

ENSURING EQUITY FOR INDIGENOUS PEOPLES USING A MĀORI MODEL OF HEALTH

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Abstract

Systemic inequity and homelessness among Māori in New Zealand is explored, highlighting the disproportionate impact of poverty, overcrowding and homelessness on this population. This paper examines the historical context of colonisation and societal changes contributing to the housing strain and homelessness faced by Māori. The research study conducted by an Indigenous navigation service using secondary analysis and the Te Whare Tapa Whā framework revealed insights from 60 Māori participants. Emphasising the Indigenous context, including the Treaty of Waitangi, the paper explores Māori well-being, cultural values and the importance of marae. It concludes by discussing challenges faced by impoverished families in Rotorua and the strain on social service providers. The paper advocates for a holistic approach that honours Māori culture and prioritises Māori perspectives in addressing these complex issues.

Keywords

COVID-19, equity, homeless, Māori, Te Whare Tapa Whā

Introduction

This paper explores the issue of systemic inequity and homelessness faced by Māori in New Zealand. Highlighted are the disproportionate impacts of poverty, overcrowding, and homelessness on Māori compared with the rest of the population. It discusses the historical context of colonisation and the rapid societal changes experienced by Māori, which contribute to the current housing strain and homelessness. The paper also examines the potential differences in perspectives among authors, focusing on systemic inequities, land confiscation, and broader societal factors.

The methodology section presents a research study conducted by an Indigenous navigation

service to address the increasing housing strain faced by Māori, exacerbated by the COVID-19 pandemic. The study used secondary analysis and unobtrusive measures to gather insights from 60 Māori participants. It employed the Te Whare Tapa Whā (Durie, 1985) framework to assess the well-being of individuals experiencing homelessness and develop tailored interventions.

There is an emphasis on the importance of considering the Indigenous context in New Zealand, including the Treaty of Waitangi and its implications for Māori rights and governance. The concept of well-being for Māori is explored, which encompasses cultural values, connections to whānau, and the significance of marae. The

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need for a holistic approach that honours Māori culture and privileges Māori voices in addressing inequities is underscored.

The paper concludes by discussing a project in Rotorua, a city with a high Māori population, where deprivation and poverty are prevalent. Challenges faced by families in poverty are highlighted, including inadequate housing, limited access to essential resources, and the impact on children's well-being. The strain on social service providers and the need for comprehensive support services are also addressed.

Overall, this paper provides a comprehensive overview of the issue of systemic inequity and homelessness faced by Māori in New Zealand, exploring historical factors, housing strain, and the impact of the COVID-19 pandemic. It emphasises the importance of cultural perspectives, Indigenous frameworks, and collaborative approaches to address these complex challenges.

Literature review

New Zealand has systemic inequity, with many Māori living in poverty and overcrowded housing, and facing homelessness in far higher proportions than the rest of the New Zealand population (Cram, 2019; Groot et al., 2011). Both Groot et al. (2011) and Cram (2019) highlight the systemic inequities faced by Māori in New Zealand, particularly in relation to poverty, overcrowding, and homelessness. They emphasise the disproportionate impact of these issues on Māori compared with the rest of the population.

Groot et al. (2011) and Cram (2019) further enhance our understanding of the link between colonisation and the rapid societal changes experienced by Māori, which are identified as contributing factors to homelessness. Their works provide historical context and shed light on the underlying causes of the issue.

The literature describes homelessness as a by-product of colonisation and the rapid changes in society Māori experienced following the arrival of British settlers. There has been a steady increase in housing strain across New Zealand in the past decade (Norris & Nandedkar, 2020). Norris and Nandedkar's (2020) work supports the notion of a steady increase in housing strain across New Zealand in the past decade through the addition of empirical evidence. Their research helps strengthen the understanding of the broader housing strain issue in New Zealand, which is relevant to the context of homelessness and inequities faced by Māori.

This is a multifaceted, complex issue that

has disproportionately affected Māori as the Indigenous population of New Zealand (Johnson, 2009). Johnson (2009) provides insights into the specific challenges faced by Māori in relation to housing strain and homelessness, enhancing our understanding of the issue within the Māori context.

Some of the participants within this research have never lived in family-owned property, and Māori home ownership has dramatically decreased since colonisation and confiscation of land was enacted (Lawson-Te Aho et al., 2019). Lawson-Te Aho et al. (2019) provide a deeper understanding of the historical factors that have contributed to the decline in Māori home ownership, giving important context for understanding the inequities and homelessness experienced by Māori. Māori, however, have their own view of "home" and "ownership", and the New Zealand Government must allow Māori to live on their own ancestral lands in a way that meets their cultural and well-being needs (Boulton et al., 2022). Boulton et al. (2022) expand our understanding of the importance of cultural perspectives and the significance of Māori views of home in addressing homelessness and inequities.

Māori have historically had worse experiences during pandemics. In 2009, during the H1N1 influenza outbreak, Māori were infected at twice the rate of non-Māori and suffered more severe effects. Māori experienced poorer outcomes during the COVID-19 pandemic, with fewer Māori seeking medical assistance from healthcare professionals. Those who did faced barriers such as appointment unavailability and affordability issues. Russell et al. (2023) found that compared with non-Māori, Māori had more severe illnesses, requiring oxygen, longer hospital stays and intensive care or high dependency unit admissions. Additionally, Māori were more likely to face difficulties in accessing basic needs, relying on established relationships with iwi, Māori health providers and their communities for support when the public health system fell short. Economic constraints, limited support networks and lack of access to essential services in rural areas further hindered Māori communities' ability to follow self-isolation guidelines. Instances of racism experienced in healthcare settings also highlighted the disparities faced by Māori individuals during the pandemic.

There have been other ongoing negative effects for Māori, who make up a disproportionately high number of the homeless population in many of our cities. Adding the effects of a global pandemic to

the disempowerment already experienced has led to harmful social and psychosocial impacts that include but are not limited to post-traumatic stress disorder and depression, loneliness, frustration, and financial loss as immediate consequences. Medium-term impacts resulting from disconnection, severe illness, and loss of employment are likely to lead to increased isolation and loneliness (Anderson et al., 2020), compounding the harmful effects of the pandemic experience.

People coping with frustration, mental illness, prolonged stress and economic strain may respond with maladaptive coping mechanisms that could include family harm, substance abuse, and violence. All of these are known to negatively affect the psychosocial well-being of children and can have devastating effects on their mental and physical development (Härkönen et al., 2017).

At the onset of the COVID-19 pandemic, a newly established Indigenous navigation service set out to ensure young children and their families had the right supports offered, at the right time, to mitigate the trauma of unemployment, housing stress, family violence, and poverty. The existing, scattergun approach to funding for homelessness in New Zealand has had a detrimental effect on efforts to achieve positive outcomes. Instead of adopting a focused and coordinated strategy, the funding allocation for homelessness initiatives appears to have been dispersed in a haphazard manner. In 2022 the Government announced a further injection of “millions of dollars” to address housing strain, seeking applications from community groups across New Zealand to find new ways to address the problem (Davidson, 2022). Various organisations and agencies working on homelessness issues receive sporadic funding, some of it philanthropic, generally from year to year. This could be argued to result in a lack of stability and continuity in their programmes. This approach can make it difficult for organisations to plan and implement long-term solutions, hindering their ability to make significant progress in addressing homelessness effectively (McIntyre, 2017; Zussman & Cairncross, 2017).

This uncoordinated approach has led to duplication of efforts and inefficiencies in resource allocation. With multiple organisations vying for limited funding, there is often unnecessary overlap in services provided, causing confusion and fragmentation. This fragmentation not only leads to a waste of resources but also hampers the collaboration and coordination necessary for a comprehensive approach to tackling homelessness. Consequently, the lack of a unified and strategic

funding approach has impeded the achievement of positive outcomes, perpetuating the cycle of homelessness and preventing meaningful progress in improving the lives of those experiencing homelessness in New Zealand.

Māori have centuries of expertise in ensuring the well-being of ngā tamariki, and the whānau-centred approach has evidenced positive impacts for Māori experiencing the negative effects of Western systems. (Boulton et al., 2018). The knowledges and strengths from within Māori culture offer a way through the layers of inequities enacted upon them (Smith et al., 2019).

The literature above lays a comprehensive overview of the issue of systemic inequity and homelessness faced by Māori in New Zealand. It includes historical factors, the impact of colonisation, housing strain, the lack of coordinated efforts and funding, and the effect of the pandemic. There are, however, some potential areas where the authors may differ:

- Groot et al. (2011) and Cram (2019) have a deeper focus on the systemic inequities and social factors contributing to homelessness, while Lawson-Te Aho et al. (2019) emphasise the specific impact of colonisation and land confiscation on Māori home ownership.
- Groot et al. (2011) and Cram (2019) approach the issue from a broader societal perspective, while Lawson-Te Aho et al. (2019) provide a more focused analysis of the historical factors affecting Māori housing ownership.
- Boulton et al.'s (2022) emphasis on Māori living on their ancestral lands may suggest a preference for addressing homelessness through cultural and land-related solutions.
- Norris and Nandedkar's (2020) focus on housing strain across New Zealand provides a broader perspective that encompasses the experiences of diverse populations, not solely Māori.

The above potential differences should be further examined by referring to the authors' original works.

Methods/Methodology

This research examines the efforts of a newly established Indigenous navigation service to respond to the increasing housing strain Māori are facing, exacerbated by the advent of COVID-19. Research questions included: What additional barriers and challenges did COVID-19 put in the way of accessing affordable, warm, dry and safe housing? What

responses worked well? What did not? What learnings were important to inform responses for future crises affecting community safety, stability and overall wellbeing? A request for research assistance was based on a trusting partnership relationship between personnel from the Indigenous navigation service and Kainga Ora—New Zealand’s public housing agency. This research was completed using secondary analysis, and unobtrusive measures to gather insights from 60 participants, all identifying as Māori. Thematic analysis of the observations and collated information was then completed, with key concepts compared, then used to develop a theoretical framework.

Following the initial strengths-based assessment that each individual was asked to undertake, key areas of strengths were noticed, discussed, and ideally used to support conversations about the person’s goals and dreams—what their preferred future is. Goals were set for each domain of Te Whare Tapa Whā, and individuals were encouraged through coaching to be aspirational. A pathway was then mapped using a back-casting approach, setting milestones that are visualisable and describable.

The following case study demonstrates the use of Te Whare Tapa Whā as an assessment tool for participants.

Participant information

Name: Hine (not her real name)

Age: 42

Ethnicity: Māori

Homeless situation: Sleeping in car, no stable housing

Background

Hine is a woman of Māori descent who has been experiencing homelessness for the past two years. She lost her job and was unable to afford rent, leading to eviction. Hine has been facing challenges in accessing basic necessities, and experiencing physical and mental health issues. She has been referred for support through an agency that incorporates Te Whare Tapa Whā as an assessment tool for well-being.

Application of Te Whare Tapa Whā

Taha tinana (physical well-being): Hine’s physical health has been adversely affected by living in unstable conditions. She struggles with poor nutrition, lack of access to regular healthcare, and exposure to harsh weather conditions. An assessment of taha tinana included conducting a health check-up to assess any immediate medical

needs; referring Hine to a primary care provider for ongoing healthcare; ensuring access to nutritious food, clean water, and appropriate clothing; and identifying safe and secure emergency housing options.

Taha wairua (spiritual well-being): Hine’s spiritual well-being could have been affected by the loss of stability and connection with her cultural roots. An assessment of taha wairua included facilitating conversations to explore Hine’s spiritual beliefs and practices; connecting Hine with cultural resources and support, such as Māori cultural events and ceremonies; and encouraging Hine to engage in activities that bring her a sense of spiritual fulfilment, such as art, music, or nature.

Taha whānau (family well-being): Hine has been struggling with homelessness, and assessing her whānau well-being is relevant and important. An assessment of taha whānau included identifying Hine’s support network, including extended family members, friends, or community organisations; exploring ways to reconnect with whānau, fostering positive relationships and support; and addressing any family-related issues or conflicts that may have contributed to Hine’s homelessness.

Taha hinengaro (mental well-being): Homelessness often leads to mental health challenges, including depression, anxiety, and feelings of isolation. An assessment of taha hinengaro for Hine included conducting a mental health assessment to identify any underlying mental health conditions; providing access to counselling services, therapy, or support groups to address emotional well-being; and facilitating connections with peer support networks to combat feelings of loneliness and isolation.

Conclusion

Through application of Te Whare Tapa Whā as an assessment tool, Hine’s overall well-being was evaluated holistically, considering physical, spiritual, family, and mental aspects. Through this assessment, appropriate support services and interventions were identified, and tailored to Hine’s unique needs. The aim was to address the root causes of homelessness, restore her well-being, and support her journey towards stable housing and towards her newly identified, preferred future.

Indigenous context

Te Tiriti o Waitangi, first signed in February 1840, sets out the framework of governance for Māori and non-Māori. Written in an era when New Zealand was seen as an attractive place for trading and settlement, it was drafted to establish

the Crown as a governor of New Zealand and give Māori the rights of British subjects. An area of contention arose quickly when it became apparent that the English version of the Treaty gave the Crown full rights and sovereignty, whereas the original te reo Māori version provided for simple governance (Stokes, 1992).

The original articles of Te Tiriti include *kawanatanga*, *tino rangatiratanga*, and *mana orite*. While a full overview of the breaches of Te Tiriti o Waitangi is beyond the scope of this paper, it is important to the context and setting that there remains “top of mind” consideration of the inequities faced by Māori today (Severinsen et al., 2021). Government departments are required to honour Te Tiriti o Waitangi (Came et al., 2017) and this requires acknowledgement, co-design, and outcomes that privilege the voice of Māori across New Zealand.

Well-being for Māori must by definition allow Māori to walk in the two worlds of New Zealand, living comfortably as Māori and as human citizens of the global community (Durie, 2001). The literature explains there is no single category that can be labelled “Māori”, but there are common values and concepts that describe features of cultural experiences and attitudes (Durie, 2001; Panelli & Tipa, 2007; Patterson, 1992).

An example of this is the importance of *marae*—a sacred space that is an amalgamation of *whakapapa*, spirituality, the associated *hapū*, and the buildings themselves (Bennett, 2007)—to the way principles, approaches and foundational beliefs are shaped (Durie, 2001), all of which contribute to a balanced and stable family unit. The notion that self is interconnected with *whānau* or extended family connections (King et al., 2017) also features differently for Māori, and is distinct from the typical nuclear family unit of the Western world (Durie, 1985; Panelli & Tipa, 2007).

The project

Rotorua, a small city in the central North Island of New Zealand, has a higher than average Māori population. A significant trending increase in deprivation has been evident, with Māori consistently experiencing the poorest outcomes (Yong et al., 2017). Families are living in poverty without enough money to obtain the necessities of life (e.g., enough food, clothing, petrol, car maintenance, quality *kai*, fresh fruit and vegetables, meat). Motel living consists of a tiny bar fridge for most of the families, so a big shop, or even a weekly shop, is out of the question. Children living in emergency housing have no outside spaces to play

in and do normal childhood activities, and many of the motels where the study population live have people doing drugs and drinking, as well as a number of active gang members. Most families we worked with have a poor credit history, as well as current debt against their names, which does not work well for them when applying for rental properties. Several of the families are experiencing domestic violence and are reluctant to seek help—it is likely low self-esteem and having children in the mix makes it harder to leave.

Some of the families say they find working with their Work and Income case managers can be a challenge, and quite stressful at times, because of the obligations and pressures they feel are being applied. Attention to health is often left until it becomes urgent, and we have enrolled several of our *whānau* into a general practice, supporting them to take their *tamariki* in sooner rather than later. Children under two can only access nine hours of early education, which is not providing sufficient respite for the primary caregiver as we work through their goal plans. Mental health, addiction issues and gang affiliations all affect our *whānau*. The situation can lead to a lack of motivation with the feeling of being stuck—hopelessness because of the lack of available affordable housing. Finally, maladaptive coping for *tamariki* in trauma results in escalated difficult behaviours, and there are severe limitations on accessing early learning support through the Ministry of Education. This puts the project team’s creativity to the test and is a strain on teachers in the community trying to provide a quality learning environment for all *tamariki*.

In 2020, following the onset of COVID-19 and an increase in housing strain in the area, an agreement was formed between an early childhood association with 10 kindergartens in the region, and both the Ministry of Social Development and the Ministry of Education, to develop an Indigenous navigation service. This agreement was for the delivery of wrap-around services to single parents who were either in emergency housing (usually motels) or fully homeless—that is, sleeping in their car or on the street.

Because 100% of the referrals received were of Māori descent, it was important that there was an appropriate cultural response. To this end, an assessment and planning tool was developed using the domains of Durie’s (1985) model of health, *Te Whare Tapa Whā*, to support coaching conversations with clients (see Figure 1). *Te Whare Tapa Whā* was developed to help explain to non-Māori the concept of well-being as a whole person.



FIGURE 1 Conceptual model showing the wrap-around supports within the Te Whare Tapa Whā framework

Te Whare Tapa Whā explains well-being using the analogy of a four-walled-house. These walls are: taha tinana (physical wellbeing), taha hinengaro (mental wellbeing), taha whānau (connection with family), and taha wairua (spiritual wellbeing). In recent times a fifth domain has been included—taha whenua (security of land). This has become particularly relevant as the housing crisis grows across New Zealand.

The model was used to provide a snapshot of the overall well-being of a project participant at a given time, which would then support goal planning and a pathway towards the person's preferred future. Durie (1994) proposed that if one or more of the walls of Te Whare Tapa Whā is out of balance, the whole house (or person) is potentially unstable and therefore at risk.

By identifying the specific domains that are under pressure, goals can be set that will contribute to stabilising the whole—with the goal of

Māori able to live as Māori, “being fully human, and living in health and prosperity” (Cram, 2019, p. 1507).

Results

The model has been delivered since it was first established in 2020, and many of the participants have gone on to secure employment, education and even housing. These positive outcomes are over and above the original intent of the initiative to mitigate the effects of lockdown and closed borders (see Table 1).

All of the 60 participants identified as Māori. Each individual was the primary caregiver for at least one child under six years old, and 80% of these children had behavioural challenges. All participants were homeless, and were eligible for emergency housing. By 12 months, self-reported improvements were shown across all of the domains of well-being under the Te Whare Tapa

Outcomes	Substance abuse	Mental Health challenges	Physical Health challenges	Isolation/ Lack of Social Connection	Dis-ease in Wairua
	Baseline				
Number of participants in Emergency Housing during the study: 60	self-reported: present in N=22	self-reported on TWTW model: N=28 moderate - severe; N=20 mild-moderate	self-reported on TWTW model: N=4 moderate - severe; N=10 mild-moderate	self-reported on TWTW model: N=57	self-reported on TWTW model: N=44
	End reporting (18 months)				
N=36 <6yo only; N=24 6-18yo also in household	self-reported: present in N=12	self-reported on TWTW model: N=16 moderate - severe; N=8 mild-moderate	self-reported on TWTW model: N=4 moderate - severe; N=7 mild-moderate	self-reported on TWTW model: N=13	self-reported on TWTW model: N=13

Table 1 self-reported outcomes at 18 months

Whā model, and a recent progress report demonstrated specific education, employment, housing and overall well-being outcomes. It is noted that there was the least improvement seen in the area of taha tinana. The conditions reported by most of the participants were chronic or congenital in nature, and although some “felt better in themselves” the underlying condition was often largely unchanged.

Findings showed that improvement began very early after planning commenced, and suggest that high intensity case management under Te Whare Tapa Whā provides more lasting changes, rather than an approach of providing a family emergency housing and requiring individuals to effect their own change unaided.

In summary, the findings overwhelmingly suggest that coordinated and culturally appropriate services can help to provide a sustainable pathway for people to identify and make progress toward their own preferred future.

Discussion

Te Whare Tapa Whā provides for a comprehensive and culturally sound response and has shown itself to be customisable to a wide range of situations—including a global pandemic. It required dedicated training and close fidelity to the programme design, which is challenging in a sector responding to crisis and enacting the ambulance at the bottom of the cliff approach rather than focusing on prevention.

Key challenges include the dramatic escalation in homelessness in a country where there was

virtually none until the past decade, and the ever-changing government response to this emerging and wicked problem. Funding of interventions has been scattergun, and focused on exiting people from emergency housing rather than reducing barriers to sustainable housing.

It was noted:

- Early discharge/withdrawal showed a higher proportion of return to emergency housing.
- Case load numbers affected engagement and withdrawal rates.
- 100% of participants who withdrew were re-engaged at a later date, either with the original navigator or with another.
- A tailored approach to supports showed greater overall self-reported well-being across the domains of Te Whare Tapa Whā.
- Intensive case management and “no firm exit” appears to be superior to the 12-week maximum funded by government through other agencies we have worked alongside.
- Helping whānau to walk in two worlds—connected to their heritage and culture as well as moving within a Western paradigm—was embedded in the mahi.
- Solutions focus with a future lens was more often reported to be helpful in relieving feelings of being trapped.
- It is absolutely vital that each whānau identifies their own preferred future, that *they* know best, not anyone else.

Conclusion

This paper provides an overview of the issue of systemic inequity and homelessness faced by Māori in New Zealand. It looks at the historical factors, housing strain, and the impact of the COVID-19 pandemic, shedding light on the disproportionate impacts experienced by Māori compared with the rest of the population. The paper emphasises the importance of considering the Indigenous context, including the Treaty of Waitangi, Māori cultural values, and the significance of ancestral lands.

There are multiple challenges for families living in poverty and facing housing strain. This project directly worked with families living in poverty, who did not have enough money to provide the necessities of life.

Overall, the success of the services delivered on such a small scale through the Indigenous navigation service demonstrates the need for improved funding for similar programmes that use Indigenous models of well-being, and an increase in support for strengths-based, solution-focused approaches.

Glossary

hapū	subtribe
hinengaro	mind
iwi	tribe
kai	food
kawanatanga	governance
mahi	work
mana orite	equity
marae	tribal meeting grounds
taha	side, part
tamariki	children
tapa	side, wall
te reo Māori	the Māori language
Te Tiriti o Waitangi	the Treaty of Waitangi
tinana	body
tino rangatiratanga	self-determination
wairua	spirit, soul
whā	four
whakapapa	genealogy
whānau	family; extended family
whare	house
whenua	land

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