

THE WHO, WHAT AND WHY IN THE PROVISION OF NON-GOVERNMENT SERVICES TO KOEKE AND KAUMĀTUA

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Abstract

Little is known about non-government services (hereafter “service providers”) for elderly Māori. As part of the research project Kaumātua Futures, a case study of kaumātuatanga in Ngāti Whakaue—an iwi from the Rotorua District of Aotearoa New Zealand—a service provider scoping exercise was undertaken in the summer of 2019–2020. The purpose of the exercise was to garner an understanding of the number of service providers and their services available to koeke, including kaumātua, in the Rotorua District, the home base of the iwi. What the survey showed was no lack of services but a need to further develop existing services that respond to the specific needs of koeke. The scoping exercise also showed that elderly Māori make better use of those services they identify as having cultural benefits for them as Māori, and none are specific to the needs of kaumātua.

Keywords

aged services, kaumātua, koeke, service providers

Introduction

The population of Aotearoa New Zealand is ageing, and Māori are following this national trend albeit at a much slower rate than non-Māori. According to Stats NZ (2018), the Māori population aged

65 years plus more than quadrupled from 1991 to 2018, and projections predict that cohort will make up 10% of the total New Zealand population in 2038, compared with 6% in 2013 (Stats NZ, 2017). In light of this, a critical examination

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of non-government services (hereafter “service providers”) is necessary to ensure they reflect and are responsive to the needs of this particular ageing population. The urgency of such an examination is not new: Durie (1999) cautioned that the ageing trend calls for deliberate collaborative planning between iwi, policymakers and planners to address not only socioeconomic disparities but also cultural alienation, which has clear implications for individual health and wellbeing.

Because of colonisation and assimilation interfering in the cultural process of knowledge transmission, older Māori may lack the cultural skills to fulfil kaumātua roles, which in turn may result in reciprocal care and respect from whānau being less forthcoming (Durie, 1999). Moreover, Waldon (2004) emphasised sector-wide planning as necessary “to guarantee older Māori a positive place in society” (p. 178), while other scholars refer to the global context of living longer, and the call for policies and strategies that support active and healthy ageing (Wright-St Clair et al., 2017). Further, Millar (2014) discusses the need for planners and local councils to plan ahead for kaumātua housing to provide for the ageing Māori population. Against this backdrop, this article reports the findings of research that explored the provision of services for koeke and kaumātua in Rotorua.

A service provider scoping exercise was undertaken by the first author in the summer of 2019–2020 as part of Kaumātua Futures, a three-year case study of kaumātuatanga in Ngāti Whakaue—an iwi from the Rotorua District of Aotearoa. The case study was a collaboration between Ngā Pae o te Māramatanga | New Zealand’s Māori Centre of Research Excellence and the Family Centre Social Policy Research Unit (Keelan et al., 2023).

The scoping exercise revealed a diverse range of services available to koeke. Further to this discovery are questions of why these services are needed, when these services are accessed, who handles ensuring the provision of such services and what is best practice for maintenance and dissemination of information for these services. In order to adequately answer these questions, one must understand the function of the services on offer. The purposes of the different services vary and they fulfil different needs for their users. For example, activities provided could be directed towards physical wellbeing, such as exercise classes, or towards those with a common interest, such as photography. Services could also be for those with diminished ability, such as koeke requiring

a volunteer to help with grocery shopping or meal preparation. Furthermore, there are the more comprehensive services such as rest homes, which are not a “regular once a week” provider.

Thus, just as there are many service providers, there is a vast array of koeke and elderly needs. Therefore, for ease of discussion, the function of service providers has been divided into two broad categories: (a) *activities providers*, where those attending will partake in some form of activity; and (b) *support services*, where those utilising the service are experiencing some form of diminished capacity or require support in some way. This could be said to be a simplified approach to an investigation of the provision of services; time constraints on the research prevented a comprehensive analysis. First, it is necessary to provide some background on why we use the word “koeke” in addition to “kaumātua”, prior to giving an explanation of the method used in the survey.

Koeke or kaumātua?

Ngāti Whakaue are quite specific about who kaumātua are: for the iwi, they are not every elderly Māori person. Rather, they are elderly Māori who provide a service and deliver on a role of leadership, especially on more formal iwi occasions. In Ngāti Whakaue, kaumātua are both male and female with some knowledge of the Māori language. They know the tikanga, genealogy and stories of the iwi and how to use these appropriately. Kaumātua also provide advice and make themselves available to appear for and to represent the iwi whenever they are called upon, no matter the importance of the occasion or indeed its size. Generally, Ngāti Whakaue refer to all of their elderly as koeke and those koeke who provide the services listed above, especially in the context of more formal occasions (e.g., pōwhiri), as kaumātua. This distinction is respected in this article, with “koeke” being used for elderly Māori in general and “kaumātua” for a specific group of elderly Māori who provide a particular set of services for their whānau, hapū and iwi.

Method

The scoping exercise was undertaken by the first author as part of a Ngā Pae o te Māramatanga Raumati Internship in the summer of 2019–2020. Data collection began with an internet search for “services for the elderly in Rotorua”, which returned prominent providers in Rotorua, albeit a small number. An additional search for “services for kaumātua in Rotorua” returned limited fruitful information. However, a comprehensive list of

health-based services for kaumātua and koeke was located. Notably, the list was outdated, illuminating Adelberg et al.'s (2019) assertion of directory maintenance as being low-priority, especially for many non-government organisations. Having exhausted this avenue, the next step was to brainstorm organisations that navigate people towards services, such as Mokoia Community Association, Rotorua Lakes Council and the Citizens Advice Bureau, among others. Without at least some local knowledge, finding service providers may have proved more difficult, highlighting the significance of both service promotion (Wiles et al., 2019) and consultation with koeke and kaumātua in meeting their requirements for conveying information (Cox, 2001). One cannot access a service if one does not know it exists. Further, these organisations not only navigate people to services but also act as service providers themselves in varying roles. Therefore, organisations with this dual role are referred to as Service Provider Navigators (hereafter "Navigators").

Following visits to multiple Navigators, where brochures, leaflets, newsletters, booklets and advice were gathered, the enormity of the task became obvious. For example, one booklet alone, aimed at those 50 plus, had more than 220 "options" within its pages. So, when the information gathering was saturated, it was a matter of going through everything and removing those service providers not considered to be koeke- or kaumātua-specific, such as those whose services were advertised as "all ages welcome" and did not focus on koeke or kaumātua. Data collection provided a list of service providers to visit but, notably, visiting all of them was impossible within the given time, so an effort was made to visit a diverse sample of providers to gain a better sense of the breadth of services available.

In total, 18 Rotorua service providers were visited, including those that act as Navigators. One was contacted by telephone, and the information gathered on another was entirely from its website. One Māori service provider contacted did not provide services to koeke and kaumātua per se but did offer mirimiri, which is relevant to koeke. It was not possible to visit this provider due to it not having a physical building as a base—its activities were held at various venues, including people's homes—and so it was "virtually visited" via videoconferencing.

During visits, a meeting was held with at least one staff member to whom a letter of introduction was provided before any conversation commenced, and any information that had already

been obtained about the provider was verified. While in those spaces, the first author observed any connections to te ao Māori by way of images, art, language or cultural practices. In addition, information about services that were important to them was collected from kaumātua in a series of wānanga organised as part of the Kaumātua Futures case study.

Why are these services needed?

People's need for services varies widely and is determined by a multitude of factors, including living situation, whānau support, health status, capabilities, lack of transport and income, among many others. Significantly, the focus here is not only on the "why" but also on the "why not". Multiple barriers impede or prevent koeke and kaumātua from accessing services, and this is widely acknowledged in the literature (Abraham et al., 2018; Hirini et al., 1999; Simpson et al., 2016). For example, research by Hirini et al. (1999) found that despite older Māori having the worst health overall in Aotearoa, their GP service utilisation was the lowest. The authors cite many factors, including institutional racism and discrimination, colonising histories and experiences, and the under-representation of Māori healthcare workers (Hirini et al., 1999). Simpson et al. (2016) found that palliative care brochures did not meet the cultural needs of koeke or kaumātua and whānau, which negatively affects Māori utilisation of palliative services. This finding offers insight into why this demographic have the lowest understanding of services offered by providers.

Furthermore, through a study conducted in a New Zealand emergency department, Abraham et al. (2018) identified barriers unique to koeke and kaumātua, including language and practices lacking cultural sensitivity, prompting recommendations for more culturally responsive staff. From a broader perspective, Reid et al. (2019) critically examined the inequities in health outcomes of not only Māori but Indigenous peoples around the world. The authors emphasise histories of colonisation and also highlight the need to "recognise how colonial systems, power structures, policies and attitudes" (Reid et al., 2019, p. 123) sustain the status quo in reproducing inequitable health and wellbeing outcomes for all Indigenous peoples. In order to disrupt the status quo, Reid et al. (2019) suggest 12 projects which fall under the broader categories of human rights, freedoms, processes of healing, full participation and self-determination. These are all poignant themes pertinent to this discussion.

Bearing these themes in mind, when a need has been identified, an important question for a koeke or whānau to ask of themselves is “What is my main purpose of engaging a service provider?”, or “What am I aiming to achieve by engaging a service provider?” The answers are seemingly endless, some of which the service user may or may not be aware of, and there can be multiple reasons why koeke, kaumātua or whānau wish to engage a service provider. While by no means exhaustive, the following list highlights possible reasons that have emerged from a review of the relevant literature:

- social connectedness (Wiles et al., 2019)
- a sense of identity (Wiles et al., 2019)
- mental stimulation
- a sense of happiness (Dulin et al., 2012)
- improve health and wellbeing (Wiles et al., 2019; Wright-St Clair et al., 2017)
- a sense of purpose, something to look forward to (Wiles et al., 2019)
- a sense of being valued/needed
- cultural connection (Wiles et al., 2019)
- meeting people with a common purpose/interest (Wiles et al., 2019)
- being a contributing member of the community (Meza & Kushner, 2017; Ministry of Health, 2018)
- harness and pass on valued knowledge and skills
- foster resilience and independence; support agency and the ability to stay in one’s home (Ministry of Health, 2018)
- help and support due to diminished ability
- obtaining advice (Wiles et al., 2019)

These examples show the diversity of needs, and just as there can be many reasons for engaging a service provider, it follows that service providers can address multiple needs. For example, Oranga Tinana o Ue offers a “gym friendly” exercise programme aimed at both Māori and non-Māori elderly aged 60 years plus (Citizens Advice Bureau Rotorua, 2022; Rotorua Lakes Council, 2019). Aside from the obvious physical benefits, the service also provides social connectedness, a sense of identity and belonging, improved wellbeing, a sense of purpose, and the opportunity to meet others with a common interest (Wiles et al., 2019). Notably, this particular service is an activities provider rather than a support service, but a support service can similarly address multiple needs. Age Concern’s volunteer visiting service, where volunteers visit an older person once weekly,

highlights this capacity because it fosters social connectedness, a sense of identity and belonging, improved wellbeing, something to look forward to (Wiles et al., 2019), a sense of being valued, and an opportunity to pass on valued knowledge.

Importantly, when a need has been identified, there are two aspects that require careful consideration. The first is that culture is significant when evaluating service providers and the nature of the services provided. Wiles et al.’s (2019) research into Age Concern’s visiting services noted that a cultural match with their visitor was more important to Māori, Pacific and Asian elderly, and that some preferred group activities with others from the same cultural background. Further to this, Wright-St Clair et al. (2017) assert that activity choice and subjective importance of activities are likely influenced by ethnicity and culture. Cultural considerations can include evaluation of service providers and the alignment of their services with cultural values or significant cultural needs.

The second aspect to be considered is the importance of establishing activities most meaningful to elderly themselves (Wright-St Clair et al., 2017). This is supported by Meza and Kushner’s (2017) assertion that elderly are disempowered when they lack control; they argue that the autonomy of elderly is a salient goal. This finding is an important consideration for whānau who have the best intentions for their koro or kuia but who inadvertently leave them out of the decision-making process. What may be a preference for whānau may not be a preference for their koeke.

When are these services accessed?

Koeke needs for services are diverse, and an individual’s unique situation directly influences not only their needs but also when a service is accessed. The accessing of a service follows the identifying or recognising of needs, which is achieved by understanding a koeke within their socioeconomic, cultural, whānau, living and health contexts. Decisions to access services are grounded in a cultural worldview (Wright-St Clair et al., 2017) and arguably embody two additional important considerations: (a) who specifically has identified the needs and (b) whether the service is to be accessed for enjoyment or support. The latter relates directly to the two categories of activities provider (enjoyment) and support services (support) mentioned above.

In terms of the first consideration, the needs of koeke can be self-identified or identified by a health practitioner, whānau member or, for that matter, any person with whom they interact, but one

would assume the first three feature prominently. The identifier of the need could potentially be met with resistance. The need itself could be one of necessity (e.g., incapacitation) or one recognised by a koeke themselves. What is significant here is the locus of control. Qualitative research by Meza and Kushner (2017) introduced above explored the views of five Pākehā adults aged 85 years plus about autonomy and independence and found the participants relished control over decisions in their daily lives, with one expressing frustration at pressure from whānau in decision-making. The research also identified good communication from health professionals as important, so as not to undermine elderly autonomy and independence (Meza & Kushner, 2017). Significantly, the authors note the lack of Māori participants, and therefore the lack of a Māori worldview (Meza & Kushner, 2017), which highlights the need for more Māori-specific research in this area. Significantly, Butcher and Breheny (2016) found that a connection to place enabled koeke to be comfortable in depending upon family for continued autonomy as they aged. Therefore, in the context of Ngāti Whakaue koeke, living within the tribal boundaries or a place they have known and lived in for some time would provide a level of comfort even if living with whānau.

Waldon (2004) examined research conducted on older Māori and highlights the burden of kaumātua responsibilities felt by some older Māori, which has both risks and benefits to their health and wellbeing. Reciprocity is a central element. Kaumātua—recall that Ngāti Whakaue do not regard all elderly of the tribe as kaumātua—have an expected leadership role, and in return they are respected and helped by whānau (Durie, 1999; Waldon, 2004). Furthermore, Waldon (2004) comments that kaumātua involvement in marae activities correlates positively with self-reported good health and that kaumātua have an optimistic outlook on ageing. That said, the responsibilities carried by kaumātua are not responsibilities non-Māori must contend with, and the demands consume time and physical and mental energy (Waldon, 2004). Tangihanga, marae meetings, and Tiriti o Waitangi claims and settlements (Stephens, 2002) are uniquely Māori spaces where kaumātua play a pivotal role, and the many hours spent there take their toll on health and wellbeing. Durie (1999) describes the role as arduous at the very least, which is supported by Dulin et al. (2011). This may determine when services are accessed, and perhaps serve as a signifier of need for those who carry out the role of kaumātua that may not

apply to all koeke. Whānau may bear witness to the diminished energy of kaumātua through marae demands, for example, and suggest not only much needed rest but a service to address their particular needs such as transport, which also consumes a lot of time, energy and resources. That is not to say kaumātua and koeke are a homogeneous group—not all koeke are connected to their marae—but to draw attention to the lived reality some inhabit, which in turn influences when services are accessed and the types of services needed.

With regard to the second important consideration, whether a service is being accessed for enjoyment or support is not always easy to identify because some services may accommodate both enjoyment *and* support. An activities provider in the context of this article is considered a source of enjoyment by providing services that facilitate things such as interests, hobbies or outings. Support services, meanwhile, help in some way, such as assisting with housework or meals, which occurs in rest homes.

In summary, we can see that an individual's situation, along with their activity preferences (Wright-St Clair et al., 2017), their barriers to accessing services, their cultural worldview, the identifier of the need, and the need itself synthesise to decide when a service will be accessed. How these elements interact will influence whether engagement with a provider occurs. Based on the existing research, one could argue that a koeke may be more likely to engage with a support service because the decision is more likely to be their own (Meza & Kushner, 2017; Wright-St Clair et al., 2017), compared with a whānau suggestion of “fun outings” with an activities provider. Thus, deciding when services are accessed is complex, with multiple factors requiring consideration. However, the desire of koeke to be self-determining is continuously heard.

Who is responsible for providing koeke services?

As noted at the start of this article, our population is ageing, and the changing age demographics mean there are fewer people to care for the growing number of elderly (Stats NZ, 2015). Consequently, the demand for services will inevitably increase. With this firmly established knowledge, where does the responsibility lie for providing koeke services now and into the future? Also, are the services kaumātua require different to those for koeke in general?

Chalmers's (2006) reminder not to forget how the past moulds the present and future, calls to

mind te Tiriti o Waitangi. Article Two of te Tiriti guarantees Māori tino rangatiratanga over their taonga, which encompasses intangible taonga such as health and wellbeing and includes koeke and kaumātua. Article Three provides Māori with rights equal to those of the British, now represented by the government, which in this context refers to equality of health outcomes and of access to health and social services (Waitangi Tribunal, 2001). On this basis, the government has an obligation to provide services, or at least a choice of services, that encompass a Māori worldview, embody tikanga Māori, are Māori-led (Hirini et al., 1999), and normalise Māori cultural practices. This is supported by the Waitangi Tribunal's (2001) report on Napier Hospital and Health Services. The report outlines te Tiriti principle of options, which "assures Maori of the right to choose their social and cultural path" (p. 65).

In terms of equal health outcomes and access, the Waitangi Tribunal (2001) suggests an integrated approach while also emphasising the need to address socioeconomic and environmental determinants. Consultation with Māori is also stressed (Hirini et al., 1999; Waitangi Tribunal, 2001). Reid et al. (2019) reinforce these ideals through their call for "full participation", asserting Indigenous peoples have a right to meaningful involvement in decision-making about their health and wellbeing, fair access and outcomes from health services, and access to culturally aligned health and wellbeing practices. Further to this, the need for collaboration between whānau, hapū and iwi and relevant government agencies, stakeholders and local councils reverberates throughout the literature (Durie, 1999; Hirini et al., 1999; Millar, 2014; Office for Seniors, 2019; Waldon, 2004; Wright-St Clair et al., 2017).

In response to the ageing population, the Ministry of Social Development through the Office for Seniors | Te Tari Kaumātua (2019) launched Better Later Life – He Oranga Kaumātua 2019 to 2034, a strategy with a vision to ensure "[o]lder New Zealanders lead valued, connected and fulfilling lives". The strategy explicitly says that central government, local government, non-governmental organisations, whānau, hapū, iwi, social enterprises, businesses, community groups and individuals all play a role in achieving its goals. Importantly, specific mention is made regarding "the needs and aspirations of kaumātua" (Office for Seniors, 2019, p. 4), and the strategy states that consultation and collaboration with Māori will be prioritised, with te Tiriti o Waitangi

guiding strategy development and implementation to reflect kaumātua (and koeke) needs.

In addition, the strategy adopts a comprehensive approach, recognising that individuals' diverse lived realities impact how they age. The benefits of a whānau-centred approach are also acknowledged. Moreover, five key areas have been identified for action: (a) financial security, (b) healthy ageing and improving access to services, (c) housing, (d) social connectedness and participation, (e) and age-friendly environments (Office for Seniors, 2019, pp. 24–43). It would seem the Better Later Life strategy encompasses critical aspects of kaumātua (and koeke) lives that require addressing, while acknowledging the significance of te Tiriti obligations and the necessity for consultation with Māori throughout. Furthermore, according to the Office for Seniors (2019), everyone from the individual right through to government is responsible for the ageing population of Aotearoa, and it therefore follows that the provision of services is similarly distributed.

What is best practice for maintenance and dissemination of information?

An often overlooked but crucial element of service provision is providing a consistently updated directory of services available. As noted above, Adelberg et al. (2019) found that provider directories are often inaccurate, and the maintenance of directories is designated as low-priority. Given the technological age we inhabit, directories are often accessed via the internet, but paper-based directories of services for the elderly are also commonplace in the form of brochures, leaflets and newsletters. The Office for Seniors (2019) acknowledges the importance of digital inclusion in the Better Later Life strategy, noting that many older people are tech-savvy but not all, with some choosing not to use the internet for fear of being scammed. In fact, the Kaumātua Futures study found that many kaumātua did not have the technology to be able to access web-based information (Keelan et al., 2023). Instead, they generally relied on relatives for this. It is safe to say that this would be the case for koeke in general. Relying on others to be able to engage in anything online compromises the ability of koeke and kaumātua to maintain independence.

Clearly there is a need for varied modalities in promoting service providers and issuing directory information, which in turn requires consistent monitoring for updated information. Therefore, service providers have a responsibility to nominate an employee to regularly check and update directory information, regardless of medium, and

despite the task's lowly status (Adelberg et al., 2019).

Furthermore, service promotion is also a significant consideration. Wiles et al.'s (2019) research on Age Concern's befriending service found some elderly were not aware of the service yet expressed interest in taking part, resulting in some recommending "greater promotion of the service" (p. 781). This foregrounds the need to consult with koeke in regard to assessing the best way to issue service provider information, as lack of promotion or utilising inappropriate mediums can create a further barrier to service access.

Cox (2001) posits that directory users should be identified as stakeholders of an organisation, highlighting the importance of talking to them and assessing their needs. Lack of consultation could result in the inadvertent disregard of service users. For example, transitioning from a paper-based directory to an online one without user consultation could, despite the potential for wider reach, exclude some of the intended audience due to poor communication of the transition, user resistance to change, users' limited technological know-how, or users' preference to not use the internet (Office for Seniors, 2019). Hence, service provider promotion of directories, along with regular maintenance, is a critical part of koeke and kaumātua service provision. It would seem intensified engagement with users is needed to find ways that best convey updated service provider details to them.

Services for kaumātua

As noted earlier in this article, Ngāti Whakaue define kaumātua as a group of koeke who provide a specific leadership role for their whānau, hapū and iwi. It could be said there is no difference in the needs of kaumātua for services and the needs of koeke in general. During the wānanga data collection phase of the larger research project, however, the kaumātua named needs specific to their role. These were in relation to learning te reo, whakapapa, whaikōrero, karanga, and the stories and history of the tribe. It was important for them to constantly educate themselves about these in order to represent the tribe in an informed way and to be able to pass the information on to their tamariki and mokopuna. They also identified a need to be heard and appreciated for the services they provide for the iwi and the city as a whole, in partnership with kaumātua from other iwi.

The current kaumātua of Ngāti Whakaue are of the generation whose parents thought it was vital for their children to speak English if they wanted to succeed. They have recognised that

although they have an important role in upholding the kawa and tikanga of their marae, their lack of fluency in the Māori language does mean they are often challenged by younger members of the tribe who are fluent and who also believe their fluency privileges their voice. This is more so for female kaumātua, whose lack of language is more noticeable.

The kaumātua reported attending language and waiata classes and having to leave after being laughed at and denigrated by the young and usually male tutors. They have a need therefore for such learning to happen in a safe and supportive environment. This would allow them as kaumātua and leaders who engage in their responsibilities to confidently stand for their whānau, hapū and especially the iwi whenever they are called upon (which is often). Their primary need, therefore, is for language learning. Having been raised at "the pā", they are comfortable in their knowledge of tikanga, kawa, waiata, whakapapa and tribal stories. This need may not be necessary in future because the current group of kaumātua are confident that the fluency of emerging kaumātua means the role is reasonably safe insofar as the language is concerned. They are, however, worried about tikanga and the ability of future kaumātua in their role as tikanga knowledge holders in general, and of the tikanga related to manaaki specifically. They believe that the tribe has a responsibility to provide the services ensuring these Whakaue essential responsibilities are not lost.

Another issue they spoke about generally was in relation to feeling underappreciated for the services they provide. Specifically, this was in relation to kaumātua being consulted on various issues and often standing for the iwi at major events. Often the output from those consultations and events showed that the kaumātua had not been heard. For them, this was a major issue because although they were consulted by various organisations, notably the council and the many iwi-related ones, the actions by those various bodies did not reflect any input from them. Two examples they spoke about were being required to limit the number of kaumātua who could attend "official" events and the sometimes insufficient remuneration for their services.

On the issue of limiting their attendance numbers, the attitude of the kaumātua was that if they were providing a service for an organisation at an event being organised by that body, then all the kaumātua who act in the role of kaumātua should be invited, and not just a select few. On the issue of remunerating them for their services, they did

acknowledge that payment is made to one of the iwi organisations and distributed as grants to the various marae. That, however, does not take into consideration that they individually might have had to pay out of their own pocket to provide the services requested, and, as superannuitants, that may end up being costly to them.

Three years on, has anything changed?

In 2024, three years after the completion of the Kaumātua Futures study, the situation in the Rotorua District had not changed much at all. Information both online and in print still falls short of currency, with koeke and kaumātua relying on word of mouth from those who are informed. Such a reliance affects their ability to remain independent for as long as possible because engaging in services has the potential to prolong their autonomy. There continue to be limited services with Ngāti Whakaue cultural content for koeke in general or kaumātua specifically, including services provided by iwi agencies already doing their best within the limits of their constitutions. That is not to say that services in general do not exist, but they are not well known, not easily accessible given that information about them is limited, and are not usually culturally informed. What is provided by the iwi agencies is often not specific to koeke and kaumātua and usually generic in application to whānau and marae.

When considering what kaumātua (as opposed to koeke) need, those who took part in the Kaumātua Futures study named issues specific to their role in the iwi. One was a need for tikanga and reo wānanga in a safe space. Kaumātua, the participants said, must continue to learn those aspects of their role so they can perform meaningfully and in an informed manner when needed. Another was their desire for safe spaces where they can improve their knowledge. We saw above how some had been laughed at by younger members of the iwi who were leading te reo and waiata sessions, causing them to never return to those classes again. Such an outcome is the very thing Durie (1999) spoke about—the possibility that kaumātua may in future find care and respect from whānau being less forthcoming because of a lack of competence in te reo and a lack of knowledge of those aspects important to the iwi's culture. The kaumātua also raised the issue that their role and function was often undermined by many services not making a clear distinction between koeke and kaumātua. They felt this undermined their role in the iwi. They wanted the distinction between the two groups to be more formally acknowledged

by services rather than the status quo in which, when it suits, all elderly members of the iwi are called kaumātua and both kaumātua and koeke are informally referred to as koeke.

In conclusion, the scoping exercise and the data from the Kaumātua Futures study raised a number of issues in the provision of services to Ngāti Whakaue koeke in general and kaumātua specifically. The information provided, whether online or in print, is seldom current and there is a real need to find ways to remedy the situation so that when koeke and kaumātua access the information it is current. Koeke generally respond better when a service is culturally relevant, and there are relatively few of this type in the Rotorua District. Existing services, therefore, need additional funding from government to provide culturally safe environments so koeke and kaumātua utilise the service providers they are most comfortable with. Elderly Māori men, it was found, do not access services, which shows a need to enquire what their needs are and to provide for them as a group.

The services that kaumātua—as defined by Ngāti Whakaue—need are specific to their diverse and demanding roles as leaders in the delivery of rituals and tikanga and their responsibility for ensuring these are maintained for the future. Such provision could be delivered by one of the several iwi agencies in the district, who could support marae whānau. Although some marae are doing this, the greater needs of kaumātua are not being met. Koeke and kaumātua need those who consult with them about services to prove they have been heard in the delivery of those services, like housing being near marae, making it easier for them to attend events on marae, perhaps resulting in a greater number of koeke attending said events, thereby increasing the number of kaumātua available. Kaumātua need to be recognised in different ways for their service to their whānau, hapū and iwi, and they do appreciate all the acknowledgement they receive. Koeke and kaumātua need coordinated support from those service providers who serve their communities and iwi. The services themselves need ongoing financial support and long-term investment in planning and strategic thinking. Although the Māori population is ageing relatively slowly, that planning needs to happen now and not at some distant point in the future when the need is even greater. Doing so would support the Better Later Life – Hei Oranga Kaumātua 2019 to 2034 strategy.

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Glossary

Note: Some meanings provided are specific to Ngāti Whakaue; some words may have different meanings to other iwi.

Aotearoa	Māori name for New Zealand
hapū	large kinship group made up of related whānau groups
iwi	tribal federation made up of hapū
karanga	ceremonial call of welcome
kaumātua	an elderly person (male or female) of status within an iwi
kaumātuatanga	a stage of human, social and cultural development acknowledging the status of elderly Māori
kawa	marae protocol
koeke	elderly person
koro	elderly man
kuia	elderly woman
manaaki	hospitality, support
Māori	person who is a descendent of the first inhabitants of New Zealand who created the first language, the first lores, and the first laws of the land
marae	complex of buildings around the open area in front of the usually carved wharehau or meeting house

mirimiri	Māori form of massage
Mokoia	island in the middle of Lake Rotorua
mokopuna	grandchildren
Ngāti Whakaue	iwi found on the shores of Lake Rotorua and at Maketu a small community on the coast of the North Island of New Zealand
Oranga Tinana o Ue	“gym friendly” exercise programme aimed at both Māori and non-Māori koeke aged 60 years plus; lit. “your physical health”
pā	village
Pākehā	New Zealander of European descent
pōwhiri	a formal ritual of encounter usually enacted at a welcome
rangatira	chiefs
raumati	summer
reo wānanga	(Māori) language-learning seminars
Rotorua	city in the middle of the North Island of New Zealand
tamariki	children
tangihanga	grieving ritual
taonga	treasure
te ao Māori	Māori world(view)
te reo	the Māori language
te Tiriti o Waitangi	the Treaty of Waitangi, signed between rangatira Māori acting for their hapū and Governor Hobson on behalf of Queen Victoria in 1840; the founding document of New Zealand
tino rangatiratanga	leadership, sovereignty
tikanga	correct procedures, customs
waiata	songs, chants
wānanga	seminars, forums
whakapapa	genealogy
whaikōrero	oratory
whānau	family

References

- Abraham, S. G., Tauranga, M., & Moore, D. (2018). Adult Māori patients' healthcare experiences of the emergency department in a district health facility in New Zealand. *International Journal of Indigenous Health*, 13(1), 87–103. <https://doi.org/phmm>
- Adelberg, M., Frakt, A., Polsky, D., & Strollo, M. K. (2019). Improving provider directory accuracy:

- Can machine-readable directories help? *The American Journal of Managed Care*, 25(5), 241–248. http://ajmc.s3.amazonaws.com/_media/_pdf/AJMC_05_2019_Adelberg%20final.pdf
- Butcher, E., & Breheny, M. (2016). Dependence on place: A source of autonomy in later life for older Māori. *Journal of Aging Studies*, 37, 48–58. <https://doi.org/phmp>
- Chalmers, F. G. (2006). Of kuia and kaumatua. *Studies in Art Education*, 47(4), 291–293. <https://doi.org/g8tg>
- Citizens Advice Bureau Rotorua. (2022). *Good Health Rotorua Health & Well-being Service 2022*. <https://www.cab.org.nz/assets/Resources/Rotorua-resources/Good-Health-Rotorua-Directory.pdf>
- Cox, N. (2001). *Directory services: Design, implementation and management*. Elsevier.
- Dulin, P. L., Gavalá, J., Stephens, C., Kostick, M., & McDonald, J. (2012). Volunteering predicts happiness among older Māori and non-Māori in the New Zealand Health, Work, and Retirement Longitudinal Study. *Aging & Mental Health*, 16(5), 617–624. <https://doi.org/fz2k84>
- Durie, M. (1999). Kaumātuatanga reciprocity: Māori elderly and whānau. *New Zealand Journal of Psychology*, 28(2), 102–106. <https://www.psychology.org.nz/journal-archive/NZJP-Vol282-1999-6-Durie.pdf>
- Hirini, P. R., Flett, R. A., Kazantzis, N., Long, N. R., Millar, M. A., & MacDonald, C. (1999). Health care needs for older Māori: A study of kaumātua and kuia. *Social Policy Journal of New Zealand*, 13, 136–153.
- Keelan, T. J., Nikora, L. W., Te Awakotuku, N., McRae, O., & Edge, K. (2023). *Kaumātua Futures: Ko te pae tawhiti, whāia kia tata. Ngāti Whakaue case study*. Ngā Pae o te Māramatanga & Family Centre Social Policy Research Unit. <https://maramatanga.co.nz/media/7277/download?inline>
- Meza, J., & Kushner, B. (2017). An exploration of autonomy and independence among community dwelling people aged 85 and over. *Nursing Praxis in New Zealand*, 33(2), 20–28. <https://doi.org/phmr>
- Millar, H. (2014). The state of kaumātua housing: Planning for an ageing population. *Planning Quarterly*, (194), 5–10.
- Ministry of Health. (2018). Support services for older people. <https://web.archive.org/web/20190111194829/https://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/support-services-older-people>
- Office for Seniors | Te Tari Kaumātua. (2019). *Better later life – He oranga kaumātua 2019 to 2034*. <https://www.officeforseniors.govt.nz/assets/documents/our-work/better-later-life/Better-Later-Life-Strategy/Better-Later-Life-He-Oranga-Kaumatua-2019-to-2034.pdf>
- 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>
- Rotorua Lakes Council. (2019). *HIP [Brochure]*.
- Simpson, M. L., Berryman, K., Oetzel, J., Iti, T., & Reddy, R. (2016). A cultural analysis of New Zealand palliative care brochures. *Health Promotion International*, 31, 839–848. <https://doi.org/phmv>
- Stats NZ. (2015, June 30). *People aged 65+ living in New Zealand*. <https://www.stats.govt.nz/infographics/people-aged-65-plus-living-in-new-zealand>
- Stats NZ. (2017, May 18). *National ethnic population projections: 2013 (base)–2038 (update)*. <https://www.stats.govt.nz/information-releases/national-ethnic-population-projections-2013base2038-update>
- Stats NZ. (2018, November 14). *Māori population estimates: At 30 June 2018*. <https://www.stats.govt.nz/information-releases/maori-population-estimates-at-30-june-2018>
- Stephens, M. (2002). Kaumatua, leadership and the Treaty of Waitangi claims settlement process; some data and observations. *Victoria University of Wellington Law Review*, 33(2), 321–350. <https://doi.org/phmw>
- Waitangi Tribunal. (2001). *The Napier hospital and health services report* (WAI 692). https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68596252/Wai692.pdf
- Waldon, J. (2004). Oranga kaumatua: Perceptions of health in older Maori people. *Social Policy Journal of New Zealand*, 23(1), 157–180. <https://msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj23/23-pages167-180.pdf>
- Wiles, J., Morgan, T., Moeke-Maxwell, T., Black, S., Park, H., Dewes, O., Williams, L. A., & Gott, M. (2019). Befriending services for culturally diverse older people. *Journal of Gerontological Social Work*, 62(7), 776–793. <https://doi.org/gpbv4b>
- Wright-St Clair, V. A., Rapson, A., Kepa, M., Connolly, M., Keeling, S., Rolleston, A., Teh, R., Broad, J. B., Dyal, L., Jatrana, S., Wiles, J., Pillai, A., Garrett, N., & Kerse, N. (2017). Ethnic and gender differences in preferred activities among Māori and non-Māori of advanced age in New Zealand. *Journal of Cross-Cultural Gerontology*, 32(4), 433–446. <https://doi.org/phmz>