



# 2015 Annual Report

W H A K A U A E

Research for Maori  
Health and Development

Ko te manu e kai ana i te miro, nōna te ngāhere  
Ko te manu e kai i te mātauranga, nōna te ao

*The bird that partakes of the miro berry reigns in the forest  
The bird that partakes of the power of knowledge has access to the world*

**W H A K A U A E**

Research for Māori  
Health and Development



# Whakauae Research Services 2015 Annual Report



## Contents

Our Logo .....	2
Maumahara .....	3
Foreword .....	4
Chairman's Report .....	7
Directors .....	8
Staff .....	9
Our Organisation .....	12
Values.....	13
Vision, Mission, Strategic Objectives.....	15
Research Projects.....	26
Independent Research Organisation Fund .....	43
Making a Difference.....	53
Working Together .....	55
Strategic and International Partnerships .....	58
Financial Statements .....	63



## Our Logo

Our logo was designed by one of our Ngāti Hauiti whānau, Shane Bennett, and visually represents the kaupapa of our organisation.

WHENUA - The Whakauae ā Tamatea  
and Ruahine Ranges

RŌPU - Whakauae Research Services

IWI - Whānau, hapū and iwi

AWA - Te awa o Rangitikei

WHANAUNGATANGA - Te Ao Māori  
Local and intertribal relationships

TE AO - Global and  
international  
relationships



## Disclaimer

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# Maumahara

Ka anga atu taku tītiro ki te maunga tapu a Aorangi, ā, ka huri ki ngā Ruahine te pae maunga. Piki ake ki te taumata o Mekura, ka tītiro ki te awa e rere nei!  
Ko Rangitīkei, ka paria ki uta ko Otoa, ka paria ki uta ki Pātea, ka paria ki uta ki Ōtara, ka tatū ki Te Houhou nei ko Ngāti Hauiti e mihi atu nei!

Ki ngā mate hūhua o te wā, o te wiki, o te marama, ōtirā o te tau, kei te tangi aroha ki a koutou. Takahia atu rā te ara whānui ā Tāne, haere koutou ki te kainga tūturu mō tātou te tangata. Kāti, e mihi ana ki a koutou haere, haere, haere e oki!

Tihei mauri ora ki a tātou ngā waihotanga ake o rātou kua wehe atu ki te pō.

E ngā maunga whakahi, e ngā kōawaawa, e ngā taniwha o tēnā iwi o tēnā hapū, nei rā te mihi maioha ki a koutou. Tēnā koutou, tēnā koutou, tēnā rā koutou katoa!





## Foreword

It gives me very great pleasure to write the foreword for Whakauae's Annual Report in this, the tenth year of the organisation's existence. You will note as you read through the annual report that once again, we have had a busy year, with some changes to staffing and to roles within the team, as Heather undertook her sabbatical and we augmented our administrative and research capacity. What remains a constant throughout these changes is the hard work, passion and dedication of our staff and their commitment to producing high-quality, relevant and timely research. Research which, in the hands of decision-makers, can ultimately lead to improvements in the lives of Māori, whānau, hapū and iwi. We rely on members of whānau, hapū, iwi and communities to assist us as active participants in our research projects. We owe a debt of gratitude to the many people who have agreed to participate in our work this year, and who, ultimately we hope will benefit from our work.

While this report recounts a multitude of research projects and activities undertaken throughout 2015, for our team there have been two key highlights. The first is the successful hosting of our inaugural iwi research hui. This event, held at Rata Marae in the heart of the Hauiti takiwā, attracted iwi leaders, rangatahi, researchers and community members to hear about the exciting iwi-led and iwi-driven research that is being conducted around the country, and



how these research results are being used to make changes which directly affect Māori communities.

The second highlight was that, by using our Independent Research Organisation (IRO) funding, we have been able to support research projects which advance Māori and iwi research development objectives as well as invest in capacity building of Māori health researchers and community members. In 2015 we have funded two studies: Te Kete Tū Ātea, in which we pilot a data information framework with the iwi leaders in our immediate region; and Tapuhi Tū Toa, an intervention aimed at reducing smoking rates amongst Māori student nurses. In addition, IRO funding has enabled us to offer a scholarship to an emerging health researcher, as well as a number of Rangatahi scholarships for attendance at our iwi research hui. It is hoped in the future these young people, having seen the power



and potential of research, may consider careers which include a research component.

It is poignant to consider the role that rangatahi will play in the future of Māori health research, in this, our tenth year as an iwi-based research centre. Ten years sounds relatively youthful when considered alongside the life-span of other mainstream research institutions and university-based research centres. However for us, ten years represents a landmark. It reflects a growing desire on the part of Māori for information which is of direct relevance to us, which is predicated on a Māori worldview and which address our concerns, in a kaupapa Māori way. It also reflects a maturation of the Māori health research sector, our ability to attract and grow Māori researchers, to offer them real career opportunities in Māori health research, and project work which speaks to their passions as Māori working in, and for, their communities. The fact that we have grown into a well-established centre over those ten years indicates a degree of confidence in us on the part of our funders, evaluation commissioners, collaborators and partners. Throughout our report, you will note the crucial role of collaboration and partnership and our ability to leverage the skills, expertise and interests of our colleagues both here and overseas.

Having acknowledged that our continued existence is due in no small part to the confidence expressed in us by our funders,

partners and colleagues, I would also like to take the time to acknowledge the role of our Board, Te Rūnanga o Ngāti Hauiti, and the people of Hauiti. We are fortunate to have a Board that is able to provide us with expert strategic advice and direction, while at the same time, allowing us the room to determine our own path within the Māori health research sector. Under the mantle provided by Te Whakaruruhau o Hauiti, our values remain firmly aligned with those of Ngāti Hauiti and ensures the research that we undertake benefits Māori and the people of Ngāti Hauiti.

Our position as a Māori health research centre owned by iwi, is unique and thanks to the vision of the few, who sought to create an entity that would tend to the needs of many. In 2015 our ability to discharge this responsibility and produce high quality rigorous research, is due to the many people who have supported Whakauae this year. My deepest appreciation to you all.

*Mauri mahi, mauri ora; mauri noho, mauri mate.*



Amohia Boulton  
Acting Director











## Chairman's Report

*Ko Ruahine te pae maunga, ko Rangitikei te awa, ko  
Takitimu te waka, ko Ngāti Hauiti te iwi.*

*E ngā whānau, e ngā hapū o Ngāti Hauiti, e ngā tangata  
o te motu, tēnā koutou, tēnā koutou, tēnā koutou katoa. Ka  
nui te mihi ki a koutou.*

*E ngā tini aitua, haere ki tua o te ārai. Heoi anō.*



Under the visionary leadership of our Director, Dr Heather Gifford, Whakauae has entered its tenth year of operation. As Whakauae Research reaches this milestone it is a fitting time to reflect whence we have come and where, as an organisation, we are going to.

Whakauae started as an audacious vision about the critical need for, and the intrinsic value of, independent Māori public health research that was iwi mandated and led by Māori. That vision is now very much a reality as Whakauae has developed into a team of highly skilled, dedicated and respected professionals.

As an organisation, Whakauae Research remains the only iwi-owned and iwi-mandated Māori public health research centre in Aotearoa. As a Board we acknowledge the mana of Ngāti Hauiti, under whose auspices we operate. A real focus over the past 12 months has been a further deepening of our relationship with Te Rūnanga o Ngāti Hauiti. This has involved strengthening cultural and historical awareness through staff visits to wāhi tapu and the learning of specific waiata. Dr Boulton has also provided critical research and technical support for our iwi leaders attending the Iwi Leaders Forum; the results have been mutually beneficial to both parties and we are looking forward to this continuing.

The past year has also witnessed a number of events that as a Board we are intensely proud, three of which are especially worthy of mention. The first is

the August 2015 Kua Hiki Te Kohu research hui held at Rata Marae, which shone a much needed light on the richness that is community and iwi based research, with a range of simply stunning presentations. Another highlight is the signing of a Memorandum of Understanding with Te Whānau of Waipereira Trust, as it represents a unique opportunity for an iwi-mandated organisation to undertake collaborative research with a leading urban Māori authority for the benefit of all Māori. Thirdly, Whakauae is pleased to present the Pae Tawhiti scholarships for the advancement of post graduate Māori Health Research; assisting with the development of the next generation of Māori health research professionals.

After ten years of steering the waka, Heather took some much needed time to rest and reflect with an extended sabbatical in Europe. Whilst Heather was away the organisation was left in the very capable hands of Acting Research Director, Dr Amohia Boulton. We look forward to 2016, the return of Dr Heather Gifford from her sabbatical and the exciting prospects that next year will uncover.

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

Peter Fraser  
**Chair**



## Directors



**Peter Fraser BA, BMA, MCA**

My links to Ngāti Hauiti are through my maternal grandparents (John Tihone Kereopa and Rora Catherine née Potaka) of the Tamatereka hapū. I am married, with two young sons, and our family resides in Wellington. I am a policy economist with a strong background in applied micro-economics, having worked in areas as diverse as health economics to natural resources management to agricultural policy to competition policy. I have worked for a range of public sector organisations (including Treasury, the Crown Company Monitoring Unit, the Ministry of Agriculture and Forestry, the Department of Building and Housing, the Department of Labour and the Earthquake Commission) and have also lectured at Te Wānanga o Raukawa and the Open Polytechnic of New Zealand. I am a commissioned officer in the New Zealand Territorial Army and, in 2002, undertook a tour of Bosnia-Herzegovina. I am the deputy chair of the Pacific Peoples' Wellbeing Trust which works to improve the health of Pasifika families through the re-fitting of home insulation.

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**Dr Heather Gifford RN, MPH (Dist), PhD**

I am of Ngāti Hauiti and Te Ātihaunui-ā-Pāpārangi descent and have spent most of my adult life in Whanganui. I have been involved with Ngāti Hauiti development over the past thirteen years (since 2003) and, with Gill Potaka-Osborne, established Whakauae in 2005. I believe research can and does make a difference for Māori health. I am particularly interested in how working collectively, or at a population level, we can use research to inform whānau, hapū, iwi and central government policies. My research interest is broadly hauora, or wellbeing, and I have a particular passion for preventing tobacco smoking among Māori.

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**Richard Steedman**

I whakapapa to the Ngāti Hinemanu and Ngāi Te Ngahoa hapū of Ngāti Hauiti and I am therefore also of Ngāi Te Ohuake and Ngāti Whitikaupeka descent. I am passionate about advancing the goals of the wider Mōkai Pātea iwi confederation. I love involving myself in any aspects of life which have the potential to improve the wellbeing of our people of Mōkai Pātea and their respective iwi, hapū and whānau. My special interests are ngā wā o mua (historical research) and development of iwi/ hapū structures to nurture our whānau. I am currently the claims manager for the Mōkai Pātea Waitangi Claims Trust—the Trust charged with progressing the Waitangi Claims for the confederated iwi of Mōkai Pātea. My work experience has largely been in business and strategic development. I have worked for a range of Māori organisations and have extensive governance experience including through involvement in Land Trusts and in the development of Whānau Ora.





## Staff



**Amohia Boulton** BA, BA (Hons), MA (Appl) Soc Sci Res, PhD

While I reside in the Rangitikei, and have the honour of working for Ngāti Hauiti, I whakapapa to Ngāti Ranginui, Ngāi te Rangi, Ngāti Pukenga and Ngāti Mutunga. I came to work at Whakauae in 2008, having completed my doctoral and post-doctoral research at Massey University, Palmerston North. My career to date has been varied, spanning public policy and academia, however my commitment to Māori development has been a constant thread throughout. My interests lie in conducting high-quality, relevant and timely qualitative, Kaupapa Māori research and evaluation in the fields of Māori health service provision, health governance and health reform. I am especially interested in what occurs at the interface between policy and decision-making and the service-level implementation. I am currently a Director on the Board of Te Kotahi Research Institute and the Australasian Evaluation Society, and a Technical Advisor to the Whānau Ora Partnership Group; a forum comprising ministerial and iwi representatives.

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**Gill Potaka-Osborne** Grad Dip Māori Dev

I am of Te Ātihaunui-ā-Pāpārangi descent and grew up in Whanganui. In 2005, I joined Dr Heather Gifford as a research assistant in the setting up of Whakauae Research Services. As a researcher, I am excited to work in a Kaupapa Māori environment that supports growing Māori potential. I am currently completing a Post Graduate Diploma in Social Sector Evaluation through Massey University. In my previous role, as contracts manager for a Whanganui Māori Development Organisation, I gained knowledge of the health sector through an Indigenous lens; something which continues to interest me. The most important people in my life are my whānau and in particular my seven mokopuna. On a personal level, I enjoy participating in rock and roll dancing, waka ama, coffee drinking and walking our dog.

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**Glenis Mark** PhD

I descend from the tribes of Ngāpuhi, Tainui and Ngāi Tahu. I joined Whakauae Research in 2012 having been awarded an Eru Pomare Postdoctoral Fellowship from the Health Research Council. Whakauae hosted my postdoctoral fellowship, which investigated the views Māori had regarding health, their experiences of rongoā Māori, their experiences of primary health services and their views regarding the integration of rongoā Māori and primary health care. As a senior academic, I also contribute to a number of other research projects, undertaking data collection and writing where necessary. I have therefore been able to learn about many aspects of research that I would not have been able to otherwise.





### **Lynley Cvitanovic**

**BA, MA (Hons 1st Class), MSW (Appl), PGDip Soc Services Supervision (Dist)**

Born and brought up in Whanganui I am fifth generation Pākehā, on the sides of both parents, and am of Croatian and English descent. Being a member of a large extended family, based in Whanganui and the Rangitikei, life is always interesting! I joined Whakauae in 2008 as a researcher having previously worked largely in service delivery and middle management roles in the public health (health promotion and workforce development), adult teaching, community work and social work fields. At Whakauae, I have been privileged to have extensive opportunities to learn and to contribute to research which makes a difference for Māori communities. Our work is hugely varied and offers new challenges on a regular basis.

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### **Mel Potaka-Osborne**

Ruapehu te maunga, Whanganui te awa, ko Te Ātihaunui-ā-Pāpārangi te iwi, ko Ngāti Tuera, Ngāti Hinearo, Ngāti Pāmoana, Ngāti Pareraukawa ōku hapū. Ko wai au? Ko Mel Potaka-Osborne ahau. My partner and I are very much whānau driven, so with four children and a moko, Māori health was a natural path for me. I have worked in both frontline and managerial roles within health and have more recently developed an interest in Kaupapa Māori Research. The opportunity to work for Whakauae Research is another progression in my whānau-driven Māori health journey.

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### **Ngareta Patea**

My whakapapa connects me to Ngāti Whitikaupeka, Tūwharetoa, Ngāti Raukawa ki te Tonga, Ngā Rauru and Whakatōhea and I have a close affinity to Te Ātihaunui-ā-Pāpārangi where most of my upbringing has been focused. My personal philosophy is built around whakawhanaungatanga, community and iwi development. This includes a focus on skill capacity and whānau development in all facets of health, education and wellbeing. I give particular emphasis to supporting organisations that are passionate about progressing advancement with our people. What most drives me is helping our whānau, hapū, iwi and community to realise potential and embrace pathways to achieve this. Therefore the opportunity to join a team of vibrant and academic researchers creates a perfect opportunity to make informed change. My interests revolve around whānau and ensuring they are well educated to make informed decisions about their future.



**Rachel Brown** Dip Com, Dip Soc Com, PG Dip HSc, MHSc (Hons, 1st class)

I have a background in social work and communication which is an interesting mix, but the two have worked well together opening many doors. I have worked in government, education, health and community sectors including; Ministry of Social Development, Ministry of Health, District Health Boards, Auckland University of Technology (AUT), kohanga reo, NGOs and more recently the Health Research Council of New Zealand. I have also been fortunate to be part of both national and international governance committees through the International Indigenous Health Knowledge and Development Network (INIHKD). I have also been Chair of the Aotearoa Network (ANIHKD) for over seven years.

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**Sonja Loveridge CA**

I was born and raised in the Waverley area and am fifth generation Pākehā on my Dad's side and third generation Pākehā on my Mum's side. I am of English, Scottish and Croatian descent. I have worked in a variety of businesses, in management and finance related roles, in the public and private sectors primarily in the areas of health and science. I am a member of the Chartered Accountants Institute of Australia New Zealand. I joined Whakauae in 2015 as Business Manager. I am responsible for all aspects of finance and budgeting, planning, implementing and reporting strategy, assets and human resource management. I am the mother of two teenage children. I appreciate the opportunity to make a difference.

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**Stacey Ranginui**

*E rere kau mai te awa nui, mai i te kāhui maunga ki Tangaroa  
Ko au te Awa, ko te Awa, ko au!*

My tribal affiliations are to Ngā Poutama nui awa me Ngā Paerangi. I have worked in various organisations, health and iwi sectors developing skills in office, financial and contracts management. I was appointed to Whakauae in 2009 and I am responsible for financial and office administration as well as the management of our IT systems. I have four children aged 20, 17, and twins aged 16, all of whom are either in tertiary education or at secondary school. I am currently studying at UCOL to complete my Diploma in Business, with the goal of becoming an accounting technician. Along with my whānau, I am passionate about sport including touch rugby, basketball, netball and soccer. We compete in all these sporting codes and also contribute to sport coaching and administration.



## Our Organisation

Whakauae Research Services (formerly Whakauae Research for Māori Health and Development) was established in 2005 as a unit of Te Maru o Ruahine Trust (TMORT); the contracting and service arm of Ngāti Hauiti, a small iwi located in central Rangitikei. In 2012 Whakauae Research Services became a stand-alone entity, under the auspices of Te Rūnanga o Ngāti Hauiti.

Whakauae Research Services derives its name from Te Whakauae ā Tamatea or The Jawbone of Tamatea. Tamatea Pōkai Whenua, a paramount ancestor of Ngāti Hauiti, journeyed into the Rangitikei district from Heretaunga. He marked his journey by naming a number of places and leaving several of his mōkai, or pets, throughout the district. One area of land named after him was the hill country range between Mangaweka and Taihape called Te Whakauae ā Tamatea.

In Māori tradition, the jawbone holds significant meaning as it refers to kauae-runga

(celestial knowledge) and kauae-raro (terrestrial knowledge). Such knowledge was held within the whare kura, institutions of higher learning, and as such provided knowledge that could be used throughout all walks of life. Thus Te Whakauae ā Tamatea provides Ngāti Hauiti with a physical and cultural link to ancestral knowledge and traditions.

As the Ngāti Hauiti centre for research and development, Whakauae Research Services is a hub for information and knowledge that strives to improve Māori communities and thus it embodies the essence of Te Whakauae ā Tamatea. The aim of establishing Whakauae Research Services was twofold: to develop the research capacity of Ngāti Hauiti and to undertake high quality Māori-centred health research to inform, and contribute to, improved outcomes for Māori. Our key strength lies in our ability to produce world class research in the fields of tobacco control, health services, public policy and public health which is of relevance to, and for the ultimate benefit of, Māori.







## Values

As the only iwi-owned Māori health research centre in Aotearoa we work under the direct guidance of a governance board comprising three iwi members, further strengthening the ties between Whakauae and Ngāti Hauiti.

Our values, ngā tikanga o Whakauae, guide the activities we undertake as a research centre, both internally in our day to day business and externally in the community, in our dealings with funders or commissioners of research, with partners and with research participants. Our values link to, and derive from, the universal values set by our Rūnanga and provide greater detail on how we must conduct ourselves in the course of our business. The operating values that we embrace are presented below.

### Ngā Tikanga o Whakauae

Ko te tīmatanga, ko ngā tikanga kua whārikihia e Te Rūnanga o Ngāti Hauiti mō ngā mahi katoa o ngā rūpu e mahi ana i raro i te maru o te iwi nei. Ko ngā tikanga nui, ko te mana; rangatiratanga; kaitiakitanga; manaaki tangata me te whanaungatanga. E kaha ana a Whakauae ki te hāpai i ēnei tikanga katoa, ōtirā, kei raro nei

he māramatanga anō e pā ana ki ngā tikanga hei kaiārahi ki ngā mahi katoa o te rūpu rangahau nei.

- 1) Ko te Hauora Tangata te kaupapa matua. Ko ētahi o ngā āhuatanga nui e pā ana ki te kaupapa nei ko te tīnana, te wairua, te hinengaro me te oranga o te whānau.

Hauora Tangata: Whakauae embraces a holistic understanding of what constitutes good health for all. We acknowledge the dimensions of the physical body, spirituality, knowledge and understanding, along with the wellbeing of the entire whānau as the key principles of wellbeing.

- 2) He mea nui ko te Manaaki Tangata i roto i ngā mahi katoa, ahakoa ko wai, ahakoa kei hea.

Manaaki Tangata: In all of our activities, programmes and relationships, we will uphold high standards of care and respect for the people and organisations with whom we interact.

- 3) Ko te Mātauranga e āheitia te whānaketanga mō ngāi tātou, mō te iwi Māori.

Mātauranga: We acknowledge that knowledge in itself encompassing academic achievement, excellence and mātauranga Māori is the key enabler of Māori growth and development.

- 4) Ko te Ngākau Tapatahi me te Aurere te waka kōkiri.

Ngākau Tapatahi Aurere: It is through professionalism, integrity, diligence and genuine passion that we aim to build our reputation and make true progress as a research service.

- 5) Ko te Rangatiratanga te kaupapa nūnui

Rangatiratanga: We will uphold the right of Māori to determine their own aspirations and the pathways for achieving them. As an iwi-owned entity, Whakauae is accountable to the Ngāti Hauiti Rūnanga, through our own governance board.



**Iwi Chairs' Forum, August 2015 (Hopuhopu)**

From left: Neville Lomax, Grant Huwyler, Richard Steedman, Dr Amohia Boulton.

## VISION

Assisting Māori to reach their potential.

## MISSION

To assist Māori to reach their potential by sustainably delivering  
Māori research founded on academic and research excellence,  
and mātauranga Māori, in a way that brings together  
Ngāti Hauiti interests with the interests of Māori in general.

## STRATEGIC OBJECTIVES

For the period 01 January 2014 to 31 December 2018, we have identified six strategic objectives. Overleaf these objectives are listed along with commentary on what we have done to address each during 2015.



## Objective One:

**Be a catalyst for transforming data about Māori communities into forceful analysis that can contribute to shifting policies and channelling resources to obtain successful results for Māori.**

## Achievements:

Objective One presents challenges however, achieving this translational goal is a commitment we make when we undertake Kaupapa Māori research and one that we as a team consider a high priority. During 2015, research results have been used to improve services and enhance policies in a number of ways.

Data gathered through the Health Research Council (HRC) funded Māori Nurses and Smoking Project, which concluded in late 2014, has been used this year to design and inform the groundwork for the implementation of Tapuhi Tū Toa. This Kaupapa Māori intervention, aimed at reducing smoking rates among Māori nurses, is to be piloted in 2016 through the nursing schools of two tertiary education providers, with an evaluation study to run alongside the intervention.

Data gathered through the HRC funded Rongoā

Project, which concluded early in 2015, has been used to stimulate thinking and discussion on more appropriate funding and contracting models for traditional healing. In October this year that work culminated with a presentation to approximately 120 supporters of rongoā at the three-day Te Kāhui Rongoā Trust Symposium and Expo, sponsored by, amongst others, Whakauae Research and Te Puni Kōkiri.

We have also conducted several evaluations this year that have influenced the future direction and funding of both pilot and ongoing programmes.

The review, with Allen and Clarke, of the Ministry of Health's Maternity Quality Health and Safety Programme (MQSP), concluded in June 2015. Even before the project had been completed the Ministry of Health were using the findings from this evaluation to directly inform wider funding decisions and the implementation of the Programme nationally.

Evaluation results from the Taranaki Māmā Pēpē Hauora Programme were used by the Ministry of Health, the Taranaki District Health Board and the provider to inform its second phase of rollout in July 2015. That Programme is now more strongly focused on pre-school settings as the site for the facilitation of whānau healthy eating and physical activity.

The evidence gathered and analysed in the evaluation of the Whanganui Regional Health Network's Early Pregnancy Assessment Approach has been used in several ways. These



include the strengthening of the integration of local primary health and related services in response to an apparent lack of a pragmatic, systematic way of managing early pregnancy health care. The results have additionally been used by the evaluation's commissioner, the Health Promotion Agency, to provide primary health care services with a blueprint for their development of an early pregnancy assessment approach.

In addition, Dr Heather Gifford has been working over the last eleven years with a group of New Zealand tobacco control researchers most recently under the banner of ASPIRE2025. The group has been very active in using research evidence to ensure that the objective of a Smokefree Aotearoa in 2025 is achieved both for Māori and for the wider population. The work carried out in 2015 included working with policy makers to determine how local territorial authorities may best work towards extending smoke free public spaces under their jurisdictions.

## Objective Two:

**Greater understanding created of leading research methodologies and techniques that are aligned with our interests as Māori health researchers.**

## Achievements:

We regularly review our practice to ensure that it is consistent with our understanding of a Kaupapa Māori research approach. Whilst we continue to draw on Western methodologies and research tools, we do so under the broader umbrella of an approach to research which better resonates for us and for our communities. During 2015, we have increasingly placed an emphasis on doing research in ways which best meet the needs of our communities and which are best placed to generate the knowledge necessary to inform positive social change for Māori. The investment in Whakauae Research by the HRC, through the IRO grant, has supported that emphasis.

Despite managing a very heavy research workload, our team has also participated in additional developmental research activities, many of which stem directly from the research we undertake with our communities. Our Acting Director, Dr Amohia Boulton has worked more closely with her Australian colleagues, and in particular Dr Margaret Cargo, Associate Professor in the School of Health Sciences at the University of South Australia, on advancing the trans-Tasman STEPS research project. That project, which aims to develop a set of principles to guide evaluation in Indigenous communities, gained considerable traction in 2015. Dr Boulton and other STEPS research team members met with Oxfam Australia, as well as with delegates at the Australasian Evaluation Society's International



Conference in October 2015, to present the results of their Indigenous evaluation framework development and to seek sector endorsement. With growing interest, on both sides of the Tasman, the next stage of the research to inform evaluation principles development is positioned for implementation in 2016.

At a more flax roots level, our researchers have explored and made use of innovative methods in their work with communities. Data has been collected from marae whānau, as part of the Te Puawai o Te Ahi Kaa project evaluation, using an adapted version of a muralling technique (table cloth data collection), which seeks to maximise participation. The data collected through whānau surveys has been fed back to whānau and explored in interactive “sense-making” hui.

On the Westcoast, young Māori mothers have been actively involved in evaluation work through workshopping the development of a Mana Tamariki Mana Mokopuna project logic model. This is work being undertaken over a sustained period of time and will result in locally -designed, relevant and effective models for service delivery to young mothers on the West Coast.

### Objective Three:

#### **Sustainable leadership development ensuring long-term business success.**

#### **Achievements:**

There continues to be significant progress towards achievement of the above objective. From the end of April 2015, and for the remainder of the year, Dr Amohia Boulton assumed the role of Research Director replacing Dr Heather Gifford who spent her sabbatical in the United Kingdom. Dr Boulton was able to put into practice much of the knowledge and many of the skills acquired during a period of intensive management leadership training undertaken



#### **Te Puawai o Te Ahi Kaa: Whānau Day, December 2016 (Raetihi Pah)**

in 2014. Support for Dr Boulton was provided during the year both through a continuation of the leadership mentoring begun in 2014 and through professional supervision. Dr Boulton is consequently well positioned to now assume a longer-term organisational leadership role, if required, in the future.

The next tier of senior research staff has additionally been nurtured in the interests of ensuring sound leadership succession. During the year, Rachel Brown was appointed to the research team as Senior Research Fellow and is currently completing her PhD under the guidance of Whakauae. She is also supporting Whakauae's programme of research and evaluation work. To further assist with ensuring business success another two staff joined the Whakauae team in 2015. Sonja Loveridge has assumed the role of Business Manager with Ngareta Patea taking up the position of Research Manager. It is intended that the addition of these two new positions will in turn free up senior research team members to strengthen their focus on the research role.



## Objective Four:

**Training and development fostered, enabling Māori to become highly-skilled researchers and to strengthen the *whole* Māori research sector.**

## Achievements:

In 2015, the organisation continued its long standing commitment to professional development through actively supporting staff to take part in study, training and professional supervision. For each staff member a professional development plan was collaboratively reviewed at the close of 2014 and implemented during the 2015 year. Professional development consequently included study undertaken in te reo Māori, evaluation research and financial systems. One member of the research team enrolled in the Postgraduate Diploma in Social Sector Evaluation Research at Massey University successfully completing her first year of study as a distance-learning student.

At the end of 2015 staff development plans were once again reviewed and decisions were made for two staff members to continue with a formal programme of study in 2016. A member of the administration team will join the UCOL business studies programme on a part-time basis, and another staff member will enrol for the second year of study in the Postgraduate Diploma in Social Sector Evaluation Research at Massey University.

As noted above, Dr Amohia Boulton participated in ongoing external management and leadership mentoring during the year supporting her in her newly assumed acting directorship role. Additionally, professional supervision is encouraged and continues to be utilised both by Dr Boulton and other members of the team.

Whakauae does not limit training and development opportunities only to the team; we are also actively involved in supporting and growing the wider Māori research community. During 2015, we offered scholarships to rangatahi to participate in our inaugural research hui, Kua Hiki Te Kohu. Three rangatahi, two of whom whakapapa to Ngāti Hauiti, were subsequently awarded these scholarships and took part in the one-day research hui held at Rata Marae in the Southern Rangitikei. It was anticipated that early exposure to stimulating research may help influence the future academic plans of these rangatahi.

Whakauae also supported a staff member from our local iwi provider enabling her to be mentored in iwi based data collection under the guidance



### **Kua Hiki Te Kohu Iwi Research Hui, August 2015 (Rata Marae)**

From left: Paris Bradley, Ruben Kearney-Parata,  
Tru Ratana-Horton.

of a senior Māori statistician; Kirikowhai Mikaere. Wharerimu Steedman, a staff member of Te Maru o Ruahine Trust, participated in the Te Kete Tū Ātea: Phase 2 research work as a Research Assistant. In this role she has attended



a number of workshops and hui including; the Iwi Chairs Forum, the Māori Data Sovereignty Network Hui in Hopuhopu, and the Minister of Finance's Hui on Iwi/Māori, Pasifika and NGO Data in Wellington. That exposure to high-level debate has not only given Wharerimu a broader understanding of the context in which Māori data, and data about Māori is collected, but it has also meant Wharerimu is better able to contribute to discussions around the use of iwi-based data in her mahi with Te Maru o Ruahine Trust.

As part of our capability building work with Te Puawai o Te Ahi Kaa project, we supported two members of the project team to prepare applications for the Conference Support Grants available to emergent Indigenous evaluators enabling participation in the Australasian Evaluation Society's (AES) 2015 International Conference and pre-Conference Workshops. One of these applications was successful with members of the Whakauae team providing further support and mentoring to the Support Grant holder during the September Conference events held in Melbourne, Australia. In addition, a member of our own team was also successful in being awarded a 2015 Conference Support Grant.

During 2015, we additionally established three postgraduate student scholarships that will be administered through the Māori Education Trust. The Pae Tawhiti scholarships will be awarded for the first time in 2016 to Māori students, of high academic calibre, who are undertaking postgraduate study inclusive of a research component. Preference will be given to those studying in the broadly defined area of Hauora Māori and who are carrying out primary research through community engagement.

Dr Amohia Boulton continued to support the wider health and Māori research communities through her various governance and advisory roles. That support included supervising doctoral level students, reviewing journal articles, contributing to the work of conference organising committees and to the work of committees assigned to review conference abstract submissions.

Finally, we have a pivotal role in ensuring that research grant applications are of the best possible quality by providing training and support in grant writing to the wider Māori health research community through the HRC funded Writing Workshops which we facilitate.

## Objective Five:

### **Sustainability achieved through the management of a weighted portfolio of research contracts:**

- **investigator initiated research; community research and evaluation; consultancy; and, international collaboration.**

### **the weighting must remain in favour of investigator-initiated research.**

## Achievements:

During the period January to December 2015, Whakauae staff were leads, partners or advisors on 14 separate research and evaluation contracts. These contracts represented a mix of investigator initiated research and commissioned evaluation with the majority being investigator initiated research. Three of the research projects were directly developed and funded by Whakauae and one was a HRC funded investigator initiated project led by Whakauae. The remaining research was a mix of externally commissioned evaluation and research projects that were led by

our partners and where we were part of a wider research team.

Internationally, we also progressed our contribution to the work on two partnership grant projects led by research teams in Canada. The first of these, Partners for Engagement and Knowledge Exchange (PEKE), is being funded by the Canadian Institutes of Health. The collaboration seeks to:

1. forge more effective connections between the Indigenous and research communities;
2. develop health interventions that are informed by, and congruent with, Indigenous knowledge and values;
3. facilitate the securing of funds to implement and evaluate those health interventions;
4. encourage active participation by decision-makers in the PEKE collaboration, and ensure their integration into the intervention research teams;
5. link knowledge translation and exchange to action at the community, clinical and policy levels; and,
6. to create a culture of knowledge, translation, exchange and action that is sustainable beyond the life of the PEKE initiative.



This large collaborative is led by the Assembly of Manitoba Chiefs (AMC). The Coordinating Committee for the grant comprises Leona Star (AMC), Kathi Avery Kinew (AMC), Josée Lavoie (Manitoba First Nations Centre for Aboriginal Health Research, University of Manitoba) and Norman Bone, an Ojibway Elder. During 2015, our alliance with PEKE was furthered through meeting with key members of the Canadian research team during the International Healing our Spirit Worldwide Conference held in Hamilton in November. Being present in Hamilton together provided an opportunity for our team to strengthen our whanaungatanga links with our First Nations colleagues; further our joint research plans; and express our manaakitanga as good hosts. As part of our conference attendance, Dr Amohia Boulton and Ngāti Hauiti leaders Utiku Potaka and Richard Steedman hosted Wendy Fontaine (the Co-ordinator of the PEKE project) and Leona Star, both from the First Nations Health and Social Secretariat of Manitoba.

The second collaboration is also funded by the Canadian Institutes of Health. The purpose of that study is to identify promising

and effective interventions in which local, traditional health practices can be integrated into Western (mainstream) diabetes/obesity prevention, treatment and self-management services across generations. The study is based in British Columbia with the lead researcher being Donna Kurtz, Associate Professor in the School of Nursing, University of British Columbia, Okanagan. During November 2015, Donna Kurtz travelled to New Zealand spending time with Whakauae researchers in Whanganui to strengthen our collaborative relationship and advance a joint paper on traditional healing. Additionally, Donna presented study results to date to an audience of approximately 40 health workers and community members at the Whanganui District Health Board. The presentation followed a mihi whakatau with Te Hau Ranga Ora Māori Health Services team at the DHB. Donna's visit culminated with her joining members of the Whakauae staff to take part in the International Healing our Spirit Worldwide Conference where she co-presented a paper with Dr Amohia Boulton.



From left: Gill Potaka-Osborne, Dr Amohia Boulton, Mel Potaka-Osborne.

We are also continuing our work with a team of researchers to develop a set of culturally safe strategies and practices aligned with Indigenous evaluation principles to strengthen how Indigenous and non-Indigenous evaluators in Australia and New Zealand carry out evaluation. Dr Amohia Boulton jointly leads this project with Dr Margaret Cargo, Associate Professor in the School of Health Sciences at the University of South Australia. Other team members include Lisa Warner, an emerging evaluation researcher from the Anangu Pitjantjatjara Yankunytjatjara lands, Dr Jenni Judd, Adjunct Associate Professor in the College of Medicine and Dentistry at James Cook University in Queensland, and Lynley Cvitanovic of Whakauae.

During 2015, we presented evaluation principles, refined through research with evaluators in 2013 and 2014, to AES Conference delegates, Oxfam Australia and the Australian Council for International Development's Aboriginal and Torres Strait Islander Programme Working Group Forum. Engagement with these and other stakeholder organisations and advocates of culturally safe Indigenous evaluation was undertaken to secure participation on a Project Advisory Group (PAG). The PAG will guide the next phases of the research including the final research translation phase.

## Objective Six:

**At least one investigator-initiated research project in the next three years that has a Ngāti Hauiti focus.**



### **Kua Hiki Te Kohu Iwi Research Hui, August 2015 (Rata Marae)**

Te Kete Tū Ātea project lead, Kirikowhai Mikaere.

## Achievements:

In May 2015, the year-long second phase of Te Kete Tū Ātea research project commenced with funding being provided by Whakauae Research. The first phase carried out in 2013 – 2014, aimed to identify the information needs of the five iwi of the Rangitikei Collective. The research resulted in development of an information framework to guide data gathering across a range of health, social, economic and cultural domains for the iwi in the short to medium term. The framework generated considerable interest from a number of iwi beyond the Rangitikei Collective.

In Phase 2, Te Kete Tū Ātea is concerned with framework application, the observation of the implementation process and its impact on iwi governors as well as iwi members in general. A question from the 'Economic Domain' of the framework is initially being assessed in relation to each iwi. Participatory action research is being undertaken enabling research to be conducted with iwi participating as active research partners. Anticipated research outcomes include iwi leaders and governors utilising economic information to help make evidence-informed decisions along with the testing of the information framework utility.

In the next section of the 2015 Annual Report which follows, the research projects we have been involved in conducting during the year are individually overviewed.









## Research Projects

Brief summaries of the projects which we led as well as those on which we partnered, or subcontracted to other institutions or individuals, are listed below.

Whakauae-led projects	
Funder	Short Title of Contract
Health Research Council of NZ (HRC)	Supporting Traditional Rongoā Practice in Contemporary Health Care Settings (subsumed into IROF June 2014)
	HRC Writing Workshops
	Preventing Chronic Conditions: Learnings from Participatory Research with Māori
	Huarahi rongoā ki a ngāi tātou: Māori views on rongoā Māori and primary health care (Post-Doctoral Research)
NZ Lottery Grants Board	Care and Protection of our Māori Children, our Future: A Whānau Perspective
Ministry of Health	Taranaki Māmā Pēpē Hauora Programme Evaluation
	Te Puawai o Te Ahi Kaa Project Evaluation
Whakauae Research	Mana Tamariki Mokopuna Mana Whānau Project Evaluation
	Te Kete Tū Ātea: Phase 2
	Tapuhi Tū Toa; a Kaupapa Māori Tobacco Cessation Intervention
Health Promotion Agency	Evaluation of the Early Pregnancy Assessment Approach



**Project Name:**

## Supporting Traditional Rongoā Practice in Contemporary Health Care Settings

**Funder:** Health Research Council of New Zealand

**Start/ Finish:** 01 February 2012 - 31 January 2015

**Lead:** Dr Amohia Boulton

**Team members:** Dr Heather Gifford, Gill Potaka-Osborne, Annabel Ahuriri-Driscoll (UoC), Maui Hudson (UoW), Albie Stewart (Contractor)

**Brief Description:** In this three-year project, we sought to identify the health service arrangements that best support traditional rongoā Māori practice in a contemporary setting. Using a Māori-centred approach, and a mix of qualitative and quantitative methods, the research aimed to identify the features of health service arrangements that are both consistent with principles of rongoā practice and that ensure cultural integrity. The project represented a collaboration between researchers from Whakauae and two different universities (Canterbury and Waikato) as well as the involvement of the Chair of Te Kāhui Rongoā as a researcher on the project. Te Kāhui Rongoā, the national body for rongoā Māori practitioners, played an active role in the project. As well as acting in an advisory capacity for the project team, Te Kāhui Rongoā assisted the research team to make sense of the findings before they were released to the wider sector.

**Outcomes/achievements:** The results of our research have shown a number of significant issues must be addressed by the rongoā sector to ensure rongoā Māori continues as a vital part of Te Ao Māori. Key amongst these issues include how to ensure the sustainability of an ageing workforce; that this workforce is receiving the training it requires; and that the sector has access to the raw materials and mātauranga it requires to be effective. To date, the research team has produced two peer-reviewed journal articles on these and other issues, and further articles are being prepared for publication. We have also been able to share our findings with the sector through peer reviewed conference papers; six separate oral conference papers and presentations to local communities. Local presentations have culminated in a keynote address on the importance of the rongoā sector driving its own research agenda at the National Rongoā Symposium and Expo, held in Whanganui in October 2015.

Project Name:

## HRC Writing Workshops

Funder: Health Research Council of New Zealand

Start/ Finish: 01 January 2015 – 31 December 2015

Lead: Dr Amohia Boulton

Team members: Dr Heather Gifford, Rachel Brown, Ngareta Patea, Mel Potaka-Osborne

**Brief Description:** The HRC Writing Workshops have been run by Whakauae since 2009, in a variety of formats and locations, but always with the same primary objective, namely to increase the number and quality of applications made by Māori researchers to the HRC's various funding rounds. In 2015, two workshops were held; one at the offices of Te Whānau o Waipereira Trust in Auckland and a second at Te Pūtahi ā Toi, Massey University, Palmerston North. A workshop specifically focused on applying for the Ngā Kanohi Kitea (NKK) round of community-led research grants was held in Whanganui, after a number of requests from the local community. This workshop was held in conjunction with, and hosted by, Te Atawhai o te Ao.

**Outcomes/achievements:** All workshops were well attended with the rise in interest amongst community and iwi members in both research funding and the work of the HRC, being particularly noticeable. This community interest in the activity of “research” is heartening and can be put down in large part to the success of the HRC's Ngā Kanohi Kitea grant round. The NKK Investigator Briefing Meeting (IBM) was well attended and participants remained very engaged throughout the day. From the feedback we receive through our formal evaluation forms, and un-solicited comments, we know that community members who attend the writing workshops get real value from their attendance. We have noticed greater interest on the part of community members participating in, and eventually leading their own research projects for their own people. In addition, the presentation on Career Development Awards (CDA) is always well received, and we are aware that this interest has translated directly into a growth in CDA applications to the HRC over the years we have been conducting the workshops.



**Ngā Kanohi Kitea Grant Writing Workshop, September 2015 (Whanganui)**



Project Name:

## Preventing Chronic Conditions: Learnings from Participatory Research with Māori

**Funder:** Health Research Council of New Zealand

**Start/ Finish:** 01 September 2014 – 31 January 2018

**Lead:** Dr Heather Gifford

**Team members:** Dr Amohia Boulton, Gill Potaka-Osborne, Dr Lesley Batten (Massey University), Dr Melissa Cragg (Contractor), Kiri Parata (Contractor)

**Brief Description:** In this 42-month study, we are examining how the primary and secondary prevention of chronic conditions is being modelled, practiced and measured in three case study sites; to define what short term outcomes are being achieved; and enable naturalistic generalisation to be made to inform wider health service development. A collective case study design, utilising qualitative and evaluation-based research methods, will examine the three case studies. Data will be interrogated across three levels, policy (government), practice (provider) and whānau (community).

**Outcomes/achievements:** Phase One of the study was completed at the close of 2015. The three case study sites are each implementing models of care to improve Māori health outcomes for chronic conditions. All have similar principles: cross sector collaboration; integrated health services; improved health service access; emphasis on health outcomes; increased responsiveness to Māori; and whānau-centred services.

The early results from this project will be presented to Tumu Whakarae, the National Reference Group of Māori Strategy Managers within DHBs, in early 2016.

**Project Name:**

## Huarahi rongoā ki a ngāi tātou: Māori views on rongoā Māori and primary health (Postdoctoral Research)

**Funder:** Health Research Council of New Zealand

**Start/ Finish:** 20 February 2012 - 20 February 2015

**Lead:** Glenis Mark

**Team members:** Dr Amohia Boulton, Dr Heather Gifford

**Brief Description:** In this project, the views of Māori were explored in relation to health, experience of rongoā Māori, experience of primary health services and the integration of rongoā Māori with primary health care. Two groups of Māori health services consumers, one which used rongoā in addition to primary health treatment and one which only used primary health treatment, were interviewed. Consumers also participated in the use of a methodology termed “Māori-voice” by Dr Mark; giving expression to Māori worldviews of hauora through photographs. In undertaking the research, it was hoped to establish the ways in which Māori beliefs about health and illness contribute to health treatment choices along with how the health treatment experiences of participants can be used to inform integration of rongoā and primary health services for the benefit of Māori.

**Outcomes/achievements:** Dr Glenis Mark completed her postdoctoral studies in February 2015. A key achievement was the production of a booklet for her research participants, based on the photographs they took as part of the study. The booklet, Huarahi rongoā ki a ngāi tātou: Māori views on rongoā Māori and primary health - Results of research conducted with Māori patients of rongoā and primary health, was presented to participants and Project Advisory Group members at a research dissemination hui in November 2014. An important component of Dr Mark’s postdoctoral work was the production of academic journal articles and, in addition to the research she undertook, she was successful in having two articles accepted for publication in 2015, with a further two currently under review.



Project Name:

## Care and Protection of our Maori Children, our Future: A Whānau Perspective

Funder: New Zealand Lottery Grants Board

Start/ Finish: 19 May 2014 – 30 April 2016

Lead: Tania Williams Blyth (Contractor)

Team Members: Dr Heather Gifford (Academic Advisor), Dr Amohia Boulton (Academic Advisor), Gill Potaka-Osborne (Research Mentor)

**Brief Description:** Māori over-representation in care and protection of tamariki/mokopuna is continuing to rise, increasing the risk of incidents of child abuse and removal of mokopuna from whānau. However, resources for the care and protection of mokopuna have tended to overlook the contribution of positive change models initiated by Māori parents and grandparents. The aim of this research is to ascertain and articulate the positive contribution that can be made by Māori parents and grandparents to the care and protection of their tamariki/mokopuna. The qualitative research design used a narrative inquiry in semi-structured kano hi ki te kano hi interviews to elicit stories from 10 Māori whānau parents and grandparents. Preliminary findings from the analysis indicate that there are a number of ways in which Māori parents and grandparents can be better supported to meet the needs of their children, once they have come to the attention of Child, Youth & Family Services (CYFS) and the justice system. Preliminary findings also indicate that further training for the iwi/community social service sector, which works with parents and grandparents at the time of first contact and subsequently, is required.

**Outcomes/ achievements:** The research provided valuable insight into the positive contribution made by Māori parents and grandparents to the care and protection of tamariki/mokopuna. Subsequently, the stories gathered from whānau have been used to inform a pilot study offering navigator services for whānau who are dealing with the potential uplift into state care of their tamariki/mokopuna. The pilot, Mokopuna Ora, is a partnership between Waikato-Tainui and CYFS and seeks to address some of the key issues identified by whānau including the lack of information, knowledge and communication when interacting with the CYFS/Family Court system. Research results will be disseminated at a Research Hui in Whanganui early in 2016.





Project Name:

## Taranaki Māmā Pēpē Hauora Programme Evaluation

**Funder:** Taranaki District Health Board and Ministry of Health

**Start/ Finish:** 23 July 2013 – 30 September 2015

**Lead:** Lynley Cvitanovic

**Team members:** Dr Heather Gifford, Gill Potaka-Osborne, Kiri Parata (Contractor)

**Brief Description:** We carried out a process and short – medium term outcomes evaluation of the Taranaki Māmā Pēpē Hauora (MPH) Programme, which we completed in the second half of 2015. The MPH Programme was initiated in mid-2013 following a successful response by the Taranaki District Health Board, and its strategic partners, to a Ministry of Health request for proposals. The Programme seeks to improve the health and wellbeing of mothers and their children through better nutrition, including breastfeeding, and regular physical activity. Tui Ora Ltd, based in New Plymouth, is delivering the Programme that focuses on priority Taranaki communities. The evaluation aimed to determine how effective the Programme was in reaching priority audiences. It also assessed positive changes in participant awareness, understanding and behaviour with respect to nutrition and physical activity.

**Outcomes/achievements:** An MPH Programme Interim Evaluation Report was completed in March 2015 using data collected from programme participants, kaimahi and governance group members along with the review of key programme documentation. The findings and recommendations made in that report were used by the evaluation commissioner, and the provider, to refine the second phase of the Programme rollout which began in July 2015.

Using further data collected in the first half of 2015, a Final MPH Programme Evaluation Report was completed in September 2015. Results and recommendations included in the Final Evaluation Report have since been used to further inform the fine-tuning of phase two of the MPH Programme which is scheduled to conclude in mid-2016.

Project Name:

## Te Puawai o te Ahi Kaa Project Evaluation

**Funder:** Te Oranganui Iwi Health Authority through Te Ao Auahatanga Hauora  
Māori: Māori Health Innovation Fund and Ministry of Health

**Start/ Finish:** 31 May 2014 – 30 June 2017

**Lead:** Gill Potaka-Osborne

**Team Members:** Dr Heather Gifford (Academic Advisor), Dr Amohia Boulton  
(Academic Advisor), Lynley Cvitanovic (Evaluation Advisor)

**Brief Description:** Te Puawai o Te Ahi Kaa (TPoTAK) Project is being collaboratively undertaken by Raetihi Pah and Te Oranganui Iwi Health Authority. This innovative Kaupapa Māori initiative is based on the role of the marae as the house of the hapū; the place of cultural sustenance and vitality for whānau. It recognises that the health and wellbeing of those whānau who maintain the ahi kaa is critical to the sustainability of the paepae and marae. The project commenced in mid-2014 and shortly afterwards Whakauae Research Services was engaged to evaluate it. The evaluation design is based on a participatory research approach to “evaluate with” rather than carry out an “evaluation of” Te Puawai o Te Ahi Kaa. Whilst the design uses methods described in Western research literature it draws primarily on qualitative approaches using a Māori worldview.

**Outcomes/ achievements:** At the beginning of 2015 Phase Two of the evaluation commenced. Evaluation activities included development of rubrics tables as a tool to help make evaluation assessments (regarding project activities and outcomes) transparent. A focus group interview, a survey of project participants, kaimahi recording of photo narratives and muralling methods were used. In the initial data analysis phase key findings and themes were identified. The evaluators shared these results with whānau in a data ‘sense-making’ process which was part of the December 2015 whānau day held at the marae. The day provided an opportunity for the evaluators to meet face to face with the wider whānau.



**Whānau Day, December 2015 (Raetihi Pah)**



**Project Name:**

## Mana Tamariki Mokopuna Mana Whānau Project Evaluation

**Funder:** Poutini Waiora through Te Ao Auahatanga Hauora Maori: Maori Health Innovation Fund, Ministry of Health

**Start/ Finish:** 01 July 2014 – 30 June 2017

**Lead:** Rachel Brown

**Team members:** Dr Heather Gifford (Academic Advisor), Dr Amohia Boulton (Academic Advisor), Lynley Cvitanovic (Evaluation Advisor)

**Brief Description:** Mana Tamariki Mokopuna Mana Whānau (MTMMW) is an intervention that represents a new model of service delivery. It focuses on addressing the needs of vulnerable young Māori women, their pēpi, tamariki and whānau who reside on the West Coast of the South Island. In 2014, Poutini Waiora engaged Whakauae to develop and implement a process and outcomes evaluation of the intervention.

**Outcomes/achievements:** During 2015 the evaluator worked alongside the provider as the intervention developed and unfolded. Evaluation activities included finalising an evaluation plan including a project logic model. The evaluator also provided feedback on project activities such as action plans and data collection tools. During this phase a focus group interview of kaimahi was completed and initial data analysis completed. The evaluation has contributed to building community capacity, which in turn, has strengthened understanding of the project and subsequent implementation.



Project Name:

## Te Kete Tū Ātea: Phase 2

Funder: Whakauae Research

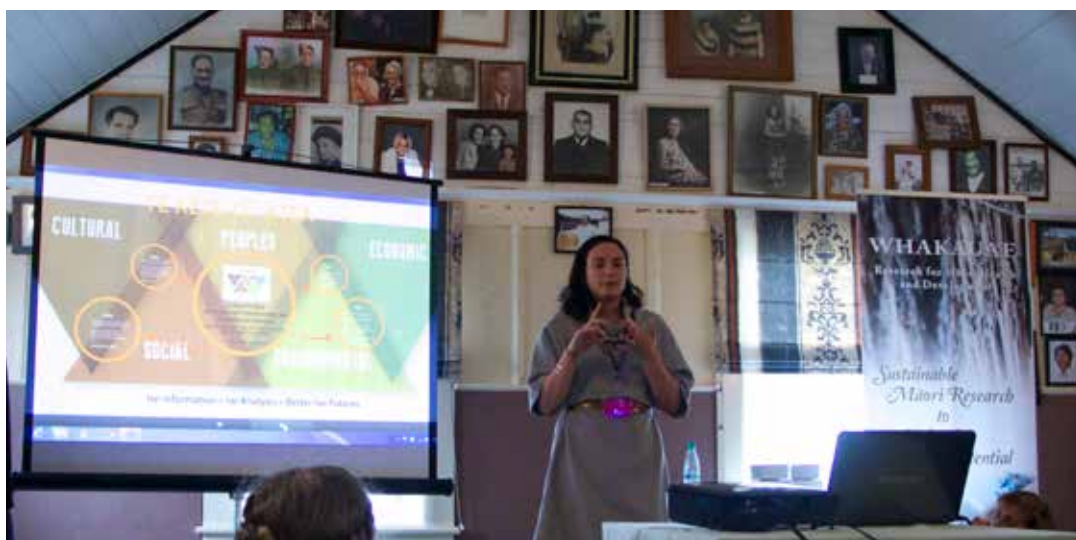
Start/ Finish: 01 May 2015 – 30 June 2016

Lead: Kirikowhai Mikaere (Contractor)

Advisor: Dr Heather Gifford

**Brief Description:** The Rangīrūkei Iwi of Ngāti Apa and Mōkai Pātea identified a collective need to access good quality information about their individual iwi populations. Te Kete Tū Ātea Phase 2 study builds on previous HRC funded research that developed an information framework for each iwi, namely, Te Kete Tū Ātea. Whakauae has funded Phase 2 implementation of the framework testing utility and impact of the framework using data from the economic domain. The intended outcome will be iwi leaders and governors utilising information to achieve evidence-informed decisions.

**Outcomes/achievements:** The project is progressing well and in particular is seen as a flagship for other iwi when it comes to collecting, analysing and utilising quantitative data at an iwi level. There are a number of data initiatives happening across government, coinciding with the timing of this project. As a result, the team were asked to present at the Iwi/Māori data hui initiated by the Minister of Finance, and facilitated by Treasury and Statistics New Zealand in September 2015. Kirikowhai Mikaere was also invited to an Advisory Group Hui (following the first Iwi/Māori data hui of the Minister of Finance), to provide further advice and guidance as to next steps for Treasury and Statistics New Zealand. Because of these meetings, the NZ Data Futures project, and the creation of an Integrated Data Infrastructure, or IDI, an independent Māori Data Sovereignty network has been initiated. A first hui on the topic of Māori Data Sovereignty was held in Hopuhopu in October 2015 and attracted some 30 Māori with interests in this kaupapa. Kirikowhai Mikaere and Dr Tahu Kukutai are the interim co-leaders of the network.



**Kua Hiki Te Kohu Iwi Research Hui, August 2015 (Rata Marae)**

Kirikowhai Mikaere.

Project Name:

## Tapuhi Tu Toa: a Kaupapa Maori Tobacco Cessation Intervention

Funder: Whakauae Research  
Start/ Finish: 01 May 2015 – 31 May 2016  
Lead: Teresa Taylor (Contractor)  
Evaluation Lead: Lynley Cvitanovic  
Advisor: Dr Heather Gifford

**Brief Description:** This work builds on results from a previous Whakauae research project, Māori Nurses and Smoking; Exploring the opportunities for change. In this new project we are piloting an intervention in four nursing schools which is aimed at ensuring all Māori nurses who graduate are smokefree. The intervention uses a supportive wānanga approach to bring smokers together to discuss tensions, evidence for quit and link participants with a range of services and support systems.

**Outcomes/achievements:** A significant amount of background work took place in 2015 in preparation for the intervention rolling out in 2016 including; engaging support from the wider nursing sector, ethics approval, engaging the sites and establishing a new advisory team. In addition an evaluation team has been established to test effectiveness of the intervention. It is intended that the pilot will be in the field in the first half of 2016.



### **New Zealand Nurses Organisation Conference, August 2015 (Auckland)**

From left: Teresa Taylor, Dr Amohia Boulton, Dr Heather Gifford.

Project Name:

## Evaluation of the Early Pregnancy Assessment Approach

Funder: Health Promotion Agency

Start/ Finish: 01 January 2015 – 30 June 2015

Lead: Lynley Cvitanovic

Team Members: Dr Heather Gifford, Gill Potaka-Osborne, Kiri Parata (Contractor)

**Brief Description:** We carried out an intensive process and short-term outcomes evaluation of the Whanganui Regional Health Network's locally developed Early Pregnancy Assessment Approach (EPAA) in the first half of 2015. This evaluation was commissioned by the Health Promotion Agency (HPA), a Crown entity established under the New Zealand Public Health and Disability Amendment Act 2012. The evaluation aimed to determine how the EPAA 'works', who it works for and why in order to support both the Regional Health Network's refinement of the intervention and the HPA's critical assessment of EPAA potential for implementation by other primary health care providers nationally. Key informant interviews with service users informed the evaluation results along with interviews with the Regional Health Network's staff and service delivery partners. Document review was also carried out.

**Outcomes/achievements:** A detailed service model description was developed in the early stages of the evaluation. That description provides a template for other primary health care providers looking to put an EPAA in place in their own areas of the country. The final evaluation report includes practical recommendations for further refinement of the EPAA locally, which have been taken into account by the Regional Health Network as it continues to fine-tune the intervention. The HPA has made the evaluation material available on its website.



## Whakauae sub-contracted projects

Funder	Short Title of Contract
Marsden Fund	Smoking an Informed Choice
Ministry of Health	Enjoy Nicotine Replacement Therapy
Ministry of Health, Health Research Council	Smokefree Wellington
Ministry of Health	Evaluation of the Maternity Quality and Safety Programme
Health Research Council	Whaia te Ahi Kaa: Ahi Kaa and its role in Hauora

### Project Name:

## Smoking an Informed Choice

**Funder:** Marsden Fund

**Start/ Finish:** 01 March 2012 - 31 October 2016

**Lead:** Professor Janet Hoek, Otago University

**Whakauae Researchers:** Dr Heather Gifford, Teresa Taylor (Contractor)

**Brief Description:** Whakauae has been subcontracted by the University of Otago to lead the Māori stream of this three-year project. The overall aim of the research is to determine how young adult smokers and social smokers define “informed choice”, and to develop and evaluate methods of estimating “informed choice”.

**Outcomes/achievements:** Data collection is complete for this project and results have been disseminated widely. The research has adapted existing informed choice frameworks to better recognise the wider social and behavioural context of smoking. Tobacco control policy makers will be invited to a symposium in 2016 to share and discuss final results.

Project Name:

## Enjoy Nicotine Replacement Therapy

Funder: Ministry of Health  
Start/ Finish: 01 February 2014 – 01 March 2015  
Lead: Dr Brent Caldwell, Otago University  
Whakauae Researcher: Dr Heather Gifford

**Brief Description:** The University of Otago led this project, which was successful in being awarded funding for the study from the Ministry of Health Innovation Fund. The project tested the latest advanced, rapid-acting, nicotine replacement therapies (NRT), taking these direct to smokers in localities such as shopping malls. As part of the study Whakauae provided advice on engagement with Māori and relevant research methods and analysis.

**Outcomes/achievements:** The results of this study suggest that more effective and more attractive NRTs, and more effective methods of encouraging smokers to use NRT are required. Current NRTs, with their medicalised packaging, and highly restrictive rules around their provision and use, are not sufficiently attractive to smokers. It is possible that smoking cessation staff, who are very well connected to their community, may have better success in encouraging smokers to use NRT and continue to engage in quitting behaviour. The methods used to engage with smokers in the present trial were successful in reaching a large number of smokers, many of whom were Māori, almost half of whom had neutral or no motivation to quit smoking in the short-term and were therefore unlikely to enrol in a conventional smoking cessation service. This method of reaching smokers in high priority populations, if combined with access to a wider range of more effective and free-of-charge NRTs, is likely to help New Zealand achieve the SmokeFree2025 Vision.



Project Name:

## Smokefree Wellington

**Funder:** Ministry of Health and Health Research Council

**Start/ Finish:** 11 May 2015 – 18 March 2016

**Lead:** Dr George Thompson, Otago University

**Whakauae Researchers:** Dr Heather Gifford, Kiri Parata (Contractor)

**Brief Description:** This project aimed to:

- 1) Identify potential benefits and challenges of smokefree outdoor policies
- 2) Propose relevant policy options and recommendations for smokefree outdoor areas in public spaces, using Wellington City as a case study

**Outcomes/achievements:** In 2015 we used data from documents, in-depth interviews, small workshops and a symposium to develop options and recommendations for extending smokefree outdoor areas in Wellington. Our research participants represented a mix of sectors including the business (particularly hospitality and retail); local government (politicians and staff); iwi; union; and health sectors. Policymaker workshops were conducted in 2015 to further explore the results from the research and discuss a mix of policy options. Results are intended to be used by Wellington City Council to inform smokefree bylaws for the city in 2016.



Project Name:

## Maternity Quality and Safety Programme Evaluation

Funder: Ministry of Health  
Start/ Finish: 29 September 2014 - 30 June 2015  
Lead: Ned Hardie-Boys, Allen and Clarke  
Whakauae Researchers: Dr Heather Gifford, Dr Amohia Boulton

**Brief Description:** Whakauae was subcontracted by Allan and Clarke to contribute to the evaluation of the progress and effectiveness of the Ministry of Health's Maternity Quality and Safety Programme (MQSP). The MQSP programme has been operating in each DHB since 2012, with initial funding provided until 30 June 2015, after which time DHBs were expected to operate MQSPs as business as usual. The Ministry of Health sought an evaluation which would inform decisions regarding continued funding of the programme, and improvements to the programme. The evaluation particularly focused on what has worked at a local (District Health Board) level to improve the safety and quality of maternity services.

**Outcomes/achievements:** The Ministry of Health has been provided with a final report containing a number of recommendations to inform future development for the MQSP programme. Members of the research team presented the final report at the four yearly Maternity Conference where it was officially launched by Minister Dunn. As Allen and Clarke have noted on their website: the evaluation evidence showed that the programme had considerable merit, and in time, would likely provide significant returns. The programme had started to deliver meaningful improvements and there was significant value in continued Ministry of Health investment and support. A full copy of the report is available on the Ministry of Health website.

Project Name:

## Whaia Te Ahi Kaa: Ahi Kaa and its role in Hauora

Funder: Health Research Council

Start/ Finish: 06 January 2014 - 31 November 2015

Lead: Kiri Parata, Te Atiawa ki Waikanae

Whakauae Researcher: Dr Heather Gifford

**Brief Description:** Dr Heather Gifford was approached by Kiri Parata and her iwi, Te Atiawa ki Waikanae to assist in the development of an HRC application to the Ngā Kanohi Kitea fund. The application was successful and Dr Gifford supported Ms Parata as she led this project for her whānau. The study aimed to explore the impact of active participation in marae and iwi activities on the health, wellbeing and sense of connectedness of iwi members.

**Outcomes/achievements:** There have been a number of distinct research outcomes from the research. First, the results from the research are directly informing the longer-term oranga strategy for the iwi. Researchers and iwi leaders are using the images and voices of the participants to clearly communicate positive messages to iwi members about maintaining their hauora. Secondly, as a consequence of the opportunity to participate in the research, members of the iwi now have increased confidence about undertaking future research. Third, the research provided two opportunities to directly mentor emerging researchers. Ms Parata was able to undertake her first research project as a principal investigator (with close support by Dr Heather Gifford) and in turn she mentored a research assistant who gained skills in a number of research areas. Finally iwi members have participated fully in the research and, through very skilled dissemination activities by the lead researcher, have experienced positive messages about themselves.



**Whakarongotai Marae (Waikanae)**









## Independent Research Organisation Fund

In 2011, as part of decisions on Crown Research Institute Core Funding, the Government agreed that long-term funding arrangements of up to seven years would be available to research organisations, outside of the Crown Research Institute sector, that hold significant research capabilities supporting national outcomes in areas of government priority. HRC responded to this requirement through the development of the Capability in Independent Research Organisations Fund (IROF).

The objective of the Fund is to resource research, science and technology, and related activities, and to support distinctive and nationally significant capability in independent research organisations that has the potential to contribute to:

- major economic, social, or environmental benefits for New Zealand; or,
- the mitigation of major risks to New Zealand's economy, environment or society that the Government has a role in mitigating.

Funding is intended to support relevant research that contributes to unlocking the potential of Māori knowledge, resources and people as outlined in the Vision Mātauranga policy.

In April 2014, we received notification that our bid to this unique fund had been successful, and in July 2014 we rolled out the first year of a four year programme. That programme aims to build our distinctive capability and capacity to undertake research in a field that is not commonly present in other New Zealand research organisations; namely health services and health policy research conducted by an iwi-owned organisation, using a kaupapa Māori perspective. The research objectives for the IROF are derived from these overarching strategic objectives and are based on the well-known whakatauki:

***Tibei mauri ora!***

***Tuia ki runga***

***Tuia ki raro***

***Tuia ki roto***

***Tuia ki waho***

***Tuia te here tangata***

***Behold the breath of life!***

***Fasten above***

***Bind below***

***Unite from within***

***Unify the outer***

***Unify the strands of humanity***

Our four IROF objectives are consequently:

- 1) The provision of distinctive Māori academic leadership locally, nationally and internationally (Leadership – Tuia ki runga)
- 2) A sustainable research programme focused on attaining equity in health outcomes for Māori (Equity – Tuia ki raro)
- 3) Enhanced research capability through strategic investment in the development of Whakauae's research workforce (Capability- Tuia ki roto)
- 4) A future focused research culture seeking innovative research solutions to the social and health issues which impact Māori and New Zealand society more widely (Research – Tuia ki waho).

Progress on each of these four objectives during 2015 is reported below.

### **1. The provision of distinctive Māori academic leadership locally, nationally and internationally (Leadership – Tuia ki runga)**

Our intention in applying for the IRO funding was to grow internal skills and expertise as a Kaupapa Māori research centre as well as to contribute towards building Kaupapa Māori research capability in Ngāti Hauiti and those Māori communities we work with. Our Year Two (2015) IROF milestones included:

- the continued development of distinctive Māori research methodologies and techniques;
- ensuring time and resources to allow senior researchers to continue providing “service” activities such as academic supervision, and participation in advisory and governance capacities; and,
- maximising opportunities for knowledge exchange with Māori, iwi, community, and tertiary institutions.

Distinctive Māori academic leadership, service to the academy and to our communities is a priority not only for senior staff but for all our research team. Distinctive Māori academic leadership is manifest by the senior researchers in a number of ways. These include:

- by continuing to undertake Kaupapa Māori research that is meaningful to Māori, whānau, hapū, iwi as well as policy and decision-makers;
- through excellent scholarship
- by participation on grant assessing committees; editorial review boards and scholarship committees;
- through supervision of new and emerging researchers; and,
- through a range of governance activities.

As Māori academics, we have additional responsibilities. We regularly undertake work over and above the completion of research

projects and the production of outputs, in order to grow the Māori research workforce and contribute critical and insightful analysis to the academy. We are often managing multiple accountabilities to the funder/commissioner, to research participants, to iwi, and to the academic community to which we dedicate a degree of “service” time. Our research team additionally provide support and mentoring to members of the community along with the wider health and research sectors with whom they work.

In 2015 leadership by staff at Whakauae was demonstrated through the following roles and activities:

- Chair, National Tobacco Leadership Group (Dr Heather Gifford)
- Member, Ngā Tira Takimano, a representative body comprising partner entities involved in the Ngā Pae o te Māramatanga Centre of Excellence (Dr Heather Gifford)
- Board Member, Mōkai Pātea Services (Dr Heather Gifford)
- Member, Te Rūnanga o Ngāti Hauiti (Dr Heather Gifford)
- Australasian Evaluation Society Board Member, Chair of the Indigenous Policy Taskforce, and Chair of Conference Support Grant Committee (Dr Amohia Boulton)
- Board Member of Te Kotahi Research Institute, University of Waikato (Dr Amohia Boulton)
- Editorial Board Member for the Journal of Indigenous Wellbeing Te Mauri – Pimatisiwin (Dr Amohia Boulton)

In addition, Drs Gifford and Boulton provided a submission on the strategic refresh of the HRC, supported the addition of a greater Māori voice, and greater participation by Māori in the development of the National Science Challenges; and participated in the development of two separate Centre of Research Excellence bids to the Tertiary Education Commission (TEC).

Dr Heather Gifford and Dr Amohia Boulton maintain their ties to the academic community

through their respective adjunct positions at New Zealand Universities. Dr Gifford is a Research Fellow in the School of Public Health, University of Otago. Dr Boulton is an Adjunct Research Associate, Graduate School of Nursing, Midwifery and Health, Victoria University of Wellington as well as a Visiting Senior Research Fellow, Health Services Research Centre, School of Government, Victoria University of Wellington. Both Drs Gifford and Boulton act as reviewers for academic journals, as members of conference organising committees and as members of scientific committees that review conference abstracts.

Dr Gifford is an advisor on Meihana Durie's postdoctoral work, entitled *Te Papa o Te Ora: An Integrated Platform for Māori Health Promotion*. She has also been involved as an advisor on an NKK grant entitled *Whaia te Ahi Kaa*, which was completed this year. This 18-month, qualitative study, hosted by Te Atiawa ki Waikanae, sought to understand the level of whānau participation in iwi and marae activities and the impacts such participation has on whānau wellbeing.

Dr Boulton continues to supervise two doctoral students in 2015; Rachel Brown and Aria Graham. Rachel Brown, who was awarded a research scholarship from Whakauae, is currently undertaking doctoral research at Taupua Waiora Centre for Māori Health Research, AUT. The focus of her study is to understand how whānau cope when they are caring for a child in their whānau who has a life-threatening medical condition. Her doctoral work, entitled *Eat? Love? Pray! What are the mechanisms and strategies Māori and Pacific whānau use to cope when confronted with a child's life-threatening medical condition?* is due for completion in mid-2016. Aria Graham is undertaking her doctoral research through the Graduate School of Nursing, Midwifery and Health Sciences at Victoria University, Wellington. Aria, who was awarded an HRC Doctoral Scholarship this year, also expects to complete her dissertation, entitled *Tika tonu – Young Māori mothers' experiences of wellbeing following the birth of their first tamaiti*, in 2016.



**Drs Heather Gifford and Amohia Boulton**



Mentoring of up and coming researchers and community practitioners, by members of the research team, is undertaken both formally and informally. In 2015, Ms Potaka-Osborne was heavily involved in mentoring TPoTAK kaimahi. As a consequence of Ms Potaka-Osborne's support and advice, two TPoTAK team members applied for the Australasian Evaluation Society (AES) Conference Support Grant Award in 2015. One of those team members was successful in her award bid. The award allowed Ms Roberta Williams to travel to the AES International Conference in Melbourne as well as to take part in both the conference and the pre-conference workshops.

In addition, Gill Potaka-Osborne, along with Drs Boulton and Gifford, has supported Tania Williams Blyth to undertake a research project, which has received funding from the Lotteries Commission. This project, entitled Care and Protection of our Māori Children, our Future: A Whānau Perspective seeks to ascertain and articulate the positive contribution that can be made by Māori parents and grandparents to the care and protection of their tamariki/mokopuna. Tania Williams Blyth's project is also due for completion in 2016.

Whakauae staff members, and those we support and mentor, are encouraged to present their research findings to a range of audiences in a number of settings. In our view, the production of research outputs alone is insufficient, as these do not, in themselves, lead to change. It is important that we contribute to the academy and to advancing Māori scholarship through the production of peer-reviewed journal articles and conference papers. However, it is equally essential that we translate our research results into changes at the policy, service delivery, and community level, to make a positive difference for whānau hapū and iwi. Dissemination of our research, in a variety of forms, is therefore a critical component of our work.

Whakauae staff participated in 12 formal dissemination events and, for the first time, we hosted our inaugural Iwi Research Hui at Rata Marae in August 2015. Kua Hiki Te Kohu was attended by over 60 members of the research community and local iwi. The purpose of the hui was to showcase some of the wider range of iwi-based research that is occurring around the country: research projects that had been defined, developed and driven by iwi themselves. Four presenters, accompanied by whānau support and rangatahi from their home communities, spent the day presenting their research, how it had come about and how it was being used by their respective iwi.



**Dr Amohia Boulton, Lynley Cvitanovic, Dr Heather Gifford  
and Gill Potaka-Osborne**

Presenters included:

- Kiri Parata reporting on initial findings from Whaia te Ahi Kaa;
- Dr Huhana Smith who spoke about her project Manaaki Taha Moana – Enhancing Coastal Ecosystems for Iwi and Hapū and Kei Uta: Settling the Hinterland and the part this project played in the rejuvenation of the coastline at Kuku Beach;
- Jodi Porter who presented on her doctoral research entitled Ngāi Tai Rangatiratanga: Tribal self-determination, which discusses the concept of iwi vitality and its role in achieving positive outcomes for iwi; and
- Kirikowhai Mikaere who presented the results of work to develop an information framework for the collective of Rangitikei iwi. The development of the framework, Te Kete Tū Ātea, was supported through IRO funding.

In addition to hosting the hui, Whakauae offered scholarships to rangatahi from each of the presenters' communities. The purpose of the scholarships was to provide an opportunity for rangatahi to be involved in the hui but also as a means of encouraging rangatahi with an interest in research to be exposed, relatively early, to the possibilities of research as a career. It is hoped this exposure will result, in the longer term, in strengthened iwi research capability. The successful scholarship recipients were Paris Bradley (Ngāti Raukaka, Rangitāne, Ngāti Hauiti, Ngāti Kahungunu, ko Ngāti Pouro, Te Atiawa), Tru Ratana-Horton (Ngāti Hauiti) and Ruben Kearney-Parata (Te Atiawa ki Waikanae, Ngāti Toarangatira, Ngāti Raukawa).



**Kua Hiki Te Kohu Iwi Research Hui, August 2015 (Rata Marae)**

Of the remaining dissemination events, three were overseas conferences, six were presentations at national conferences, or international conferences held in New Zealand, and three were seminars or presentations to organisations or collectives. A total of six academic papers were published either as peer reviewed journal articles, book chapters or full papers in conference proceedings. In addition, we produced four technical reports. These outputs are listed in the Making a Difference section of this report.

## **2. A sustainable research programme focused on attaining equity in health outcomes for Māori (Equity – Tuia ki raro)**

Our Year Two (2015) IROF milestones included:

- agreeing on the components required to support a long-term programme of research to improve health outcomes for Māori;
- building on the track record of successful HRC grant applications;
- identifying and conducting discrete, small-scale, research projects with the potential to contribute to improved Māori health outcomes where funding to support this work is not otherwise available;
- the creation of intersectoral and cross-sector partnerships to build research-informed solutions to address Māori health inequalities; and,
- developing an organisational culture that seeks to maximise the utility and impact of research outputs.

As an iwi research centre outside of the traditional university or Crown Research Institute model, ensuring our competitive point of difference, our reputation to deliver high quality relevant research, and our collaborative mode of working, are all crucial to our sustainability. Our concern with maintaining long-term sustainability as an iwi-owned research centre was a key driver for this objective of our IRO grant. We value the opportunities to undertake work which contributes to the attainment of equity in health outcomes for Māori. In practical terms this means we look for external funding opportunities, such as those that agencies like the HRC offer, as well as funding small research studies ourselves. In Year Two, we have supported two internally funded studies, Tapuhi Tū Toa and Te Kete Tū Ātea. These projects are reported in the Research Projects section of this report.



**Utiku Potaka and Dr Heather Gifford**

Intersectoral, cross-sectoral, national and international partnerships are important to us. We are proud of our track record of working with partners in universities as well as community-based settings. In 2015, we partnered on an HRC grant proposal with colleagues from the University of Otago, and will know the results of this application midway through 2016. Dr Amohia Boulton was also invited to join a National Science Challenge (NSC) study that was successful in receiving funding in 2015. The He Pikinga Waiora: Making health interventions work for Māori communities study is funded through



the Healthier Lives NSC. The primary research question is: How does a community-based approach enhance the effectiveness and sustainability of evidence based health interventions? To answer this research question the research team, comprising academics, clinicians and community-based researchers, propose to partner with communities. The purpose of partnership will be to identify the most effective approaches to implementing interventions that support effective and sustained chronic disease prevention. A specific focus will be on slowing the progress from pre-diabetes to diabetes in Māori.

Maintaining existing partnerships and consolidating new, emergent partnerships has been a strong theme this year. We have hosted several researchers in our centre as well as meeting with research teams at academic conferences and hui. One such example of a burgeoning research relationship is that being forged with Associate Professor Donna Kurtz, a Métis researcher and registered nurse at the School of Nursing, University of British Columbia, Kelowna. Whakauae has partnered on a Canadian Institutes of Health Research (CIHR) research proposal being led by Dr Kurtz whose research interests intersect closely with our own. Our shared research interests include Indigenous health, health disparities, chronic disease prevention, primary health care and mental health. This research proposal builds on earlier work undertaken by Dr Kurtz's team in the area of chronic disease prevention, where Whakauae played an advisory role. The aim of this next phase is to work with the communities identified in phase one to develop ways in which the recommendations arising from that phase can be implemented. Implementation will involve translating recommendations into culturally relevant and safe local services that ultimately improve the overall health of urban Aboriginal people across the generations in communities that they live. Drs Amohia Boulton and Heather Gifford will be advisors on this project.



**Healing Our Spirit Worldwide -  
The Seventh Gathering,  
November 2015 (Hamilton)**

Dr Donna Kurtz

Whakauae was fortunate to host Dr Kurtz in 2015, when she visited NZ to take part in Healing our Spirit Worldwide - The Seventh Gathering. During Dr Kurtz's visit to our centre, she met a number of health and rongoā providers and delivered a presentation on preventing chronic conditions among Indigenous peoples at the Whanganui District Health Board. Both Board employees and members of the wider health provider services community attended the presentation.

**3. Enhanced research capability through strategic investment in the development of Whakauae's research workforce (Capability- Tuia ki roto)**

If we are to contribute towards building the capability and capacity of the sector more widely, we need to ensure that our people are, and remain, highly skilled and competent. As in the first year of IRO funding, this has meant a two-pronged strategy of investing in ourselves and growing our skills as iwi-based, Māori health researchers as well as contributing to the growth of the Māori health research workforce more widely.



### **Taonga Pūoro professional development workshop, May 2015 (Whanganui)**

Facilitated by Ngāti Hauiti expert, Jerome Kavanagh.

Our Year Two (2015) IRO milestones included:

- the attainment of yearly individual research extension goals;
- the provision of mentoring and training for an emerging Research Director to ensure sustainability of the Whakauae research programme into the future; and,
- the appointment of a business manager to free-up senior researchers to focus on excellent research outputs.

The key investment we made in our staff in 2015 was to support Dr Heather Gifford to undertake her sabbatical in the UK. Dr Gifford left in May 2015, returning briefly in August to participate in our inaugural iwi research hui and the signing of our MoU with WAI Research before finally returning home in December 2015. During her sabbatical, Dr Gifford's aim was to consolidate the findings from a number of research projects she had completed in the last two years and disseminate findings from this work. While away, Dr Gifford continued to provide academic advice on a number of research projects for which she was a named investigator.

While the Director was away, Dr Amohia Boulton stepped into the role of Acting Director managing both the research centre and her own programme of research throughout 2015. Management and leadership training was provided to Dr Boulton to transition her from a predominantly research-oriented position into the role of Acting Director. The future vision is that the Associate Director will take more of a leadership role once the Director returns from sabbatical, enhancing Whakauae's management and strategic capability and the organisation's capacity to undertake high quality research of relevance to Māori.

Both Sonja Loveridge, the centre's Business Manager, and Ngareta Patea, the Research Manager, joined the team in early 2015. The addition of more business and management capacity, as part of the IRO funding, will in time translate to the senior research staff having increased opportunity to produce high-quality research outputs, and timely and relevant outcomes.

This year we awarded a scholarship to a promising, early-career Māori health researcher who started with Whakauae in July 2015. Rachel Brown is based in Auckland and works 0.8 of her time on her PhD, and 0.2 on other Whakauae project work, allowing her to visit our centre and become more closely integrated into our team. She has taken leave from her role, as the Group Manager Māori at the Health Research Council, for one year in order to complete her PhD studies. Her doctoral work

explores how Māori and Pacific whānau cope when confronted with a child's life threatening medical condition.

In addition to these significant HR adjustments, other staff members also completed their personal research extension goals. For example, Ms Gill Potaka-Osborne completed the first year of her Post graduate Diploma in Social Sector Evaluation Research; a number of staff undertook formal training in te reo Māori at various local tertiary institutions, and yet other staff members undertook short courses and professional development in topics as diverse as strategic planning, evaluation methods, photography and Photoshop.

#### **4. A future focused research culture seeking innovative research solutions to the social and health issues which impact Māori and New Zealand society more widely (Research – Tuia ki waho)**

A key challenge for a small, provincially-based health research centre such as ours is to keep abreast of the issues that are of concern to Māori, locally, regionally and nationally. Equally, we need to maintain a suite of skills, knowledge and abilities that can be brought to bear on informing the solutions to these challenges. For our centre, that means growing an environment within our organisation that is outwards-looking, both in terms of being future-focused and aware of events nationally, without losing sight of what is important to our specific locality, context, and audience. Our Year Two IRO milestone under this objective was to:

- build our internal capability to enable regular scanning of the wider policy environment to better target research outputs.

This year we achieved this milestone through establishing new partnerships and connections with other researchers and research centres, as well as becoming a more active participant in national fora and in national policy work.

An important strategic alliance was formalised in August 2015 when representatives from WAI Research, the research unit of Te Whānau o Waipereira Trust, and Whakauae Research Services signed a MoU establishing a collaborative research relationship. While the MoU was signed only in August, by the end of 2015 we were already seeing the fruits of a collaborative research partnership.



#### **Signing of the Memorandum of Understanding, August 2015 (Te Whanau o Waipereira Trust, Auckland)**

From left: Dr Tania Allport, Dr Heather Gifford, Peter Fraser and Raymond Hall



WAI Research was awarded a NKK funding for a project entitled Catalysts of Health and Wellbeing: A Retrospective Study of West Auckland Whānau. Drs Boulton and Gifford are advisors on this study. The two organisations are also collaborating on a further NKK grant application, and discussions are being held regarding other research projects of interest to our respective entities, specifically around the theme of Whānau Ora.

Staff of WRS were also able to attend the national Iwi Chairs' Forum (ICF). At the ICF, iwi leaders discuss Māori aspirations in the spheres of cultural, social, economic, environmental and political development. The Forum is regarded as a platform for sharing knowledge and information among the tangata whenua of Aotearoa. Hui are held quarterly at different locations throughout the country. The May 2015 hui was held locally at Whangaehu Marae with WRS staff on hand providing support as ringawera, as note-takers and as "runners". As a consequence of supporting the hui and listening to the calibre of discussion that took place, a decision was made that Dr Amohia Boulton would support the Ngāti Hauiti Chair, Mr Neville Lomax, at future ICF meetings. The Forum provides a unique avenue for ensuring that we are aware of the contemporary issues of concern to iwi Māori and therefore well placed to identify the research needs of our people.

During 2015, Dr Amohia Boulton also took over the role of Whānau Ora Technical Advisor to Mr Richard Steedman, an Iwi Chairperson and member of the Whānau Ora Partnership Advisory Group (WOPAG). WOPAG is an Iwi/Crown partnership that provides strategic leadership to Whānau Ora. It is responsible for setting the direction and priorities of Whānau Ora as well as for monitoring its progress and success. The WOPAG is comprised of six Iwi Chairs and the Ministers of Finance, Education, Health, Social Development and Economic Development. As a Technical Advisor, Dr Amohia Boulton has the privilege of working with officials and iwi leaders to assist in advancing Māori health aspirations through Whānau Ora.



**Iwi Chairs' Forum, May 2015 (Whangaehu Marae)**



## Making a Difference

Whakauae's academic staff are encouraged to present their research findings to a range of audiences in a number of settings. We believe it is not sufficient to simply produce research results. Wherever possible these research results need to be successfully translated into changes at the policy, service or funding level which positively impact on Māori whānau and communities. Dissemination of our research is therefore a critical component of the work we do.

In 2015, Whakauae staff participated in 12 formal dissemination events. Of these, five were overseas conferences or presentations and seven were presentations at national conferences. A total of two academic articles were published in peer reviewed journals. These are listed below along with technical reports produced and conference presentations delivered.

### Journal Articles

Ahuriri-Driscoll, A., Boulton, A., Hudson, M., Potaka-Osborne, G., & Stewart, A. (2015). Mā mahi, ka ora: By work, we prosper - traditional healers and workforce development. *NZMJ*, 128 (1420), 34-44.

Mark, G., Chamberlain, K., & Boulton, A. (2015). Rourou Māori Methodological Approach to Research. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 4 (1), 60-70.

### Book Chapters

Boulton, A., & Brannelly, P. (2015). Care ethics and Indigenous values: Political, tribal, personal. In M. Barnes, P. Brannelly, I. Ward & N. Ward (Eds.), *Renewing Care: Critical International Perspectives on the Ethics of Care* (pp.69 - 82). Bristol, United Kingdom: Policy Press.

Gifford, H., & Boulton, A. (2015). Is sharing tobacco within the home really good manaakitanga? In M. Kepa, M. McPherson & L. Manu'atu (Eds.), *Home: Here to Stay* (pp. 83-95). Ngā Pae o te Māramatanga Edited Collections Series Vol. 3 Wellington: Huia Publishers.

### Technical Reports

Cvitanovic, L., Parata, K., Gifford, H. & Potaka-Osborne, G. (2015). Taranaki Māmā Pēpē Hauora Programme: Interim Evaluation Report. New Plymouth: Taranaki District Health Board.

Cvitanovic, L., Parata, K., Potaka-Osborne, G. & Gifford, H. (2015). Taranaki Māmā Pēpē Hauora Programme: Final Evaluation Report. New Plymouth: Taranaki District Health Board.

Cvitanovic, L., Gifford, H. & Parata, K. (2015). The Early Pregnancy Assessment Approach: Final Evaluation Report. Wellington: Health Promotion Agency.

Gifford, H., Parata, K. & Cvitanovic, L. (2015). The Whanganui Regional Health Network's Early Pregnancy Assessment Approach (EPAA): Service Model Description. Wellington: Health Promotion Agency.



## Presentations

**Boulton, A., Ahuriri-Driscoll, A., Potaka-Osborne, G., & Stewart, A. (2015).** Tatauranga Rongoā: Reflections on a survey of rongoā practitioners. Full paper in Proceedings of the International Indigenous Development Research Conference 2014 (pp. 114-120). Auckland: Ngā Pae o Te Māramatanga & the University of Auckland.

**Gifford, H., & Boulton, A. (2015).** Whānau Ora: Reflecting on Action Research. Full paper in Proceedings of the International Indigenous Development Research Conference 2014, (pp. 9-15). Auckland: Ngā Pae o Te Māramatanga & the University of Auckland.

**Boulton, A. (2015).** Accountability for Whānau Ora outcomes: A more holistic approach? Paper presented at the 9th Health Services and Policy Research Conference, December 07-09, Melbourne, Australia.

**Boulton, A., Warner, L., Clarke, S., & Cargo, M. (2015).** Reaching across cultural boundaries to strengthen evaluation practice. Paper presented at the Australasian Evaluation Society International Conference, September 07 – 09, Melbourne, Australia.

**Boulton, A., Ahuriri-Driscoll, A., Potaka-Osborne, G., & Hudson, M. (2015).** Findings from the Tatauranga Rongoā Survey. Paper presented at He Manawa Whenua Indigenous Research Conference, June 29 – July 01, Hamilton, New Zealand.

**Brown, R.M. (2015).** Eat? Love? Pray! Māori and Pacific whānau coping strategies and mechanisms when confronted with a child with a long term medical condition. Paper presented at He Mana Whenua Indigneous Research Conference, 29 June – July 01, Hamilton, New Zealand.

**Brown, R.M. (2015).** Eat? Love? Pray! Māori and Pacific whānau coping strategies and mechanisms when confronted with a child with a long term medical condition. Paper presented at the Auckland University of Technology

Doctoral Conference, December 10, Auckland, New Zealand.

**Gifford, H., Boulton, A., Wilson, D., & Taylor, T. (2015).** Māori nurses and smoking: Exploring context and opportunities for change. Paper presented at the Indigenous Nurses Aotearoa Conference, August 07 – 09, Auckland, New Zealand.

**Gifford, H., Erick, S., Grey, R., Tautolo, D., & Hoek, J. (2015).** Smoking as an informed choice among young adult Māori and Pacific smokers. Paper presented at the 16th Annual Congress of the Society for Research on Nicotine and Tobacco, September 10-12, Maastricht, the Netherlands.

**Kurtz, D & Boulton, A. (2015).** Honouring healers and traditional healing practices within wellness services in Canada and New Zealand. Paper presented at the Healing Our Spirit Worldwide Conference, November 16 – 19, Hamilton, New Zealand.

**Patea, N., & Potaka-Osborne, G. (2015).** A Māori participative model: A shift in Indigenous management style. Paper presented at the Healing Our Spirit Worldwide Conference, November 16 – 19, Hamilton, New Zealand.

**Boulton, A. (2015).** Using research to benefit the future of rongoā Māori. Presentation to the National Rongoā Symposium and Expo, October 03, Whanganui, New Zealand.

**Boulton, A., Warner, L., Clarke, S., & Cargo, M. (2015).** Strengthening evaluation in the Indigenous space: A framework to guide culturally safe evaluation practice. Presentation to the Australian Council for International Development, October 13, Melbourne, Australia.

**Boulton, A. (2015).** Supporting rongoā Māori (traditional Māori healing). Paper presented at the Indigenous Pre-Conference Symposium of the 9th Health Services and Policy Research Conference, December 06, Melbourne, Australia.





## Working Together

As an iwi-owned research centre, Whakauae has developed skills and expertise in specific fields of inquiry and in the use of specific research methods. Primarily the work we undertake uses Kaupapa Māori and Māori centred, qualitative research methodologies. By working on research projects alongside our research partners we are often able to substantively increase the types of research we do, the methods we employ and the numbers of people who participate in our research. We are very proud of our track record of sustainable, effective partnerships. We have strong community linkages with whānau, hapū and iwi. We also partner with academic institutions such as Otago University and Auckland University of Technology. We also collaborate with a number of health services in the development and delivery of research. We have robust relationships with a range of health providers, locally and nationally, and a unique understanding of the health and social services sector, based on practical experience and research evidence. The following is a list of our research partners; those with whom we have worked in 2015 or with whom we collaborate to write and publish our research results. In addition to these formal partnerships, we would like to also acknowledge the many organisations and services to whom we have been contracted over the course of the year, to conduct evaluative research projects and/or health needs assessments.

### Tapuhi Tu Toa



#### **Prof Denise Wilson**

**RN, BA (Soc Sci), MA (Hons 1st Class), PhD**

is from Ngāti Tahinga. Professor Denise Wilson is the Director of Taupua Waiora Centre for Māori Health Research at Auckland University of Technology.



#### **Sue & Teresa Taylor**

Mother and daughter duo of Ngāti Kahungunu (ki Wairarapa), and Ngāti Raukawa ki te Tonga, Co-Directors of T&T Consulting. Sue and Teresa bring a wealth of knowledge, skills and experience in the tobacco control research field.

## Te Kete Tū Ātea: Phase 2



### **Kirikowhai Mikaere**

is of Te Arawa, Tūhourangi and Ngāti Whakaue descent. Kirikowhai worked previously as a senior statistician with the NZ Government and now works directly with various iwi and Māori organisations requiring quantitative data analysis and advice.

## Supporting Traditional Rongoā Practice in Contemporary Health Care Settings (subsumed into IROF June 2014)



### **Annabel Ahuriri-Driscoll**

**BA Psych, MPH (Dist)**

is from Ngāti Porou, Ngāti Kauwhata, Rangitāne and Ngāti Kahungunu. Annabel is a Lecturer in Health Sciences and Māori Health and Wellbeing at the University of Canterbury.



### **Maui Hudson**

**BHSc, PG Dip Healthcare Ethics, MHSc (Hons)**

is from Whakatōhea, Ngāruahine and Te Mahurehure. Maui holds Senior Research Fellow positions within the Maori and Indigenous Governance Centre in the Faculty of Law and the Environmental Research Institute in the Faculty of Science and Engineering at the University of Waikato.



### **Albie Stewart**

Rongowhakaata, Tūranganui-ā-Kiwa, Tūhoe is the Chair of Te Kāhui Rongoā and is a community health researcher.

## Preventing Chronic Conditions: Learnings from Participatory Research with Māori



### **Dr Melissa Cragg**

BA, BA (Hons), PhD

is Ngāi Tauīwi and  
the Director of Karake  
Consultancy.



### **Dr Lesley Batten**

Dip Nsg, BA Soc Sci,  
MA Nursing, PhD

is a Senior Research Officer  
at the Research Centre  
for Māori Health and  
Development at Massey  
University, Palmerston  
North.



### **Kiri Parata**

from Te Atiawa ki Waikanae,  
Ngāti Toa Rangatira, Ngāti  
Raukawa, Ngāti Ruanui, is a  
consultant and community  
based researcher.

## Care & Protection of Māori Children



### **Tania Williams-Blyth**

Is a Family Lawyer Solicitor with  
Te Kōpū Legal in Hamilton.





## Strategic and International Partnerships

### ASPIRE 2025

<http://aspire2025.org.nz/>

**ASPIRE2025** | Research for a tobacco-free Aotearoa

Whakauae is a founding member of the ASPIRE2025 network, a collective of tobacco control researchers. This group has a direct influence on policy makers through the provision of evidence to inform policy and meets regularly with providers, government and advocates to help achieve the national 2025 smokefree goal. Members of ASPIRE 2025 with whom we closely collaborate include:



#### **Prof Richard Edwards**

**MB BChir, MRCP, FCPHM(NZ), MPH, MD**

is the Co-Head of the Department of Public Health, the Co-Director of the Health Promotion and Policy Research Unit at the University of Otago and the Co-Director of ASPIRE 2025.



#### **Prof Janet Hoek**

**BA (Hons, 1st Class), Dip. Bus. Admin (Dist), MA (Dist), PhD**

is a Professor in the Department of Marketing, School of Business, University of Otago and the Co-Director of ASPIRE 2025.



#### **Dr El Shadan Tautolo**

**PhD, MHSc, PGDip Forensics, BS**

is of Cook Island and Samoan descent. Dan is the Associate Director of the Pacific Islands Families (PIF) Study at Auckland University of Technology.



#### **Dr George Thomson**

**BA, MA (Public Policy), PhD**

is an Associate Professor (Research) in the Department of Public Health, at the University of Otago.



#### **Anaru Waa**

**BSoc Sci (Psych), PGCoP, PGDipPH (Dist), MPH (Dist)**

is of Ngāti Hine, Ngāpuhi descent. He is a Lecturer and Research Fellow in the Department of Public Health at the University of Otago.



## Contracting at the Margins Research Group

Whakauae is a member of the Contracting at the Margins Research Group (CaMRG), an emerging international network of researchers interested in documenting the role of the non-government (NGO) sector in the provision of primary health care (PHC) services for those populations living in marginalising circumstances. Members of the CaMRG group with whom we closely collaborate include;



**Dr Josée Lavoie**

BSc, MA PhD

is the Director of the Manitoba First Nations – Centre for Aboriginal Health Research and Associate Professor, Community Health Sciences, Faculty of Medicine, University of Manitoba, Canada.



**Prof Judith Dwyer**

BA, MBA, FAICD, FCSHM

is the Director of Research in the Department of Health Care Management at Flinders University (School of Medicine) in South Australia and Program Leader: Enabling Policy and Systems at the Lowitja Institute, Australia.



**Kim O'Donnell**

Dip Tchg, MA

is a Malyangapa/Barkindji woman from western New South Wales. Kim is a Research Officer in Health Care Management at Flinders University, Australia.



**Prof Jackie Cumming**

BA, MA (1st class Hons), Dip Health Econ, PhD

is the Director of the Health Services Research Centre in the School of Government at Victoria University of Wellington.



**Dr Tim Tenbensen**

PhD

is Head, Health Systems Section, School of Population Health, University of Auckland.

## The Development of principles to strengthen health evaluation practice in Australia and New Zealand



**Dr Margaret Cargo**  
**B.Sc. (Hons), M.Sc. Health Behaviour, PhD**

is an Associate Professor in the School of Health Sciences at the University of South Australia.



**Lisa Warner**

is an Anangu Pitjantjatjara Yankunytjatjara woman, a community facilitator and emerging evaluator and researcher.



**Nan Wehipeihana**

Ngāti Tūkorehe, Ngāti Porou and Te Whānau-ā-Apanui, is a highly respected evaluator and member of the Kinnect Group.



**Dr Jenni Judd**

is an Adjunct Associate Professor-Principal Research Fellow with the Research Centre for Health Systems Strengthening and the Australian Institute of Tropical Health and Medicine at James Cook University Townsville. She currently works part-time as a Senior Research Officer in the School of Education and Arts, Central Queensland University, Queensland.



**Peter Malouf**

is Wuli Wuli of Wakka Wakka descent, born in Maryborough and raised in Townsville. Involved in public and private sector to improve Aboriginal and Torres Strait Islander health outcomes.



## Embracing a Vision for Indigenous Health: Community Access to Prevention, Self-Management & integrated Diabetes Services in the British Columbia Interior



**Dr Donna LM  
Kurtz**  
RN, PhD

is a Métis woman and Associate Professor in the School of Nursing at the University of British Columbia, Kelowna, British Columbia, Canada.

## Partners for Engagement and Knowledge Exchange (PEKE) Project



### **FNHSSM PEKE Governing Committee**

From left: Leona Star, Josée Lavoie, Kathi Avery Kinew, Chief Norman Bone.



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# Annual Report – Summarised

## Whakauae Research Services Ltd

### 31 December 2015





# Statement of Movements in Equity

## Whakauae Research Services Ltd As at 31 December 2015

	31 Dec 2015	31 Dec 2014
<b>Equity</b>		
<b>Share Capital</b>		
Share Capital	203,309	203,309
<b>Total Share Capital</b>	<b>203,309</b>	<b>203,309</b>
<b>Retained Earnings</b>		
Current Year Earnings	12,408	3,530
Retained Earnings	6,860	30,514
<b>Less Dividends Paid</b>		
Less Dividends Paid	-	(30,000)
<b>Total Dividends Paid</b>	<b>-</b>	<b>(30,000)</b>
<b>Total Retained Earnings</b>	<b>6,860</b>	<b>6,514</b>
<b>Total Equity</b>	<b>209,169</b>	<b>239,823</b>



These financial statements should be read in conjunction with the notes to the financial statements.

# Financial Position - Summary

## Whakauae Research Services Ltd As at 31 December 2015

	31 Dec 2015	31 Dec 2014
<b>Assets</b>		
Current Assets	511,419	535,304
Current Investments	564,415	546,304
Fixed Assets	47,807	14,984
<b>Total Assets</b>	<b>723,642</b>	<b>696,592</b>
<b>Liabilities</b>		
Current Liabilities	139,301	139,289
Funding in Advance	265,309	261,849
<b>Total Liabilities</b>	<b>404,610</b>	<b>401,137</b>
<b>Net Assets</b>	<b>319,031</b>	<b>295,455</b>
<b>Equity</b>		
1,000 Original Shares Issued	1,000	1,000
Additional Shares Issued	262,399	262,399
Retained Earnings	5,442	16,056
<b>Total Equity</b>	<b>268,841</b>	<b>279,455</b>

For and on behalf of the Board of Directors:



Heather Gifford



Richard Steedman

Dated this 14th day of May 2016

These financial statements should be read in conjunction with the notes to the financial statements.

# Statement of Movements in Equity

## Whakauae Research Services Ltd As at 31 December 2015

	31 Dec 2015	31 Dec 2014
<b>Equity</b>		
<b>Share Capital</b>		
Share capital	203,399	203,399
<b>Total Share Capital</b>	<b>203,399</b>	<b>203,399</b>
<b>Retained Earnings</b>		
Current Year Earnings	12,408	3,539
Retained Earnings	(8,864)	39,514
<b>Less Dividends Paid</b>		
Less Dividends Paid	-	(50,000)
<b>Total Dividends Paid</b>	<b>-</b>	<b>(50,000)</b>
<b>Total Retained Earnings</b>	<b>3,544</b>	<b>(10,486)</b>
<b>Total Equity</b>	<b>206,943</b>	<b>192,913</b>



These financial statements should be read in conjunction with the notes to the financial statements.



# Notes to the Financial Statements

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## Whakauae Research Services Ltd For the year ended 31 December 2015

### 1. Statement of Compliance and Basis of Preparation

The full financial statements have been prepared in accordance with generally accepted accounting practice.

The summary financial statements are presented in New Zealand dollars and have been rounded to the nearest thousand dollars. The summary financial statements have been prepared in accordance with FRS-45: Summary Financial Statements. The summary financial statements are prepared on the historical cost basis.

### 2. Statement of Financial Statements

The full financial statements, which were authorized for release 16 May 2016, have been subject to audit by SWS Audit and an unmodified audit report was issued dated 16 May 2016. The summary financial report has been examined by the auditor for consistency with the full financial report. The summary financial statements cannot be expected to provide as complete an understanding as that provided by the full financial statements.

The full financial statements can be obtained on request from the office of Whakauae Research Services Ltd PO Box 102 Whangarei 4540.

There have been no changes in accounting policies.



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These financial statements should be read in conjunction with the notes to the financial statements.

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**REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARISED FINANCIAL STATEMENTS**

To the Shareholders of Whakauae Research Services Limited

The accompanying summarised financial statements on pages 2 to 5, which comprise the summarised statement of financial position as at 31 December 2015, the summarised statement of financial performance, summarised statement of movements in equity for the year ended, and related notes, are derived from the audited financial statements of Whakauae Research Services Limited for the year ended 31 December 2015. We expressed an unmodified audit opinion on those financial statements in our report dated the 16 May 2016. Those financial statements, and the summarised financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summarised financial statements do not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summarised financial statements, therefore, is not a substitute for reading the audited financial statements of Whakauae Research Services Limited.

**The Directors' Responsibilities**

The Directors are responsible for the preparation of a summary of the audited financial statements in accordance with FRS-43: Summary Financial Statements.

**Auditor's Responsibilities**

Our responsibility is to express an opinion on the summarised financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810, "engagements to report on Summary Financial Statements".

Other than in our capacity as auditors we have no relationship with, or interests in, the Company.

**Opinion**

In our opinion, the summarised financial statements derived from the audited financial statements of Whakauae Research Services Limited for the year ended 31 December 2015 are consistent, in all material respects, with those financial statements, in accordance with FRS-43.



**Silks Audit**  
Chartered Accountants  
Wanganui, New Zealand

Date: 16 May 2016

Principals: Cameron Town, Talia Anderson – Town.

Whanganui

Taranaki

Manawatu

Central Plateau

Auckland

**W H A K A U A E**  
Research for Māori  
Health and Development

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**[www.whakauae.co.nz](http://www.whakauae.co.nz)**