecting on different expressions within the tertiary sector and by *iwi*, including the University of Otago's Tū Kahika Foundation Year Health Sciences scholarship and the Te Rarawa response to the coronavirus disease 2019 (COVID-19).

The Tū Kahika Foundation Year scholarship at the University of Otago

An important part of realising *tino rangatiratanga* for Māori health and wellbeing is to ensure a representative and culturally safe health workforce. There is currently a major and enduring under-representation of Māori in the health and disability workforce.⁸⁻¹² Increasing and upskilling the Māori health workforce has long been identified in New Zealand Government policy and strategy as an important priority for improving Māori health outcomes and reducing health inequities.^{10,13-18} Over time, there have been some Māori health gains, including an

increase in life expectancy, lower childhood mortality, and the wider adoption of healthier lifestyles.¹³ While these developments in Māori health should be celebrated, significant and persistent inequalities remain. At present, health inequities for Māori are evident across many indicators, from before birth, through to old age.^{13,14} Effort to eliminate these inequities is ongoing. Increasing the Māori health workforce is recognised as an important part of this *mahi* (work).^{8,10,12,13,15-22}

A common approach for addressing inequities in the socio-demographic composition of health professions involves a "pipeline" framework, extending from the secondary school sector, to Tertiary Education Institutions (TEIs), through to health workforce employers (Figure 1).^{12,23} This pipeline highlights a number of key areas for targeted recruitment and retention interventions, including early exposure activities for secondary school students and foundation programmes (such as Tū Kahika). These intervention points facilitate entry into tertiary courses by enhancing access to financial, pastoral, and academic support, as well as assisting with ongoing postgraduate and professional training.^{23,24} The Tū Kahika Foundation Year Health Sciences scholarship fits into the pipeline schematic (Figure 1) as a recruitment intervention during the transitioning phase between secondary school and tertiary study.

Tū Kahika was first established in 2010 as a culturally responsive transition programme, providing holistic, wraparound support that prepares students for both their study in Health Sciences (particularly Health Sciences First Year (HSFY)), and a future career in Māori health.²⁵⁻²⁷ Tū Kahika assists Māori secondary school leavers who may be socio-economically and/or educationally disadvantaged to enter into, and progress through, the Foundation Year Health Sciences Course at the University of Otago Language Centre and Foundation Year (UOLCFY).²⁵ Tū Kahika has seen a range of successes to date, including a retention rate of 98%, with many recipients (from 2010–2019) progressing into tertiary study at the University of Otago following the Foundation Year Health Sciences Course.²⁸ In addition, 60% of Tū Kahika scholarship recipients have completed or are currently completing health professional programme study, 25% have completed or are currently completing tertiary degree-level study at the University of Otago, and 15% have completed or are currently completing tertiary qualifications at other TEIs.²⁸ A further indication

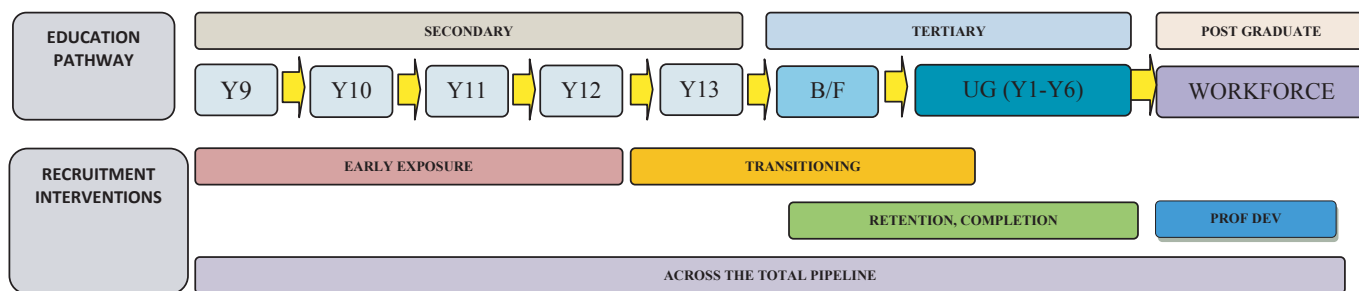


Figure 1. Schemata of the recruitment pipeline in the New Zealand context.²³
 Y=year; UG=undergraduate; prof dev=professional development.

of the programme’s success includes an increase in the number of Māori students gaining entry into health professional programmes at the University of Otago.^{26,29} Based on its successes to date, the Tū Kahika Foundation Year Scholarship is making a positive contribution towards the Māori health workforce.

A recently completed BMedSc(Hons) project sought to evaluate Tū Kahika via a Kaupapa Māori,³⁰ two-phase, mixed-methods quantitative and qualitative study. Results from this project identified a number of critical success factors for Tū Kahika, including *whakawhanaungatanga*, *mana motuhake*, *manaakitanga*, and *tino rangatiratanga* (Table 1).³¹ These critical success factors may be applied in other educational settings where there is a genuine commitment to increasing Māori student participation in TEIs.

Table 1: Critical success factors of the Tū Kahika Foundation Year Health Sciences scholarship³¹

Themes	Sub-themes
<i>Whakawhanaungatanga</i>	Becoming part of the Tū Kahika <i>whānau</i> Providing a sense of belonging at university Being surrounded by like-minded people Specific opportunities to <i>whakawhanaungatanga</i> (establish relationships) <i>Tuākana-Tēina</i> (older sibling-younger sibling relationship)
<i>Mana motuhake</i>	Learning efficient and effective ways to study at University Developing confidence to succeed at University Content preparation (the FYHS course)
<i>Manaakitanga</i>	Pastoral, academic, and financial support provided as part of Tū Kahika
<i>Tino rangatiratanga</i>	Providing a safe space for Māori Affirmation of Māori identity Shared aspirations of making positive contributions to Māori health

FYHS=Foundation Year Health Sciences

Whakawhanaungatanga is commonly referred to as the establishing of relationships.^{32,33} However, in the context of Tū Kahika, *whakawhanaungatanga* is interpreted as fostering a sense of *whānau* (family) and community amongst Māori students, through working together to achieve goals and providing a wider peer-support network. The sub-theme *tuākana-tēina* is commonly known as the relationship shared between a *tuākana* (older sibling) and *teina* (younger sibling).^{34,35} However, in the context of Tū Kahika, *tuākana-tēina* refers to when a more experienced or older Tū Kahika scholarship recipient helps and guides a new Tū Kahika scholarship recipient. In a learning environment that acknowledges *ako* (reciprocity), the *tuākana-tēina* roles may be reversed at any time, recognising the strength that both the *teina* and *tuākana* bring to the relationship. *Mana motuhake* is commonly translated to autonomy.³⁶ However, in this context, it refers to empowering students to have a positive university experience. Similarly, *manaakitanga* is often defined as being hospitable to others.^{37,38} In this context, it is interpreted as the provision of holistic, wraparound

support, which includes pastoral, academic, and financial support. The last critical success factor, *tino rangatiratanga*, is the prioritising of Māori student success at university.³¹ This includes sub-themes such as providing a safe space for Māori at university, affirmation of Māori identity, and shared aspirations of making positive contributions to Māori health.³¹

Over recent months, Māori academics and students have fought relentlessly to assert and maintain Māori *tino rangatiratanga* within TEIs across Aotearoa.³⁴ The Tū Kahika Foundation Year scholarship is a modern-day application of Māori *tino rangatiratanga* within the tertiary education sector, and reflects the aspirations that Māori communities have towards making positive contributions to the health and wellbeing of our own people. The critical success factors described above may be transferrable to other educational settings where there is a genuine commitment to increasing Māori student numbers through the implementation of Māori-targeted recruitment interventions.

Te Rarawa response to COVID-19

While the *uri* (descendants) of Te Rarawa can be located across Aotearoa, and indeed across the world, Te Rarawa is one of the well-known autonomous, self-governing, and independent *iwi* located in Te Hiku o Te Ika a Māui (the Tail of the Fish of Māui). The boundaries of Te Rarawa are characterised by the fluid relationships shared with their neighbours, and can be found in the history of deep and complex tribal narratives as opposed to the prescriptive notion of land blocks. Taking this fluidity into consideration, Te Rarawa exercises *tino rangatiratanga* generally in the areas from Hokianga, east to Mangataipa, north along the Raetia and Takahue ranges, down the Pamapurua *awa* (river) to Maimaru, across towards Awanui, and west to Hukaterere on Te Oneroa a Tōhē (Ninety-Mile Beach), then back down to Ahipara, south to Tauroa, Ōwhata, and Whāngāpe, and down the coastline to Mitimiti and back to Hokianga.³⁹

When COVID-19 reached the tribal boundaries of Te Rarawa, the *iwi* not only had to respond to the realities and impacts of the COVID-19 lockdown, but also the most severe drought recorded to date. *Whānau* experienced extreme water shortages, and drastic water restrictions were imposed in order to preserve water.⁴⁰ The rural and isolated location of Te Rarawa created an added layer of complexity to the response. Despite these complicated circumstances, Te Rūnanga o Te Rarawa gained an essential service status under the COVID-19 alert level system, enabling the Rūnanga team to move safely around the *rohe* (territory) to serve and provide support to *whānau*.⁴⁰ Te Rūnanga o Te Rarawa is the Post-Settlement Governance Entity (PSGE) for Te Rarawa, and it has two arms: one for managing its commercial base, the *rūnanga* central office; and the other being its service delivery arm, Te Rarawa Anga Mua.

The author spoke to George Riley (Te Rarawa), the General Manager of Te Rarawa Anga Mua, in regards to the Te Rarawa response to COVID-19 (Zoom interview, 2020 May 14). He explained that at the start of COVID-19, the *iwi* was very aware of the limited resources they had to support *whānau*, so they carried out an information-gathering exercise to try and assess the need for, and therefore distribute, their limited resources to those who needed them most.

They obtained approximately 600 surveys from Te Rarawa *whānau*. The author also spoke with Reretai Hauti (Te Rarawa), who works in Operational Communications for Te Rarawa Anga Mua, and was involved in the distribution of care and *kai* (food) packages to *whānau* (Zoom interview, 2020 May 14). Hauti highlighted that Te Rarawa not only supported its own *iwi* members, but also the wider *whānau* of Te Hiku—“we distributed not only to the 23 Te Rarawa marae, but we also gave a lot to the other four *iwi* up here as well.” The 2020 Annual *Iwi* Report revealed that Te Rarawa reached 796 *whānau*, delivering 1162 *kai* packs/vouchers and 1289 hygiene packs.⁴⁰ In addition, 189 *whānau* were referred to other services for support or supplies, and two health and education programmes were launched online, enabling *whānau* to engage from home.⁴⁰ An 0800-crisis line was also established to provide immediate support.

Makere Ngaropo-Haati (Te Rarawa) worked at a *hapu* (sub-tribe) level to support *whānau* during this time (Zoom interview, 2020 May 20). She reported that the stance the *hapu*, Ngāti Manawa, took to supporting their community could be explained through the motto coined by Mina Pomare-Peita (Te Rarawa), “*hapu* business is our business.” Ngaropo-Haati reported that the *hapu* led a roadblock at Whakarapa, and initiated a *kaumātua-kuia* (elders) roll-out structure where *rohe kaitiaki* (regional caregivers) were assigned areas, similar to a neighbourhood watch or street wardens. Ngaropo-Haati explained that “they would check in with *kaumātua-kuia* to see if they needed *tautoko* (support) in some way or (if) they needed someone to pick up their *kai* or someone to pick their medication up.” In addition, they were able to fast-track the opening of the local shop, so *whānau* wouldn't have to travel out of the area for essential grocery shopping. They also opened their own *pātaka kai* (community food pantry) to provide for *whānau* in need. This was particularly important for those *whānau* whose primary source of income was from forestry, as many forestry workers had recently been let go due to COVID-19.

The extreme circumstances of COVID-19, combined with the severe drought, called for extraordinary action to support those located in Te Hiku o Te Ika. Te Rarawa as an *iwi*, as well as *hapu* and *whānau*, mobilised quickly with local agencies and businesses to protect and support the community. The Te Rarawa response to COVID-19 is an example of *tino rangatiratanga* in action, and highlights that when resourced appropriately, our people are more than capable of taking an evidence-based approach to looking after and supporting our own people.

Conclusion

Māori assertion of *tino rangatiratanga*, within the tertiary education sector and by *iwi*, has, and continues to be, constantly challenged. The Tū Kahika Foundation Year scholarship at the University of Otago, as well as the Te Rarawa response to COVID-19, are modern-day applications of *tino rangatiratanga* that are inherently linked to the health and wellbeing of those Māori communities. Both Tū Kahika and the Te Rarawa response to COVID-19 not only reflect the aspirations of these communities, but are successful examples of Māori *tino rangatiratanga* in action today. The author encourages NZMSJ readers to reflect on other expressions of *tino rangatiratanga* that surround them, and how they might contribute to fulfilling the aspirations of Māori.

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Conflicts of Interest

Nadine Houia-Ashwell (Te Rarawa, Ngāpuhi, Ngāti Porou, Kāi Tahu) is a previous Tū Kahika Foundation Year Health Sciences Scholarship recipient (2013) and completed the BMedSc(Hons) project, "E Tū Kahikatea: An Evaluation of the Tū Kahika Foundation Year Scholarship at the University of Otago" in 2020. Nadine has *whakapapa* (ancestry) to Te Rarawa and is a registered *iwi* member. Nadine received a scholarship from Te Rarawa in 2019 for her medical studies. This invited article has gone through a double-blinded peer review process applied to all articles submitted to the NZMSJ, and has been accepted after achieving the standards required for publication. The author has no other conflict of interest to declare.

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