



WHAKAUAE
Research for Māori Health and Development

2017 Annual Report



W H A K A U A E

Research for Māori 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

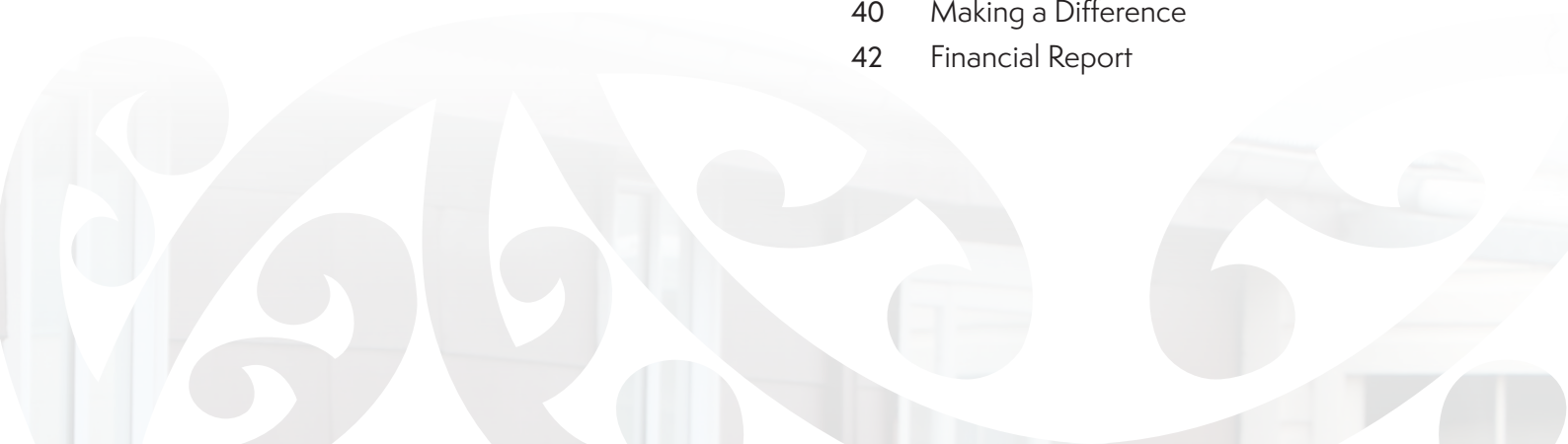
The bird that partakes of the miro berry reigns in the forest
The bird that partakes of the power of knowledge has access to the world



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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 a Tamatea and Ruahine Ranges

ROOPŪ - Whakauae reserach unit

IWI - Whānau, hapū and iwi

AWA - Te awa o Rangitīkei

WHANAUNGATANGA - Te Ao Māori
Local and intertribal relationships

TE AO - Global and
international relationships



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

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 Meikura, 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!

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

E ngā maunga whakahī, 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!





Chair's Report

Ko Ruahine te pae maunga, ko Rangitīkei te awa, ko Takitimu te waka, ko Ngāti Hauiti te iwi. E ngā tini aituā, haere ki tua o te ārai. E ngā whānau, e ngā hapū o Ngāti Hauiti, e ngā tāngata o te motu, tēnā koutou, tēnā koutou, tēnā koutou katoa. Ka nui te mihi ki a koutou katoa.

2017 has been another busy year for Whakauae. In addition to a very full research workload, the Whakauae team has provided support to both the Mōkai Patea Waitangi Tribunal process and to Ngāti Hauiti participation at quarterly meetings of the Iwi Chairs Forum.

As part of our commitment to building Indigenous research capacity, Whakauae hosted Métis postgraduate student Valdine Flaming from Northern Manitoba, Canada. Valdine spent three months with us on a Queen Elizabeth II Diamond Jubilee Scholarship.

The year ended on a very positive note with Dr Lewis Williams (Ngāi te Rangi) joining us as a senior research fellow after spending 14 years in Canada.

As the only iwi-owned and mandated health research centre in Aotearoa, Whakauae is unique and, as a result, does things differently. Three examples illustrate this uniqueness.

Firstly, 2017 saw the completion of a highly innovative research project focused on assessing the health and wellbeing effects of the redevelopment of prominent cultural infrastructure – in this case, the increasingly dilapidated tomokanga (gateway) at Rātā Marae. Led by Dr Amohia Boulton, this study broke new ground in terms of mātauranga Māori research techniques and resulted in a myriad of unanticipated individual and collective benefits.

Secondly, another pioneering research project *Te Kete Tū Ātea* continued to shed much needed light on the emerging issue of iwi data requirements. In the words of project lead, Ms Kirikowhai Mikaere, this study has supported Māori to move from being data suppliers

and data customers to being data designers; thereby permitting iwi to actively engage in agenda setting by articulating questions and collating information of significance to them in relation to iwi development.

Thirdly, in June 2017 Dr Boulton and Ms Tania Williams Blyth presented a paper on the care and protection of Māori children at the highly prestigious World Congress on Family Law and Children's Rights held in Dublin. In addition to receiving international attention, this research informed a submission made to the Social Services Select Committee on the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Bill by Ngā Iwi Nui Tonu o Mōkai Pātea (the confederated iwi of Mōkai Pātea) and influenced subsequent amendments. The impacts of the legislation are likely to be significant and inter-generational in nature.

These three projects neatly illustrate Whakauae's vision of transforming Māori lives through excellent research that is innovative, collaborative and cutting edge. As Board Chair, I want to acknowledge the leadership and passion provided by Dr Boulton, the professionalism and dedication of the entire Whakauae team, and research funding support from bodies including the Health Research Council, Nga Pae o te Māramatanga and the Ministry of Health.

No reira, tēna koutou, tēna koutou, tēna tatou katoa.

Pete Fraser



Uncle Neville Lomax receiving taonga from Thomas Curtis.

"As the only iwi-owned and mandated health research centre in Aotearoa, Whakauae is unique and, as a result, does things differently."

Directors

Peter Fraser BA, BMA, MCA

I am a policy economist with a strong background in applied microeconomics, having worked in areas as diverse as health economics to natural resources to agriculture to competition policy. I have worked for a range of public sector organisations (including Treasury, the Crown Company Monitoring Unit, the Minister of Agriculture and Forestry, the Department of Building and Housing and the Department of Labour) in addition to lecturing at Te Wānanga o Raukawa and the Open Polytechnic of New Zealand.

I whakapapa to Ngāti Hauiti through my maternal grandmother (Rora Catherine Potaka) and grandfather (John Tihone Kereopa) and affiliate to the Tamatereka hapū. I am a commissioned officer in the New Zealand Territorial Army and in 2002 undertook a tour of Bosnia-Herzegovina. I chair the Whakauae Board and am also deputy chair of the Pacific Peoples' Wellbeing Trust, which works to improve the health of Pasifika families through the retro-fitting of home insulation. I am married with two young sons and enjoy taking the boys along to the many iwi activities I take part in.

Dr Amohia Boulton

Mai i ngā Kurī a Whārei ki Ngā Pāpaka o Rangataua
he riponga waihoe au nō te Moana o Tauranga
te ūnga o ngā waka, te wai koiora o aku tūpuna

Ko Mauao te Maunga
Ko Tauranga te moana
Ko Ngāti Ranginui, Ngāi Te Rangi, me Ngāti Pukenga
ōku iwi
Ko Pirirakau, ko Ngāti Kahu ngā hapū
Ko Poututerangi, ko Wairoa ngā marae

My career to date has spanned public policy and academia, however throughout my various "jobs", my commitment to Māori development has been a constant thread. I joined Whakauae in 2008, after completing my post-doctoral study, and was appointed Research Centre Director in 2016. My focus is now on leading the next decade of development for Whakauae. I hold governance positions as a member of He Kahui Oranga Māori Governance group, a board member of Kotahi Research Institute University of Waikato and editorial Board member of the Journal of Indigenous wellbeing, Te Mauri – Pimatisiwin.

From left: Board Directors Anthony Thompson, Dr Heather Gifford, Peter Fraser and Research Centre Director Dr Amohia Boulton.



Dr Heather Gifford, MPH (Dist), PhD

He uri au nō ngā awa e rere nei, ko Rangitīkei, ko Whanganui. Nō reira, e tau tāku manu ki te pae maunga e tū mai rā, ko Ruahine, kia poia rā e ngā haumiri o tōku tūpuna, o Hauiti. Whakataua atu ki te whakaruruhau o Rātā, e tau, e tau rā.

As Whakauae's Senior Advisor Business and Research, and a Board Director, I have two passions; to make sure that we are conducting excellent research and to make sure that the research we do benefits Māori. As someone who has been involved with Ngāti Hauiti development for more than a decade, I am committed to working within a whānau, hapū and iwi structure. While establishing and growing an iwi based research centre has its challenges, it has been the most rewarding and exciting period of my career as a researcher. I am proud to say we have grown a great team of researchers, a strong administration team and a great board to provide sound governance. Each board member brings different skills to the table and combined this makes for good strategic advice with a mix of business, cultural and research knowledge and skills.

Anthony Thompson

I am of Ngāti Hauiti and Ngāti Whitikaupeka descent. I have been an inaugural participant in Ngāti Hauiti's young leaders' development programme, He Whetu Arataki which has prepared me to take up future leadership roles within the iwi. It is my aim to help nurture others and support the future for our Māori people. I have a keen interest in hauora and the future wellbeing of whānau, hapū and iwi. My passion is to help preserve our culture and work towards improving our future prospects as a people with a particular interest in our whenua and its unique setting within Mōkai Pātea.

Since 2015 I have achieved a diploma in personal training and successfully completed a programme with Te Wānanga Takiura o ngā Kura Kaupapa Māori o Aotearoa in Rūmaki Reo. Currently I am enrolled in a Bachelor of Science at the Auckland University of Technology majoring in environmental and geospatial science.

Vision

Transforming Māori lives through excellent research.

Mission

From thought to action:
Driving high quality Kaupapa Māori research that is innovative, collaborative and cutting edge to create positive change.

Our Organisation

Whakauae Research for Māori Health and Development was established by Te Rūnanga o Ngāti Hauiti in 2005. The aim of establishing Whakauae was not only to develop the research capacity of Ngāti Hauiti but also to offer a broad range of Kaupapa Māori research services both nationally and internationally. Whakauae is unique in its position within Māori health research as it is directly accountable to Te Rūnanga o Ngāti Hauiti. We are recognised by our peers as very good researchers "producing robust research in a timely manner" and are passionate about transforming research results into change at practice and policy levels.

Whakauae focuses primarily on Māori public health research, evaluation and health services and health policy research. The team has grown from two staff initially in 2005 to eight staff members currently. Whakauae utilises largely Kaupapa Māori qualitative research methodologies however, through research partnerships we can offer a mixed method approach if the research requires this.

Values

As the only iwi-owned Māori health research centre in Aotearoa New Zealand, 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 as follows.



Ngā Tikanga o Whakauae

Ko te tīmatanga, ko ngā tikanga kua whārikihia e Te Rūnanga o Ngāti Hauiti mō ngā mahi katoa o ngā rōpu 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 whānaungatanga. 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 rōpu rangahau nei.

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.

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

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

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

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

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.

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.

Strategic Objectives

For the period 01 January 2014 to 31 December 2018, we have identified six strategic objectives to guide our work. These objectives are listed below along with an overview of the work we have done towards addressing each during 2017.

Tahi

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 it reflects the translational goal at the heart of Kaupapa Māori research, as well as New Zealand Health Research Strategy (2017) intent, and therefore is a high priority for us. During 2017, our research results have contributed to building the evidence necessary to inform improved health and social service development and delivery along with the enhanced policies that can positively impact the lives of whānau.

Already the collaborative study *Hospital transfers: Whānau involvement in the healing equation*, with the Universities of Waikato and Auckland, has garnered interest and is gaining momentum in generating results to inform health services with the aim of improving the experience of whānau service users. This Ngā Pae o te Māramatanga-funded study is addressing the issue of how whānau maintain active engagement in the care of their whānau member when they need hospital care away from their home base. The study has to date established a comprehensive

understanding of patterns of hospital transfer and the experiences of whānau who wish to stay engaged in care. The research team is now engaging with stakeholders to better understand how the hospital system, and broader policy contexts, facilitate or hinder active whānau involvement with a view to identifying strategies or environments that promote active whānau involvement in care.

Research we completed, early in 2017, investigated barriers to implementation of the Tapuhi Tū Toa smoking cessation intervention model within the tertiary education sector. The research additionally considered future opportunities for intervention rollout both within that sector and beyond. The Tapuhi Tū Toa model, which targets Māori student nurses, was developed and feasibility tested by our HRC funded *Māori Nurses and Smoking Project* research team in 2014 with very promising results. In 2016, we consequently led work towards the implementation of the intervention model. In October 2016 however, rollout was discontinued as only limited implementation headway had been achieved. The *Tapuhi Tū Toa Audit* research began immediately following discontinuation of the intervention to investigate the barriers to rollout.

Audit research results were reviewed, and potential opportunities for future rollout were further identified, by the Implementation Research Advisory Group which was made up of key representatives of professional nursing bodies along with smoking cessation experts. Te Rūnanga New Zealand Nurses' Organisation (NZNO) representatives proposed trialling Tapuhi Tū, potentially in the Bay of Plenty rohe, using their organisation's regional Māori student nurse network



The Hospital Transfers Research Team. From back left: Dr Amohia Boulton and Dr Bridgette Masters-Awatere. From front left: Dr Arama Rata, Dr Donna Cormack and Rachel Brown (Te Ati Awa, Ngāi Tahu).



Te Puawai o Te Ahi Kaa project whānau participating in Whānau Day activities at the marae.

as the 'delivery site' as an alternative to schools of nursing. Whakauae subsequently presented audit results at Te Rūnanga NZNO Tauria National Hui in Auckland in August 2017, where members endorsed a lead role for Te Rūnanga in actively supporting Māori nurses smoking cessation. A paper detailing the Tapuhi Tū Toa model, along with audit results, and exploring the role of Te Rūnanga NZNO in future rollout was prepared and submitted to nursing practice journal, *Kai Tiaki Nursing New Zealand* during 2017 and has been accepted for publication early in 2018.

The process and results of our evaluation of the three-year Ministry of Health-funded Te Puawai o Te Ahi Kaa innovation project, based at Raetihi Pah, supported the project team to continue with its unique whānau ora style of working with local whānau to strengthen wellbeing and to revitalise the marae as the heart of the community. Final evaluation results, reported to the project team and then to the Ministry in June 2017, identified successes including project kaimahi networking that has resulted in valuable collaborations with services providers. These collaborations have supported the delivery of health and wider social services to the Raetihi Pah community that better meet their needs in terms both of cultural relevance and accessibility. Project kaimahi additionally continued to build their own evaluation competencies including through supporting a project evaluation presentation at *He Manawa Whenua Indigenous Research Conference* in Hamilton early in 2017 and through contributing to the preparation of a paper, "Outside the box but kinda in the box": Evaluating with a rural Māori community. The paper was accepted by the Aotearoa New Zealand Evaluation Association's practice journal, *Evaluation Matters – He Take Tō Te Aromatawai*, and will be

published early in 2018. The strengthened evaluation competence of project kaimahi has positioned them to more effectively contribute to the future project evaluation needs of their communities.

The dissemination of research to inform practice transformation continued with both the national and the international presentation of the results of the *Care and Protection of Our Māori Children, Our Future: A Whānau Perspective* study. That study was conducted in 2014 – 2016 in partnership with Tania Williams Blyth, a Waikato barrister and solicitor, District Inspector for Mental Health and New Zealand Parole Board member. It has since been used to inform the development of the Mokopuna Ora intervention, trialled by Waikato-Tainui in partnership with Child Youth and Family Services in 2016, as background to a submission to the Social Services Select Committee on the Vulnerable Children Bill and to inform the new Oranga Tamariki Bill. Dr Amohia Boulton and Tania Williams Blyth (Ngāti Pukenga, Te Arawa) co-presented study results at *He Manawa Whenua Indigenous Research Conference* as well as at the *7th World Congress on Family Law and Children's Rights* convened in Dublin, Ireland mid-year. A paper prepared to support the further dissemination of results among practitioners has been submitted to the *New Zealand Law Journal* and accepted for publication early in 2018.

Dr Boulton's work on the *Care and Protection* study additionally ensured that she was well placed to lead the development and lodging of a submission to the Social Services Select Committee on the Children, Young Persons, and Their Families (Oranga Tamariki) Bill Te Nui Tonu o Mōkai Pātea. She prepared the submission in conjunction with the respective leaders

Objective one continued:

of the Mōkai Pātea Iwi Confederation comprising Ngāti Hauiti, Ngāti Whitikaupēka, Ngāi Te Ohuake and Ngāti Tamakōpiri. The submission work in turn led to Dr Boulton assisting iwi leader, Richard Steedman in his role as a Whānau Ora Iwi Leader, to present at Te Ritorito Symposium. This Symposium, hosted by SUPERU, brought together Māori leaders, practitioners, researchers, academics and policy-makers to consider issues relating to whānau and Māori data.

The results of the Phase 2 implementation of Te Kete Tū-Ātea framework, conducted in 2016, continued to have a wide ranging translational impact in 2017 with other iwi identifying the framework as an exemplar for collecting, analysing and utilising quantitative data at an iwi level. Additionally, the research made a significant contribution to the Government's decision to add those Rangitīkei Iwi Collective tribes, not previously included in the New Zealand Census iwi affiliation list, to the 2018 Census data collection tool. Te Kete Tū-Ātea Phase 2 built on our previous HRC-

funded research that resulted in the development of an information framework for the Rangitīkei Iwi Collective. The iwi making up the Rangitīkei Iwi Collective (Ngāti Whitikaupēka, Ngāti Tamakōpiri, Ngāti Apa, Ngāti Hauiti and Ngāi Te Ohuake) had identified a shared need to access good quality information about their individual iwi populations to support their decision-making.

During 2017, Dr Amohia Boulton continued to act as the technical advisor to Te Rūnanga o Ngāti Hauiti Convenors, Neville Lomax and latterly Thomas Curtis, in their roles representing the Iwi at the quarterly National Iwi Chairs Forum. That work has proven to be invaluable in helping to ensure that Whakauae's research is well-positioned to inform iwi discussion and decision making.

At the 7th World Congress on Family Law and Children's Rights. From left: Lawyer and Youth Advocate, Ophir Cassidy, Tania Williams Blyth and Dr Amohia Boulton.



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 (KMR) approach. Whilst we continue to draw on Western methodologies and research tools, we do so under the broader umbrella of a Kaupapa Māori approach to research which better resonates for us and for our communities. During 2017, we have therefore placed 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. Much of our translational work, a critical KMR component, is only made possible because of the HRC's investment in Whakauae Research through the Independent Research Organisation (IRO) grant.

The various stages of the research process, including engaging with our communities to collect data, analysing that data and disseminating findings, have been implemented drawing on our understanding of a KMR approach. In preparing papers for publication and presentations for conferences and symposia, for example, we have adopted a process that requires a small group focus working closely together to distil a content framework. Developing more detailed content

in turn demands that the members of our writing teams collectively consider what contribution our research results can make to transform Māori lives and how this will occur.

The work carried out by our research team is reflective of KMR principles and is responsive to local needs; creating a range of opportunities to thinking innovatively about how to practice KMR. At a flax roots level, our researchers continue to explore and make use of innovative methods in their work with communities. During 2017, we have strengthened the ways in which we ensure our research results are shared with, and mandated by, participants. For example, in our HRC funded *Preventing Chronic Conditions* (PCC) research, on three different Māori health service provider sites, we have used a variety of dissemination techniques in response to the unique needs of the participants on each site. On one site, results have been shared with participants through a series of 'sense-making' sessions with opportunities to reflect on the resonance of findings and to support further kōrero. On another, results have been translated into pictorial formats, shared with participants and strategically displayed for longer-term maximum impact.



Kiri Parata facilitating a *Preventing Chronic Conditions* research results feedback session with participants on one of three research sites.

Objective two continued:

Overarching *Preventing Chronic Conditions* research results, across the three sites, have also been further explored with Tumu Whakarae, the National Reference Group of Māori Strategy Managers within District Health Boards (DHBs), in a workshop setting with a focus on implications for transformation. In the closing months of 2017, we undertook preparatory work for facilitating a workshop with senior DHB managers and the Māori health service provider managers from all three research sites, to be held in February 2018. The workshop will provide for the further dissemination of our research results together with exploring opportunities for translation into meaningful change in service planning and delivery to benefit Māori.

A further opportunity for extending our understanding of Kaupapa Māori research arose with the implementation of an iwi-based research project

carried out with Ngāti Hauiti during 2017. *He Tomokanga Hōu* investigated how restoration of a tomokanga (entrance portal to the marae) impacted on positive identity and wellbeing for participants in the research. The research, and subsequent rebuilding and reinstatement of the tomokanga, was strongly guided by Hauititanga and included waiata and whakairo wānanga. The experience of conducting research within these strong cultural boundaries has encouraged us to think more deeply about the contribution of *He Tomokanga Hōu* to our own thinking about Kaupapa Māori as researchers. The contribution of the research to our practice as iwi based researchers will be further defined in a paper to be written following the completion of data analysis in 2018.

Toru

Objective three:

Sustainable leadership development, strengthened efficiency and stability ensuring long-term business success.

Achievements:

During 2017, there has been continued progress towards the achievement of Objective Three. Dr Amohia Boulton, who was appointed Research Centre Director in March 2016, cemented her position as Whakauae's research and business leader. She continued her participation in practice supervision providing support for consolidating her leadership role. Dr Boulton's leadership and academic development was further fostered through serving as a keynote speaker at the international Social Work Conference held in Johannesburg, South Africa in October 2017. Conference participants included social workers, social work educators and academics from 19 African, European and Asian countries. Dr Boulton's address, *Decolonising Ethics: Considerations of power, politics and privilege in Aotearoa New Zealand*, explored Māori concepts, including whakawhanaungatanga and manaakitanga, and their implications for policy and law-making in this country particularly as they relate to the care and protection of tamariki Māori. In addition to keynoting, Dr Boulton also participated in a panel presentation with two academics from South Africa, on the question "Does a decolonised profession still need a code of ethics?" Her keynote address is to be published in a forthcoming edition of the *Southern African Journal of Social Work and Social Development*.



At the Social Work Conference in South Africa. From left: Dorothee Holscher (ASASWEI), Dr. Gidraph Wairere (President, ASSWA), Professor Adrian Van Breda (President, ASAWEI), Dr. Amohia Boulton and Professor Vimla Nadkarni.

Intensive work was also carried out during the year to support the recruitment of an additional senior research staff member. The very high workloads of the existing senior members of the research team has for some time been recognised as being unsustainable in the longer term. In 2017, Whakauae's interest in recruiting a senior Māori researcher was more widely disseminated through Ngā Pae o Te Māramatanga with preliminary discussions consequently being held with the small number of senior Māori researchers who responded to the call for expressions of interest. One of these researchers is based in Aotearoa New Zealand with a further two being based in the northern hemisphere but considering returning home. The year closed with negotiations being successfully completed with one of the latter and an appointment being made. Dr Lewis Williams (Ngāi Te Rangi) will join the Whakauae team early in 2018. Dr Williams appointment means that Whakauae is now more strongly positioned to ensure sustainable leadership development and strengthened efficiency and stability.

"To be free is not merely to cast off one's chains, but to live in a way that respects and enhances the freedom of others."

Nelson Mandela quote in stone -
Johannesburg SW conference October 2017



Whā

Objective four:

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

Achievements:

In 2017, Whakauae continued its ongoing commitment to staff professional development with the team being encouraged to participate in both formal and informal programmes of study, training and professional practice supervision. Each staff member had input to developing their own professional development plan for 2017 following review of their 2016 plans.

Formal study was undertaken in fields including business management, accounting and administration. Administration team member, Stacey Ranginui (Te Ātihaunui-ā-Pāpārangī) enrolled in a further three New Zealand Diploma in Business (Leadership and Management) papers successfully finishing the year by completing all three papers. Mel Potaka-Osborne (Te Ātihaunui-ā-Pāpārangī) this year enrolled in two papers in the New Zealand Certificate in Business (Administration and Technology) at UCOL.

Following her successful completion of the requirements for the award of the Postgraduate Diploma in Social Sector Evaluation Research (with Merit), Gill Potaka-Osborne (Te Ātihaunui-ā-Pāpārangī) graduated at Massey University's Hui Whakahōnore Pōtaetanga Ākonga Māori ceremony on 11 May 2017. Gill's study benefited hugely from, and was informed

by, the evaluation mahi she has conducted over the past eight years. As a member of the wider Whakauae research team, Gill has worked closely with a range of Māori health service providers and with Māori focused programmes being delivered under the umbrella of organisations including Te Oranganui, Tui Ora (Taranaki), the Whanganui District Health Board and the Taranaki District Health Board. Gill has now been accepted into Massey University's Master of Arts Programme. In 2018, she will begin her Master's thesis work with Te Pūtahi-a-Toi (the School of Māori Art, Knowledge and Education).

Gill Potaka-Osborne with her mokopuna following the graduation ceremony.
From left: Awanuiarangi, Taina-Grace and Te Atarau.



At the close of 2017, Whakauae celebrated Rachel Brown's submission of her doctoral thesis, *Surviving the System: Māori and Pacific whānau coping strategies to overcome health system barriers*. Rachel will defend her thesis in an oral examination early in 2018 after which she will shift her focus to publishing selected findings from her PhD research along with preparing a post-doctoral research funding proposal. Research Director, Dr. Amohia Boulton this year continued to utilise supervision. She also undertook the intensive planning necessary to support her absence from Whakauae on sabbatical from February to November 2018. Dr. Boulton will be studying towards the Diploma of Te Reo Māori (Level 5), in a full immersion setting, at Te Wānanga o Raukawa in Otaki.

Inhouse professional development, during 2017, included participation in activities surrounding the next stage of the Mōkai Pātea Confederation's Waitangi claims process. Whakauae staff learned Ngāti Hauiti waiata and pātere in the lead up to the first round of substantive claims hearings in early March 2017. Whakauae was involved in supporting the week through administrative support for iwi leaders, helping in the whare kai and learning about iwi history through claimant presentations.

Staff also participated in a photography workshop during 2017. The aim of the workshop was to better equip staff to take photographs of optimum use to support their research and evaluation work as well as to enhance Whakauae's activity tracking and reporting.

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. Kiri Parata (Te Atiawa ki Whakarongotai, Ngāti Toa Rangatira, Ngāti Raukawa, Ngāti Ruanui), a community researcher, continued to be mentored by Whakauae staff. Dr Heather Gifford worked closely with Kiri on a paper submitted and published in MAI during 2017, "It's good for me and my whānau"; Marae participation as a springboard for oranga. The paper drew on HRC funded research previously carried out by Kiri and supported by Dr Gifford, *Whāia Te Ahi Kā: Ahi Kā and its role in Hauora*. Later in the year, Dr Gifford mentored Kiri in her preparation of an HRC Ngā Kanohi Kitea grant to fund a further related research project, *Whāia te Manaaki: manaakitanga and hauora for Te Atiawa*



Kiri Parata (fourth from left) with Dr Amohia Boulton and fellow AES Emerging Indigenous Evaluator Conference Grant recipients.

ki Whakarongotai. That grant application will be submitted to the HRC for consideration early in 2018.

During 2017, Dr Amohia Boulton also supported Kiri Parata to apply for a support grant enabling her to participate in the AES International Evaluation Conference in Canberra in September and in two additional days of Conference Workshops. Kiri found the Conference activities of great benefit both in terms of advancing her evaluation learning and in terms of developing her evaluation networks. As an outcome of her participation, Kiri was amenable to encouragement from Dr Boulton to put her name forward to serve on the Board of AES. She was formally appointed as a member of the AES Board at the close of 2017.

Dr Amohia Boulton continued to work with Tania Williams Blyth during the year to further disseminate the findings of the *Care and Protection of Our Māori Children, Our Future: A Whānau Perspective* study through conference presentations nationally and internationally. Meanwhile, Gill Potaka-Osborne continued to work alongside kaimahi from Raetihi Pah providing them with mentorship and support, to grow their capacity, within the scope of the Te Puawai o Te Ahi Kaa project. In 2017, both kaimahi accompanied Gill to He Manawa Whenua Conference in Kirikiriroa where Gill led the presentation of a session on the evaluation of *Te Puawai o Te Ahi Kaa*.

Whakauae awarded two Pae Tawhiti scholarships, open to Māori students of high academic calibre who are undertaking Masters or PhD study inclusive of a research component and who demonstrate a commitment to te ao Māori, for the 2017 academic year. The successful recipients received their awards at Te Rūnanga o Ngāti Hauiti AGM at Rātā Marae on 24 June 2017. Robyn Richardson (Ngāti Hauiti,

Objective four continued:

Ngāti Raukawa and Ngāti Tuwharetoa) received her scholarship to support doctoral study in Māori Development and Advancement at Te Whare Wānanga o Awanuiārangi. She has a long history of engagement in the health sector as a rongoā practitioner as well as in areas including Māori health workforce development, public health and mental health. Robyn is a member of both the Mana Whenua Hauora Iwi Relationship Board at MidCentral DHB and of the Central PHO Board.

Barbara Thomason (Ngāti Hauiti) was awarded her scholarship to support completion of her Master of Māori Studies degree, also being undertaken at Te Whare Wānanga o Awanuiārangi. Barbara has been closely involved in iwi affairs, as well as with Mōkai Patea activities, for many years. A qualified nurse, she has spent much of her later career in Rangitīkei primary and secondary schools supporting and teaching Māori students in a range of capacities. Barbara's research is examining the intergenerational transmission of knowledge, Ahikāroa.

Whakauae's 2016 inaugural Pae Tawhiti scholarship recipient, Emma Rawson (Ngāti Ranginui, Ngāi te Rangi, Ngāti Raukawa) was also present at the 2017 AGM at Rātā Marae. She updated whānau on progress with her Master's research which is investigating institutional racism in district health board public health units' human resources practices. Emma acknowledged the advantages that had accrued as an outcome of her scholarship award including new doors being opened to her in advancing her career as a Māori health researcher supporting improved Māori health

outcomes. She is completing her Master's degree at the Auckland University of Technology (AUT) through the Faculty of Health and Environmental Sciences.

Reflecting Whakauae's commitment to Māori health workforce capability building, we additionally contracted and supported Emma Rawson to participate in our STEPS (Strengthening Evaluation Practices and Strategies in Indigenous settings in Australia and New Zealand) study data collection.

Drs Boulton and Gifford additionally continued to support the wider Māori health and research communities through their various governance and advisory roles during 2017. That support included supervising doctoral level students, acting in an advisory role on post-doctoral research work, reviewing journal articles, contributing to the work of conference organising committees and to the work of committees assigned to review conference abstract submissions. Drs Boulton and Gifford also acted as advisors, in a minor capacity, on the National Science Challenges (NSC) project *He Pikinga Waiora: Making health interventions work for Māori communities* study.

Other contributions to the academy included Dr Boulton's roles as an Australasian Evaluation Society (AES) Board Member, Chair of the AES Indigenous Policy Taskforce and of the Conference Support Grant Committee, a member of Te Kotahi Research Institute Board, of the University of Waikato's Editorial Board for the *Journal of Indigenous Wellbeing Te Mauri – Pimatisiwin* and of He Oranga Hauora Kāhui Māori Governance Group for the Healthier Lives National

Science Challenge. Dr Gifford is a member of Te Tira Takimano, a representative body comprising partner entities involved in the Ngā Pae o te Māramatanga Centre of Excellence, of Te Rūnanga o Ngāti Hauiti and of the Mōkai Patea Health Services Board. She is also a director of the Whanganui-based Health Solutions Trust and a member of the HRC's College of Experts.



At Rātā Marae following Te Rūnanga o Ngāti Hauiti AGM.
From left: Emma Rawson, Robbie Richardson, Barbara Thomason and Dr Amohia Boulton

Rima

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 2017, Whakauae was the lead, a partner or an advisor on twelve separate research and evaluation contracts. These contracts represented a mix of investigator initiated research and commissioned evaluation with most being investigator initiated research. Two of the twelve research projects were directly developed and funded by Whakauae and two were HRC funded investigator initiated project led by Whakauae. The remaining research was a mix of externally commissioned evaluation, research partnership projects and projects that were led by our partners where we were part of a wider research team. A description of each research project, together with the associated outcomes and achievements, is provided under the Research Projects section of this annual report.

This year, Whakauae was successful in being awarded HRC funding, for a period of three years, to carry out the *D3: Data, Decision-making and Development – Using Data to Improve Health Outcomes* research project. Joining us in carrying out this research are the School of Population Health at the University of Auckland, research contractors Kiri Parata and Dr Pat Neuwelt and three district health boards; Whanganui,

Taranaki and Waitematā. Using a Kaupapa Māori approach, the study is exploring how routinely collected Māori specific health data, gathered at the DHB level and reported by the Ministry of Health, can be optimally used by Māori leaders and DHB leaders and decision-makers to stimulate improvements in health outcomes for Māori. Translation of the knowledge generated through the implementation of the D3 project is a key aim of the research.

During 2017, we hosted an Indigenous student from Canada through the Queen Elizabeth II Diamond Jubilee Scholarship (QES) programme. The QES programme funds successful students to participate in an internship, or other training opportunity, in a British Commonwealth country other than Canada. One of the overarching goals of the programme is to contribute to a groundswell of global inter-disciplinary and programme-engaged scholars, positioning them to become leaders in global and Indigenous health research. Valdine Flaming, a Métis woman from the town of Thompson in Northern Manitoba and a Masters student at the University of Winnipeg, joined Whakauae mid-year for a three month stay. She was welcomed at a pōwhiri held at Rātā Marae on 27 May 2017.

Objective five continued:

During her internship, Valdine contributed to our HRC funded Preventing Chronic Conditions research. She additionally undertook comparative work contrasting the Aotearoa New Zealand and the Canadian contexts for the prevention of chronic conditions among Indigenous peoples. Valdine's internship was a resounding success both for Whakauae and for Valdine.

Shortly before returning home, at the end of August 2017, Valdine observed that through participating in Whakauae's *Preventing Chronic Conditions* research she had learned more about the Whānau Ora concept. "Before I joined Whakauae" she commented, "I just thought 'wow – those Māori really have it figured out. I wonder what they are doing right'. Now I understand that Métis and Māori face very similar issues but the historical contexts are different". Reflecting on the highlights of her time with Whakauae, and in Aotearoa New Zealand, Valdine noted "My three months at Whakauae have flown by.... I love the office environment. Everyone is so accepting. I also really appreciated attending a Treaty Tribunal hearing and especially being in Taupō on the same weekend that Ngāti Tuwharetoa settled with the Crown. That's a huge deal to me".

During 2017, the work we have been doing with a trans-Tasman team of researchers, to develop a set of culturally relevant strategies and practices aligned with Indigenous evaluation principles, saw extensive data collection carried out with both Indigenous and non-Indigenous evaluators in Aotearoa New Zealand and in Australia. The aim of the STEPS Research



Facilitating a STEPS data collection session in Whanganui.

Project is to strengthen how Indigenous and non-Indigenous evaluators carry out evaluation with Indigenous communities. Dr Amohia Boulton jointly leads this project, which is making use of mixed method concept mapping, with Dr Margaret Cargo. Other team members include Lisa Warner, an emerging evaluation researcher from the Anangu Pitjantjatjara Yankunytjatjara lands, Sharon Clarke of the Wergaia and Gundjitimara lands, Dr Jenni Judd, Professor of Health Promotion at Central Queensland University, Bundaberg, Queensland and Lynley Cvitanovic of Whakauae. During 2017, the STEPS study has gathered significant momentum with early results being presented at the AES Conference held in Canberra in September. Further data was also collected from evaluators, as well as funders and commissioners of evaluation, during the AES Conference.

Following the AES Conference, Dr Boulton took the opportunity to visit STEPS Research Team colleague, Associate Professor Dr Margaret Cargo at the Centre for Research and Action in Public Health, University of Canberra. Headed by Professor Rachel Davey, and part of the Health Research Institute at the University, the Centre undertakes health services research and evaluation, research into the prevention of non-communicable disease and healthy, sustainable urban communities as well as work in modelling the burden of disease. Whakauae has begun investigating opportunities for how we can further collaborate on future research with staff at the Centre.



Third from left: Valdine Flaming with Te Rūnanga o Ngāti Hauiti and the whānau o Whakauae after the pōwhiri at Rātā Marae.

Ono

Objective six:

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

Achievements:

During 2017, Dr Boulton worked intensively with the iwi to implement the He Tomokanga Hōu research project developed in 2016. The genesis of the study was iwi members concern about the deterioration of one of Hauiti's cultural icons; the marae tomokanga, and the implications of this deterioration for the wellbeing of iwi members. Te Rūnanga, and other Ngāti Hauiti whānau, had discussed the importance of Hauiti's taonga and cultural artefacts (such as whakairo) and how they contribute to a sense of "mauri ora"; where mauri ora is understood to mean pride, sense of belonging and the connectedness to tupuna that is experienced when surrounded by these taonga. The research project used restoration of the tomokanga as a vehicle to explore concepts of positive iwi identity and wellbeing.

Research project implementation engaged rangatahi, through Hauiti's He Whetu Arataki leadership programme; the boys in the mahi whakairo and the girls in the composition of a waiata celebrating the creation of the tomokanga supported by wider whānau and iwi leaders. The new tomokanga, He Ara ki Puanga, was unveiled at a dawn ceremony in November 2017. Data collection was conducted throughout 2017 with interim analysis of data collected throughout the course of the project indicating that participation has strengthened iwi members ties to Ngāti Hauiti and to Rātā Marae. Whakawhanaungatanga, the opportunity

to learn whakapapa and the rare chance to physically participate in mahi whakairo were seen as benefits from the project. Comprehensive data analysis will be carried out in 2018 when a booklet for participants documenting project results and highlights will also be prepared along with a paper for journal submission and publication.

With the completion of *He Tomokanga Hōu* scheduled for mid-2018, and to ensure an ongoing commitment to the achievement of Objective Six, Drs. Boulton and Gifford have begun consulting with iwi members to determine a potential research project for design and implementation later in the year. Early indications are that the evaluation of the youth leadership programme, He Whetu Arataki, is a research priority for the iwi. Whakauae is well placed to address that priority having an established record of successfully designing and conducting Māori social and health programmes evaluation.



Kaumātua, Neville Lomax with the new Rātā Marae tomokanga and a group of Ngāti Hauiti tamariki.

Research Projects

Whakauae-led Projects

Funder	Short title of contract
Health Research Council	Preventing Chronic Conditions: Learnings from Participatory Research with Māori
	D3: Data, Decision-making & Development – Using Data to Improve Health Outcomes
Ministry of Health	Mana Tamariki Mokopuna Mana Whānau Project Evaluation
	Te Puawai o te Ahi Kaa Project Evaluation
Whakauae Research	Audit of Tapuhi Tū Toa Kaupapa Māori Tobacco Cessation Intervention
	He Tomokanga Hōu
Ngā Pae o te Māramatanga	Analysis of the Cultural, Ethical, Legal and Scientific (CERLS) Issues Inherent in Rongoā Māori Research



Preventing Chronic Conditions (PCC): Learnings from Participatory Research with Māori

Funder:	Health Research Council
Start / Finish Dates:	01 September 2014 – 31 January 2018
Lead:	Dr Heather Gifford
Team members:	Dr Amohia Boulton, Gill Potaka-Osborne, Rachel Brown, Lynley Cvitanovic (Whakauae), Dr Lesley Batten (Massey University), Kiri Parata (Independent Researcher), Dr Melissa Cragg (Independent Researcher)

Brief Description:

In this 42-month study, we examined how the primary and secondary prevention of chronic conditions is being modelled, practiced and measured in three Māori health service provider (MHSP) 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, was used to examine the three case studies. Data was then interrogated across three levels, policy (government), practice (provider) and whānau (community).

Outcomes / Achievements:

Phase One of the PCC research identified MHSP chronic condition prevention cases for further exploration. During 2017, Phases Two and Three were concurrently implemented with further data collection and detailed analysis carried out. In these Phases, we examined the implementation of the cases and the outcome frameworks being utilised. Six detailed technical reports, examining factors that included MHSP conceptualising and measurement of whānau outcomes, were produced by the case study site lead researchers to support the data analysis process.

Targeted research results were shared with Tumu Whakarae, the National Reference Group of Māori Strategy Managers within DHBs, in a lively session

facilitated by the PCC research lead in Christchurch late in the year. Other results were published in *Kōtuitui: New Zealand Journal of Social Sciences Online*, in a paper entitled "Constructing prevention programmes with a Māori health service provider view" in July 2017. These results highlighted preventative principles and emerging practices at, MHSP level, including a strong focus on the needs of whānau, upstream health determinants, quality of life and well-being and on more holistic integrated services with the ability to act across sectors. Early indications are that promising whānau-focused integrated models of care, incorporating a preventative approach, are being developed by the MHSPs involved in the PCC research. A further two papers, one exploring the use of a PATH research tool in the PCC research and the other MHSP conceptualising and measurement of prevention related outcomes for whānau, have been produced by the PCC Research Team. Both papers have been submitted to peer reviewed journals and are currently under review pending publication. Further dissemination has been planned for early 2018 including a workshop with senior MHSP and DHB staff from each of the three research sites focusing on lessons learned and opportunities for action. That workshop will be followed up with a session with senior Ministry of Health officials again focusing on opportunities identified through the research for health services development likely to contribute to improving Māori wellbeing.

D3: Data, Decision-making and Development – Using Data to Improve Health Outcomes

Funder:	Health Research Council
Start / Finish Dates:	01 August 2017 – 31 July 2020
Lead:	Dr Amohia Boulton
Team members:	Dr Heather Gifford, Rachel Brown, Gill Potaka-Osborne, (Whakauae), Associate Professor Tim Tenbenschel (School of Population Health, University of Auckland), Kiri Parata (Independent Researcher), Dr Pat Neuwelt (Independent Researcher)

Brief Description:

Routinely collected health data has been successfully used to describe "the problem" of persisting inequalities and to inform potential solutions. However, increasing attention is now being paid to data utility and relevance. Using a Kaupapa Māori approach, this three-year study will explore how routinely collected Māori specific health data, gathered at the DHB level and reported by the Ministry of Health, can be optimally used by Māori leaders and DHB leaders and decision-makers to stimulate improvements in health outcomes for Māori. Three case study DHBs will participate in the study conducted over three phases: an examination of current data utilisation practices; understanding facilitators and barriers to using data in health services planning; and, in the translation phase, communicating successful strategies to the wider sector. The study will highlight the processes, resources, skills and time needed to transform DHB level data into decisions and actions that improve hauora Māori.

Outcomes / Achievements:

An ethics proposal, prepared and submitted to the University of Auckland Ethics Committee by D3 Research Team members, has been approved. A detailed research plan, for each phase of the research over its three-year term outlining agreed research priorities and outcomes, has been formulated. The Expert Advisory Group convened to oversee the research includes representatives from the Iwi Chairs Forum, Tumu Whakarae (the National Reference Group of Māori Strategy Managers within DHBs), the Ministry of Health, the University of Auckland, the Counties Manukau District Health Board and the Health and Quality Safety Commission. Three DHB sites (Taranaki, Whanganui and Waitematā) have committed to project participation and will work alongside the Research Team to identify the project case studies as well as contribute to data collection and knowledge translation.

Mana Tamariki - Mokopuna Mana Whānau O Te Tai O Poutini Evaluation

Funder: Ministry of Health (Te Ao Auahatanga Hauora Māori/Māori Health Innovation Fund)
Start / Finish Dates: 01 July 2014 – 30 June 2017
Lead: Rachel Brown
Team members: Dr Heather Gifford

Brief Description:

Mana Tamariki Mokopuna Mana Whānau (MTM) is a three-year intervention that represents a new model of care co-designed with participants. MTM focuses on addressing the needs of young Māori women, their pēpi, tamariki and whānau on the West Coast of the South Island. In 2014, Poutini Waiora engaged Whakauae to develop and implement a process and outcomes evaluation to run alongside the MTM intervention.

Outcomes / Achievements:

The final evaluation report submitted to the Ministry of Health highlighted the successful integration of small scale project components into a broader programme of activities co-designed by young mums, the provider and the evaluator. The programme's incorporation of a two-pronged approach to health and wellbeing utilising holistic elements, as identified by the young mums, was highlighted by the evaluation. The role of programme elements including cultural activities (e.g. Te Reo, weaving, cultural identity) alongside practical activities, such as cooking for nutrition and food shopping on a budget, clothes and toy swaps and tamariki play groups, were explored with participants through the evaluation process. The programme successfully incorporated a whānau focus while providing a safe, comfortable environment for young mums and their babies to get their health (routine checks, immunisation, cervical screening, smoking cessation) and social needs met. The evaluation findings were additionally collated, in an illustrated booklet, for dissemination among the participants who had played a key role in the successful co-design and implementation of MTM.



Dissemination booklet from the MTM evaluation.

Te Puawai o te Ahi Kaa Evaluation

Funder: Ministry of Health (Te Ao Auahatanga Hauora Māori/Māori Health Innovations Fund)
Start / Finish Dates: 31 May 2014 – 30 June 2017
Lead: Gill Potaka-Osborne
Team members: Lynley Cvitanovic

Brief Description:

Te Puawai o Te Ahi Kaa (TPoTAK) initiative was the result of a collaboration between Raetihi Pah and the iwi regional health services provider, Te Oranganui Trust. This innovative, Kaupapa Māori initiative was based on the role of the marae as the house of the hapū; the place of cultural sustenance and vitality for whānau. TPoTAK recognised that the health and wellbeing of those whānau who maintain the ahi kaa is critical to the sustainability of the paepae and the marae. The three-year initiative was established in mid-2014, with Whakauae being commissioned to carry out the evaluation to run alongside. A general process and outcomes approach to the evaluation was taken underpinned by a Kaupapa Māori approach. The use of a Kaupapa Māori methodology reflects Whakauae's commitment, as an iwi-owned research centre, to working as part of Māori communities in a way that resonates with Māori beliefs and traditions maintaining a focus on transparency, building purposeful and respectful relationships, recognising strengths and contributing to positive social change.

Outcomes / Achievements:

The evaluation identified that TPoTAK activities contributed to empowering whānau to be proactive in understanding and managing their own health and that of their whānau. Whānau highly valued the time and effort that TPoTAK kaimahi had put into building social capital in the Raetihi Pah community. The whakapapa links of the kaimahi to the local community were instrumental in their successfully gaining whānau 'buy in' to the TPoTAK innovation. The TPoTAK Advisory Group, made up of Raetihi Pah and Te Oranganui Trust representatives, proved to

be a critical project component. The Group sealed the working relationship between Raetihi Pah and the Trust, provided cultural oversight for the project and involved whānau in a role that they believed prepared them to usefully contribute to any future contracting arrangement that the Raetihi Pah might choose to take up. Evaluation evidence indicates that the Advisory Group members took their roles seriously and that they were active in providing TPoTAK advice and oversight.

Increased positive health behaviours were identified among whānau including participation in physical and nutrition related activities such as Tri-Māori training and events, Zumba sessions, boot-camps and the development of māra kai. In addition, networking by the project kaimahi produced valuable collaborations with other service providers. These collaborations have supported the delivery of health and wider social services to the Raetihi Pah community that better meet local needs in terms of both cultural relevance and accessibility.

Capability building was an important component of TPoTAK for both whānau and the kaimahi. Increased capability in the Māori health services workforce was supported by workshops at whānau hui as well as formal training sessions. In addition, TPoTAK provided kaimahi with a learning platform to grow their competence as evaluators. The two kaimahi were supported by the lead evaluator to gain Australasian Evaluation Society (AES) Conference Support Grants enabling them to participate in AES Conferences and associated workshops in Melbourne (2015) and in Perth the following year. The kaimahi were also supported to successfully apply for the grants that enabled them to participate in the 2016 Aotearoa New Zealand Evaluation Conference (ANZEA) where they co-presented with the evaluation team.

Audit of Tapuhi Tū Toa Kaupapa Māori tobacco cessation intervention

Funder: Whakauae
Start / Finish Dates: October 2016 – March 2017
Lead: Lynley Cvitanovic
Team members: Dr Heather Gifford

Brief Description:

Tapuhi Tū Toa built on the results of a previous Whakauae research project, *Māori Nurses and Smoking; Exploring the opportunities for change*, to pilot a smokefree intervention in four schools of nursing during 2016. The intervention aimed to ensure that Māori student nurses would be smokefree by graduation. In October 2016, following almost a year of intensive establishment work, the decision was made to discontinue the Tapuhi Tū Toa pilot as only limited implementation headway had been achieved. Audit research was then conducted, at the close of 2016, to investigate barriers to intervention implementation and future opportunities for rollout.

Outcomes / Achievements:

The audit data collection was completed in December 2016 with data analysis and a draft audit report being prepared early in 2017. The draft audit report was reviewed and approved by the Research Advisory Group (RAG), that included members of Te Rūnanga NZNO, in March 2017. Te Rūnanga NZNO has indicated interest in facilitating a follow up Tapuhi Tū Toa intervention pilot, potentially in the Bay of Plenty rohe, using the organisation's regional Māori student nurse network as the "delivery site" instead of the schools of nursing in line with audit recommendations. Whakauae presented the audit results at the 2017 Te Rūnanga NZNO Tauira national hui in Auckland where members endorsed a lead role for Te Rūnanga in supporting Māori nurses smoking cessation.



Dr Heather Gifford and Lynley Cvitanovic with the completed Audit Report: Tapuhi Tū Toa Intervention Study.

He Tomokanga Hōu

Funder: Whakauae

Start / Finish Dates: January 2017 – 30 May 2018

Lead: Dr Amohia Boulton

Team members: Dr Jordan Waitai (Independent Researcher), Rātā Cornell, Tamati McGregor, Teresa Taylor (Independent Researcher)

Brief Description:

This project is based on the hypothesis that Māori wellbeing is supported and enhanced by access to institutions of culture and involvement in iwi revitalisation; in this case the activities associated with the construction and unveiling of a new tomokanga. Establishing and nurturing connections, or experiences within cultural institutions, ensures the wellbeing of individuals, whānau, hapū, and iwi. The decision-making processes of iwi leaders, and the myriad activities involved in deciding to restore a damaged tomokanga, are being investigated as the means to explore concepts of positive cultural identity and wellbeing. The project is sponsored by the iwi leadership and reliant upon iwi support. Rangatahi take an active role in the research exposing them to the research process, providing an opportunity to explore how important whakairo, whakapapa, waiata and other "tangible" taonga are to young people as well as to older whānau members. The focus for the investigation is the process of restoring the tomokanga whakairo at Rātā marae.

The primary research question guiding this project is: To what extent are traditional institutions of culture linked to a sense of wellbeing for iwi members?

Outcomes / Achievements:

A research ethics proposal was prepared and submitted to the New Zealand Ethics Committee with approval being granted for the conduct of the research shortly after. During the course of the research a new tomokanga has been conceptualised, designed and carved. A waiata, celebrating the creation of the tomokanga, was composed by the female members of the iwi and recited for the first time at the tomokanga unveiling on 19 November 2017. The new tomokanga,

He Ara ki Puanga was unveiled at a dawn ceremony attended by members of Ngāti Hauiti and the wider Mōkai Pātea confederation, community members, the local Mayor and other dignitaries.

Interim analysis of data collected from participants throughout the course of the research indicates that participation has strengthened iwi members ties to Ngāti Hauiti and to Rātā marae. Whakawhanaungatanga, the opportunity to learn whakapapa and the rare chance to physically participate in mahi whakairo were seen as benefits of participation. Those who participated in wānanga associated with the project gained a deeper understanding of their individual connection to the eponymous ancestor Hauiti, as well as to their respective descent and whānau lines, and therefore their connection to other iwi members. Analysis of the data is ongoing and will be written up for publication in 2018.



Analysis of the Cultural, Ethical, Legal and Scientific (CERLS) Issues Inherent in Rongoā Māori Research

Funder: Ngā Pae o te Māramatanga
Start / Finish Dates: 01 March 2017 – 28 February 2018
Lead: Dr Amohia Boulton
Team members: Dr Glenis Mark (Independent Researcher), Dr Marion Johnson (Independent Researcher)

Brief Description:

Debate about the misappropriation of information and knowledge in research means that greater care and attention is needed regarding Māori input and participation into research. This is even more important for Rongoā Māori where matters such as inappropriate usage, intellectual property rights and commercialisation of information are of significant concern. Previous research has focused on comprehensive consultation with Māori healers about issues relating to the sustainability of rongoā and similar concerns were raised (Ahuriri-Driscoll, Baker, Hepi & Hudson: 2009). The study focuses on exploring the multi-faceted and sensitive issues involved in future Rongoā Māori research. Four representative groups with expertise in the practice, research, legal and scientific aspects of Rongoā will be consulted individually as well as collectively. Three meetings with these experts will be held; the first will focus on identifying the issues that Rongoā Māori research raises for each field of expertise and determining strategies for addressing these issues. At the second meeting participants will comment on the summary of the first meeting and verify the content. Participants will then be asked how they think future research about Rongoā Māori should be conducted and how that is best managed to align with the strategies identified during meeting one. At a final consultation meeting, involving all groups, the combined results of the consultations will be presented. Participants will be asked to give feedback on the cultural, ethical, research, legal and scientific (CERLS) framework for addressing issues on future Rongoā Māori research. The information gathered in this study will be used to develop the wider research framework, which in turn will underpin the development of a full research programme plan on Rongoā Māori.

Outcomes / Achievements:

The project has resulted in the production of the CERLS guidelines, developed in consultation with participants who contributed to reviewing the document. The guidelines include a strong focus on the protection of Rongoā Māori practices, knowledge and practitioners, as well as openness to greater partnership between Rongoā practitioners and scientists. A willingness to share information and knowledge was advocated, with mutual respect for the differing worldviews. It is expected the guidelines will inform future Rongoā Māori research endeavours and contribute to an ongoing discussion on the rights and ethics of researching with people, plants and Rongoā healing practices, with a view to equal partnership across all. A dissemination hui, to present the guidelines and discuss their application, is planned for 2018.



Whakauae Sub-Contracted Research Projects

Contracting Organisation	Short title of contract
University of Otago	Te Ara Auahi Kore (TAKe)
	The New Zealand International Tobacco Control Project (NZ ITC)
Universities of Waikato and Auckland	Hospital Transfers: Whānau Involvement in the Healing Equation
University of Auckland	Pae Herenga: An Investigation of Māori whānau end of life cultural care and customs



Aunty Bo Metekingi-Rangi and Dr Heather Gifford at the Waitangi Claims hearings hosted by Ngāti Hauiti at Rātā Marae.

Te Ara Auahi Kore (TAKe)

Funder: Health Research Council
Start / Finish Dates: 01 September 2016 – 31 October 2019
Lead: Anaru Waa (University of Otago)
Whakauae Researchers: Dr Heather Gifford (Co-Principal Investigator), Dr Amohia Boulton, Gill Potaka-Osborne

Brief Description:

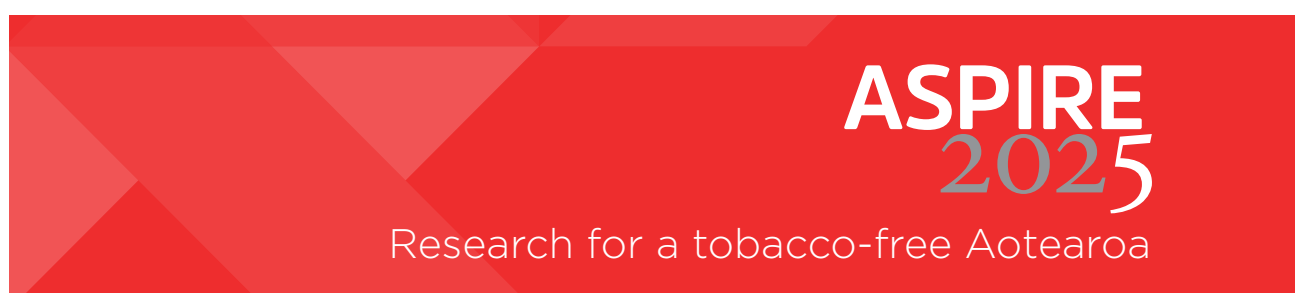
Te Ara Auahi Kore (TAKe) is a research programme seeking to understand - and reduce - disproportionality high rates of smoking among Māori. The project is being implemented in partnership with five Māori health service providers, located in different geographical regions of the North Island, and includes three research studies: a survey of tobacco control policies and interventions in the participating regions (the PAI Study), a cohort study of Māori smokers (the Cohort Study) and a qualitative study with the whānau of Māori who smoke (the Whānau Study).

Outcomes / Achievements:

During 2017, all relationship agreements with the research partners were signed-off and ethics applications for each of the three studies were prepared and submitted. PAI, the first of these studies, required the design and implementation of an online survey to gather information to assist the research team to better understand the context of the tobacco control services being provided in each participating

region. The PAI survey went 'live' in June 2017 and was disseminated across a range of organisations including PHOs, DHBs, public health units, Māori health service providers, local government, iwi/hapū governance groups and urban authorities. The Cohort Study, a comprehensive survey of Māori smokers in each of the regions, was developed to help the research team better understand the impact of policies and interventions on Māori smoking behaviours. Research assistants, from each of the service provider partners, were recruited and trained in data collection techniques during September 2017. Data collection began soon after and will continue into early 2018. During the latter half of 2017 two of the five providers, Ngāti Porou Hauora and Takiri Mai Te Ata Whānau Ora Collective, were selected by the TAKE Research Team to contribute to the Whānau Study. Whakauae met with these providers to determine a process for recruiting Whānau Study participants. Focus group interviews with whānau are planned to take place early in 2018.

This project contributes to the goal of a tobacco-free Aotearoa by 2025.



New Zealand International Tobacco Control Project

Funder: Health Research Council
Start / Finish Dates: 01 October 2015 – 30 September 2018
Lead: Professor Richard Edwards (University of Otago)
Whakauae Researcher: Dr Heather Gifford

Brief Description:

The New Zealand International Tobacco Control Project (NZ ITC) is one of two ASPIRE 2025 studies included in the collaborative International Tobacco Control Policy Evaluation Project. The Project evaluates tobacco control interventions implemented as part of the WHO Framework Convention on Tobacco Control. High quality prospective data from cohorts of smokers in 22 countries has generated robust evidence about the impact of population level interventions and determinants of change in smoking-related behaviours over time. The ITC NZ research aims to identify and track a cohort of Aotearoa New Zealand smokers and ex-smokers with a view to describing trends in smoking-related behaviours and attitudes, experiences and perceptions; identifying determinants of, and estimating trends in, smokers' and ex-smokers' smoking-related behaviours; evaluating the impact of tobacco control measures on smoking-related behaviours; exploring patterns of use and impacts of alternative nicotine delivery devices; and exploring the feasibility and acceptability of novel policy and practice interventions.

Outcomes / Achievements:

New Zealand International Tobacco Control Project Research Team members participated in the Society for Research on Nicotine and Tobacco (SRNT) Conference in Florence, Italy convened in March 2017 delivering several presentations highlighting research results to date. Those with an interest in Indigenous tobacco control, including partners from the International Tobacco Control research programme, also met prior to the Conference under the umbrella of the Inequalities Network. That meeting provided an opportunity to advance the agenda of Indigenous tobacco control globally. NZ ITC researchers have identified that, while it is helpful to have a broader lobby group to advance tobacco control, it is critical to acknowledge the role Māori tobacco control advocates have had, and still have, in generating the solutions for Māori tobacco control in Aotearoa New Zealand.



SRNT Conference participants, Florence.

Sub-Contracted Research Projects

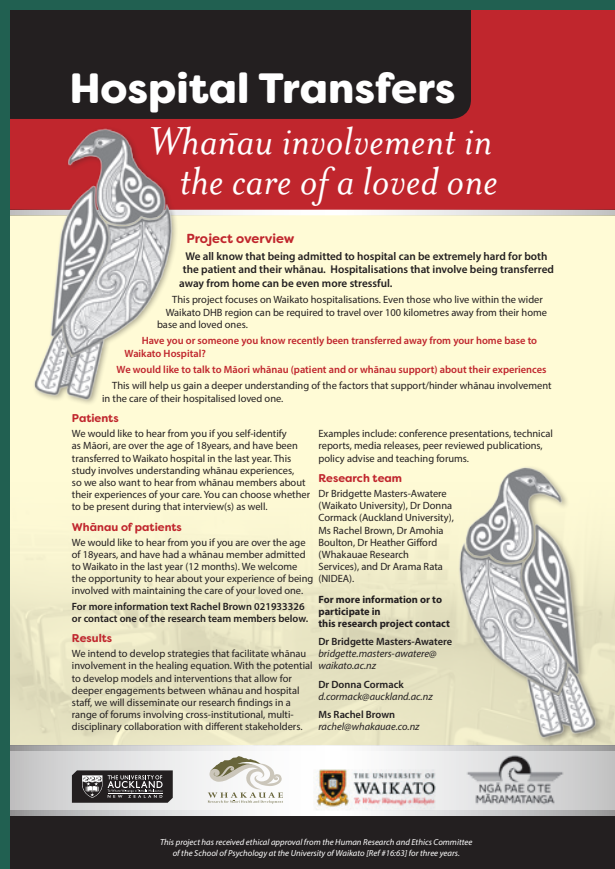
Hospital Transfers: Whānau Involvement in the Healing Equation

Funder: Ngā Pae o Te Māramatanga
Start / Finish Dates: 01 October 2016 – 30 June 2019
Leads: Dr Bridgette Masters-Awatere (University of Waikato)
Dr Donna Cormack (University of Auckland)
Whakauae Researchers: Rachel Brown, Dr Amohia Boulton, Dr Heather Gifford

Brief Description:

The overarching research question for the *Hospital Transfers* study is 'How can whānau maintain active engagement in the care of their whānau member when they need hospital care away from their home base'? To address this question, the study is carrying out activities across three interrelated and overlapping

phases; a Descriptive Phase concerned with gaining a comprehensive understanding of patterns of hospital transfer and the experiences of whānau who wish to stay engaged in care; an Engagement Phase concerned with engaging with stakeholders to better understand how the hospital system and broader policy contexts facilitate or hinder active whānau involvement; and, an Uptake Phase with a focus on identifying strategies or environments that promote active whānau involvement in care, informing a roadmap for sector uptake through the development of an implementation strategy.



Hospital Transfers
Whānau involvement in the care of a loved one

Project overview
We all know that being admitted to hospital can be extremely hard for both the patient and their whānau. Hospitalisations that involve being transferred away from home can be even more stressful.
This project focuses on Waikato hospitalisations. Even those who live within the wider Waikato DHB region can be required to travel over 100 kilometres away from their home base and loved ones.
Have you or someone you know recently been transferred away from your home base to Waikato Hospital?
We would like to talk to Māori whānau (patient and/or whānau support) about their experiences. This will help us gain a deeper understanding of the factors that support/hinder whānau involvement in the care of their hospitalised loved one.

Patients
We would like to hear from you if you self-identify as Māori, are over the age of 18 years, and have been transferred to Waikato hospital in the last year. This study involves understanding whānau experiences, so we also want to hear from whānau members about their experiences of your care. You can choose whether to be present during that interview(s) as well.

Whānau of patients
We would like to hear from you if you are over the age of 18 years, and have had a whānau member admitted to Waikato in the last year (12 months). We welcome the opportunity to hear about your experience of being involved with maintaining the care of your loved one.
For more information text Rachel Brown 021933326 or contact one of the research team members below.

Results
We intend to develop strategies that facilitate whānau involvement in the healing equation. With the potential to develop models and interventions that allow for deeper engagements between whānau and hospital staff, we will disseminate our research findings in a range of forums involving cross-institutional, multi-disciplinary collaboration with different stakeholders.

Examples include: conference presentations, technical reports, media releases, peer reviewed publications, policy advice and teaching forums.

Research team
Dr Bridgette Masters-Awatere (Waikato University), Dr Donna Cormack (Auckland University), Ms Rachel Brown, Dr Amohia Boulton, Dr Heather Gifford (Whakauae Research Services), and Dr Arama Rata (NIDEA).

For more information or to participate in this research project contact
Dr Bridgette Masters-Awatere
bridgette.masters-awatere@waikato.ac.nz
Dr Donna Cormack
d.cormack@auckland.ac.nz
Ms Rachel Brown
rachel@whakauae.co.nz

Logos: The University of Auckland, Whakauae, The University of Waikato, Ngā Pae o Te Māramatanga.

This project has received ethical approval from the Human Research and Ethics Committee of the School of Psychology at the University of Waikato (Ref #16.63) for three years.

Outcomes / Achievements:

2017 saw multiple research activities in development, in process or completed. Developments included an analytical plan and service specification being formulated and submitted to the Ministry of Health as well as an analysis protocol to inform the analysis of whānau interviews conducted. The whānau interview analysis was completed using 22 interview transcripts which looked at how whānau stay engaged in the care of a loved one when they are hospitalised away from home. A statistical analysis of the research results was also completed. Members of the research team prepared and delivered four presentations highlighting various aspects of the research (three at international conferences and one at a national research wānanga). A total of four internships have also been funded. Papers have been written by the team, submitted and accepted for relevant conference proceedings and journals to be published in 2018.

Dissemination of Hospital Transfers Research Project results.

Pae Herenga: An Investigation of Māori whānau end of life cultural care and customs

Funder: Health Research Council
Start / Finish Dates: 01 September 2017 – 30 August 2020
Lead: Dr Tess Moeke-Maxwell (School of Nursing, University of Auckland)
Whakauae Researcher: Dr Amohia Boulton (Associate Investigator)

Brief Description:

The Pae Herenga study is investigating Māori end-of-life care tikanga and kawa. The study is interested in how whānau draw on tikanga and kawa to strengthen their end-of-life caregiving activities and support palliative care service provision. Māori experience of the barriers to, and facilitators of, using these care customs within different care settings (e.g. home, hospice, hospital and aged residential care) will be identified and explored during this three-year study. Prominent leaders / rōpū actively engaged in their communities supporting Māori with life-limiting illness, and their whānau, in four regions of the North Island have been recruited to participate in the study.

Outcomes / Achievements:

Te Pae Herenga study is in its first year of implementation but has already attracted both Māori and mainstream media attention. Lead Investigator, Tess Moeke-Maxwell has participated in a series of interviews with Radio Waatea, Te Kaea and the *New Zealand Herald* to both publicise the study and highlight its importance for whānau. Ethics approval for the study has been granted and the research team and Kaumatua Advisory Group was convened for an inaugural research project hui late in 2017. In addition, Dr Moeke Maxwell, supported by research team members, advisors and kaumatua presented the study at the Te Arai Palliative Care and End of Life Research Group National Hui at the Tamaki Innovation Centre, Auckland on 03 November 2017. In early 2018 data collection will begin in Northland, with the other three regions to follow later in the year.

Whakauae Partnership Projects

Contracting Organisation	Short title of contract
Wai-Research, Te Whānau o Waipareira Trust, Auckland	Commissioning for Change; examination of an Indigenous commissioning model in Aotearoa
South Australia Department of Health & Ageing, YMCA: Adelaide, University of Canberra, University of Central Queensland	Strengthening Evaluation Practices and Strategies (STEPS) in Indigenous settings in Australia and New Zealand



Commissioning for Change: Examination of an Indigenous commissioning model in Aotearoa

Funder: Whakauae and Wai-Research
Start / Finish Dates: 01 July 2016 – 31 December 2017
Leads: Dr Heather Gifford (Whakauae), Dr Tanya Allport (Wai-Research)
Partner Researcher: Haze White
Whakauae Researcher: Dr Amohia Boulton

Brief Description:

Public policy around whānau ora, an Indigenous approach to wellbeing, signals the most significant shift in thinking and acting that we have experienced in Māori health and social services over the past decade. Challenges going forward for Whānau Ora include the introduction of commissioning agencies as the mechanism by which the government seeks to improve Māori wellbeing outcomes. The research explores the commissioning model currently being implemented by Te Pou Matakana, the North Island commissioning body, one of three recently established Whānau Ora commissioning agencies.

Outcomes / Achievements:

Following the completion of data collection and data analysis in mid-2017, the Commissioning for Change Research Team prepared and presented a paper to

Te Pou Matakana Board of Directors exploring how commissioning, as a model for the purchasing of outcomes, has fared in terms of delivering for Whānau Ora. Many of the study findings were consistent with Board members' commissioning experiences and understandings. The resolution of commissioning challenges was discussed by the Research Team with Board members with potential opportunities for resolution being identified.

The findings of the study were, to some extent, limited as they drew only on data which was either publicly available or provided by informants who sit outside of government. Repeated requests for official records of decisions that were taken at policy, ministerial, cabinet committee and cabinet level, proved to be unsuccessful with implications for the study results. Despite these limitations, rich data was generated highlighting that the implementation of Te Pou Matakana commissioning model was contributing to the effective devolution of decision-making down to community and whānau levels as well as

strengthening relationships with service providers. Significant challenges remain to the effective implementation of commissioning for Whānau Ora, including those associated with the onerous compliance and accountability requirements of broader government administration.



The Commissioning for Change Research Team. From left: Dr Heather Gifford, Dr Tanya Allport, Haze White and Dr Amohia Boulton.

Partnership Projects

Strengthening Evaluation Practices and Strategies (STEPS) in Indigenous settings in Australia and New Zealand Project

Funder:	Whakauae and Project Partners
Start / Finish Dates:	2014 – 31 December 2018
Leads:	Associate Professor Margaret Cargo (University of Canberra), Dr Amohia Boulton (Whakauae)
Partner Researcher:	Lisa Warner, Sharon Clark, Amal Chakraborty and Professor Jenni Judd
Whakauae Researcher:	Lynley Cvitanovic

Brief Description:

STEPS began with a systematic review of the literature to identify principles to guide the evaluation of Indigenous programmes in Australia and New Zealand. The search highlighted 15 evaluation-specific documents from which an initial set of 14 principles were distilled. These 14 principles were further refined resulting in a final set of ten principles and the development of an overarching conceptual framework. These ten principles are being feasibility "tested", across the evaluation sectors in New Zealand and Australia, using a concept mapping research process that incorporates brainstorming, sorting and rating phases that will in turn inform a translation phase. This trans-Tasman study has the overarching goal of identifying key actions that can be undertaken by evaluation commissioners, practitioners and organisations, such as the Australian Evaluation Society (AES), to strengthen the way that evaluation in Indigenous settings is undertaken.

Outcomes / Achievements:

Refinement of the 300 plus strategy statements generated by Indigenous and non-Indigenous participants, in the 2016 brainstorming phase of the research, resulted in a final set of 106 statements. These statements were sorted and rated by participants, during further extensive data collection activity conducted during 2017 across a wide range of sites,

using methods including small group and individual sessions as well as online participation. All data collection was successfully concluded, at the close of the year, and entered into a concept mapping software programme for preliminary analysis. Very early study results were shared by the STEPS Research Team with participants at the AES International Conference held in Canberra, Australia in September 2017. The Team also used available opportunities to collect additional data during the three-day Conference.

Further analysis of the Aotearoa New Zealand statement cluster maps, produced by the concept mapping programme, was carried out by the STEPS Research Team on this side of the Tasman late in 2017. The results of that analysis are now ready to be tested with a small group of research participants before being further refined in discussion with the Project Advisory Group (PAG). The PAG, which includes representatives from both Mā te Rae Māori Evaluation Association and the Aotearoa New Zealand Evaluation Association (ANZEA), is critical to the effective translation of STEPS research findings into action in each country.

STEPS Research Team members, Sharon Clarke and Dr Amohia Boulton at the Canberra AES Conference flanked by AES colleagues, Dr Bronwyn Rossignh (left) and Emma Williams (right).



2017: Making a Difference

Journal Articles

Allport, T., **Boulton, A.**, White, H. (2017). Te Haerenga? Journeying towards an Urban Māori identity. *The Urban Anthropology Journal*. No 9, pp 37 – 57.

Ball, J., Hoek, J., Tautolo, E., **Gifford, H.** (2017). New Zealand policy experts' appraisal of interventions to reduce smoking in young adults: A qualitative investigation. *BMJ Open*. 7 (12).

Brannelly, T., **Boulton, A.** (2017). The ethics of care and transformational research practices in Aotearoa New Zealand. *Qualitative Research*. DOI: <https://doi.org/10.1177/1468794117698916>. Published online 11 April 2017.

Gifford, H., Cvitanovic, L., **Boulton, A.**, Batten, L. (2017). Constructing prevention programmes with a Māori health service provider view. *Kotuitui: New Zealand Journal of Social Sciences Online*. <http://www.tandfonline.com/eprint/2FuKRaN5X3mENjkFzsZ/full>. Published online 24 Jul 2017.

Mark, G., **Boulton, A.** (2017). Indigenising Photovoice Putting Māori Cultural Values into a Research Method. *Forum: Qualitative Social Research Sozialforschung*. Vol 18. No.2. DOI: <http://dx.doi.org/10.17169/fqs-18.3.2827>

Mark, G., Chamberlain, K., **Boulton, A.** (2017). Acknowledging the Māori cultural values and beliefs embedded in Rongoā Māori healing. *International Journal of Indigenous Health*. Vol 12, Issue 1, pp75-92. DOI:10.18357/ijih121201716902.

Masters-Awatere, B., **Boulton, A.**, Rata, A., Tangitu-Joseph, M., **Brown, R.**, Cormack, D. (2017). Behind the Label: Complexities of identifying Māori whānau in an away from home hospital transfer. *New Zealand Journal of Psychology*. Vol 46, No. 3, November 2017, pp20 – 29.

Parata, K., **Gifford, H.** (2017). "It's good for me and my whānau"; marae participation as a springboard for oranga. *MAI Journal*. Vol 6, Issue 1 Online <http://www.journal.mai.ac.nz/journal/mai-journal-2017-volume-6-issue-1> DOI: 10.2507/MAIJournal.2017.6.1.3

Thomson, G., Martin, J., **Gifford, H.**, Parata, K., Wilson, N. (2017). A case study of smokefree outdoor policy options for a city, *Australian and New Zealand Journal of Public Health*. Vol 41, No 4. Advance online publication <http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12665/epdf>

Technical Reports

Boulton, A., **Gifford, H.**, White, H. & Allport, T. (2017). *Commissioning for Outcomes: Report to Te Pou Matakana Board*, Wai-Research and Whakauae Research, Auckland.

Brown, R., **Gifford, H.** (2017). *Mana Tamariki, Mana Mokopuna, Mana Whānau: Evaluation Report*, Whakauae Research: Whanganui. Report to the Ministry of Health, Wellington.

Cvitanovic, L. (2017). *Audit Report: Tapuhi Tū Toa Intervention Study*, Whakauae Research: Whanganui.

Gifford, H., **Cvitanovic, L.**, Parata, K., Thomson, G., Taylor, S., Hawke, Z. (2017). *Getting rid of smokes outside; Māori viewpoints*, Whakauae Research: Whanganui and Te Ara Hā Ora <http://www.whakauae.co.nz/> <http://www.tearahaora.co.nz/>)

Potaka-Osborne, G., **Cvitanovic, L.** (2017). *Te Puawai o Te Ahi Kaa Evaluation Report*, Whakauae Research: Whanganui. Report to the Ministry of Health, Wellington.

Conference, Seminar and Wānanga Presentations

Brown, R. (2017). The role and influence of Ronald McDonald House on whānau coping: Preliminary PhD findings on whānau coping. Presentation to the Ports of Auckland Celebrity Golf Tournament Dinner, Auckland, 02 March.

Boulton, A. (2017). Research & Action: Whakauae Research Services. *Māori Public Health Symposium 2017*, Auckland, 19 June.

Boulton, A. (2017). Keynote Address: Decolonising Ethics. *Social Work Conference 2017*, Boksburg, South Africa, 08 – 11 October.

Boulton, A., Clarke, S., Warner, L., Judd, J., Cvitanovic, L., Cargo, M. (2017). The Strengthening Evaluation Practices and Strategies (STEPS) in Indigenous settings in Australia and New Zealand Project: Moving forward the 'next' steps. *Australasian Evaluation Society (AES) Conference*, Canberra, Australia, 04 – 06 September.

Boulton, A., Gifford, H. (2017). Ngā Pae o te Māramatanga Address. *MAI Doctoral Conference*, Massey University, Palmerston North, 16 – 18 November.

Boulton, A., Warner, L., Clarke, S., Chakraborty, A., Cvitanovic, L., Judd, J., Cargo, M. (2017). Concept mapping: results from the Strengthening Evaluation Practices and Strategies (STEPS) in Indigenous settings in Australia and New Zealand Project. *Australasian Evaluation Society (AES) Conference*, Canberra, Australia, 04 – 06 September.

Boulton, A., Williams-Blyth, T. (2017). E tipu E rea: The Care and Protection of Māori Children. *He Manawa Whenua Indigenous Research Conference*, Hamilton, 05 - 08 March.

Gifford, H. (2017). Can Research Influence Policy? *Te Kotahi Institute Tikanga Rangahau National Wānanga Series*, University of Otago, Dunedin, 11 – 13 September.

Gifford, H., Tautolo, E. (2017). Indigenous Engagement in Tobacco Control Research: Māori and Pacific Young Adult Views on Smoking as an Informed Choice. (SYM25D). *Society for Research on Nicotine and Tobacco Annual Conference*, Florence, Italy, 8-11 March.

Gifford, H., Taylor, T. (2017). Tapuhi Tū Toa – Smoke free Māori Nurses Project: Mai i Kōnei ki Whea? Where to from Here? *Te Rūnanga Tauria Hui a Tau*, Te Puea Marae, Auckland, 03 August.

Gifford, H., Thomson, G., Martin, J., Parata, K., Wilson, N. (2017). Issues and options for progress towards a smokefree city: A case study for smokefree outdoor policies. [POS2-187]. *Society for Research on Nicotine and Tobacco Annual Conference*, Florence, Italy, 08-11 March.

Masters-Awatere, B., Cormack, D., **Brown, R.** (2017). Whānau Involved in the Care Equation: Preliminary Findings from the Hospital Transfers Project. *Ngā Pae o te Māramatanga Researcher Wānanga*, Auckland, 02-03 February.

Masters-Awatere, B., Cormack, D., **Brown, R.** (2017). Whānau Involved in the Care Equation: Preliminary Findings from the Hospital Transfers Project. *He Manawa Whenua Indigenous Research Conference*, Waikato, 06 - 08 March.

Potaka-Osborne, G., Tuatini, M., Williams, R. (2017). Every mountain top is within reach if you just keep climbing: Building sustainable futures in the marae space. *He Manawa Whenua Indigenous Research Conference*, Waikato, 06 - 08 March.

Williams Blyth, T., **Boulton, A.** (2017). E tipu E rea: The Care & Protection of Indigenous [Māori] Children - Indigenous Child Welfare and Well-being. *7th World Congress on Family Law and Children's Rights*, Dublin, Ireland 04 – 07 June.



Financial Report

Whakauae Research Services Ltd For the year ended 31 December 2017

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Entity Information

Whakauae Research Services Ltd For the year ended 31 December 2017

'Who we are and why we exist'

Legal Name of Entity

Whakauae Research Services Limited

Entity Type and Legal Basis

Company and Registered Charity

Registration Number

CC47845

Entity's Purpose or Mission

Our vision is: Transforming Māori lives through excellent research.

Our mission: From thought to action - driving high quality kaupapa Māori research, that is innovative, collaborative and "cutting edge" to create positive change.

Entity Structure

Whakauae Research Services Ltd was established by Te Rūnanga o Ngāti Hauiti in 2005. The organisation is a wholly owned subsidiary of Te Maru o Ruahine Trust, accountable to Te Rūnanga o Ngāti Hauiti.

Whakauae was established to make a difference to the lives of Māori, to develop the research capacity of Ngāti Hauiti and to offer a broad range of Māori centred research services both nationally and internationally. Whakauae is unique in its position within Māori health research being directly accountable to its iwi owners through Te Rūnanga o Ngāti Hauiti. Since its inception, Whakauae has focused primarily on Māori public health research, health promotion evaluation and primary care research.

With the addition of new staff in 2008, we broadened our focus to include health services and health policy research. The team has grown from two to eight staff in 2016. Whakauae utilises largely kaupapa Māori qualitative research methodologies. However, through research partnerships we are able to offer a mixed method approach if the research requires this. We are 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 and health service providers in the development and delivery of research. Current partners include the University of Otago, Auckland University of Technology, Ngā Pae o te Māramatanga - The Centre of Research Excellence for Māori and Te Oranganui, a Whanganui-based Māori health and social services provider.

Main Sources of Entity's Cash and Resources

Our research is funded through a mixture of contestable central government research grants, consultancy, international collaborations and programme evaluation contracts with organisations including commissioned evaluation projects from District Health Boards and the Ministry of Health.

Main Methods Used by Entity to Raise Funds

We have a range of funding sources including contestable funding from government agencies, private consultancy, contracts with academic institutions, and with health and social services providers. We do not raise funds from the public.

Entity's Reliance on Volunteers and Donated Goods or Services

Whakauae Research Services relies on the members of Te Rūnanga o Ngāti Hauiti to voluntarily provide support and guidance for its work, and on the whānau, hapū and iwi members who support us through sharing their perspectives and experience, assisting us in our journey to knowledge.

Physical Address

60 Ridgway Street, Whanganui, 4500

Postal Address

PO Box 102, Whanganui, 4541

Email/Website

www.whakauae.co.nz

admin@whakauae.co.nz



Approval of Financial Report

Whakauae Research Services Ltd For the year ended 31 December 2017

The governing body are pleased to present the approved financial report including the historical financial statements of Whakauae Research Services Ltd for year ended 31 December 2017.

APPROVED



Peter Fraser
Director
29 March 2018



Heather Gifford
Director
29 March 2018



Statement of Service Performance

Whakauae Research Services Ltd For the year ended 31 December 2017

Description of Entity's Outcomes

Our vision is: Transforming Māori lives through excellent research.

Our mission: From thought to action: driving high quality kaupapa Māori research that is innovative, collaborative and cutting edge to create positive change.

As a kaupapa Māori health research centre that is iwi-owned and mandated we seek to transform the lives of Māori whānau, hapū and iwi by providing high quality, timely and relevant research and advice that:

- gives priority to the desires of Māori to live and flourish as Māori;
- influences policy, funding and delivery decisions which affect Māori at the local, regional and national level; and
- contributes to iwi-identified goals and objectives.

Account	2017	2016
Conducting Research		
Total number of active revenue contracts during the year	10	10
Revenue contracts through academic institution or community partnership	6	7
Account	2017	2016
Research Dissemination - Academic Excellence		
Presentations at conferences	15	11
Published outputs including: peer reviewed articles and technical reports published	13	8
Account	2017	2016
Building Capacity - Supporting Others		
Research symposium	0	1
Research scholarships - post graduate level (ongoing support)	3	1
Hosting international academics and students	1	2
Account	2017	2016
Service to Community and Academic Leadership		
Governance Roles	9	10
Academic supervision and advisory roles	3	4
Account	2017	2016
Future Focus		
Submission of an expression of interest and subsequent full project proposal to the Health Research Council	1	1
Submit full project proposal for research funding	0	1

These financial statements should be read in conjunction with the attached Accounting Policies and Notes to the Financial Statements and the Auditor's Report.



Statement of Financial Performance

Whakauae Research Services Ltd
For the year ended 31 December 2017

'How was it funded?' and 'What did it cost?'

	Notes	2017	2016
REVENUE			
Revenue from providing goods or services	1	1,216,264	1,238,702
Interest, dividends and other investment revenue	1	18,149	15,451
Total Revenue		1,234,413	1,254,153
EXPENSES			
Volunteer and employee related costs	2	748,973	767,877
Costs related to providing goods or service	2	388,090	400,948
Grants and donations made	2	27,794	14,563
Other expenses	2	34,908	49,349
Total Expenses		1,199,765	1,232,736
SURPLUS/(DEFICIT) FOR THE YEAR		34,648	21,417

These financial statements should be read in conjunction with the attached Accounting Policies and Notes to the Financial Statements and the Auditor's Report.



Statement of Financial Position

Whakauae Research Services Ltd
For the year ended 31 December 2017

'What the entity owns?' and 'What the entity owes?'

	Notes	31 Dec 2017	31 Dec 2016
ASSETS			
Current Assets			
Bank accounts and cash	4	135,268	147,745
Debtors and prepayments	4	174,737	37,796
Term Deposits (90-365 days)	4	455,951	481,156
Total Current Assets		765,956	666,697
Non-Current Assets			
Property, Plant and Equipment	5	34,652	35,790
Total Non-Current Assets		34,652	35,790
Total Assets		800,608	702,487
LIABILITIES			
Current Liabilities			
Creditors and accrued expenses	6	71,632	123,305
Employee costs payable	6	144,140	102,826
Income in advance	7	239,932	166,100
Total Current Liabilities		455,704	392,231
Total Assets		455,704	392,231
Total Assets less Total Liabilities (Net Assets)			
		344,904	310,256
ACCUMULATED FUNDS			
Accumulated surpluses or (deficits)	8	344,904	310,256
Total Accumulated Funds		344,904	310,256

These financial statements should be read in conjunction with the attached Accounting Policies and Notes to the Financial Statements and the Auditor's Report.



Statement of Cash Flows

Whakauae Research Services Ltd
For the year ended 31 December 2017

'How the entity has received and used cash'

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from providing goods or services	1,180,649	1,108,365
Interest, dividends and other investment receipts	15,975	17,786
GST	(12,289)	561
Payments to suppliers and employees	(1,169,275)	(1,115,125)
Donations or grants paid	(40,294)	(14,563)
Cash flows from other operating activities	(134)	0
Total Cash Flows from Operating Activities	(25,367)	(2,976)
CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES		
Cash Flows from the Sale (Purchase) of Investments	25,205	(116,741)
Payments to acquire property, plant and equipment	(13,867)	(5,838)
Cash Flows from Other Investing and Financing Activities	1,553	(3,364)
Total Cash Flows from Investing and Financing Activities	12,891	(125,943)
NET INCREASE/ (DECREASE) IN CASH	(12,476)	(128,919)
CASH BALANCES		
Cash and cash equivalents at beginning of period	147,745	276,664
Cash and cash equivalents at end of period	135,268	147,745
NET CHANGE IN CASH FOR PERIOD	(12,476)	(128,919)

These financial statements should be read in conjunction with the attached Accounting Policies and Notes to the Financial Statements and the Auditor's Report.



Statement of Accounting Policies

Whakauae Research Services Ltd
For the year ended 31 December 2017

'How did we do our accounting?'

Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax

Whakauae Research Services Ltd is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Employee Benefits

Employee benefits are recognised when the service is performed. Annual leave is accrued as earned.

Interest Revenue

Interest revenue is recognised as it accrues, using the effective interest method.

Property Plant & Equipment

Items of Property, Plant and Equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is donated to the entity, its cost is measured at its current value as at the date of acquisition.

Depreciation is charged on a straight line basis and diminishing value over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost of the asset less any estimated residual value over its remaining useful life:

- Computer Equipment: 10-50% Diminishing Value
- Furniture & Fittings: 13-25% Diminishing Value
- Leasehold Property Improvements: 10% Diminishing Value
- Office Equipment: 10-67% Diminishing Value
- Website: 50% Diminishing Value

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

Gains and losses on disposal of fixed assets are taken into account in determining the operating result for the year.

Operating Leases

Operating leases are those which all the risks and benefits are substantially retained by the lessor. Lease payments are expensed in the periods the amounts are payable.

Revenue from Providing Goods and Services

The Company receives revenue from the Health Research Council, Ministry of Health, District Health Boards, and various academic institutions. Revenue is recognised in the period the services are provided.

Tier 2 PBE Accounting Standards Applied

The Company has not adopted any Tier 2 standards.

Changes in Accounting Policies

The 2016 comparative figures in the Statement of Cash Flows have been restated, due to a minor reclassification of the composition of Cash Flows from Other Investing and Financing Activities, to better reflect the nature of the transactions. The effect has been to:

- decrease Payments to Suppliers & Employees by \$355; and
- increase payments in Cash Flows from Other Investing and Financing Activities by \$355.

There has been no change in the total Net Increase/(Decrease) in Cash for 2016, and only the Statement of Cash Flows has been impacted.

There have been no other changes in accounting policies. Policies have been applied on a consistent basis with those of the previous reporting period.

Notes to the Performance Report

Whakauae Research Services Ltd
For the year ended 31 December 2017

1. Analysis of Revenue

	2017	2016
Revenue from providing goods or services		
Contract Research Income	1,209,510	1,217,441
Minor Contract income	6,754	21,261
Total Revenue from providing goods or services	1,216,264	1,238,702
Interest, dividends and other investment revenue		
Interest Received	18,149	15,451
Total Interest, dividends and other investment revenue	18,149	15,451

2. Analysis of Expenses

	2017	2016
Volunteer and employee related costs		
Directors' Fees	10,500	6,625
Other Employee Related Costs	18,114	7,350
Wages & Salaries	720,359	753,902
Total Volunteer and employee related costs	748,973	767,877
Costs related to providing goods or services		
Mandate & Management Fee	60,000	60,000
Office Expenses	56,138	54,492
Rent	27,983	22,906
Research Costs	37,888	36,670
Research Subcontractors	136,323	160,451
Travel	69,758	66,429
Total Costs related to providing goods or services	388,090	400,948
Grants and donations made		
Scholarships & Sponsorship	27,794	14,563
Total Grants and donations made	27,794	14,563
Other expenses		
Auditor's Renumeration	3,148	3,150
Consultancy	16,006	27,793
Depreciation	15,004	17,855
Other Expenses	749	550
Total Other expenses	34,908	49,349

3. Depreciation Expense

	2017	2016
Computer Equipment	10,235	10,403
Furniture & Fittings	971	1,118
Leasehold Improvements	374	416
Office Equipment	1,946	2,962
Website	1,478	2,956
Total Depreciation Expense	15,004	17,855



4. Analysis of Assets

	2017	2016
Bank accounts and cash		
ANZ - Operating Account	20,372	35,555
ANZ - Call Account	63,316	61,780
ANZ - Term Deposit 1004	51,080	50,000
ANZ - Petty Cash (7962)	500	409
Total Bank accounts and cash	135,268	147,745
Debtors and prepayments		
Accounts Receivable	156,379	26,983
Interest Receivable	3,433	1,259
Prepayments	2,425	1,712
Other Current Assets	12,500	7,842
Total Debtors and prepayments	174,737	37,796
Term deposits (90-365 days)		
ANZ - Term Deposit 1000	116,896	114,193
ANZ - Term Deposit 1002	272,001	263,274
ANZ - Term Deposit 1003	0	103,689
ANZ - Term Deposit 1005	67,053	0
Total Term deposits (90-365 days)	455,951	481,156

5. Property, Plant and Equipment

	2017	2016
Computer Equipment		
Computer Equipment	55,066	41,199
Less Accumulated Depreciation on Computer Equipment	(35,554)	(25,319)
Total Computer Equipment	19,512	15,880
Furniture and Fittings		
Furniture and fittings owned	9,015	9,015
Accumulated depreciation - furniture and fittings owned	(3,122)	(2,150)
Total Furniture and Fittings	5,893	6,865
Leasehold Improvements		
Leasehold Improvements & Chattels - Building	4,576	4,576
Less Accumulated Depreciation on Leasehold Improvements	(1,209)	(835)
Total Leasehold Improvements	3,367	3,741
Office Equipment		
Office Equipment	13,539	13,539
Less Accumulated Depreciation on Office Equipment	(9,136)	(7,191)
Total Office Equipment	4,402	6,348
Website		
Website	7,095	7,095
Less Accumulated Depreciation on Website	(5,617)	(4,139)
Total Website	1,478	2,956
Total Property, Plant and Equipment	34,652	35,790

The entity has committed to and contracted for \$Nil (Last year: \$Nil) of future capital expenditure which has not been accounted for in the financial statements.

Significant Donated Assets Recorded

There are no significant donated assets recorded (Last year: \$Nil).

Significant Donated Assets - Not Recorded

There are no significant non-recorded donated assets (Last year: \$Nil).

Notes to the Performance Report

6. Analysis of Liabilities

	2017	2016
Creditors and accrued expenses		
Accounts Payable	35,239	24,336
GST	22,407	18,334
Credit Cards	10,398	9,740
Sundry Accounts Payable	3,588	70,895
Total Creditors and accrued expenses	71,632	123,305
Employee costs payable		
Provision for Holiday Pay	86,953	66,245
Provision for Long Service & Sabbatical Leave	57,187	36,581
Total Employee costs payable	144,140	102,826

7. Income Received in Advance

	2017	2016
Health Research Council - Independent Research Organisation Funding	95,000	86,000
Health Research Council - Rongoā	0	20,000
Health Research Council - Preventing Chronic Conditions	44,932	60,100
Health Research Council - D3: Data, Decision Making and Development	100,000	0
Total Income Received in Advance	239,932	166,100

The company has entered into various contracts with funders and the term for some of these contracts extends beyond balance date. For each of these contracts the directors have calculated the amount received prior to balance date for which expenses have yet to be incurred and these amounts are recorded as Income Received in Advance.

8. Accumulated Funds

	2017	2016
Accumulated Funds		
Opening Balance	310,256	288,839
Accumulated surpluses or (deficits)	34,648	21,417
Total Accumulated Funds	344,904	310,256
Total Accumulated Funds	344,904	310,256

9. Share Capital

The company has issued 283,399 ordinary voting shares. All shares have equal voting rights and share equally in dividends and surplus on winding up. The shares have no par value. None of the shares are held by the Company. There have been no movements in share capital during the year. (Last year - \$nil).



10. Commitments

	2017	2016
Commitments to lease or rent assets		
Office Lease: Within 1 year	33,058	28,609
Photocopier Lease: Within 1 year	0	880
Total Commitments to lease or rent assets	33,058	29,489
Commitment to purchase property, plant and equipment		
Directors approved the purchase, in the 2017 financial year, of a new computer for the senior research fellow commencing in January 2018.	2,110	0
Total Commitment to purchase property, plant and equipment	2,110	0

11. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 31 December 2017. (Last year - \$nil).

12. Related Parties

	2017	2016
Expenses		
Whakauae Research Services Ltd has paid management fees and provided other contributions upon request to its parent, Te Maru o Ruahine Trust, during the year (including accounts payable of \$15,000 see below)	60,000	60,000
Total Expenses	60,000	62,826
Payables		
Management fees and other contributions to parent, Te Maru o Ruahine Trust (included in expenses above)	15,000	15,000
Total Payables	15,000	15,000

13. Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

14. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report. (Last year - nil).

INDEPENDENT AUDITOR'S REPORT

To the shareholders of Whakauae Research Services Limited

Report on the Performance Report

We have audited the performance report of Whakauae Research Services Limited on pages 43 to 53 which comprises the entity information, the statement of service performance, the statement of financial performance, statement of movements in equity and statement of cash flows for the year ended 31 December 2017, the statement of financial position as at 31 December 2017, and the statement of accounting policies and other explanatory information.

In our opinion:

- a) the reported outcomes and outputs, and quantification of the outputs to the extent practicable, in the statement of service performance are suitable;
- b) the accompanying performance report on pages 43 to 53 presents fairly, in all material respects,
 - the entity information for the year then ended;
 - the service performance for the year then ended; and
 - the financial position of Whakauae Research Services Limited as at 31 December 2017 and its financial performance, and cash flows for the year then ended in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) issued by the New Zealand Accounting Standards Board

Basis for Opinion

We conducted our audit of the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)), and the audit of the entity information and statement of service performance in accordance with the International Standard on Assurance Engagements (New Zealand) ISAE (NZ) 3000 (Revised). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Performance Report section of our report. We are independent of Whakauae Research Services Limited in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, the Whakauae Research Services Limited.

Principals: Cameron Town, Talia Anderson-Town.

Other Information

The Directors are responsible on behalf of the Company for the other information. The other information comprises the Annual Report but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If based, on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Performance Report

The Directors are responsible for:

(a) Identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance;

(b) the preparation and fair presentation of the performance report on behalf of the entity which comprises:

- the entity information;
- the statement of service performance; and
- the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) issued by the New Zealand Accounting Standards Board, and

(c) such internal control as the Directors determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Directors are responsible on behalf of Whakauae Research Services Limited for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate Whakauae Research Services Limited or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Performance Report

Our objectives are to obtain reasonable assurance about whether the performance report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and ISAE (NZ) 3000 (Revised) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this performance report.

As part of an audit in accordance with ISAs (NZ) and ISAE (NZ) 3000 (Revised), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by [the Directors] and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the [entity] to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.
- Perform procedures to obtain evidence about and evaluate whether the reported outcomes and outputs, and quantification of the outputs to the extent practicable, are relevant, reliable, comparable and understandable.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Restriction on Responsibility

This report is made solely to the Directors, as a body, in accordance with section 42F of the Charities Act 2005. Our audit work has been undertaken so that we might state to the Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors as a body, for our audit work, for this report, or for the opinions we have formed.



Cameron Town
Silks Audit Chartered Accountants Ltd
Whanganui, New Zealand

Date: 29 March 2018



Whakauae Research for
Māori Health & Development
2017 Annual Report



WHAKAUAE
Research for Māori Health and Development

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