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"IT IS ABOUT ENABLING TINO RANGATIRATANGA AND MANA MOTUHAKE"

An analysis of submissions on the Pae Ora (Healthy Futures) Bill 2021 endorsing a Māori Health Authority

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Abstract

Indigenous leadership in healthcare is one way for Indigenous peoples to exercise sovereignty over their health. In Aotearoa New Zealand, the establishment of the Māori Health Authority (MHA) was grounded in a decades-long imperative to address Māori health inequities and operationalise te Tiriti o Waitangi within the health system. However, the populist National-led coalition government formed in November 2023 included the abolishment of the MHA in their first 100-day plan and eventually disestablished it in February 2024. This study analysed 155 public group submissions on the Pae Ora (Healthy Futures) Bill made in 2021 and representing health professionals, iwi, hapū, and community groups. Core themes endorsing the MHA as a statutory entity included honouring te Tiriti, advocating for Māori-led solutions to health inequities, decolonising health systems, and affirming Indigenous

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rights. The political decision to remove the MHA is antithetical to the explicit endorsement statements made by an overwhelming majority of group submitters with expertise in health organisational structures and healthcare provision. Our study has implications for future local and international research in documenting counter-narratives for Indigenous struggles in health systems.

Keywords

health, Indigenous, Māori Health Authority, racism, tino rangatiratanga

Introduction

The ramifications of settler colonialism and racism for Indigenous Māori health in Aotearoa New Zealand are evident in the enduring health disparities and barriers to accessing equitable culturally safe healthcare (Cormack et al., 2018; Reid et al., 2019). For decades, the healthcare funding model has disadvantaged Māori organisations with insufficient resources channelled towards designing and administering a system that adequately gives effect to tino rangatiratanga and promotes health equity for Māori (Kuka & Moxon, 2024). For instance, only about 22% of 2017–2018 capitation-based funding ($907 million) was allocated to Māori organisations and patients, and funding support for the establishment of Māori primary health organisations was often limited (Waitangi Tribunal, 2023). The Crown has acknowledged that undercounting of the Māori population may have skewed allocations under the population-based funding formula (Waitangi Tribunal, 2023).

Indeed, the 1988 *Puao-Te-Ata-Tu* report recognised that the issues facing Māori "resulted from failing systems of state provision underpinned by a broader context of colonisation, racism and structural inequity" (Boulton et al., 2020, p. 1). Boulton et al. (2020) note that although focused on the operations of the Department of Social Welfare, the Māori Perspective Advisory Committee stated that the discussions brought out "equally grave concerns about the operations of the other Government departments, particularly those working in the social area" (pp. 7–8), including health. Every major review over three decades has, without exception, identified profoundly failing state sector systems, stressing an urgent need for bold transformational change.

The introduction of the New Zealand Public Health and Disability Act 2000 (NZPHD Act) was meant to have "introduced a major change to the public funding and provision of personal health services, public health services, and disability support services" (Ministry of Health [MoH], 2020, para. 1). However, "the reforms ushered in by the [NZPHD Act] . . . failed to ensure equitable outcomes for Māori health" (Waitangi Tribunal, 2023, p. 17). Therefore, the Waitangi Tribunal (2023) made two overarching recommendations to amend the NZPHD Act, to (1) include a new Treaty of Waitangi clause and (2) commit the Crown and the health sector to achieve equitable health outcomes for Māori (p. xvii). In relation to structural reform of the primary healthcare system, the Waitangi Tribunal made an interim recommendation that the Crown "commit to exploring the concept of a standalone Māori Primary Health Authority and, with the stage one claimants, develop its terms of reference" (Waitangi Tribunal, 2023, p. xxii). In 2020, the Health and Disability System Review (2020) charged with recommending system-level changes that would, amongst other things, lead to better and more equitable outcomes for all New Zealanders, recommended the creation of the Māori Health Authority (MHA | Te Aka Whai Ora) to sit alongside the MoH | Manatū Hauora and Health New Zealand (HNZ | Te Whatu Ora); it was envisioned "to not only be the principal advisor on all hauora (holistic health) Māori issues, but also to lead the development of a strengthened Māori workforce and the growth of a wider range of kaupapa Māori services around the country" (p. 5).

In 2021, the Labour-led government initiated a new legislative framework for health restructuring through the Pae Ora (Healthy Futures) Bill that purposed to protect, promote, and improve the health of all New Zealanders, including addressing health inequities amongst Māori (see Figure 1). The reform also included Iwi Māori Partnership Boards that were established to "strengthen the overall health system to ensure Māori voices are heard in decision-making that affects Māori health" (MoH, 2025).

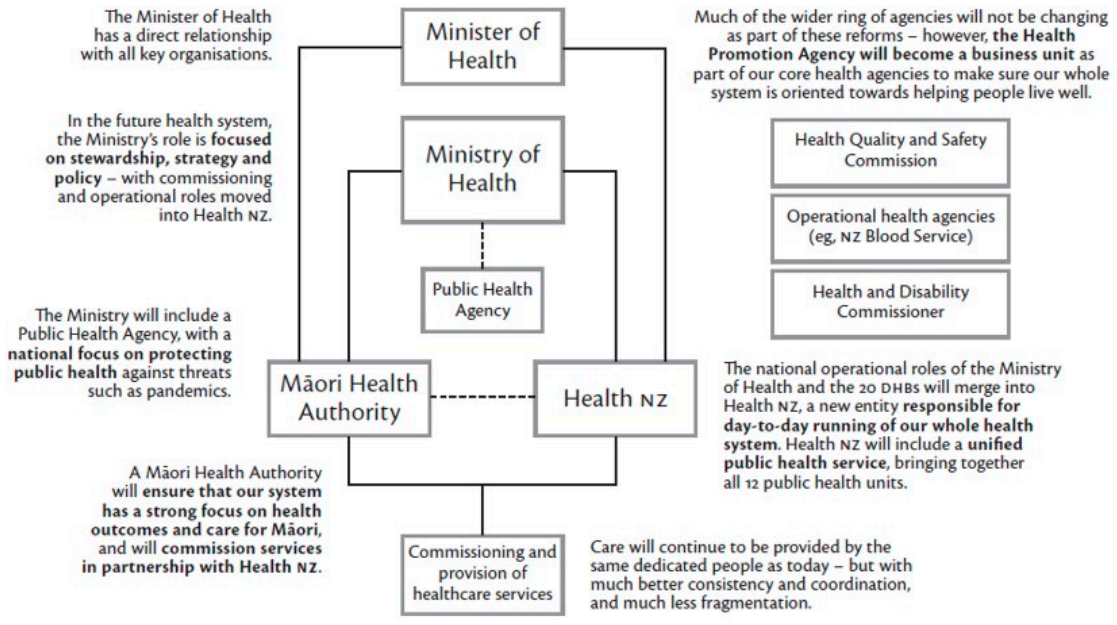
The MoH would "continue to be the chief steward of the health system" (Department of the Prime Minister and Cabinet, 2021, p. 1) in strategy, policy, regulation, and monitoring. The Bill created HNZ to replace district health boards and lead the health system, collaborating with a newly established MHA to design and provide

health services. The MHA would be responsible for driving improvements in hauora Māori and making decisions on commissioning services for Māori across all types and levels of healthcare. The Waitangi Tribunal (2023) welcomed the Crown's decision to establish the MHA as a "positive development towards both the provision of equitable health care and the realisation of the Treaty partnership and its obligations" (p. 178). It signalled the Crown's transformative change from a Crown health structure that "has not addressed Māori health inequities in a Treaty-compliant way" (p. 164).

Akin to other settler colonial nations where Indigenous populations grapple with affirming Indigenous sovereignty, self-determination, and institutional self-identification (Anderson et al., 2023; Brayboy, 2006), Māori as tangata whenua encounter persistent challenges in holding the Crown accountable for honouring te Tiriti o Waitangi and tino rangatiratanga (Jackson, 2020; Simon, 2016). Multiple te Tiriti breaches have been recorded since the signing of He Whakaputanga | Declaration of Independence of the United Tribes of New Zealand in 1835 and te Tiriti o Waitangi in 1840, both of which warrant Māori sovereignty (see, e.g., Waitangi Tribunal, 2023, 2024).

In November 2023, a populist coalition government was formed between three right-leaning political parties which had plans to disestablish the MHA and redefine the Treaty of Waitangi principles (Treaty principles) in their first 100 days (Campbell, 2024). The decision to abolish the MHA has been labelled as "politically motivated" as it was not an outcome of a policy process and there was no consultation involved with hapū and iwi Māori (Kuka & Moxon, 2024). The National-led government has stated that the operation of the MHA is not the only way to improve Māori health outcomes but has not yet articulated in detail an alternative approach (Kuka & Moxon, 2024). Many health professionals, researchers and experts in hauora Māori have raised concerns about the impact of eliminating the MHA on Māori health outcomes and worsening existing inequities (Pitama et al., 2024). Lady Tureiti Moxon and Janice Kuka filed a claim with the Waitangi Tribunal (WAI 3307) in December 2023, alleging that the coalition government's intention to abolish the MHA violated te Tiriti o Waitangi (Kuka & Moxon, 2024). The government was called out by Moxon (alongside Māori political leaders) for not acting in good faith for first threatening to pass a Bill scrapping the MHA after the initial announcement of a Tribunal hearing (Natanahira, 2024) and then swiftly introducing and passing legislation disestablishing the MHA two days prior to

FIGURE 1 Outline of proposed national health system showing the roles of a new MHA and HNZ as at April 2021.



Note. From *Hauora: Report on stage one of the Health Services and Outcomes Kaupapa Inquiry*, by Waitangi Tribunal, 2023, p. 175. (https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf).

the set date for the Tribunal hearing (Harawira, 2024). The Tribunal hearing for the MHA finally took place in May 2025 (Rātana, 2025), with the *Hautupua* report concluding that "the process followed by the Crown to disestablish Te Aka Whai Ora breached Tiriti/Treaty principles" (Waitangi Tribunal, 2024, xvi). At the time of writing, the National-led government is inviting public submissions on the proposed amendment to the Healthy Futures Bill (favouring English in its renaming), which would deprioritise te Tiriti commitments and relegate Iwi Māori Partnership Boards to a merely consultative role (Andrews, 2025).

Objectives

In late 2021, public submissions were invited to comment on the proposed Pae Ora (Healthy Futures) Bill as a part of the Labour Government's consultative process. Although there was a barrage of anti-Māori talk within Pae Ora submissions (Black et al., 2023), some submitters—particularly those affiliated with health professional groups, iwi, and hapū—wrote lengthy and detailed recommendations to strengthen the te Tiriti implications of the Bill (Department of the Prime Minister and Cabinet, 2022).

In light of the overwhelming media narratives that disseminate malignant messages about equity initiatives for Māori (see, e.g., Moewaka-Barnes et al., 2012; Phillips, 2023), we see a need to amplify counter-narratives that are evidence-based and informed by organisations that are directly involved in, and affected by, the decision-making process regarding health restructures and the (dis) establishment of the MHA. This article embodies counter-storytelling as a critical race tenet (Came, 2014; Waitoki et al., 2024) to amplify narratives within the Pae Ora submissions that endorsed the establishment of the MHA as a Tiriti obligation and outline the reasons and intentions underlying these. Critical race theory asserts that racism is normalised in Aotearoa society (Asafo & Tuiburelevu, 2021; Brayboy, 2006; Waitoki et al., 2024), and counter-stories are crucial for this study to uncover narratives frequently submerged under the dominant rhetoric that reinforces epistemologies of ignorance (e.g., colourblindness that denies racial hierarchies and differences) and whitewashes racialised inequalities and inequities (Brayboy, 2006; Waitoki et al., 2024).

Methods

Both Māori and tauiwi scholars whose works are informed by te Tiriti o Waitangi (Berghan et al., 2017) and/or Kaupapa Māori theory (Simon, 2021; Smith, 2003) as an anti-racist praxis were involved in the analysis of this article. We focused on group submissions, as we were interested in the voices of established entities that have potentially worked with—or within—the health system and chose to contribute a submission. First, we downloaded publicly available group submissions from the parliamentary website (New Zealand Parliament, 2024). An initial screening was done on all group submissions, and we identified 155 that mentioned the term "Māori Health Authority" (and related terms such as MHA or Te Aka Whai Ora) at least once. All analysed quotes from the submissions can be viewed at https://shorturl.at/K6G8n.

We then performed an inductive content analysis (Vears & Gillam, 2022) of all paragraphs and statements making references to the MHA. Following the steps of inductive content analysis coding, we identified content categories and subcategories that aligned with our research objective of unpacking patterned narratives surrounding the MHA in the Pae Ora Bill. Parts of submissions ae presented as quotes to provide context for our derived categories.

Within the submissions, we identified two overarching thematic categories that recognised the essential roles of the MHA: (1) Reasons for endorsing the MHA (comprising four subcategories), and (2) Recommendations to augment the efficacy and capacity of the MHA (comprising seven subcategories).

Thematic category 1: Reasons for endorsing the MHA

A path to honour te Tiriti o Waitangi

A fully realised te Tiriti o Waitangi aspiration would see a reciprocal and dynamic relationship between the Crown kāwanatanga and Māori tino rangatiratanga (Jackson, 2020; Matike Mai Aotearoa, 2016). Many submitting groups acknowledged the establishment of the MHA as a step forward for the Crown to fulfil its responsibility under te Tiriti, provide opportunities for HNZ to work in equal partnership with the MHA to make collective decisions, and to empower Māori to exercise tino rangatiratanga in commissioning services essential to Māori.

> We support the Government's approach to establish a new MHA that will progress meeting the Crown's obligations for Māori health under te Tiriti o Waitangi and work to address the intergenerational impacts of colonisation, hurt and systemic discrimination within New Zealand's

> health system. (Mental Health and Wellbeing Commission)

> Improving Māori health is not just about achieving equitable health outcomes: it is about enabling tino rangatiratanga and mana motuhake for whānau, hapū and iwi. Centring on the Crown's obligations under Te Tiriti o Waitangi is critical to fulfilling this goal. We strongly support the establishment of a MHA, with the remit to commission and fund kaupapa Māori health services, provide strategic and policy advice on hauora Māori and work in partnership with HNZ. (The Royal Australasian College of Physicians)

The justification for endorsing the MHA by certain groups was grounded in the interim recommendation of the Waitangi Tribunal during the initial hearings of the Hauora claims in 2016, which proposed the creation of a standalone Māori primary health authority. This recommendation emerged from the necessity to redesign health structures that truly reflect a partnership arrangement between Māori and the Crown across all primary care structures (Waitangi Tribunal, 2023). The Pae Ora Bill further advanced this recommendation by instituting an autonomous MHA with the authority to influence decisions over primary, secondary, and tertiary healthcare.

> We support the Government to resource the establishment of the MHA led by Māori at hapū, iwi and hāpori levels. This is in response to Māori aspirations and to the Waitangi Tribunal's Hauora: Health Services and Outcomes Kaupapa Inquiry (Wai 2575). This is a significant example of the Crown making efforts to uphold obligations under Te Tiriti o Waitangi within the health sector by centring a by Māori, for Māori approach to hauora. (Office of the Children's Commissioner)

The Waitangi Tribunal's 2023 *Hauora* report also delineates preliminary Treaty principles to inform the Crown of its role to address Māori health inequities through (1) partnership, (2) active protection, (3) equity, and (4) options. The goals of the Pae Ora Bill, including the establishment of the MHA, were interpreted by some groups as a proactive response aligned with these guiding principles.

> The [Royal Australasian College of Physicians] has advocated for a MHA, grounded in the wider set of principles recommended by the Waitangi Tribunal's WAI 2575 Stage One Report, (rangatiratanga, equity, active protection, options and partnership) and the so-called "alternate view" on Māori Commissioning included in the Health and Disability System Review's final report. (Royal Australasian College of Physicians)

> The Network supports the establishment of the MHA and recognising iwi-Māori partnership boards as a means of exercising tino rangatiratanga and mana motuhake. The Network sees both of these entities as critical to achieving Aotearoa's equity goals. We commend the Bill's commitment to giving effect to the principles of Te Tiriti o Waitangi and support the framework provided. Persisting inequities highlight the need to give effect to the articles, in particular Article 3 [ōritetanga], which contains a provision that guarantees equality between Māori and non-Māori. (Public Health Clinical Network)

Note that some scholars have argued that an emphasis on Treaty principles may detract from the legally binding text of te Tiriti o Waitangi, which is often subject to softened or ambiguous interpretations under the guise of reconciling it with the English-language Treaty of Waitangi (Mikaere, 2011).

Māori-led solutions to address inequity for Māori

With key insights into Māori determinants of health, the provision and delivery of kaupapa Māori services, and Māori practices of healing (e.g., rongoā), some groups underscored the specialised expertise inherent in the MHA to address the gaps within the current health system. The MHA was regarded as instrumental in proposing and implementing Māori-led solutions for mitigating the entrenched inequities in Māori health outcomes caused by institutional racism and the intergenerational legacy of colonisation and te Tiriti breaches.

> The [Royal Australian and New Zealand College of Psychiatrists] support the Pae Ora's commitment to Te Tiriti through the establishment of the MHA, and view this as an important step in the promotion of Māori wellbeing. Its mandate to prevent, reduce and delay ill health of tangata whenua in collaboration with other agencies enables Māori to define, determine and decide how Pae Ora is realised within a world view encompassing Wairua Ora, Mauri Ora, Whānau Ora and Wai Ora. For all components of the new system the embedding of culturally informed approaches to wellbeing and health workforce development are

critical components of transforming the health and disability sector. (Royal Australian and New Zealand College of Psychiatrists)

This Bill honours the vision of Māori health leaders for an independent Māori health system to deal with persistent inequities and racism that our people experience when dealing with the health system. It is a huge step forward from our present reality, and if it had already been in place, we would not have seen nearly the amount of inequity and disparity that Māori have contended with during the Covid-19 pandemic. (Addiction Practitioners Association Aotearoa New Zealand)

Decolonising and addressing institutional racism within health systems

The establishment of the MHA has been viewed by some groups as a transformative initiative because no other Crown entities have taken such an ambitious step of endowing decision-making authority to a Māori statutory entity. It represented a pivotal stride towards decolonising health systems through an "ethic of restoration" (Jackson, 2020) that restores the kawa based on te Tiriti o Waitangi. For the first time, there was an entity in the health system (the MHA) that would operate within the tino rangatiratanga sphere, thereby overturning decades-long monolithic approaches (i.e., colour-blind or overpowered kāwanatanga sphere models where the Crown makes decisions for all) to making healthcare decisions.

The MHA will be . . . the first of its kind with partnerships across governance, policy and health and disability services. It will require decolonising old relationships and building new partnerships to lead to culturally bound and clinically safe effective health and disability services with shared leadership across Iwi Māori Partnership Boards. (Te Rau Ora)

In response to the overwhelming evidence of the monolithic approach of Crown agencies to Māori health, the Tribunal stated that: The failure to address negative social determinants, then, can be considered a form of institutional racism. Institutional racism was defined by witnesses in our inquiry as 'inaction in the face of need'. This inaction can be conscious or unconscious; it can manifest through the deliberate actions of individuals or result simply from 'the routine administration of public institutions that produce inequitable social outcomes'. (Tamaki Legal Barristers & Solicitors)

An Indigenous right under UNDRIP

The Cancer Society Auckland/Northland Division accented the Indigenous rights of the MHA that are promised under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), to which Aotearoa is a signatory. Specific reference was directed to Article 24 that outlines the Crown's obligation to take the necessary steps to ensure Indigenous peoples achieve the highest attainable standard of health, have access to all social and health services without discrimination, and can maintain Indigenous health practices.

The inclusion of sound representation of Māori at decision making level reflected in the creation of the Hauora Māori Advisory committee, the inclusion of Iwi-Māori partnership boards, formation of a MHA along with Māori representation on HNZ is a positive way forward for Māori to reclaim tino rangatiratanga and mana motuhake for their health. However, we also wish to also highlight that the restructure of our health system as a rights issue within the broader scheme of Indigenous rights, should also consider the clauses of the UN Declaration of Indigenous rights Article 24. (Cancer Society Auckland/Northland Division)

Thematic category 2: Recommendations to augment the efficacy and capacity of the MHA

Seven specific recommendations were proposed by different groups to strengthen the capacity of the MHA.

Equal responsibility with HNZ

Concerns were raised by a few groups about the MHA not having adequate power as the entity is consigned to a teina position compared to its HNZ counterpart, which assumes a tuakana role. Māori public health organisation Hāpai te Hauora, which reviewed the differential functions of the MHA and HNZ, found the former faces greater constraints in developing locality plans, evaluating and monitoring services, commissioning services, and arranging for the provision of services.

The roles of HNZ and the MHA seem to have defined with the notion of equality and partnership in mind, in that a number of functions are the same. However, there are clear omissions or inclusions which are concerning. (Hāpai Te Hauora)

The role of the MHA in relation to locality plans is too limited only being required to review locality

> plans and no decision-making role. As part of having more power, we believe the MHA must be able to respond to Māori community needs in ways that allow it to commission services and shift funding to communities for issues of particular significance. (National Hauora Coalition)

There were also apprehensions about the MHA being treated as an advisory body rather than an entity with the expertise and capacity to formulate health strategies specifically for Māori.

> The Bill provides that the Minister must have regard to the advice of the MHA when preparing health strategies. We recommend that the Hauora Māori Strategy should be jointly developed with the MHA. We further suggest that the Minister should take account of advice from the Māori Health Authority when monitoring and reviewing health strategies and assessing how the system has performed against the strategies. (New Zealand College of Public Health Medicine)

Equal partnership with the MoH

Some groups contended that the authority of the MHA should be elevated to the same level as the MoH to reflect the true partnership between Māori and the Crown aspired within te Tiriti. The reality that the MoH would hold overriding power over the MHA indicates that the Crown continues to position itself as the ultimate authority.

> To increase mana motuhake, the MHA should be on the same level as the MoH in terms of policy advice to the Minister of Health and other Ministers and agencies on health matters. Article two of Te Tiriti [tino rangatiratanga] cannot be achieved if the MoH is the sole chief steward of this policy advice. (Health Coalition Aotearoa)

> The MHA needs to have a clear partnership relationship with the MoH to be more reflective of true partnership. The current positioning of the MHA within this legislation is deeply reflective of the entrenched hegemonic views of western society, with immense egalitarian intentions, but no practical rigour, or no intention to power share. (Hāpai Te Hauora)

> While we applaud the creation of a MHA with commissioning powers and believe this to be a key step toward achieving equitable health outcomes for Māori, we share concerns with others in the sector that the current Bill falls short in upholding the principles and articles of Te Tiriti. For example, while the Bill gives the MHA joint decision-making authority with HNZ, true partnership requires the Authority to be given joint decision-making authority with the MoH and the Minister of Health. (New Zealand Medical Association)

Create tino rangatiratanga and relational spheres

The Matike Mai Aotearoa (2016) report proposes constitutional models featuring discrete rangatiratanga and kāwanatanga spheres of influence along with a relational site of joint decision-making which flowed obviously and early from discussions about the relationship in te Tiriti and the manaaki in tikanga. Some groups proposed recommendations wherein the role of the MHA could be better clarified and aligned with Matike Mai models. This would involve establishing a Māori-led entity with tino rangatiratanga while opening up opportunities for that body to be equal partners in making collective decisions in the relational sphere.

> The regulatory statement goes on to note that the MHA "will operate in the space where the exercise of kāwanatanga and rangatiratanga overlap" and is seen as a mechanism for the Crown to meet its obligations of partnership and accountability to Māori (p. 14). If the MHA is operating in the relational space and is viewed by the Crown as a mechanism to meet Treaty obligations but is not the Treaty partner—then who is the Crown partnering with? Is it iwi-Māori partnership boards? Their remit within the Bill has been confined to a locality level. (Stop Institutional Racism)

> The Commission recommends that a tino rangatiratanga representative body such as the National Iwi Chairs Forum or a new representative body (for example, national layer established for the Māori partnership boards) is made responsible for appointing the board of the MHA, the Hauora Māori Advisory Committee and the tangata whenua representatives of the HNZ Board. It should be directly involved in any other appointment processes outlined under this Bill. The Commission also recommends that appropriate measures are taken to ensure that the MHA, and the Hauora Māori Advisory Committee is directly accountable to this tino rangatiratanga representative body. (Human Rights Commission)

The MHA needs to be independent

In relation to the recommendation to further strengthen the capacity of the MHA, numerous

groups advocated for the independence of the MHA in the decision-making process related to Māori health and the healthcare workforce, without interference from HNZ and the MoH.

> We note that within the proposed Bill, the MHA—whilst being an independent entity—sits within the Article One [kāwanatanga] framework of the Government, with its members appointed by the Minister of Health, rather than as a truly independent entity as would be offered in recognition of the retained authority of rangatiratanga in Article two of Te Tiriti. (Canterbury Infant and Young Child Feeding Network)

> The MHA is established as an Independent Statutory entity, however, the independence of the authority itself is neither clear nor transformational in its current iteration, and lacks actionable powers or functions which will enable it to give effect to the responsibilities placed upon it (such as to improve Māori outcomes, and to promote Māori health and to prevent, reduce, and delay the onset of illness for Māori). Hāpai recommends that the Bill provides for the independent MHA to be able to act independently and to have the authority to work aggressively towards achieving Pae Ora, which cannot be achieved if the MHA is hamstrung by Crown bureaucracy. (Hāpai Te Hauora)

Partnership approach to resolving dispute

Many groups spotted the problematic clause in the Bill wherein the MoH would be granted the ultimate decision-making authority in disputes between the MHA and HNZ. Subsequently, submitters proposed recommendations advocating for either the chair of the MHA or Te Puni Kōkiri | Ministry of Māori Development to work in equal partnership with the MoH and HNZ to resolve disputes in a te Tiriti-compliant manner.

> We would like to see an amendment to this clause [on disputes between HNZ and the MHA] to reflect a partnership approach that reflects Article one of Te Tiriti o Waitangi regarding the minister making ultimate decisions on the MHA, including when it is in dispute with HNZ or when its board is not performing. The wording we highly recommend is that: "the Minister and the MHA Chair must reach an agreement on all decisions of the MHA, including when it is in dispute with HNZ or when its board is not performing". (General Practice New Zealand)

> The Bill also provides that the Minister of Health makes the ultimate decision on disputes between MHA and with HNZ. The Minister of Health alone should not determine disputes, particularly given he is not subject to the health system principles in the Bill's current form. Nor should a decision be made without reference to the principles of Te Tiriti o Waitangi. The significance of the Māori health issues that will likely form the basis of any dispute between HNZ and the MHA mean that the Minister of Health and Minister for Māori Development should jointly make any ultimate decision on disputes. (Te Puna Ora o Mataatua)

Expand the funding capacity of the MHA

Some groups pointed out that the unequal budget allocations for both the MHA and HNZ implied that the Pae Ora Bill was not fully in compliance with te Tiriti o Waitangi. There was a call for a legislated commitment to progressively increase the MHA's budget so that more funding could be channelled to Māori health services to address inequitable health and healthcare access gaps for Māori.

> There should be legislative mandate for the MHA and HNZ to have an equal partnership. This is particularly important given the vast differences in budget allocations. There should be a legislated commitment to increase the MHA budget year on year so that, by 2030, it has an equitable share of Vote Health. The current budget commitment is not Tiriti-compliant as it does not enable mana motuhake and does not meet the Tiriti principle of options. (Health Coalition Aotearoa)

> We acknowledge that the MHA has been awarded commissioning rights that were not recommended by the HDSR 2020 report. Notwithstanding, the budget allocation does not meet the Tiriti o Waitangi principle of options. The budget of HNZ will be in the region of $15bn; conversely, the MHA, we understand, will be c.$120m. Furthermore, such vast differences in funding will create a power imbalance, which will likely mean there will not be an equal partnership between the entities. The commissioning budget of the MHA feels tokenistic and wholly disproportionate. (Kookiri ki Taamakimakaurau Trust)

HNZ to share te Tiriti responsibilities alongside the MHA

The MHA was to hold specific roles in the health restructure in improving Māori health. However, concerns were raised by certain groups regarding the potential abdication of responsibilities by HNZ and other Crown officials in ensuring culturally

safe care provision, upholding te Tiriti aspirations, and engaging in consultation with hapū and iwi, particularly if the clause on "improving Māori health" was made specific only to the MHA. All Crown entities have te Tiriti responsibilities and obligations that cannot be delegated or transferred. It would be unsustainable for the MHA to execute all the mentioned roles as a smaller entity that received less funding than HNZ.

> We would like to highlight the overall need for compliance with Te Tiriti across all the new agencies and as legislated through the Bill. Early in the process of the health reforms, many contributors mentioned concerns that equity and Te Tiriti matters would be left for the Māori Health Authority to deal with. We cannot allow for system compliance to be left to one entity while allowing others to shift responsibilities or even claim compliance by proxy. (Australian and New Zealand College of Anaesthetists)

> The law must clearly show how all the new health structures will uphold both the principles and articles of Te Tiriti. This includes consultation with whānau, hapū, or iwi, and hapori Māori, cultural safety, expertise and responsiveness, and commissioning kaupapa Māori services. This is not just the responsibility of the MHA. (Cancer Society of New Zealand)

Discussion

Our review of 2021 Pae Ora Bill group submissions (including those from health professionals, hapū, iwi, government sectors, and community groups) identified overwhelmingly positive responses for the establishment of a Māori Health Authority (MHA). As the first attempt of instituting a Māori statutory entity in the Aotearoa health system, the Labour-led government's preliminary effort to consider te Tiriti application in the health sector was commended by group submitters. Institutions and organisations providing healthcare have been solely controlled and resourced by the Crown for decades and are thus embedded in Western and colour-blind norms. Within a te Tiriti o Waitangi framework, the MHA embodied the tino rangatiratanga sphere (Matike Mai Aotearoa, 2016), and it was labelled by its chief executive officer, Riana Manuel, as the beginning of a Treaty partnership turning into a functional and operating reality (Husband, 2022). Indeed, group submitters expressed their hopes for the MHA to address racism in health structures, work with a bottom-up approach, and, in collaboration with hapū and iwi, design hauora Māori-based health services and plan and implement kaupapa Māori solutions to reduce health inequities. While the MHA exercised its authority over Māori structures, HNZ and all other stakeholders within the health system hold crucial roles in addressing institutional racism—this responsibility could not be left solely to the MHA and Māori staff as a form of cultural labour (Tan et al., 2025).

However, concerns were also raised by health organisations about the constrained abilities of the MHA to exercise tino rangatiratanga in the proposed Pae Ora structure in 2021. As our review makes clear, group submitters urged for the MHA to have equal authority as HNZ as well as to be able to form equal partnerships with the MoH when it came to identifying priorities and designing health plans for Māori. In a few instances, the MHA was construed as a teina that would be dependent on HNZ and the MoH, with the latter having overriding power and more financial capacity. A subordinated entity relegated to a consultative role or tokenistic representation will have limited decision-making power to drive change (Brayboy, 2006; Waitoki et al., 2024), as Te Kāhui Rongoā Trust reminded us in their submission: "More of the same under a different structure will not deliver change." The Bill expected the MHA to ensure cultural safety in healthcare delivery and the administration of health structures. Envisaging the sustained fulfilment of this role becomes challenging if the MHA were to be disestablished (which has since occurred), particularly when HNZ is not held to comparable standards.

The call to overturn the MHA came during a time of escalating racist and white supremacist sentiments targeting Māori (Phillips, 2023; Simon, 2021), including opposition to sharing power between local councils and iwi Māori on water resource management (Shine, 2023), and discouragement of the use of te reo Māori across government sectors ("Government's Move", 2023). The coalition government has recently directed an update of the HNZ logo that gives precedence to the English name, which has a larger font size compared to the te reo name (Te Whatu Ora). The oppositional voices to the Pae Ora Bill were acknowledged at an early stage by submitters from Māori trusts, iwi, and hapū. For example, Te Rūnanganui o Ngāti Hikairo wrote:

> There is much concern within New Zealand that the MHA is perceived as a separatist system. There are many international examples of indigenous health systems with the mandated authority to

> operate independent but also interdependent of the mainstream health system that derives substantial benefits to their nations. We are not just interested in a separatist Māori Health System but a health system that is responsive to the needs of its Indigenous and non-Indigenous peoples. These international examples demonstrate the effectiveness of indigenous led accountability that has synergy with the mainstream health system. However, to achieve this arrangement, the authority must be the senior partner i.e., MHA where this pertains to Māori across the health continuum.

Reverting to a nationalist health structure fundamentally supports a colour-blind agenda (Asafo & Tuiburelevu, 2021; Waitoki et al., 2024) while Māori continue to endure health inequities and a deliberate displacement of decision-making power. Those opposing the MHA did not see "race talk" in Aotearoa as underpinned by a wilful ignorance of the country's history of settler colonialism and an inclination of tauiwi to obfuscate their active involvement in perpetuating hierarchies of racial power (Black et al., 2023; Simon, 2021; Waitoki et al., 2024). WAI 3307 claimants stated that the disestablishment of the MHA "would mean that Māori will continue to be particularly impacted by racism and stereotyping in primary healthcare, and experience a significantly lower standard of health, including significantly shorter lives than non-Māori" (Kuka & Moxon, 2024, p. 3). The disestablishment also overlooks the crucial role of the MHA in engaging with iwi and hapū, alleviating the disproportionate burden of auditing carried out by Māori health organisations, ensuring that planning and service delivery directly address Māori aspirations and needs, and advancing the Hauora Māori strategy (Kuka & Moxon, 2024).

Waitangi Tribunal claimants have suggested that the intentional decision to not engage in consultation with Māori regarding the disestablishment of the MHA, coupled with the effort to initiate such consultation only after proposing an alternative model, constitutes a manifestation of "prejudice" (Kuka & Moxon, 2024, p. 8). An urgent Tribunal hearing was granted a week before the conclusion of the coalition government's 100-day plan, just before the last day for tabling a Bill on abolishing the MHA (Te Kohao Health, 2024). The National Hauora Coalition (2021), through a targeted engagement process with iwi, Māori service providers, and key informant groups for rangatahi and tangata whaikaha, reported widespread support for the proposal to establish a standalone MHA. There were high expectations for the authority to embody Māori values, possess the right functions, and be adequately resourced from the outset (National Hauora Coalition, 2021).

A number of submitters raised the issues of "rights" relating to the exercising of tino rangatiratanga and mana motuhake. The key thing to understand here is that while Māori are at the mercy of majority-white voters, this produces an outcome of democratic disability (O'Sullivan, 2021) because of the lack of informed opinion, racism, and misinformation. This is a huge inhibitor to progressing towards mana motuhake. The MHA, while a gradualist approach to achieving mana motuhake in public policy, was nevertheless needed. This approach would have built the required trust for Pākehā and tauiwi to become comfortable with progressing towards a dual-authority model initially with the idea that Māori in the long term could take full responsibility for their own hauora concerns. This trust model is seen in co-governance models like the Waikato River Authority, and the assertion of full autonomy is consistent with desires in areas like those in Māori education. Initiatives like the Waahi Paa birthing unit and the call by the Kīngitanga to build a Māori hospital are all examples of the desire for tino rangatiratanga and mana motuhake in the hauora space (Tyson, 2024).

Limitations

This study has several limitations. First, the specific focus on narratives around the MHA in this article means we have overlooked the broader contexts surrounding recommendations for the Hauora Māori Advisory Committee (whose role is to advise the Minister of Health on matters relating to MHA and to the Public Health Advisory Committee), further implementation of te Tiriti o Waitangi, and other suggestions to address Māori health inequities. Second, our study only examined the narratives of the MHA within group submissions. Therefore, we have not accounted for narratives within individual submissions, including those submitted on behalf of a group, community, or organisation. Lastly, we were mindful that there were a few group submissions that voiced against the establishment of the MHA. It is beyond the scope of this article to delve into the narratives that undermine te Tiriti aspirations, as we are interested in counter-storytelling to oppositional voices more commonly highlighted in the media against the MHA.

The Waitangi Tribunal (2023) has asserted that "tino rangatiratanga over hauora Māori should be an intrinsic facet of a Treaty-compliant primary

health system" (p. 158) and that "tino rangatiratanga of hauora Māori is necessary to pursue health equity" (p. 160). Many group submitters recognised the MHA as a statutory entity that would embody the tino rangatiratanga sphere to make decisions informed by, with and for Māori (Matike Mai Aotearoa, 2016), and as an initial step for the MoH and HNZ to operate in an equal partnership in healthcare decision-making. The function of kāwanatanga under te Tiriti, in this case, centres on the effectiveness of healthcare provisioning. While, in the orthodox sense, tino rangatiratanga under te Tiriti was guaranteed to hapū by the Crown—given that the Treaty relationship was between these two entities—we argue that there is a need to recognise both the status quo and the future development of healthcare provisioning in Aotearoa. At this stage, it would be unrealistic for hapū and iwi collectives to independently provide comprehensive health services to their own communities as some iwi have yet to reach final Treaty settlement with the Crown (Coates, 2024).

Further, we contend that greater attention should be directed towards the MHA as a potential first step towards genuine tino rangatiratanga and mana motuhake within the health system. The current social and political climate may not allow for separate or alternative envisionings of equitable health systems. However, the MHA can be viewed as part of the foundational architecture for tino rangatiratanga and mana motuhake—or at least as a recognition of O'Sullivan's (2021) proposition that tino rangatiratanga can only exist outside of the Crown. In this light, the MHA may be understood as having been consistent with the evolving vision of Matike Mai Aotearoa (2016), which is still in the process of establishing itself. Therefore, the idea that Crown entities such as the MHA can contribute to the provisioning of tino rangatiratanga should not be dismissed entirely.

Conclusion

The abolishment of the MHA stands in stark contrast to the overwhelming majority of group submitters who wrote explicit endorsement statements for the establishment of an MHA and provided recommendations for strengthening its capacity. The submissions of health professionals, hapū, and iwi should have been prioritised and considered when making decisions about the future of the MHA as they drew upon their expertise and experience in health organisational structures, healthcare provision, and/or kaupapa Māori services. Submitters viewed the MHA as a mechanism to honour te Tiriti within the health sector, implement Māori-led solutions to address health inequities, support decolonisation, disrupt institutional racism, and uphold Indigenous rights enshrined within UNDRIP. Inaction in the face of need is institutional racism defined. The repeal of the MHA, the only beacon of hope for many in the health system in decades, is an action that can only be viewed as a colonial settler government retrenching power and maintaining white supremacy.

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Disclaimer

Some members of the authorship team made submissions supporting the establishment of Māori Health Authority: KT (Working to End Racial Oppression [WERO]; WW (WERO, New Zealand Psychological Society; Raranga, Raranga Taku Takapau); RB (Māori Equity, Strategy and Research Team at Te Whatu Ora Waikato [left the role in early 2025] and Stop Institutional Racism [STIR]); and NR (STIR).

Glossary

hāpori	community
hapū	subtribe or larger tribal group
hauora	holistic health
iwi	tribal kin group
kaupapa	approach
kaupapa Māori	Māori based topic/event/enterprise run by Māori for Māori
kawa	protocol
kāwanatanga	Crown governance
Kīngitanga	Māori king movement
mana motuhake	Indigenous sovereignty
manaaki	hospitality
mauri	life essence

ora	health, vitality
ōritetanga	equality
Pākehā	New Zealander of European descent
rangatahi	young people
rangatiratanga	self-determination
rongoā	traditional Māori healing
tangata whaikaha	people with disabilities
tangata whenua	Indigenous peoples
tauiwi	non-Māori
teina	mentee
te reo	language
te Tiriti o Waitangi	the Treaty of Waitangi; New Zealand's founding document
tikanga	custom and law
tino rangatiratanga	self-determination
tuakana	mentor
wai	water
wairua	spirituality
whānau	family

References

Anderson, I., Paradies, Y., Langton, M., Lovett, R., & Calma, T. (2023). Racism and the 2023 Australian constitutional referendum. *The Lancet*, *402*(10411), 1400–1403. https://doi.org/p4fc

Andrews, E. (2025, August 9). Iwi Māori Partnership Boards concerned their role minimised under Pae Ora Act changes. *RNZ*. https://www.rnz.co.nz/news/te-manu-korihi/569493/iwi-maori-partnership-boards-concerned-their-role-minimised-under-pae-ora-act-changes

Asafo, D., & Tuiburelevu, L. (2021). Critical race theory and the law in New Zealand. *Counterfutures*, *12*, 92–131. https://doi.org/p4fd

Berghan, G., Came, H., Coupe, N., Doole, C., Fay, J., McCreanor, T., & Simpson, T. (2017). *Tiriti-based health promotion practice*. Stop Institutional Racism.

Black, R., Rae, N., Tan, K., Waitoki, W., & Bain, L. (2023). The "standard story" of anti-Māori talk in Pae Ora (Healthy Futures) Bill submissions. *New Zealand Medical Journal*, *136*(1579), 62–69. https://doi.org/p4ff

Boulton, A., Levy, M., & Cvitanovic, L. (2020, December). *Beyond Puao-Te-Ata-Tu: Realising the promise of a new day*. Te Arotahi Series Paper No. 6. https://www.maramatanga.ac.nz/sites/default/files/teArotahi_20-1106.pdf

Brayboy, B. M. J. (2006). Toward a tribal critical race theory in education. *The Urban Review*, *37*(5), 425–446. https://doi.org/fngfqs

Came, H. (2014). Sites of institutional racism in public health policy making in New Zealand. *Social Science & Medicine, 106*, 214–220. https://doi.org/bt4g

Campbell, J. (2024, January 21). I saw peace, joy and 10,000 people uniting to say "no". *1News*. https://www.1news.co.nz/2024/01/21/john-campbell-i-saw-peace-joy-and-10000-people-uniting-to-say-no/

Coates, G. (2024). *On the fast track: Navigating the Crown's obligations to Māori in the Fast-track Approvals Bill and beyond* [Honours dissertation, University of Otago]. OUR Archive. https://hdl.handle.net/10523/46947

Cormack, D., Stanley, J., & Harris, R. (2018). Multiple forms of discrimination and relationships with health and wellbeing: Findings from national cross-sectional surveys in Aotearoa/New Zealand. *International Journal for Equity in Health*, *17*(1), Article 26. https://doi.org/gc3qmm

Department of the Prime Minister and Cabinet. (2021). *Factsheet—Pae Ora (Healthy Futures) Bill*. https://www.futureofhealth.govt.nz/assets/Uploads/Publications/factsheet-pae-ora-bill-oct2021.pdf

Department of the Prime Minister and Cabinet. (2022). *Health and Disability System Review—policy decisions for Pae Ora (Healthy Futures) Bill departmental report*. https://www.dpmc.govt.nz/sites/default/files/2022-07/proactive-release-htu-pae-ora-department-report.pdf

Government's move to discourage use of te reo Māori "backwards", "disappointing", Hipkins says. (2023, December 6). *RNZ*. https://www.rnz.co.nz/news/political/504025/government-s-move-to-discourage-use-of-te-reo-maori-backwards-disappointing-hipkins-says

Harawira, T. (2024, February 27). Death day for Māori Health Authority. *Te Ao Māori News*. https://www.teaonews.co.nz/2024/02/27/death-day-for-maori-health-authority/

Health and Disability System Review. (2020). *Final report—Pūrongo whakamutunga*. https://www.health.govt.nz/publication/health-and-disability-system-review-final-report

Husband, D. (2022, April 9). Riana Manuel: Finally, a Treaty partnership in health. *E-Tangata*. https://e-tangata.co.nz/korero/riana-manuel-finally-a-treaty-partnership-in-health/

Jackson, M. (2020). Where to next? Decolonisation and the stories in the land. In B. Elkington, M. Jackson, R. Kiddle, O. R. Mercier, M. Ross, J. Smeaton, & A. Thomas (Eds.), *Imagining decolonisation* (pp. 133–155). Bridget Williams Books. https://doi.org/gjdv

Kuka, J., & Moxon, T. (2024). *Te whakataunga mō te tono ohotata: E pā ana ki Te Aka Whai Ora (Wai 3307, #2.5.3)*. https://acrobat.adobe.com/id/urn:aaid:sc:AP:8d23758b-9ca5-423d-96fc-1103207d8738

Matike Mai Aotearoa. (2016). *The report of Matike Mai Aotearoa—The Independent Working Group on Constitutional Transformation*. https://nwo.org.nz/wp-content/uploads/2018/06/MatikeMaiAotearoa25Jan16.pdf

Mikaere, A. (2011). *Colonising myths—Māori realities: He rukuruku whakaaro*. Huia.

Ministry of Health. (2020). *Legislation*. https://www.health.govt.nz/nz-health-statistics/access-and-use/legislation

Ministry of Health. (2025). *Iwi Māori Partnership Boards (IMPBs)*. https://www.tewhatuora.govt.nz/health-services-and-programmes/maori-health/iwi-maori-partnership-boards-impbs

Moewaka-Barnes, A., Borell, B., Taiapa, K., Rankine, J., Nairn, R., & McCreanor, T. (2012). Anti-Māori themes in New Zealand journalism—toward alternative practice. *Pacific Journalism Review*, *18*(1), 195–216. https://doi.org/c6z8

Natanahira, T. (2024, February 24). Bill scrapping Māori Health Authority to be tabled next week. *RNZ*. https://www.rnz.co.nz/news/te-manu-korihi/510007/bill-scrapping-maori-health-authority-to-be-tabled-next-week

National Hauora Coalition. (2021). *Annual report 2021*. https://www.nhc.maori.nz/wp-content/uploads/2022/05/NHC-Annual-Report_2021-1.pdf

New Zealand Parliament. (2024). *Healthy Futures (Pae Ora) Amendment Bill*. Retrieved April 1, 2024 from https://bills.parliament.nz/v/6/f8c6613e-ec68-4aa9-a359-e117f7032a3d?Tab=sub

O'Sullivan, D. (2021). *Sharing the sovereign: Indigenous peoples, recognition, treaties and the state*. Palgrave Macmillan. https://doi.org/p4fg

Pae Ora (Healthy Futures) Bill 2021 (85-3).

Phillips, J. B. (2023). Covering tangata whenua in Aotearoa: A big data exploration of print media and Māori. *Kōtuitui: New Zealand Journal of Social Sciences Online*, *18*(3), 195–212. https://doi.org/p4fh

Pitama, S., Haitana, T., Patu, M., Robson, B., Harris, R., McKerchar, C., Clark, T., & Crengle, S. (2024). Toitū Te Tiriti. *New Zealand Medical Journal*, *127*(1589), 7–11. https://doi.org/pqn4

Rātana, L. (2025, June 9). Tribunal hears what was lost when Te Aka Whai Ora was taken. *The Spinoff*. https://thespinoff.co.nz/atea/09-06-2025/tribunal-hears-what-was-lost-when-te-aka-whai-ora-was-taken

Reid, P., Cormack, D., & Paine, S. J. (2019). Colonial histories, racism and health—The experience of Māori and Indigenous peoples. *Public Health*, *172*, 119–124. https://doi.org/fd9r

Shine, B. (2023). *For some, it's just about race: Tweeting about "three waters" local governance reform in Aotearoa* [Master's thesis, University of Otago]. OUR Archive. http://hdl.handle.net/10523/16063

Simon, H. (2016). Te arewhana kei roto i te rūma: An Indigenous neo-disputatio on settler society, nullifying te Tiriti, "natural resources" and our collective future in Aotearoa New Zealand. *Te Kaharoa*, *9*(1). https://doi.org/gjt48p

Simon, H. (2021). You're giving me a headache: A political–cultural textual critique of alt/far-right anti-Indigenous thought on Indigenous issues in Aotearoa New Zealand. *Sites: A Journal of Social Anthropology and Cultural Studies*, *17*(2), 97–128. https://doi.org/p4fj

Smith, G. H. (2003, October). *Indigenous struggle for the transformation of education and schooling* [Keynote address]. Alaskan Federation of Natives Convention, Anchorage, Alaska. http://www.ankn.uaf.edu/curriculum/Articles/GrahamSmith/

Tan, K., Johansson, S., Hamley, L., & Waitoki, W. (2025). Anti-racism allyship amongst psychologists and students in psychology training in Aotearoa New Zealand. *Journal of the New Zealand College of Clinical Psychologists*, *35*(1), 65–79. https://doi.org/p4fk

Te Kohao Health. (2024, February 20). *Waitangi Tribunal proceeds with urgent inquiry into disestablishment of Te Aka Whai Ora—Māori Health Authority* [Press release]. Scoop. https://www.scoop.co.nz/stories/PO2402/S00118/waitangi-tribunal-proceeds-with-urgent-inquiry.htm

Tyson, J. (2024, January 31). Kīngitanga calls for Māori hospital to fulfil the vision of Princess Te Puea. *NZHerald*. https://www.nzherald.co.nz/kahu/kingitanga-calls-for-maori-hospital-to-fulfil-the-vision-of-princess-te-puea/TST6YDZ2JBHN7NVZEKUAE6UCFE/

Vears, D. F., & Gillam, L. (2022). Inductive content analysis: A guide for beginning qualitative researchers. *Focus on Health Professional Education: A Multi-Professional Journal*, *23*(1), 111–127. https://doi.org/g9zb9f

Waitangi Tribunal. (2023). *Hauora: Report on stage one of the Health Services and Outcomes Kaupapa Inquiry*. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf

Waitangi Tribunal. (2024). *Hautupua: Te Aka Whai Ora (Maaori Health Authority) priority report part 1*. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_223039188/Hautupua%20PP%20W.pdf

Waitoki, W., Tan, K., Roy, R., Hamley, L., & Collins, F. L. (2024). A critical race analysis of Māori representation in university strategic documents in Aotearoa New Zealand. *Race Ethnicity and Education*, *27*(4), 538–558. https://doi.org/p4fm