



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Research Commons

<http://researchcommons.waikato.ac.nz/>

Research Commons at the University of Waikato

Copyright Statement:

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

The thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of the thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from the thesis.

**Indigenous knowledges in health policy in Aotearoa New Zealand
and Saskatchewan Canada: A comparative study**

A thesis

submitted in fulfilment

of the requirements for the degree

of

Doctor of Philosophy in the Faculty of Māori and Indigenous Studies

at

The University of Waikato

by

JANE ALISON GREEN



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

2018

TABLE OF CONTENTS

Abstract	1
Acknowledgements	3
Chapter 1 - Māori knowledges and health policy	5
Chapter 2 - Methodology	20
Chapter 3 - Cross-national comparative policy analysis: models and theories	46
Chapter 4 - Indigenous peoples of Aotearoa New Zealand and Saskatchewan, Canada	76
Chapter 5 - Māori, First Nations, Métis knowledges and government policy	106
Chapter 6 - The engagement of Māori, First Nations and Métis knowledges in government health policy	190
Chapter 7 - Speculating the ontology of Māori knowledges in health policy	233
Chapter 8 - Implications for indigenous peoples, their knowledges, and health policy	253
Glossary	262
References	265
Appendix 1 - Ethics Approval	315
Appendix 2 - Participant Research Information Sheet	316
Appendix 3 - Participant Consent Form	318
Appendix 4 - Participant Interview Schedule	320

ABSTRACT

For more than two decades, components of Māori knowledges in the form of Māori words and concepts have been part of health policy in Aotearoa New Zealand. Health policy that engages Māori words and concepts resonates with Māori community values and aspirations and is thought to contribute to the revitalisation of Māori knowledges. Absent from the literature is an examination of this phenomenon; specifically, the socio-political factors that facilitate and limit the engagement of Māori knowledges with health policy. Of the four settler states, only in Aotearoa New Zealand are the knowledges of the Indigenous peoples engaged with health policy. In Saskatchewan, Canada, the First Nations and Métis peoples have engaged their knowledges with federal and provincially funded health programmes and services but not health policy. This study adopts a two-country comparative policy framework to investigate and theorise the historical and contemporary socio-political factors associated with the engagement of Indigenous knowledges in health policy in Aotearoa New Zealand and Saskatchewan, Canada. An adaption is made to the Kaupapa Māori approach so that the complexities of a two-country case study approach are addressed and engagement in health policy as a strategy for knowledge revitalisation is theorised. The study also takes a path less travelled which is to investigate the impact that engagement with health policy has upon the intangible or the ontological aspects of Māori knowledges. Māori describe their knowledges as comprised of tangible and intangible elements, both of which are important. Another adaption is made to the Kaupapa Māori theoretical approach which is to add speculative inquiry. The study argues that speculative inquiry in the form of contemplative, analytical, relational and viscerally aware practices are commonplace in Māori communities. Adding speculative inquiry to an already rich theoretical body that is Kaupapa Māori research provides an opening for other Kaupapa Māori researchers to expand non-empirical inquiry. The study concludes that government policies have had a decimating effect upon Māori, First Nations and Métis knowledges. Moreover, recent reports from commissions and inquiries indicate these knowledges and associated languages continue to decline for a number of reasons, including the impact of contemporary

government policies. Health policy, this study asserts, is an uncertain site from which to revitalise Māori, First Nations and Métis knowledges.

ACKNOWLEDGEMENTS

This study would not have been possible without the support of Professor Linda Tuhiwai Smith, Professor Tahu Kukutai and Associate Professor Carl Mika. They supervised the study, but more than that, they modelled doing research that is transformative. Thank you Associate Professor Leonie Pihama and colleagues at Te Kotahi Research Institute and the MAI network for your support of Māori and Indigenous doctoral students, myself included. Leonie, you gave us opportunities to situate Kaupapa Māori research and ourselves as Kaupapa Māori researchers alongside Indigenous doctoral students, senior researchers and community leaders from Australia, Canada, Hawaii, and the United States. Our work is the better for it.

Undertaking the study was an enormous effort on the part of my whānau and in particular my three children Te Kawa Tangata, Mahuru, and Te Au o Te Moana who have waited patiently for me while I paddled my waka toward the finish line. My Auntie Takuwai would have liked to have sat alongside me, in person, as I put the final touches to the thesis document but unfortunately she passed away when I was in Canada doing my fieldwork. The study is, therefore, dedicated to Auntie Takuwai Makiri (nee Mason) who was a student herself for many years and loved attending classes taught by Linda and Graham Smith at the University of Auckland. Thank you my koro and kuia, my uncles and aunts, sisters, brothers, nieces and nephews for supporting my absences from whānau and hapū gatherings. My lovely friends who kept me going over the difficult times: Leonie, Joeliee, Jillian, Tawhanga, Vernon, Taruke, Kahutoi, Donna, Aroha, and Mera. Thank you all for your love and support.

I wish to acknowledge the important pre-fieldwork advice and support from Roger Maaka, Linda Smith, and Robert Joseph, all of whom had spent time working and undertaking research in Canada. Pre-fieldwork advice, support and discussions with First Nations and Métis friends, colleagues and Indigenous knowledges experts from Saskatchewan and Canada was critical. Thank you Osawisiw Kihew-Napew, and Renee Masching, Director of Research and Policy for the Canadian Aboriginal AIDS Network for generously hosting me in Toronto,

and Saskatoon. Thank you Ken Clement, Chief Executive Officer, Canadian Aboriginal AIDS Network, for inviting me to join the WISE Practices: Aboriginal Community-based HIV/AIDS Research Gathering, Saskatoon, 24 – 27 September 2013. Thank you also Clive Aspin, Marama Pala and Trevor Stratton for inviting me to attend the International Indigenous Working Group on HIV & AIDS that met on 23 September 2013, the day before the WISE Practices Gathering. My understanding of Canada's federal and provincial health system and the politics of Aboriginal health was greatly improved as a result of First Nations and Métis health, policy and knowledge experts who generously shared their experience and resources. Thank you Carrie Bourassa, Tracey Prentice, Peetanacoot Nenakawekapo, Albert McLeod, Priscilla Settee, Carrielyn Lynd, Tyler Fetch, Yvonne Boyer, Erin Corston, Mike Degagne, Dawn Martin-Hill, Chelsea Gabel, Janet Smylie, Josee Lavoie, and Jeff Reading.

I am deeply appreciative of the time and effort taken by former and current policy makers from Aotearoa New Zealand and Saskatchewan, Canada. Thank you for responding warmly to the invitation to be part of this study. Your interest and enthusiasm to talk about the factors supporting and limiting the engagement of Māori, First Nations and Métis knowledges with health policy provided the study with rich information that has until now been undocumented.

A number of Māori researchers have taken the path to Canada to study, attend conferences and teach. And the reverse is also true. My sense is that relationships between Indigenous researchers and academics from Aotearoa New Zealand and Canada will continue to flourish.

On a practical note, I wish to thank the University of Waikato for awarding a Doctoral Scholarship, and the Waikato Branch of the New Zealand Federation of Graduate Women for a Merit Award. Thank you to the Health Research Council of New Zealand for a small grant to support fieldwork. Thank you to the Trust Board of Te Whāriki Takapou for supporting my absence, at times, from my position as Chief Executive of Te Whāriki Takapou.

CHAPTER 1 - MĀORI KNOWLEDGES AND HEALTH POLICY

Introduction

The impetus to undertake this study was first, to understand the historical and contemporary impact of government policy upon Māori knowledges - and second, to examine the engagement of Māori knowledges in government health policy as a strategy for Māori knowledges revitalisation. For more than two decades, components of Māori knowledges have been part of government policy in Aotearoa New Zealand. Components of Māori knowledges in the form of Māori words and concepts; for example, 'whānau' and 'korowai oranga', can be found in health and social services legislation and policy. Missing from the literature is an examination of this phenomenon; specifically, the history of the relationship between government policy and Māori knowledges; the socio-political factors that support but also limit the engagement of Māori knowledges with health policy; the impact of engagement upon the intangible aspects of Māori knowledges; and the possibility that engagement contributes to Māori knowledge revitalisation. These are important and timely matters for examination and constitute the focus of this study.

I have worked most of my adult life in the health sector; in health policy, Māori health service delivery, and Kaupapa Māori research. Like many Māori, I am a strong advocate for the right of Māori to engage Māori knowledges in health policy, programmes and services. However, the experiences of the Indigenous peoples in Aotearoa New Zealand and Canada are that their knowledges were subjugated by government policies throughout the nineteenth century and up to the present day. Nowadays, any consideration by Indigenous peoples to engage their knowledges with government policy should be made on the basis of an informed decision as to the benefits and challenges of policy as a site for knowledge revitalisation. Only in Aotearoa New Zealand have the Indigenous peoples engaged their knowledges with contemporary health policy, health programmes, and health services. In Saskatchewan, Canada, the Indigenous peoples have engaged their knowledges with federal and provincially-funded health programmes and services but not with health policy. Investigating why

Indigenous knowledges are engaged in health policy in Aotearoa New Zealand but not in Saskatchewan, Canada, is important; however, simply describing the phenomenon limits its transformative potential. The intention of the study, therefore, is to theorise the engagement of Māori, First Nations and Métis knowledges with health policy by extending Kaupapa Māori theory into the field of Indigenous cross-national comparative policy analysis.

Study questions and outcomes

There are four questions this study addresses, and two outcomes are sought. The first question asks what part historical and contemporary government policies played in the subjugation of Indigenous knowledges in Aotearoa New Zealand and Saskatchewan, Canada. The second seeks to identify the socio-political factors associated with facilitating or inhibiting the engagement of Indigenous knowledges with health policy in both countries. The third question addresses the impact that engagement in health policy has upon the intangible or the ontological aspects of Māori knowledges. Taking into account the study's findings, the fourth question asks whether the engagement of Indigenous knowledges in health policy advances knowledge revitalisation. In order to adequately address all of these questions, it is necessary for me to make two extensions to Kaupapa Māori theory. The first extension is to theorise a two-country comparative policy analysis of Indigenous knowledges in health policy, and the second extension enables an investigation into the impact of policy engagement upon the intangible aspects of Māori knowledges.

Māori knowledges

The term 'knowledge' as it is employed by this study and in the phrase 'Māori knowledges' appears frequently and is used with caution. In its epistemological form, the phrase 'Māori knowledges' refers to descriptions and theories about the origins and features of Māori knowledges as these are represented in the literature reviewed for the study. However, there is the tricky matter of the ontologies of 'knowledge'; in particular, the ontological or the intangible aspects of 'Māori knowledges'. It could be the case that the phrase 'Māori knowledges' is a 'stand

in’ for things that come before ‘Māori knowledges’. While it is beyond the scope of this study to answer the question as to what comes before ‘Māori knowledges’ that allows one to speak and think of such things; nonetheless the question as to ‘things’ is important. In the meantime, agreement can probably be reached that ‘Māori knowledges’ are more than their respective descriptions and theories and that the ontological aspects of Māori knowledges, whatever these ‘things’ are, ought to be a key consideration for this study. Specifically, engaging components of Māori knowledges; that is Māori words and concepts with health policy, is likely to have implications for ‘things’; that is, for the ontological aspects of Māori knowledges.

Essentialism

The phrase ‘Māori communities’ is used frequently through the study and I wish to avoid the perception that I am essentialising Māori identity, representation and membership. Rather, the phrase is used to signal the existence of diverse Māori collectives that includes tribes with mandated membership, and Māori groups and organisations with and without mandated membership. In Aotearoa New Zealand, health policy regularly uses the phrase ‘Māori communities’ in conjunction with terms such as ‘whānau’ and the phrase ‘whānau, hapū and iwi’. For example, *He korowai oranga: Māori health strategy* notes,

The use of the term whanau in this document is not limited to traditional definitions but recognises the wide diversity of families represented within Māori communities. It is up to each whānau and each individual to define for themselves who their whānau is.

(Ministry of Health, 2002, p. 1)

and the *Sexual and reproductive health: A resource book for New Zealand health care organisations* states “At DHB level, this means: Working in partnership with iwi, hapū, whānau and Māori communities to develop strategies to improve Māori sexual and reproductive health” (Ministry of Health, 2003, p. 30).

Tensions exist between the state and Māori with regard to identity, representation, and mandate, and these issues are frequently debated by claimants to the Waitangi Tribunal. The Waitangi Tribunal claim by Te Whānau o Waipereira Trust, a non-tribal health and social service organisation, was an early example of essentialism by the state as to non-recognition of urban Māori. In this instance, the Trust argued that the Crown had failed to recognise the Trust, a non-tribal organisation, as an entity with a mandate to represent urban Māori. The Trust noted that its representative role was required because Crown policies had relocated large numbers of Māori from their tribal lands to the city for cheap factory labour and the Crown turned its back on their subsequent health and social problems. Further, the Trust claimed that the Crown had developed protocols to guide relationships between itself and tribes as recognised and mandated entities, but in doing so, marginalized non-tribal organisations such as the Trust (Waitangi Tribunal, 1998).

Coulthard (2014) writes that it is states' colonising relationships and the benefits that states derive from essentialising identity formations that should remain at the forefront of Indigenous peoples' responses to essentialism. Which is not to say that essentialist positions operating within or between tribes and Māori communities is acceptable but, as Coulthard asserts, exposing the essentialist positions of states should be the key consideration in Indigenous peoples' responses to essentialism within Indigenous communities. Of interest to this study are beliefs that pull aspects of Māori knowledges into essentialising practices; for example, one's ability to speak te reo Māori or familiarity with one's whakapapa and history can be conflated with notions of authenticity. A survey by Houkamau and Sibley sought responses from Māori to beliefs about authenticity. The survey invited participants to score their beliefs against statements such as "To be truly Māori you need to understand your whakapapa and the history of your people" (2010, p. 17). The authors concluded,

Our reading of the literature, and of wider discourses in New Zealand society, suggests that the nature of what it means to be "Māori" is often contested. Borell (2005) for instance, offers a discussion of this issue in relation to the concept of "blood quantum" or the idea that one's "Māoriness" can be socially

constructed as being based on essentialised biological features, rather than lived experiences of culture (see also Chadwick, 1998). This dimension is particularly interesting because we suspect that when widely represented in society this notion may function as a legitimizing myth (Sidanius & Pratto, 1999) that justifies and maintains structural inequality by de-positioning Māori as a “real” group. (Houkamau and Sibley, 2010, p. 13)

Māori knowledges in health policy

For the purpose of discussing the engagement of components of Māori knowledges in health policy I will refer to Māori terms and phrases that are part of three current universal primary health policies. The policies apply to the sexual and reproductive health sector, and influence the design and delivery of sexual and reproductive health programmes and services. Sexual and reproductive health policies and services are part of the public health sector and is an area of health that I know well.

In 2001, the Ministry of Health launched the inaugural sexual and reproductive health policy entitled *Sexual and reproductive health strategy: Phase One*. The strategy describes the Treaty of Waitangi as underpinning the relationship between Māori and the Crown. The strategy sets out the government’s vision for good sexual and reproductive health for all Aotearoa New Zealand as well as the values, attitudes and behaviours required to achieve the vision. However, the Treaty of Waitangi addresses and protects components of Māori health knowledges (Waitangi Tribunal, 2001) and should have been an important part of the strategy with regard to addressing health inequities. Instead, Western understandings and approaches to achieving good sexual and reproductive health dominated. For example, the Programme of Action from the 1994 International Conference on Population and Development (United Nations Population Fund, 2004) influenced the emphasis placed upon reducing fertility rates in order to achieve good socio-economic outcomes. A key platform of the strategy was reducing Aotearoa New Zealand’s fertility rate, in particular what were described

as “unintended and unwanted pregnancies” (Ministry of Health, 2001, p. 1) among young Māori and Pacific peoples.

Deficit-framed quantitative and qualitative research about Māori sexual and reproductive health influenced the content of the strategy. Such research problematised Māori communities and blamed Māori culture for sexual and reproductive health inequities and the poor state of Māori health (Breheny & Stephens, 2010). Deficit-framed research is, Valencia (2010) asserts, a pseudoscience that exerts a powerful influence and appears to be increasingly used to underpin nationwide policies for disadvantaged populations. With regard to the strategy, Western understandings of sexual and reproductive health were set up as the benchmark against which the sexual and reproductive health of Māori communities was measured, compared, and found wanting. The strategy failed to address Māori communities’ own understandings of good sexual and reproductive health, some of which can be found in what remains of traditional Māori knowledges.

In 2003, the policy implementation guide entitled *Sexual and reproductive health: A resource book for New Zealand health care organisations* (Ministry of Health, 2003) was launched. The purpose of the resource book was to guide and support health funders and health service organisations to implement the sexual and reproductive health strategy. The policy was to be applied universally; however, chapter four of the resource book specifically addressed the sexual and reproductive health of Māori communities. As with the inaugural strategy, the Ministry of Health consulted health professionals and members of the public in the development of the resource book. However, the Ministry of Health strengthened the consultation process by establishing a Māori Working Group whose task was to work with policy analysts to develop chapter four. Along with other Māori managers from the sexual and reproductive health sector, I was invited to join the Māori Working Group (Working Group).

A key approach advocated by the Working Group was to draw upon Māori knowledges as a source of understandings and approaches to achieving good sexual and reproductive health for Māori. Based on their experience, the Working

Group proposed that distinctly Māori understandings of good sexual and reproductive health would resonate for Māori communities in ways that Western understandings and approaches would not. The Ministry of Health implemented a number of the Working Group's recommendations, including the engagement of components of Māori knowledges in the form of Māori words and concepts. Consequently, the resource book contains more Māori knowledge in the form of Māori terms and concepts than the earlier strategy document. Chapter four, the section of the document that targeted Māori sexual and reproductive health, uses the term 'whānau' five times, the term 'rangatahi' is used twelve times, and the concepts 'te reo Māori' and 'kaupapa Māori' appear many times in the resource book.

As stated, the Working Group's rationale for engaging components of Māori knowledges into the implementation policy was to promote distinctly Māori understandings of good sexual and reproductive health. The Working Group advised Ministry of Health that using Māori terms such as 'whānau' rather than 'family' would have the effect, or so they hoped, of pushing health funders and health service organisations to re-think the planning and delivery of sexual and reproductive health services to Māori communities. The term 'whānau' has a number of meanings, one of which refers to a multi-generational grouping of people linked to a common ancestor (Moorefield, 2017). The Working Group hoped that instead of consulting parents about, for example, the content of sexuality education programmes in schools, boards of trustees might be more inclined to consult with whānau - grandparents, aunties, uncles and older siblings - when determining programme content. Over time, the Working Group thought that school-based sexuality education programmes might evolve into whānau-centred programmes that supported intergenerational learning based upon positive, affirming Māori understandings of good sexual and reproductive health.

Working Group members were not the only Māori in the early 2000s aspiring to engage components of Māori knowledge into government health policy. In 2002, *He korowai oranga: Māori health strategy* was published (Ministry of Health, 2002). The policy is extraordinary insofar as it is a universal health policy that incorporates a wealth of Māori knowledges. The policy was developed by Te Kete

Hauora, the Māori Health Directorate of the Ministry of Health, and involved extensive consultation with Māori communities across Aotearoa New Zealand. Staffed by experienced Māori policy analysts, Te Kete Hauora reported to the then Deputy-Director General of Māori Health for the country. The overall aim of *He korowai oranga: The Māori health strategy* was “whānau ora: Māori families supported to achieve their maximum health and wellbeing” (Ministry of Health, 2002, p. 1). The policy received strong support from Māori communities and the whānau approach was affirmed by Māori health experts (Durie, 2005).

Importantly, the policy proposed extending the whānau approach across all sections of government in order to reduce socio-economic inequities and improve Māori health (Ministry of Health, 2002). An updated version of the policy was published in 2014 (Ministry of Health, 2014). The policy appears to be a positive, ambitious statement about the Ministry of Health’s confidence that Māori can benefit from Māori knowledges and Māori approaches to health and, as well, the entire public health service and not just Māori health organisations should deliver on these.

He Korowai oranga: Māori health strategy was developed after the sexual and reproductive health strategy but before the sexual and reproductive health resource book. The use of Māori terms in the titles of legislation was observed sporadically during the nineteenth and twentieth centuries, for example the Raupō Houses Act 1842 and the Tohunga Suppression Act 1907, but it was not until the new millennium that components of Māori knowledges featured more regularly in legislation and policy (Williams, 2013). On the surface of it, the health sector appears to lag behind the education sector insofar as incorporating Māori knowledges into policy is concerned. Williams describes the recent trend to incorporate components of Māori knowledges into policy and legislation as “...intended to be permanent and, admittedly within the broad confines of the status quo, transformative” (2013, p. 12). Whether Justice Williams is correct is yet to be seen, but in the meantime it appears that Māori communities have formed expectations that government legislation and policy will engage with Māori knowledges in order to achieve better health outcomes (Ministry of Health, 2014). However, deriving benefits from the engagement of Māori knowledges with government policy is not guaranteed. The 1991 Resource Management Act,

for instance, incorporated the concept of kaitiakitanga into the legislation. However, the Waitangi Tribunal found that the Resource Management Act 1991 was implemented in such a way that kaitiakitanga had little influence. As a consequence, the Tribunal recommended changes to the Resource Management Act to require statutory bodies to have regard for kaitiakitanga and the principles of the Treaty of Waitangi (Waitangi Tribunal, 2011). Engaging components of Māori knowledges into government environmental policy did not in and of itself lead to better environmental outcomes and greater self-determination as hoped for by Māori (Harmsworth and Awatere, 2013).

Research that examines whether beneficial health outcomes are achieved as a consequence of engaging components of Māori knowledges into health policy remains to be done. Kaupapa Māori researchers and staff of Te Kete Hauora at the Ministry of Health would have likely adopted the position that Māori knowledge-based approaches align to best practice Māori health planning, implementation and delivery and are more likely to be supported by Māori communities, therefore achieving better uptake of ‘downstream’ programmes and services. Indeed, rights-based approaches sourced within the principles of the Treaty of Waitangi provide a strong rationale for engaging Māori knowledges with government policies (Waitangi Tribunal, 2011). The recent across-sector whānau ora approach to improving Māori wellbeing is an example of government policy that engages components of Māori knowledges. The whānau ora approach has its origins in *‘He korowai oranga: Māori health strategy* where it was described as “an approach that recognises and builds on the strengths and assets of whānau to encourage whānau development” (Ministry of Health, 2002, p. iii).

In 2009, a government taskforce was charged with providing advice as to how government agencies and community organisations could work better together to improve Māori wellbeing. The report entitled *Whānau ora: Report of the taskforce on whānau-centred initiatives* (Ministry of Social Development, 2010) focused on whānau wellbeing. Māori knowledges in the form of Māori terms and concepts featured in the aims, principles and goals of the framework. However, a recent report by the Auditor-General (Office of the Auditor-General, 2015) notes variances between the original concept of whānau ora as a large multi-

generational collective of people, and ‘on the ground’ whānau ora service delivery which appeared to have been reduced to services for individuals. The report suggested that this was a consequence of health service organisations that were contracted by funders to deliver services to individuals, adding that the approach to improving Māori community wellbeing was below expectations.

To summarise, components of Māori knowledges barely featured in the 2001 policy document *Sexual and reproductive health strategy: Phase one* (Ministry of Health, 2001). Published two years later the publication *Sexual and reproductive health: A resource book for New Zealand health care organisations* (Ministry of Health, 2003) features a number of components of Māori knowledges as a key part of the chapter on Māori health. *He korowai oranga: Māori health strategy* (Ministry of Health, 2002) was published midway between the sexual health policies and contains a wealth of Māori knowledges, as does the updated version (Ministry of Health, 2014). Engaging Māori terms with policy does not necessarily lead to better outcomes as the example of kaitiakitanga in the Resource Management Act and problems with recent whānau ora policy indicates. Nonetheless, Māori communities and the Ministry of Health supported the engagement of components of Māori knowledges with health policy at least as recently as 2014.

Knowledge revitalisation

Engaging Māori knowledges with health policy, programmes and services could be argued, according to the Waitangi Tribunal, to be an expression of the Treaty of Waitangi principle for protection of tikanga Māori. Although the WAI 692 report focused on medical institutions and health professionals, one of the findings of the report speaks more generally to the value of Māori approaches to health and the responsibility of the Crown to recognise and protect these in the design and delivery of services to Māori. The Tribunal stated,

We consider that, if Māori were guaranteed the right to their own culture, protecting it also placed an obligation on the Crown to ensure that it was respected by the publically funded medical

institutions and professionals that served them. The extent of such accommodation would, as usual, be subject to the limits of practicality, reasonable cost, and clinical safety. Recognition of the cultural as well as the technological dimensions of health is essential for the delivery of effective health services for Māori (Waitangi Tribunal, 2001, p. 57).

My experience as a member of the Māori Working Group established by the Ministry of Health in 2003 to assist the development of sexual and reproductive health policy was that Māori communities supported engaging Māori terms and concepts in health policy. The rationale for engagement was that policy would resonate with Māori and promote and maintain Māori language and culture. Engaging components of Māori knowledges in policy was commensurate with broader Māori community-inspired strategies for revitalising Māori language and culture such as kohanga reo and kura kaupapa Māori (Smith, 1997), Kaupapa Māori health and social services (Cram, 2006), and the growth of Kaupapa Māori research theory and practice (Pihama, 2001).

The strategies that Indigenous peoples choose to revitalise their knowledges are made in the context of limited options. Some strategies require Indigenous peoples to work with governments as funders, co-producers, collaborators - even partners - in knowledge production and revitalisation projects. Oftentimes Indigenous peoples choose strategies without the benefit of certainty as to outcomes, changing tactics along the way. Smith (1997) writes that Māori parents often had to make difficult choices within the broad resistance strategy to establish and maintain control of kura kaupapa Māori schools. On the one hand, schools were deliberately established outside of the state education system by Māori parents seeking to revitalise Māori language in their own whānau and exercise self-determination of the structure and curriculum of schools. On the other hand,

The problem with which Māori communities are confronted in 'picking up the government cheque' is how to protect the gains made during this phase of relative autonomy while outside the

system. Government funding comes at a ‘price’ for Māori in that they immediately subject themselves ‘into’ a more ‘structurally determined’, economically dependent, existence (Smith, 1997, p. 110).

Working at the frontier, knowledge revitalisation projects, like language revitalisation projects, are indeed frontier projects. Progress is incremental and there is no silver bullet in the race against the possible decimation of Indigenous knowledges. Indigenous peoples have their ancestors’ instructions but they know from experience that gains made will be met with new state responses because “...the colonial power structures are in constant mutation”. (Hokowhitu, 2010, p. 209)

Every once in a while, a ‘window’ presents itself and progress toward the desired outcome can be viewed. In a sense, this study is a window through which to take stock of Māori knowledges in health policy. Is the engagement of Māori knowledges in health policy contributing to knowledge revitalisation or is the strategy increasing the risk of decimating fragments of Māori knowledges that have survived decades of subjugation?

Indigenous cross-national comparative policy research

There are a number of comparative studies by Indigenous researchers that address aspects of colonisation in the four settler states; Australia, Canada, Aotearoa New Zealand and the United States, and from the perspectives of Indigenous peoples. The decision to compare and contrast the impact of government policy upon Māori knowledges in Aotearoa New Zealand and First Nations and Métis knowledges in Saskatchewan, Canada, was driven by the realisation that not only was the phenomenon of Māori knowledges in health policy unique to Aotearoa New Zealand but maybe the perception had developed that engagement with health policy was de rigueur and contributed to the revitalisation of Māori knowledges. The practice of instilling Māori knowledges in health policy has been underway for two decades and to date has not been the subject of inquiry. Comparing and contrasting the Aotearoa New Zealand experience with the

experience of health policy makers in Saskatchewan, Canada, provides a wider lens through which to examine and theorise the subjugation of knowledges as well as factors that support and limit the engagement of Māori, First Nations and Métis knowledges with health policy.

Saskatchewan was selected for the cross-national comparison because of the settler states, the proportion of Indigenous to non-Indigenous peoples was closest to Aotearoa New Zealand's proportion. In 2011, Saskatchewan's proportion of Aboriginal to non-Aboriginal peoples was 15.6% and the proportion of Māori to non-Māori in Aotearoa New Zealand in 2016 was 15.4% (Bureau of Statistics, 2017; Statistics New Zealand, 2017). The Māori, First Nations and Métis population profiles are similarly youthful, and persistent health inequities exist between Māori, First Nations and Métis and their non-Indigenous counterparts (King et al, 2009; Cormack and Harris, 2009). Taking into account the stated intentions of governments to address Māori, First Nations and Métis health inequities, it is reasonable to expect that policy solutions will be similarly important.

Contemporary policies are influenced by policies of the past, suggesting that taking a historical perspective is important when accounting for cross-national policy variation (Leichter, 1979). As will be discussed in greater detail, settler states such as Aotearoa New Zealand and Saskatchewan, Canada, have shared histories of colonial rule that dispossessed Indigenous peoples of resources and livelihoods in order to set up socio-political structures based upon British common law (Havemann, 1999). There are, as a consequence, sufficient socio-political similarities to justify the cross-national comparative analysis, although country-specific differences are also important when it comes to theorising cross-national policy variation. Drawing lessons from the study's findings will, I hope, assist Māori communities and policy makers to make informed decisions as to the future of Māori knowledges in government policy. As a comparative study that addresses First Nations and Métis knowledges in health policy in Saskatchewan, Canada, the hope is that the study findings and the Māori experience of engaging their knowledges with health policy will also be of use to First Nations and Métis peoples as they work toward revitalising their knowledges.

Study plan

The thesis is broadly organised into two parts. Part 1 introduces the research questions and the outcomes sought by the study. Next, the key concepts and comparative theories and models are presented. The rationale for modifying and extending the Kaupapa Māori theoretical approach is canvassed, two extensions are described, and key country-specific similarities and differences are offered. Part 2 moves into applying the extended Kaupapa Māori approach so as to compare, contrast, analyse and theorise the historical and contemporary relationships between Indigenous knowledges and government policy, the ontological aspects of Māori knowledges, and possibilities for knowledge revitalisation.

Chapter 2 sets out the study's Kaupapa Māori methodological approach. Specifically, the justification for investigating the engagement of components of Māori knowledges with health policy, the value of comparing and contrasting Māori, First Nations and Métis knowledges and health policy across two countries, empirical research methods employed, and my concern to understand something of the impact that policy engagement has upon the ontological aspects of Māori knowledges. Chapter 3 reviews the field of cross-national comparative policy analysis and key models and theories. These are discussed in relation to Kaupapa Māori approaches and the extended Kaupapa Māori model for Indigenous cross-national comparative policy analysis and inquiry into the intangible aspects of Māori knowledges are described. Chapter 4 introduces key coordinates for comparison and cross-national similarities and differences are presented. The coordinates help the reader to approach the large amount of legislative, policy and socio-political material that is presented in upcoming sections of the study. Chapter 5 presents the two-country comparative policy chronology arranged into five policy eras, with accompanying narratives. Using the extended cross-national Kaupapa Māori approach, the subjugation of knowledges by macro-level policies and Indigenous efforts towards revitalisation are theorised. Chapter 6 focuses on meso-level policy, comparing and contrasting health policy makers accounts of the factors that support and limit the engagement of Māori, First Nations and Métis knowledges in health policy, programmes and

services. The extended Kaupapa Māori approach is applied to theorise the engagement of knowledges in health policy as a strategy for revitalisation of knowledges. Chapter 7 discusses speculative inquiry as a novel Kaupapa Māori research approach for examining the impact of health policy upon the intangible aspects of Māori knowledges. Chapter 8 summarises the study's key findings, discusses the extensions to Kaupapa Māori theory, and concludes by reflecting upon health policy as a site for revitalising Māori, First Nations and Métis knowledges.

CHAPTER 2 - METHODOLOGY

Introduction

The methodology for this study aimed to contribute material that had the potential to transform thinking and practice with regard to engaging Māori knowledges in health policy. The practice of engaging components of Māori knowledges in health policy has been underway in Aotearoa New Zealand for more than two decades but has not been the subject of inquiry. From my perspective, it was important to know more about the risks and benefits of engaging Māori knowledges in health policy so that informed decisions could be made by Māori communities and policy makers as to the future of the practice. I was comfortable with the notion that the transformative potential of the study could take a number of forms. The findings could potentially transform the aims that policy makers have when they seek to engage components of Māori knowledges with policy? Maybe the transformative potential would relate to changing the expectations that Māori communities have about engaging Māori knowledges with health policy? Or would the transformative potential lie in the approach that Kaupapa Māori researchers might use when considering the ontological aspects of Māori knowledges? Whatever the avenue for transformation, I was confident that the Kaupapa Māori methodological approach was the best approach to take. My confidence derived from the strong association between the Kaupapa Māori methodology and the approaches that Māori communities engage when confronted with issues and problems, even when the approach might be unconscious. The decision by a number of Māori communities to step out of the state education system and set up Kura Kaupapa Māori in order to halt the decline of te reo Māori and transform schooling for their children was a Kaupapa Māori methodological approach. At the outset, parents may not have known the methods and processes they would take but they were largely undeterred and chose the approach regardless. The guiding principles of the Kaupapa Māori methodological approach are to be found in the values and aspirations of Māori communities; adapted somewhat to fit specific circumstances but there are broad similarities nonetheless. Broadly, the principles of the approach are to increase Māori

collective self-determination, assert and uphold the Treaty of Waitangi, foster and maintain te reo Māori me ngā tikanga Māori – including Māori knowledges.

The Kaupapa Māori methodological approach, when applied to the field of health policy, is similarly concerned with self-determination as it relates to Māori health policy priorities; implementing the Treaty of Waitangi as a framework for policy making and Māori health outcomes; and utilising health policy as a vehicle for fostering and maintaining te reo Māori me ōna tikanga Māori. The challenge of the study was to ensure that the findings contributed to transformation even though the form that the transformation might take was unclear at the outset of the study. There is a tendency to describe methodologies as giving researchers some certainty in terms of achieving the aims of the research (Clough & Nutbrown, 2002). That is a reasonable starting point; however, this may have the effect of setting aside the possibility that methods or in the case of this study – approaches - might be revealed and developed through the course of the study. One of the benefits of the Kaupapa Māori methodological approach is that researchers can assert certainty with regard to methods such as literature reviews and cross-national comparative policy analyses whilst allowing for uncertainty and the likelihood that approaches will be revealed, and quite likely concealed, over the course of the study.

Positionality

Turning now to my interest in government health policy, also the topic of my Master's studies, I am ambivalent about the practice of positioning oneself in one's research. Positionality in terms of one's 'insider' and 'outsider' status in the context of research is important information to share with readers. From a Kaupapa Māori perspective, the practice of naming oneself relative to a place or an issue is also important and is not unlike the pōwhiri process. The pōwhiri requires the tangata whenua or the host people connected to a particular area of land to welcome the manuhiri or the visitors. Guided by the pōwhiri, the tangata whenua and manuhiri come together; however, the tangata whenua maintain their position and the manuhiri theirs. So too with 'insiders' and 'outsiders' in Kaupapa Māori theory and research. No matter the length of time I spent in Saskatchewan

or the quality of the relationships I formed with First Nations and Métis peoples, I am an ‘outsider’. By the same token, I am positioned as an ‘insider’ when undertaking Kaupapa Māori research that involved interviewing former Ministry of Health policy makers in Aotearoa New Zealand for this study. I carry responsibilities and accountabilities associated with ‘insider’ and ‘outsider’ research. As a Māori person and a Kaupapa Māori researcher, I have responsibilities to my whānau, hapū and iwi to undertake research that complements their mana and to use processes and practices that maintain my whānau, hapū and iwi values and aspirations. Kaupapa Māori researchers have described Māori values that guide Kaupapa Māori research and those should be applied when working at home and when undertaking research outside one’s homelands. As a Kaupapa Māori researcher, I carry responsibilities regardless of the country that I am working in; perhaps even more so when I am working far from home and on other peoples’ lands. It is the expectation of my whānau, hapū and iwi that I will uphold those values and responsibilities at all times.

Positionality that is described by way of personal narratives about the relationship between the topic of study and my own life events is something that I approach with ambivalence. It makes sense for the researcher to declare her interest in and experience of the topic that is under investigation. However, the researcher is in danger of rendering positionality as if it were, from the outset, the determining factor with regard to the choice of topic and methods. The need for certainty with regard to research - to account for and maybe even justify one’s topic for research as an outcome of personal experience – can have the effect of directing the researcher’s attention (and the reader’s attention too) away from the possibility that there is value in research that is less certain; that issues and approaches may be revealed, not at the outset of the research as positionality might have it, but towards the end. The researcher is, by definition, someone who searches closely for or attempts to seek out something. Research, therefore, necessitates a fair amount of freedom within the bounds of ethical practice. Positionality as a personal narrative that explains or justifies the research topic and approaches might constrain the researcher and, by association, the research. A Kaupapa Māori approach to positionality might be that it is more of a process of ‘searching closely’, an activity that is less anthropomorphic, thereby allowing for intangible

things such as ideas, dreams, ancestors and significant places to operate upon and influence approaches and methods and the production of knowledge. In this scenario, positionality is less of a justification of one's topic and processes at the outset of the research and more of a relationship that one develops during or even after the research. The difference is subtle but important as it allows for the possibility that the researcher is not fully in control of the research, that research can be uncertain, that ideas can reveal or conceal themselves, and that our research may be a consequence, in part, of forces beyond our apprehension. For some, it is not until the very end of the 'search' that we gain a sense of our own positionality.

In the early years of this doctoral study, I naively attributed my interest in government policy and Māori knowledge to my time working with Māori communities to develop health policy that reflected our values and priorities. It was not until my final year of doctoral study when I travelled overseas with a cohort of Māori doctoral students to share research with Native American doctoral students and came to understand the topic of my research as more visceral. Far from home it came to me that my interest in government policy was also connected to the 1950s closed adoption policy in Aotearoa New Zealand that I was a part of. The practice of severing Māori children from their home communities, from their tribal and family knowledges, and setting them adrift like flotsam and jetsam can be attributed to government policies for assimilation and integration. It was the intention of governments that Māori children, placed as many were with Pākehā families, renamed, and their adoption files sealed, would cease to be Māori and in so doing, a facet of government's 'Māori problem' would be solved. Policies and practices for forcibly removing Indigenous children from homes and communities were implemented in Australia, Canada, Aotearoa New Zealand, and the United States and continue to operate today (Armitage, 1995; Blackstock, 2009). Removal as an outcome of government policy takes place in different ways: renaming peoples, dispossessing them of lands and natural environments, residential schooling, dis-enfranchisement, enumeration, blood quantum, forced adoptions, foster care, psychiatric incarceration, prisonisation. Every Indigenous person I have met who was separated from family or community as a consequence of government policy experienced not just the

trauma of removal but a trauma of identity (Moeke-Pickering, 1996; Wirihana & Smith, 2014). The trauma of identity is also a trauma of recognition; of not recognising oneself, of not been recognised by others, and of been recognised as someone else. These are some of the experiences that Indigenous peoples in the four settler states hold in common. Government policies for removal were not a single colonial project that targeted the young. Removal by force or by administrative practices is closely entwined with the racialisation of Indigenous identities in Aotearoa New Zealand and Saskatchewan, Canada. Anecdotally, there is a tendency to think that government-determined identification of Indigenous peoples was a feature of colonial policies in Australia, Canada and the United States but not Aotearoa New Zealand. That was my perspective when I began the study, but changed as I examined and compared historical and contemporary government legislation and policy in Saskatchewan, Canada and Aotearoa New Zealand. The effect upon me was to carefully consider the use of the term ‘Māori’ and to rethink contemporary tribal registers and registration processes, the Māori Land Court succession files, and the dangers of essentialising being Māori.

The decision to compare and contrast Māori knowledges and government policy in Aotearoa New Zealand to First Nations and Métis knowledges and policy in Saskatchewan, Canada, was not difficult to make. I was fortunate to have had some experience of health research with First Nations and Métis researchers and health service managers over the period 2008 to 2011, some of whom were from Saskatchewan. That experience was gained as a member of the Mauri Tū Mauri Ora research team, the Aotearoa New Zealand ‘arm’ of the tripartite International Collaborative Indigenous Health Research Partnership (ICIHRP) that included research teams from Australia and Canada (ICIHRP, 2004). The three-country research programme investigated the role of resiliency in responding to blood-borne viruses and sexually transmitted infections in Indigenous communities. Over the course of the ICIHRP research programme it became apparent there were similarities among Indigenous peoples in Australia, Canada and Aotearoa New Zealand; for example, dispossession of land and resources, cultural subjugation, and persistent health inequities. As well, there were differences such as country-specific research methodologies, different health measures, and

bicameral and unicameral policy and funding arrangements, all of which made for difficult comparisons. The ICIHRP was my introduction to international Indigenous research and sparked an ongoing interest in cross-country comparative research and health policy. As the community-based researcher on the Mauri Tū Mauri Ora team, one of my roles had been to establish and facilitate relationships with the Australian and Canadian research teams. Consequently, when it came time to plan the doctoral study, an awareness of the complexities of Indigenous cross-country comparative health research and prior working relationships with First Nations and Métis researchers and health service managers proved invaluable. In fact, time spent with the ICIHRP research teams was what led to the realisation that among the settler states – Australia, Canada, Aotearoa New Zealand and the United States - engaging Indigenous knowledges with government health policy was not an international ‘norm’ but was unique to Aotearoa New Zealand. That realisation sparked an interest to investigate factors that enable the engagement to occur in Aotearoa New Zealand, but not in Saskatchewan, Canada.

Research questions and outcomes

For more than two decades now, components of Māori knowledges have been part of government policy in New Zealand. This study seeks to examine and theorise the socio-political and ontological conditions affecting the engagement of Māori knowledges in government health policy. The study also examines the engagement of Māori knowledges in health policy as a strategy for knowledge revitalisation. The examination focuses on components of Māori knowledges; that is Māori terms and concepts, in three current government health policies:

1. *Sexual and reproductive health strategy: Phase One* (Ministry of Health, 2001);
2. *Sexual and reproductive health: A resource book for New Zealand health care organisations* (Ministry of Health, 2003);
3. *He korowai oranga: Māori health strategy* (Ministry of Health, 2002) and updated in 2014.

Study questions

As Chapter One notes, four questions shape the research. These are:

1. What part have historical and contemporary government policies played in the subjugation of Māori, First Nations and Métis knowledges?
2. What are the socio-political factors associated with facilitating or limiting the engagement of Māori, First Nations and Métis knowledges with health policy?
3. What is the impact upon the intangible aspects of Māori knowledges of their engagement with health policy?
4. Does the engagement of these knowledges with health policy support the revitalisation of Māori, First Nations and Métis knowledges?

For practical reasons to do with doctoral research the study addresses Māori knowledges in health policy in Aotearoa New Zealand, and First Nations and Métis knowledges in health policy in Saskatchewan, Canada. The knowledges of the Inuit peoples of northern Saskatchewan were not part of the study. The review of literature was restricted to that which could be accessed through the Waikato University Library and desktop searches. The study question that addresses the intangible aspects of Māori knowledges was undertaken so as to achieve a more rounded, holistic inquiry that addressed not just the tangible but also the intangible aspects of Māori knowledges. A more conventional approach would have focused on the tangible or material aspects of Māori knowledge in government policy; that is, definitions, origins, and likely benefits and challenges of engagement. I took the less travelled path which was to inquire about the ontological or the intangible aspects of Māori knowledge. I took this path because I am interested to think about the likelihood that Māori knowledges are more than tangible entities that can be described and measured even though I am uncertain as to where such thoughts might take me.

The rationale for addressing all four questions is a concern to understand the risks and benefits to Māori knowledge that arise from its engagement with health policy. At the level of the material or tangible, the risks arising from engagement might include but are not limited to an erosion of Māori meaning (Williams, 2001); the advent of new terms and meanings that conflict with older terms and meanings (Magallanes, 2011); and the commodification of Māori knowledges (Smith, 1997). At the level of the intangible, there is a likelihood that the ontological features of Māori knowledges are marginalised and maybe even altered as a consequence of engagement with policy. Convention encourages inquiry of the material or tangible but not of the ontological aspects of Māori knowledge; possibly another form of colonisation (Mika, 2014). Where evidence exists, the socio-political and ontological conditions associated with Māori knowledge in government health policy are described.

In the context of this study, the outcome sought is to theorise the relationship between socio-political factors, Māori, First Nations and Métis knowledges and government policy on the one hand, and ontological conditions affecting the incorporation of Māori knowledges in government policy on the other. At the very least, the study is a step in the direction of theorising Māori knowledges in government policy. I shall try and avoid the tendency to provide lengthy descriptions of Māori knowledges in policy or the risks and benefits. Descriptions of Māori knowledges are important, hence the literature review, but they do not help one to understand why and how Māori terms and concepts are part of health policy in Aotearoa New Zealand. One of the benefits of strong theory is that it is predictive. Predictive theory may assist Māori to assess the contribution that engaging Māori knowledges in policy makes to knowledges revitalisation. Strong theory may also be of assistance to First Nations and Métis peoples in Saskatchewan as they consider the strengths and risks of engaging their knowledges with government-funded health services and programmes.

Why should it matter whether such theory exists? The first reason is that Te Tiriti o Waitangi describes Māori knowledge as a taonga or an entity of high value and importance to Māori and as such, is to be protected (Williams, 2001). A theory of the engagement of Māori knowledges with health policy could contribute to

informed decision-making as to engagement as a strategy for ensuring the wellbeing and longevity of Māori knowledges. The second reason is that governments are required to protect, foster and maintain Māori knowledges (Waitangi Tribunal, 2011). This suggests that there is a responsibility on the part of governments to protect, foster and maintain Māori terms already engaged with health policy. In this respect, governments might also be interested in theories that ascertain the extent to which health policy is conducive to protecting and fostering Māori knowledges. For instance, government actions (or inactions) that endanger Māori knowledges already engaged with health policy could activate a claim that such policy had breached the Treaty of Waitangi.

As stated earlier, Māori communities generally support engaging Māori knowledges with health policy because such policies are more likely to resonate for Māori communities. However, there is a dearth of material about the ‘downstream’ effects of engaging Māori knowledges with health policy. Is there a risk, as happened with the term ‘kaitiaki’ in environmental policy, that older Māori understandings of words and concepts will be weakened and replaced by government or judicial understandings as Magallanes (2011) describes? Further, I could not find any published material that explores the engagement of the ontological aspects of Māori knowledges with health policy. Published material explores the contribution of Māori knowledges to research (Moewaka-Barnes, 2006), theory and practice concerning Māori health (Durie, 2004; Ministry of Health, 2002), education (New Zealand Qualifications Authority, 2014), the environment (Harmsworth & Awatere, 2013), and law (Waitangi Tribunal, 2011). But what does it mean for Māori knowledge to ‘be’ in government policies? The absence of inquiry as to the ontological aspects of Māori knowledge in government health policy signals a problem of some magnitude. The framework ‘He Awa Whiria’ is described as providing an intersection and a blending of cultural knowledge and conventional western educational and psychological knowledge and practice in New Zealand. Macfarlane explains,

[He Awa Whiria] sets out a process model that attempts to interrogate and integrate western science and kaupapa Māori models of programme development and evaluation. This

diagram is based on the analogy of a braided river (he awa whiria) in which the two main streams, representing western science and kaupapa Māori models, are interconnected by minor tributaries with the two reaching a point of convergence.

(Macfarlane, 2012, p. 217)

The author gives a strong account for why integrating Māori and Western knowledges is critical but more information about integration and the likely impact of integration upon the ontological aspects of the kaupapa Māori models would be helpful. Durie (2005) is interested in the interface between Māori and western knowledges but little information is given about what occurs at interface for the intangible aspects of Māori knowledges. A Foucauldian response to the lack of inquiry concerning Māori knowledges in government policy is possibly that engagement does not alter the discursive construction of Māori as object for regulation (Foucault, 1972). A Heideggerian response might be that Māori knowledges in government policy are self-evident and already understood and no further inquiry is needed (Heidegger, 1996). Another perspective is that Māori knowledges in government policies are a sign of maturation of the relationship between Māori and governments, maybe even a small victory. I suspect that a Kaupapa Māori perspective would be to ask whether engaging Māori knowledges in health policy changes or is accompanied by an equal distribution of power involving Māori communities and governments. Others might point to Māori knowledges in policy as an extension of the 1960s policy for integration wherein,

As used here, integration denotes a dynamic process by which Māori and Pākehā are drawn closer together, in the physical sense of the mingling of two populations as well as in the mental and cultural senses where differences are gradually diminishing. Remembering that the dictionary meaning of the verb 'to integrate' is 'to make whole' we regard the integration of Māori and Pākehā as the making of a whole new culture by the combination and adaption of the two pre-existing cultures.

(Hunn & Booth, 1962, p. 4)

On the other hand, the delay to examine Māori knowledges in policy could be understood as a pragmatic response by Māori to address more important matters. However, Mika draws attention to the tendency among those writing about Māori knowledges to avoid ontological inquiry and instead focus on processes and outcomes more so than the philosophical aspects of knowledges (2010). The focus upon the material aspects of Māori knowledges such as origins, uses and commodification is confirmed by Moewaka-Barnes who writes,

Prior to colonisation, Māori knowledge was dynamic, intact and holistic. Today, Māori knowledge and science are commonly framed in terms of development and use. This includes bringing Māori up to the same standard as non-Māori and harvesting or integrating Māori knowledge for mainstream. (2008, p.139)

I watched an interview with Te Kahautu Maxwell on Māori Television (Wakahuiatv, 2014) and was interested in his comment that members of the hapū to which he belongs, many of whom he described as experts in the ways of the hapū, would be unfamiliar with the phrase Mātauranga Māori or Māori knowledges. I understood what he said to mean that some Māori communities are more likely to be subjectively engaged in rather than talking or writing about Māori knowledges. Interest to examine Māori knowledges in government policies might be lower in some Māori communities than others, although arguably all Māori communities are engaged at some level in the production of knowledges. One might expect, for example, the incentive to be higher among health policy makers working in the area of Māori health than policy makers concerned with transport and road safety. However, the incentive among health policy makers might be tempered by the fact that the Ministry of Health does not monitor or evaluate the impact or outcome of its policies. The National Health Committee (2002) identified failure to undertake evaluation and monitoring as key weaknesses affecting health policy and Māori health outcomes, and Ringold (2005) described Māori policy making as iterations of the same policy model.

Governments have controlled the field of policy making and the production and reproduction of policy-related knowledge,

Knowing an object in such a way that it can be governed is more than a purely speculative activity: it requires the invention of procedures of notation, ways of collecting and presenting statistics, the transportation of these to centres where calculations and judgements can be made, and so forth. (Miller & Rose, 1990, p. 150)

Smith (Mead) describes the impact of reading texts (and this could apply to policy documents too) that are produced for audiences who are not Māori as ‘...reading and interpretation present problems when we do not see ourselves in the text. It also presents problems when we do see ourselves but can barely recognise ourselves through the representation’ (Mead, 1996, pp. 44-45).

One response to government control of policymaking and the lack of information about knowledge integration, the interface between Māori and Western knowledges, and the ontologies of Māori knowledges in policy is to undertake a doctoral study. The strongest incentive for ensuring the engagement and representation of Māori knowledges in government policy is accurate is to be found among iwi, hapū, whānau and Māori communities. Required are theoretical approaches that support inquiry of the material and ontological aspects of Māori knowledges in government policy.

Kaupapa Māori theory

A Kaupapa Māori theoretical approach can provide a culturally relevant and critically engaged examination of Māori knowledges in government health policy. Before the examination can take place, a version of Kaupapa Māori theory that is ‘fit for policy’ requires development. What follows is an overview of three studies that support the assertion that Kaupapa Māori theory is well-suited to an examination of Māori knowledges in government policy. Kaupapa Māori theories as these emerged from education, Māori women’s wellbeing, and international Indigenous contexts, are presented. The relevance of these theories to an inquiry of Māori knowledges in government policy is noted, and a version of Kaupapa Māori theory for cross-national comparative health policy settings is offered.

A seminal policy study that demonstrated the benefit of using a Kaupapa Māori approach was Pihama's review (1993) of the Parents as First Teachers (PAFT) programme. The review concluded that the PAFT government policy and programme was not emancipatory; rather it privileged Pākehā constructions of early childhood education. Moreover, the policy problematised Māori notions of early childhood education and justified Pākehā culture and interests as the dominant voice for early childhood education. The benefit that Kaupapa Māori theory brought to the analysis of PAFT was to draw attention to the role of government policies in the production of problematising discourses about Māori and the reproduction of unequal power relations between governments and Māori. In a similar vein, a Kaupapa Māori theoretical approach to a study of Māori knowledges in government policy could potentially provide useful information about the relationship, if any, between Māori knowledges in policy and unequal power relationships between governments and Māori accompanying policy making. Information that identified optimal conditions for the incorporation of Māori knowledge into policy would also be beneficial - particularly conditions that advanced Māori as opposed to government understandings of Māori knowledge.

A second study that utilised Kaupapa Māori theory to examine government policy was undertaken in 1998 for the Māori Employment and Training Commission by Graham Smith, Patrick Fitzsimons and Miki Roderick. A strength of the Kaupapa Māori theoretical approach to an analysis of labour market policies was the explication of national, international and ideological factors that create unemployment among Māori. The finding contrasted sharply with the government's discursive policy construction of Māori as 'beneficiary', and as 'problem'. Based on the findings of Smith and colleagues, one might expect a Kaupapa Māori theoretical approach to illuminate a relationship between Māori knowledge and a strengths-based construction of Māori in government health discourse. A Kaupapa Māori theoretical approach could present Māori knowledge in government health policy as Māori 'agency' and a counter-construction to the discursive representation by governments of Māori as 'risk', and 'problem'.

The third study by Wihongi (2010) used a Kaupapa Māori theoretical approach to examine rangatiratanga in government policies and programmes for breast-screening services for Māori women. Wihongi found that the concept of tino rangatiratanga had the potential to ensure Māori partnership in government policy and programme-making. However, the study found that the Ministry of Health and District Health Boards reduced tino rangatiratanga or Māori self-determination to mere consultation. Kaupapa Māori theory provided a framework that prioritised and legitimised Māori understandings of the concept of tino rangatiratanga. When compared to the truncated definition of tino rangatiratanga as operationalised by District Health Boards and governments, what emerged was their ability to control and subvert Māori understandings of Māori terms and concepts. A strength of Kaupapa Māori theory in Wihongi's study was to highlight the vulnerability of components of Māori knowledges when these are engaged with health policy. Wihongi concluded that marginalising tino rangatiratanga in the implementation of a national screening policy provided no health gains for Māori women. Kaupapa Māori theory identified the multiple points along the policy continuum at which components of Māori knowledges in government health policy were rendered invisible.

Turning now to versions of Kaupapa Māori theory, the settings from which these emerged, and the principles or elements of each theory, the study by Graham Smith (1997) presented the concept of transformational praxis; that is, the emergence of Kaupapa Māori theory as an outcome of struggle between Māori and the state over Māori education. Smith writes that Kaupapa Māori theory is a strategy for asserting self-determination and fostering and maintaining Māori language and culture in education settings. Tracing the development of Kaupapa Māori theory in educational settings, Smith (1997) describes Kaupapa Māori theory as “continuously being made and re-made” (p. 26) through an ever-changing and always alert process of “conscientisation, resistance, transformative praxis...and transformative outcomes of existing conditions” (pp 36-37). The intervention principles that Smith proposed as guiding Kaupapa Māori theory, particularly where Māori education was concerned, were:

- Tino rangatiratanga - principle of self-determination;

- Taonga tuku iho - principle of cultural aspirations;
- Ako Māori - principle of culturally preferred pedagogy;
- Kia piki ake i ngā raruraru o te kainga - principle of socio-economic mediation;
- Whānau - principle of the extended family structure;
- Kaupapa - principle of the collective philosophy.

Three points can be made here. The first is that Smith attributes these principles as emerging from the Māori struggle with the state in education settings. The sense is that the principles are generated in response to the context and the times during which Māori conscientisation, resistance and transformation in education occurred (Smith, 1997; Smith, 2000). The second is that struggles in other settings (and at other times) will likely generate new versions of Kaupapa Māori theories and associated principles. The third is that the number of principles underpinning Kaupapa Māori theories may increase in response to governments adapting and developing new strategies for maintaining power and control.

Smith's principle of tino rangatiratanga is, I propose, critical to a theoretical analysis of Māori knowledges in government policy. The struggle between Māori and governments over the application of tino rangatiratanga and government policy for Māori is lengthy and ongoing inquiry is required (Durie, 1998). The principle is useful for a Kaupapa Māori analysis of Māori knowledges in government policy as a mechanism for highlighting government hegemony.

Taonga tuku iho or the principle of cultural aspirations is also useful with regard to Māori knowledges and government policy. Taonga tuku iho encompasses the material or the tangible aspects of Māori knowledges - origins, practices, benefits and risks - and the intangible, the ontological or the metaphysical dimensions of Māori knowledges - beings, properties, components and much more.

Pihama (2001) examines the impact of colonisation on the self-determination of Māori women, drawing upon literature by Māori women and her own lived experience in order to develop Mana Wahine theory. The elements of Mana Wahine theory were identified through a process of "reviewing writings of Māori women that specifically discuss the notions of either Mana Wahine theory or

Māori feminisms as theoretical frameworks or the impact of colonisation on Māori women” (p. 259). Pihama describes Mana Wahine theory as a particularised version of Kaupapa Māori theory and refers to Nepe’s description of Kaupapa Māori as originating in the metaphysical realm. Pihama notes that elements of Kaupapa Māori, when these are generated from diverse contexts such as policy, research, film or tribal wānanga, will differ in response to the specifics of those setting (Pihama, 2001). As such, Kaupapa Māori theory is organic and,

...there is no set formula that we can use to say here is what it looks like, rather Kaupapa Māori theory has a range of expressions that are influenced by things such as whānau, iwi, urban experiences, gender, geography, to name a few. (Pihama, 2015, p.15)

Pihama writes that while different elements emerge from different settings, all of the elements, values and beliefs cohere. This being so, a setting such as government policy would likely generate specific elements, but consistency with Māori values and beliefs would be maintained. Pihama describes the elements of Mana Wahine theory as indicative and should not be interpreted as fixed or final. Rather, the elements are described as an ‘opening’ or a metaphorical space from which Mana Wahine theory will be extended or particularised as a consequence of contributions from other Māori women. The elements of Mana Wahine that emerge from Pihama’s study are:

- Mana wahine;
- Te reo Māori me ōna tikanga;
- Whakapapa;
- Whānau / whanaungatanga;
- Recognising diverse realities;
- Wairua;
- Te Tiriti o Waitangi;
- Decolonisation (note Escobar);
- Mātauranga Wahine, and
- Reclaiming cultural space

The study by Pihama (2001) and an earlier study of the role of government policies in the production of damaging knowledge about Māori (Pihama, 1996) open the way to developing Kaupapa Māori theory based on reviewing literature and lived experience, in addition to direct personal struggle with governments over hegemonic policies and practices. This is relevant for customising a version of Kaupapa Māori theory of Māori knowledge in government health policy. A number of the elements underpinning Kaupapa Wahine theory are useful to an analysis of Māori knowledge in government policy. The elements Wairua, Te Tiriti o Waitangi and Decolonisation are associated with the tangible and intangible aspects of Māori knowledge. Writing about wairua and Māori about knowledge, Pihama cites Smith as writing “Māori women have a clear spiritual project that is to do with bringing forward not only discussions of wairua, but the wider discussion of Māori knowledge”. (Pihama, 2001, p. 281) Smith’s statement is a timely reminder that colonisation has empowered the dominant group to define what constitutes legitimate topics for inquiry, legitimate research methodologies and methods, and legitimate researchers.

The elements, Te Tiriti o Waitangi and Decolonisation, are associated with the tangible and intangible aspects of Māori knowledge. The Treaty guarantees Māori peoples control and protection of their taonga tuku iho - cultural principles - including Māori knowledge in all its dimensions. Governments are more likely to be concerned with what Poitier (2011) describes as the material or practice-focused aspects of knowledge; what Moewaka-Barnes (2006) refers to as discourses of development and use. Mika advocates for widening the lens of inquiry to address the philosophical, non-tangible aspects of Māori knowledge,

It is no coincidence that the philosophical questions are avoided in favour of functionalist ones. Under the guise of education, the tricky nature of identifying what knowledge actually ‘is’ is pushed to the background. It is submerged within more apparently useful discourses. (2010, p. 2)

Mika's statement reminds us that decolonisation demands re-prioritising and re-centering ontological inquiry and using non-empirical methods. It is important to carefully consider what is meant by decolonisation as poorly considered processes for decolonisation, in particular the appeal of so-called transformative projects, can amount to nothing more than alternative approaches to modernity (Escobar, 2008). Māori and Indigenous knowledges in government health policy might appear to be transformative but in reality these might mean nothing more than 'window dressing'. If the goal of Māori and other Indigenous communities is to go beyond modernity and achieve real transformation, then what is required are new ways of thinking about power, brought about by new relationships with knowledge. If we want to create alternatives to modernity, Escobar writes that we first need to transform how we think. To this end critical theory,

...is concerned with questions of not only epistemology but also ontology, that is, basic questions about the nature of the world; in other words, today's critical theories are fuelled by a fundamental scrutinising of the kinds of entities that modern theories have assumed to exist and, concomitantly, the construction of theories based on different ontological commitments. (2008, p. 132)

A 'fit for purpose' Kaupapa Māori theoretical approach to Māori knowledge in policy includes the decolonisation element so as to support non-empirical methods of inquiry into the ontological aspect of Māori knowledge. However, decolonisation requires careful consideration of the forms of transformation sought by Māori and Indigenous peoples. Escobar (2008) provides a timely reminder that creating a post-colonial future requires not just transformative action, but importantly, theory that is transformative. Like any radical theory, Kaupapa Māori theory has the potential to be reinterpreted and co-opted to the extent that the goal of transformation amounts to little more than "...alternative modernisation projects rather than more radical forms of societal transformations" (Escobar, 2008, p. 127). It is worth considering that Māori, First Nations and Métis knowledges in government policies might appear to be transformative. However, transformation as envisaged by Smith (1997) is structural, underpinned

by power-sharing among states and Indigenous peoples, and self-determining as this is understood by Indigenous peoples.

Last, the study by Penehira (2011) draws upon earlier work by Smith (1999) and breaks new ground insofar as methodological and theoretical issues and approaches arising from collaborative international Indigenous research projects are foreshadowed. Penehira's work is relevant to this study because, as previously noted, one of the methods I use is to compare and contrast Māori knowledge in government health policy with First Nations and Métis knowledge in health policy in Saskatchewan, Canada. Penehira uses a Kaupapa Māori theoretical approach to compare and contrast the approaches used by the research teams from New Zealand, Australia and Canada about which she writes

Exploring the differences and similarities of Indigenous approaches within and across teams is a critical first step in the development of international collaborations. This cannot be done without sensitivity to the notions of identity that underlie the current discussions. The differences amongst Māori and Indigenous researchers being explored are essentially differences of identity and more specifically the basis of identity. (2011, p. 23)

Penehira (2011) traverses new ground with regard to applying Kaupapa Māori theory to an international Indigenous comparative health research context. A key question that Penehira asks is how collaborative research might advance self-determination simultaneously among Indigenous peoples from two or more nations? One avenue available to Indigenous researchers involved in collaborative research is, Penehira proposes,

to develop theory from a lived base of understanding, is simply to develop and undertake analyses of those circumstances and principles by which that living is framed. It could be concluded therefore that a Māori analysis of things Māori is one manifestation of what Kaupapa Māori theory is. (2011, p. 22)

Penehira refers to Smith's Indigenous research agenda (1999) as a possible overarching source of elements for Kaupapa Māori theory for Māori participating in international Indigenous resource projects. Indigenous theoretical approaches are proposed as containing the elements:

- Healing;
- Decolonisation;
- Spiritual dimension and
- Recovery

All elements are associated with a common journey undertaken by Indigenous peoples to reassert, re-theorise and re-establish greater self-determination. Penehira writes "In this way the [elements of the] 'research agenda' can be viewed as both a framework to guide research and a framework for analysis on any aspect within it" (Penehira, 2011, p.26). However, the decision as to which elements Māori, First Nations and Métis peoples will use to theorise their circumstances is best left to each to determine. The decolonisation element is relevant as all Indigenous peoples in settler states are involved in an ongoing process of decolonisation; however, decolonising projects will likely differ across countries, as will priorities for decolonisation. It is likely that some elements of a theoretical approach proposed by Māori will be similar to theoretical elements of First Nations and Métis peoples. However, to pursue the notion of a common Indigenous theoretical approach with common elements or principles would be to oversimplify country-specific similarities and differences in favour of universalising approaches.

Having established the associations between the principles and elements of three models of Kaupapa Māori theory, the question arises as to what elements ought to drive a Kaupapa Māori theoretical approach to examining Māori knowledges in government health policy? Subject to a review of cross-national comparative policy methods and theories (Chapter Three), the elements proposed are as follows:

1. Tino rangatiratanga – advancing self-determination;

2. Te Tiriti o Waitangi – maintaining a focus on the Treaty of Waitangi
3. Taonga tuku iho – revitalising Māori knowledges, languages, culture and values (including tangible and intangible aspects of Māori knowledge);
4. Kia piki ake i ngā raruraru o te kainga – addressing the structural barriers to Māori wellbeing.

As Smith and Pihama have noted, the principles or elements of Kaupapa Māori theory are likely to change in response to the context from which specific theories emerge. Unsurprisingly, some elements of Kaupapa Māori theory appear to be generic and emerge across a range of settings. Accepting that such elements are determined by time and context, some of the elements I have used for this study could be expected to change over time, while others remain the same.

Methods

Methods are more than the means by which data is retrieved, assembled and analysed. Kaupapa Māori methods as these appear in Kaupapa Māori research possibly favour empirical approaches which can be a missed opportunity to extend conscientisation, resistance and transformation beyond the realm of the tangible and into the realm of the intangible. As a consequence, empirical approaches can limit inquiry to things that can be described and measured. As a consequence, Kaupapa Māori researchers may be less inclined to re-discover and re-establish ways of contemplating and approaching Māori knowledges that are of immense importance to Māori communities. For clarification, this is not to suggest that what is required is more inquiry into ‘te wāhi ngaro’, a phrase that is sometimes used to acknowledge the ontological aspects of Māori knowledges. It is, I think, entirely appropriate that Kaupapa Māori researchers employ methods or approaches that investigate the material and ontological richness that are Māori knowledges.

Literature review

The topic of the literature review is Māori, First Nations and Métis knowledges and included peer-reviewed and grey literature published over the period 1995 to

2016. I was particularly interested in literature that discussed the interface between these and non-Indigenous knowledges, including knowledge integration, interface knowledge, negotiated spaces and blended knowledges. Academic databases were searched and as well, face-to-face and skype conversations with Māori, First Nations and Métis friends and colleagues and participant interviews in Aotearoa New Zealand and Saskatchewan, Canada yielded valuable material. The first ‘cut’ of the review was produced in 2012 when I was provisionally enrolled for the doctoral degree. The preliminary review was updated in early 2014 after the participant interviews were complete, and again in late 2015. The final write up of the literature review took place in early 2016 and informs Chapter Five and Chapter Six of the study. The literature is structured around the key elements of the version of Kaupapa Māori theory that was developed to analyse Māori, First Nations and Métis knowledges in health policy. The rationale for the review was to familiarise myself with key issues and concerns in the field, particularly the engagement of Māori, First Nations and Métis knowledges with Western knowledges including health policy.

Desktop document review

The desktop document review was, as the name indicates, the process used to retrieve and review online health policy and related documents from Aotearoa New Zealand, Saskatchewan, and Canada. The desktop documents provided key material for the two-country comparative chronology of historical and contemporary legislation, policy and events associated with the subjugation of Māori, First Nations and Métis knowledges. It takes some care to identify documents that contain credible information. The process of identifying credible information related to Māori was made on the basis that documents were on university websites, research centre websites, iwi websites, government websites and the websites of non-government organisations with legal status. Many of the Aotearoa New Zealand organisations and websites were already known to me, either in the course of my paid work, or through my university studies. Retrieving documents from credible Canadian websites was not as straight forward. I am indebted to First Nations and Métis friends, colleagues and knowledge experts who pointed me in the direction of credible organisations and documents, and

senior policymakers who, at the end of interviews, emailed links to key websites or emailed relevant documents themselves.

Comparing and contrasting

I choose to compare the engagement of Māori knowledges with health policy in Aotearoa New Zealand and First Nations and Métis knowledges with health policy in Saskatchewan, Canada, because there are a number of historical and contemporary characteristics that support comparison. These are described in detail in Chapter Four. I made the decision to omit Inuit peoples from Saskatchewan from this study. That decision was shaped by the funding and time constraints of a doctoral study and the fact that the number of Inuit peoples residing in Saskatchewan is low. The Inuit homelands in Saskatchewan are located to the north of the province and travel to those areas to interview Inuit experts was unfortunately beyond the limits of my student research budget.

At the outset of the study my intention was to compare components of Māori, First Nations and Métis knowledges in sexual and reproductive health policy in Aotearoa New Zealand and Saskatchewan, Canada. However, Saskatchewan provincial health sexual and reproductive health policy has not to date engaged components of First Nations and Métis knowledges in policy. Rather, the province appears to have supported engagement of First Nations and Métis knowledges with health programmes and services. Issues to do with health policy that concern First Nations and Métis peoples are the responsibility of the federal and provincial governments; specifically, the province's Ministry of Health - Intergovernmental, First Nations and Métis Relations, and the federal First Nations and Inuit Health Branch – Saskatchewan. As a consequence, I made the decision not to compare and contrast on the basis of engaging terms and concepts in health policy but, instead, to ask participants involved in health policy making to talk about the opportunities and barriers to engaging Māori, First Nations and Métis knowledges in health policy.

I used the two-country case study comparative method in order to disrupt a New Zealand discourse that the engagement of components of Māori knowledges in

government health policy is an ordinary event warranting little attention. Comparing Aotearoa New Zealand with Saskatchewan, Canada, what emerges is that Māori knowledges in government health policy documents is far from ordinary and warrants inquiry. First Nations and Métis knowledges are not part of government health policy in Saskatchewan, Canada, thus putting paid to the notion of ordinariness. However, components of First Nations knowledges are part of Canadian environmental policy documents. This notwithstanding, two questions arise. The first is to inquire into factors that have led to the engagement of Māori knowledges in New Zealand government health policy, and the second is to understand factors that to date prevented the engagement of First Nations and Métis knowledges in provincial health policy.

The comparative case study method is empirical and involves gathering data – specifically socio-political information from the literature and desktop document reviews and analysing excerpts from the transcripts of participants interviewed for the study. One of the challenges of undertaking cross-national comparative research is to choose units for comparison that are more-or-less equivalent. At the macro-policy level there are policy equivalents in terms of the five policy eras, but as the chronology indicates the policies were implemented by governments in different ways, resulting in what was referred to earlier as the uneven process of colonisation (Smith, 1999). The comparative approach that I used for the study owes much to the chronologies developed by Armitage (1995) and Havemann (1999). Their chronologies, adapted for this study, provided an excellent mechanism for ordering policy-related information. However, the chronological approach was not suited to an in-depth discussion of a comparative nature about policy eras and associated key legislation, policies and events. I chose to complement each era of the chronology with a detailed narrative within key issues and themes could be compared and contrasted.

Participant interviews

Participants interviewed for the study were former and current senior health policy makers in Aotearoa New Zealand and Saskatchewan, Canada. Without exception, they were interested and supportive of the questions and issues they

were asked to discuss. Interviews lasted from between one hour to one and a half hours. The Aotearoa New Zealand interviews took place in mid-2013 and the interviews in Saskatchewan happened in late 2013. Initial contact with prospective participants was by way of a formal letter, and followed up with an email and a phone or Skype call. The participants from Aotearoa New Zealand were known to me before I commenced the study, but I did not know the participants from Saskatchewan. In fact, the provincial and federal structure of government ministries in Saskatchewan and Canada and in particular the provincial and federal jurisdictions for First Nations peoples and those for Métis were more complex than I had imagined. Initial contact with participants from Saskatchewan was made by way of enquiry forms on the websites for the Ministry of Health for Saskatchewan and for Health Canada, the federally-funded Ministry of Health. As well, an enquiry form was lodged on the website for Indigenous and Northern Affairs Canada which has federal responsibility for the health of Indigenous peoples for whom the Indian Act applies. I used the enquiry forms to introduce myself, the topic of my study, and to seek guidance as to the appropriate people for me to interview. Responses to my enquiries were supportive and were received within a week to ten days.

However, before making contact with the respective ministries in Canada I had a number of Skype conversations with First Nations and Métis friends and research colleagues. The purpose of those conversations was to improve my understanding of the structure, roles and responsibilities of the federal and provincial government health ministries with regard to First Nations and Métis peoples in Saskatchewan. I am grateful to my friends and colleagues for their advice and, in some instances, for allowing me to 'name drop' so as to increase the chances that prospective participants might agree to an interview. I am particularly grateful to senior staff of the Canadian Aboriginal AIDS Network (CAAN) who supported me to broker interviews. As well, the CAAN Chief Executive Officer and the Research Director both invited me to attend a national 3-day Aboriginal HIV research conference hosted by CAAN in Saskatoon, Saskatchewan in September 2013. I was fortunate to be able to talk with people at the conference about First Nations and Métis provincial organisations and relationships with governments.

When I began the study I also intended to interview Māori, First Nations and Métis knowledge experts in Aotearoa New Zealand and Saskatchewan about engaging their knowledges with health policy. With hindsight this was an overly ambitious undertaking and for reasons to do with time and cost I made the decision to limit the fieldwork and interviews to senior health policymakers. The decision has the effect of privileging the voices of government policymakers over those whose work is engaged with the implementation and the outcomes of health policy. I am certain that had I extended the scope of the study to include the voices of Māori, First Nations and Métis knowledge holders, researchers, health practitioners, language experts, and others, a raft of new and valuable issues would have emerged. This notwithstanding, discussions with friends, colleagues and knowledge experts in Aotearoa New Zealand, in Saskatchewan and in Canada helped me to position the interview questions so that these were relevant to senior health policymakers and assisted the process of cross-national comparative research.

Contemplating the ontology of Māori knowledge

Over the course of the study I settled upon speculation as an approach that I could use when inquiring about the impact of engagement with health policy upon intangible aspects of Māori knowledges. The approach is based upon the work of Māori philosopher Dr Carl Te Hira Mika and was applied, for the purposes of the study, to the field of health policy. Although subjective and therefore described as an approach rather than a method, the approach encourages Kaupapa Māori researchers and health policy makers to consider the ‘being’ of Māori knowledges on its own terms. Mika (2010) notes the importance of examining Māori knowledge, not only for its functional contribution, but as a philosophical concept and an intangible entity. Kaupapa Māori theory recognises the importance of intangible entities (Pihama, 2001) to a Māori worldview but the intangible or ontological aspects of Māori knowledges are relatively unexplored.

CHAPTER 3 - CROSS-NATIONAL COMPARATIVE POLICY ANALYSIS: MODELS AND THEORIES

Introduction

This Chapter reviews models and theories for cross-national comparative policy analysis. The aim of the review was to customise a Kaupapa Māori theoretical approach to cross-national comparative policy analysis. The customised approach is employed in later chapters to examine and theorise the role of government policies in the subjugation of Indigenous knowledges and the identification of socio-political factors that assist or prevent the engagement of Indigenous knowledges with health policy in Aotearoa New Zealand and Saskatchewan, Canada. An overview of Indigenous peoples' struggles with governments with regard to health policy provides a background to policy making in both countries and the value of drawing policy lessons from abroad.

A number of government policies have contributed to colonisation as experienced by Indigenous peoples in Australia, Canada, the United States and New Zealand (Havemann, 1999; Armitage, 1995). One of the problems from the perspective of Indigenous peoples is that policies advance the values and aspirations of governments and their non-Indigenous populations (Kukutai & Taylor, 2012; Taylor, 2009). The result in all four settler states is persistent inequities between Indigenous peoples and their non-Indigenous counterparts across almost every domain of life (Havemann, 1999; Sholtz, 2006). Indigenous peoples, minorities in their home countries, have responded to these inequities in a number of ways. One is to press for policies that are more responsive to Indigenous interests and concerns. At the country level, vehicles for creating more responsive policies have included treaties, commissions, inquiries, lobbying, civic engagement, and resistance and confrontation (Havemann, 1999; Walker, 2004). At the international level, instruments such as the *United Nations Declaration on the Rights of Indigenous Peoples*, agreements and forums are used to put pressure on settler states (Tully, 2005), particularly when in-country approaches have failed (Bargh, 2007).

In the face of these challenges, settler states seek to calibrate the demands of Indigenous peoples for better policies with the perceived need to maintain the confidence of the dominant population that theirs will not be disturbed (Ringold, 2005). It is against this politically charged backdrop that the engagement of Māori knowledges into government policy has been advanced by Māori and, on the face of it, received support from Aotearoa New Zealand governments. Anecdotal evidence is that Māori advocate the approach because government policy that incorporates Māori knowledge is more likely to convey values and aspirations that resonate for Māori communities, as discussed by policy makers interviewed for this study. Governments support the approach, presumably because policy appears to reflect Māori requirements and media criticism and public backlash is avoided. With little fanfare, the approach has been underway in New Zealand for more than two decades. The approach involves the positioning of components of Māori knowledges in the wording of government policies. Whilst the approach is not without drawbacks as O’Sullivan (2008) writes, nevertheless the development has been noteworthy. The Honourable Justice Williams describes how, from the 1970s onward “...some of the surviving remnants of Māori custom [i.e. Māori knowledge] were, in one form or another, incorporated into legislation in key spheres of New Zealand life” (Williams, 2013, p. 11).

Across government sectors for the environment, intellectual property, justice, education, social services and health, components of Māori knowledges have become part of legislation, policy, programmes and services. This is a practice that Justice Williams suggests may become more common, thereby underscoring the importance of assessing the practice, particularly as a strategy for the revitalisation of Māori knowledges. Generally speaking, government policies that engage components of Indigenous knowledges suggest a higher degree of Indigenous involvement in policy planning and implementation than policies without Indigenous knowledges. Furthermore, government policy making that involves Indigenous peoples in substantive ways may be better placed to contribute to improved socio-economic outcomes and reduced inequities (Lavoie, O’Neil, Reading & Allard, 2008). Notwithstanding the possibility that benefits accrue when Indigenous knowledges are part of health policy, the impact of

engagement upon Indigenous knowledges is an unexplored issue that is important for Indigenous peoples to address.

So, what can Māori and other Indigenous peoples learn from two decades of engaging Māori knowledges with government policy? What socio-political conditions were required to support the engagement of Māori knowledges with government policy? What challenges will an increasingly neoliberal policy environment present Māori communities that have come to expect Māori knowledges in government policies? Answering these questions requires a deeper approach than the usual policy problem-oriented search for answers. Rose (2005) suggests the better approach is to draw lessons from the policy context, taking care to reject the nationalist position that answers to thorny policy problems can only be found in one's own country. Further, Rose provides a timely reminder that an explanation for why a policy works in one country is not the same as 'lesson-drawing' which Rose describes as different from an explanation because "...it offers no guidance about how positive achievements in one country's programme can be used to improve policy in another country" (2005, p. 6).

What lesson-drawing requires is for the researcher to ask a series of strategic-level questions about governments and policies across comparable country settings. The aim of lesson-drawing is to move beyond country-specific descriptions or explanations for what governments do and don't do. Using information from more than one country, the researcher is able to abstract some general principles or theory about why governments do what they do - in this instance, the socio-political factors that support and inhibit the engagement of Indigenous knowledge into government health policy – a key focus of this study. The outcome of the lesson-drawing exercise forms the basis of a theory about Indigenous knowledges in health policy, at least with regard to Aotearoa New Zealand and Saskatchewan, Canada.

The aim of this chapter is to discuss popular models and theories for comparative policy analysis as justification for the Kaupapa Māori comparative approach employed by this study. The chapter begins by briefly introducing the conflicted policy relationship between Indigenous peoples and settler governments in

Canada and New Zealand and some of the benefits of drawing policy lessons from overseas are canvassed. Next, the cross-national comparative policy approach is introduced and some of the common comparative policy models are introduced. Then, theories for comparative health policy analysis are examined and the strengths and weaknesses of theories with regard to Indigenous peoples are discussed. Last, a theoretical approach not widely used for cross-national comparative policy analyses, Kaupapa Māori theory, is introduced. A modification to the theory is proposed that enables a Kaupapa Māori comparative analysis of Indigenous knowledges in health policy in Aotearoa New Zealand and Saskatchewan, Canada.

Indigenous peoples and government policies

Government policy can be defined as authoritative statements and actions by governments about how the world should be (Howlett & Ramesh, 2003). Policy commentators have noted that government inaction and silence about a pressing issue over a period of time is, in effect, a form of government policy (Blank & Burau, 2010). The product of a stream of activities, policy making involves problem identification, research, planning, implementation, monitoring, evaluation and review and is often presented as if it were the outcome of an inherently rational process (Hughes & Calder, 2007). In reality, policy-making is haphazard, more linear than circular, and always political in terms of whose interests are represented (Howlett & Ramesh, 2003). In Aotearoa New Zealand, social policy, of which health policy is a part, is defined in the literature as decisions made in the public interest and as an outcome of society's collective responsibilities to ensure social and economic well-being (Royal Commission on Social Policy, 1988; Boston and Dalziel, 1992). These definitions shift social policy from statements and actions that are charitable and philanthropic, to policy that addresses problems which are structural and rights-based. Nonetheless, the thorny issue remains which is to ask whose interests drive social policy, a key concern of Māori and about which the Royal Commission on Social Policy reported, "For Māori, social policy and promotion of the common good aim to enhance their world view and their social order. This requires cultural, social, political and economic structures and systems which enhance Mana Maori"

(Royal Commission on Social Policy, 1988, p. 17). The Commission also described the Māori concept of social policy as,

Being responsible for the life, health care and general wellbeing of their people is fundamental to a Maori understanding and practice of wellbeing...The desire to be responsible for their own lives is a modern day expression of older values and lifestyle. From the tribal point of view there has always been an obligation to care for its members. (Royal Commission on Social Policy, 1988, p. 22)

From a Māori perspective, social policy should be joined with economic and environmental policy, underpinned by essential Māori cultural values, and properly the responsibility of Māori collectives to determine wellbeing, using the avenue of policy making, for the good of other Māori.

Social policy in Aotearoa New Zealand and Saskatchewan, Canada, is required to address structural inequities, including health inequities experienced by Indigenous peoples (Durie, 2004; Beatty, 2011). Structural inequities, also termed structural inequalities, defined as the attribution of inferior status to one group of people by another group with the power to do so, is always relational. Maintaining structural inequities are a society's structures, although these are rarely recognised as doing so. While these are resistant to change, structural inequities can be transformed as a result of a range of measures that erode structures: political shocks, socio-political movements, resistance, conflict and violence. However, the transformation process toward states that are inclusive is difficult and,

Recognition of the fault lines of structural inequality is the simplest and yet often politically the most difficult pill to swallow as it challenges fundamental concepts of a nation-state...Recognition [of structural inequality] is ... crucial because it generates a response in the form of policy tools to redress the condition, and data collection is often a powerful tool to that end. Macro-level elements can include global charters and national laws, rules and regulations and creation of an enabling environment for broad public policy debates. Finally, tailored

programs to increase access to public services and evaluation and participatory monitoring are key elements of creating inclusive institutions. (Dani and de Haan, 2008, p. 55)

Inclusive policy making is key to sustained transformation; however, what starts out as inclusive can be eroded as a consequence of changing political will, public pressure, poor policy frameworks, poor implementation, and inadequate monitoring and review. The Ministry of Health's Māori Health Unit, Te Kete Hauora, was an example of inclusive policy making that operated for two decades in Aotearoa New Zealand but was not sustained. In 2002, the National Advisory Committee on Health and Disability (NHC), an advisory committee to the New Zealand government, identified a number of weaknesses with regard to Māori health policy making. In its report entitled *Improving Māori Health Policy*, the NHC recommended,

... the use of an overarching framework, based on the Treaty of Waitangi, for Māori health strategies and policies. The framework would apply to policy development, implementation, monitoring and evaluation in all parts and at all levels of the health sector. The three Treaty principles as identified by the 1988 Royal Commission on Social Policy – partnership, participation and active protection – [would] provide a guide to practical and effective use of the framework at all levels of the health sector.
(National Advisory Committee on Health and Disability, 2002, p. 7)

Although the Treaty of Waitangi principles are a feature of funding contracts between governments and health organisations, neither health funders nor health service organisations are required to monitor or review the implementation of principles. Ringold (2005) highlights another weakness of government policies for Māori which is characterised by the iterative use of the same policy approaches and processes despite significant problems. Ringold proposes that un-monitored and un-reviewed policies are one reason for the cycle of iteration of Māori health policies and poor Māori health. According to Ringold, the other reason is that governments in New Zealand are highly sensitive to claims by the

media and public that Māori health policies are special or different from health policies for the general public.

An example of government sensitivity to claims of providing special treatment to Māori occurred in 2004 when the leader of the right-leaning opposition party, Don Brash, claimed a ‘dangerous drift toward racial separatism’ was taking place. Brash alleged the Treaty process posed a threat to the future of Aotearoa New Zealand, and there was a ‘divisive trend to embody racial distinctions into large parts of [New Zealand] legislation’ (Brash, 2004; O’Sullivan, 2008). Following what became known as the Brash Affair, the then Labour-led government, sensitive to claims they were giving Māori rights-based rather than needs-based public services, immediately undertook an audit of all government policies and programmes (O’Sullivan, 2008). The purpose of the audit was to disprove the allegation that the Labour government supported rights-based policies and services and, in doing so, allay public fear that funding and access to services were based on Māori Treaty rights and not need. It would be a mistake to suggest that right-leaning political parties are more sensitive to policies tailored for Māori than left-leaning parties. In practice, as Ringold suggests (2005), both right- and left-leaning political parties carefully manage Māori-related policies and funding in order to avoid negative media attention and the risk of losing votes at election time; a consequence of their having advanced policies that support Māori aspirations!

Western societies are increasingly multi-ethnic and many governments are careful about their position on ethnicity-based policies and services because these may be in conflict with ideologies that purport equality as a process but not necessarily as outcome (Drake, 2001). Tensions exist over the recognition of diversity, particularly cultural and ethnic differences (Boston, Callister & Wolf, 2006). With regard to cultural difference, supporters of equality as a process promote policy approaches that favour universal access to social services regardless of the impact of policies or the inequities between minority and majority populations. In Aotearoa New Zealand, health policies are universally applied despite inequities between Māori and other New Zealanders. Hill (2006) explains this as,

...the way in which cultural differences are dealt with in the delivery of services: health, social welfare, and education. There is an often-proffered 'liberal' solution to this which is flawed (even by its own terms). This is the view that such services should be ethnicity 'blind', with all people treated the same regardless of race, creed or language. This, it is argued, is what equal rights policy requires. (p. 234)

Māori health experts argue that complex socio-political factors work to create structural inequities, a consequence of which is that Māori are unable to derive the same level of benefit from universally applied health policy as non-Māori. National- and Labour-led governments have, at times, introduced targeted and tailored policy approaches in order to achieve better health outcomes for Māori. Ringold suggests that the combination of universal, targeted and tailored health policies are more likely to support improved Māori health outcomes. However, targeted and tailored policy approaches are, as Ringold notes, at odds with the ideology of equality and are more likely to attract public backlash. Returning to the report of the NHC, there are reasons such as institutional racism that explain why the Committee's recommendations were not actioned and why policies for Māori health follow the same flawed approach despite evidence that health inequities have increased (Signal et al., 2007).

Like Maori, the Aboriginal peoples of Canada struggle to derive benefits from government policies that fail to recognise their Indigenous rights and address their aspirations. Inequities between the Aboriginal and non-Aboriginal populations are entrenched across all areas of life, fuelled by a history of government policies for assimilation and integration, and the removal of citizenship rights and identity (Lavoie et al., 2008). Foster (1999) notes the intractability of the issue,

The tendency to apply shifting and discriminatory standards to Aboriginal people, and to make them the recipients of benevolence rather than the bearers of rights, are not the only themes in this history; but in Canada they are the dominant ones. And the tension between right and autonomy, on the one hand, and the increasingly powerful forces of subordination and dependency on the other, has deep roots. (p. 354)

Complicating the landscape are the complexities arising from federal, provincial and territorial jurisdictions and associated legislation and policy. Federal, provincial and territorial governments face considerable challenges when dealing with First Nations, Inuit and Métis demands for self-government, influenced as these are by the legislated relationships, or lack thereof, that each has with governments (Atkinson et al., 2013). When applied to areas of social policy such as Aboriginal health, the result is fragmented and uneven policies and programmes. A challenge for Aboriginal peoples in Canada is to influence governments to create legislation and policies that account for historical, social, cultural and ideological factors, and advance demands for self-government (Coates & Morrison, 2008). Working against this is the ideology of neo-conservatism that from the mid-1980s became entrenched in the minds of non-Aboriginal Canadians. The outcome of the ideology has been to blame Aboriginal peoples for their own disadvantage and refute the benefits of Aboriginal self-government (Frideres, 2008). However, recent developments in British Columbia and Ontario look set to increase First Nations involvement in health policy making in the future. On the downside, increased involvement is likely to occur in specific regions of Canada, not on a nationwide scale, and not for all Aboriginal peoples (National Collaborating Centre for Aboriginal Health, 2011).

The struggles Indigenous peoples have with settler governments to ensure policies reflect Indigenous values and aspirations are not new. What is relatively new are developments in the field of international Indigenous rights that provide opportunities for Indigenous peoples to exchange knowledge and learn from each other's policy successes and challenges (Charters, 2008). Cross-national comparative policy studies involving Māori from Aotearoa New Zealand and Aboriginal Canadians provide opportunities to share knowledge in the fields of law, education, health, research, the environment, and governance to name just a few. Cross-national comparative policy studies can provide a platform for knowledge exchange and an opportunity for Indigenous peoples in settler states to engage in lesson-drawing derived from the successes and challenges of others' struggles with settler governments.

Why compare policies?

Learning by comparing policies across countries is an attractive proposition for researchers looking for new ways to address old problems. Research abroad can throw new light on old policy problems at home, thus providing opportunities to draw lessons from one's experience abroad (Armitage, 1995). The appeal of comparing government policies across two or more countries is, according to Rose (2005), a quest for new knowledge. Rose challenges policy makers and practitioners to abandon the belief that solutions to problems can only be found in one's own backyard. Instead, Rose asserts that when past attempts to find solutions have failed, a promising source is to look at what other countries do, and be open to learning from their successes and importantly, their setbacks,

When under pressure, policymakers can look to their past experience for solutions that have worked before and try them again. Invoking a familiar remedy involves no learning and minimal change...[but] when past experience is no longer adequate, policymakers must start searching for a measure that works...conscientious policy makers want...to find programmes that will improve conditions in their society. (Rose, 2005, p. 2).

There is the view that comparative policy research allows the researcher to escape his or her own ethnocentrism and develop greater objectivity (Dogan & Plessay, 1990) and that cross-national comparative research is, therefore, more objective. One the other hand, Esping-Andersen's cross-national comparative framework promoted the Nordic welfare system and ignored discrimination at the intersection of ethnicity, sexuality, and gender (Kennett, 2001). Kennett proposed many cross-national comparative studies are gender-blind, and Lendvai and Bainton (2013) criticised the predominance of Western and Eurocentric assumptions in cross-national comparative models and theories of comparative research.

Dogan and Plessay describe comparative policy research as throwing open the field of analysis and "Help[ing] to rid us of inherited fossilized notions, obliges us to reconsider the validity of undiscussed interpretations, and enlarges our visual

field” (Dogan & Plessay, 1990, p. 9). Enlarging the visual field by undertaking comparative policy research can benefit Indigenous peoples. Examples include research that identified the advantages for Indigenous peoples of engagement in regional healthcare governance (Lavoie, Boulton & Dwyer, 2012). Bramley and colleagues (2004) found that a cross-country comparison of Indigenous and non-Indigenous mortality data identified opportunities for learning, research and policy development. For example, New Zealand’s early and successful public health response to the HIV epidemic was an approach that could have been undertaken to protect Indigenous populations in Australia, Canada and the United States (Shea et al., 2011). Research comparing tuberculosis among Indigenous and non-Indigenous populations in Canada and New Zealand found the transmission of tuberculosis to be the result of social determinants such as poverty and poor housing, but was also associated with the intergenerational effects of land loss, dislocation, and poverty (Grant, 2011). A recent report (Mitrou et al, 2014) that compared the education, employment and income outcomes of the Indigenous and non-Indigenous populations in Australia, Canada and New Zealand found that Indigenous populations in all three countries were as disadvantaged in 2006 as they were in 1981 in employment and income, and more disadvantaged with regard to education. The cross-country comparison indicated current government policies to reduce Indigenous inequities in all three countries required urgent attention.

Māori researchers have found the cross-national comparative policy method to be a useful tool. Ruru (2012) compared the history and legislation governing the relationships between Indigenous peoples and national parks in Canada and New Zealand. The study found the comparative method supported revising existing legislation and policies so that national parks ownership and management better matched contemporary relationships between governments and Indigenous peoples. Robust (2006) used the method to compare policy infrastructures for increasing access, success and participation among Māori and First Nations students attending the University of Auckland and the University of British Columbia, Canada. The study demonstrated that support from the universities to grow Indigenous student communities as well as value for the notion of indigeneity and its contribution to Indigenous development were more important

than access to funding. From a policy lesson-drawing perspective, the finding was important because it suggested that Indigenous education success is associated with support inside learning institutions as well as wider societal support.

Learning about policy by looking abroad can take place in many ways, depending on the goal of the study. Not all cross-national policy comparisons proceed with the intention of transplanting policies from one country to another. Sometimes, as Marmor and colleagues (2005) suggest, the goal of cross-national comparative policy research is simply to learn why policies develop the way they do,

The approach uses cross-national inquiry to check on the adequacy of nation-specific accounts. Let us call that a defense against explanatory provincialism. What precedes policy making in country A includes many things, from legacies of past policy to institutional and temporal features, that 'seem' decisive. How is one to know if a feature is decisive as opposed to simply present? One answer is to look for similar outcomes elsewhere where some of those factors are missing or configured differently. Another is to look for a similar configuration of precedents without a comparable outcome. (2005, p. 339)

Macro and meso - level approaches to comparative policy analysis

Cross-national comparative policy analysis is a research method for comparing policies and policy impacts across two or more countries. Often viewed as just another social research method, Clasen (1999) notes the key difference is the potential for methodological and theoretical complexities, the degree of which increases as country borders are crossed. Some of the complexities are discussed, in so much as these are relevant to this study which is concerned to theorise the engagement of components of Māori, First Nations and Métis knowledges with government health policy. Cross-national comparative policy studies that focus on Indigenous peoples in settler states is a relatively new area of study within the broader field of cross-national comparative policy analysis. One of the complexities for Kaupapa Māori researchers is to employ methodological and theoretical approaches that are transformative with regard to addressing health

inequities and advancing the aspirations of Indigenous peoples. Chapter Two provided a detailed description of the methodology and methods that this study employs. This Chapter sets out to customise a Kaupapa Māori theoretical approach to Indigenous cross-national comparative policy analysis. It was useful, therefore, to review the methodological and theoretical approaches that have influenced the comparative policy field. Models that used a macro, meso and micro-level approach to analysing policy were helpful to consider, as were theories for comparative policy analysis that addressed structural change; an important factor for this study's Kaupapa Māori theoretical approach.

Describing cross-national policy analysis in the health sector, Blank and Burau (2010) value the method for

...juxtaposing health systems and health policies in different countries. This allows us to get a better idea about the range of variation that exists and also helps to avoid both false particularism ('everywhere is special') and false universalism ('everywhere is the same'). Importantly, exploration often leads to deeper questions about why it is we find particular differences and similarities. (p. 236)

Macro-level analysis

Approaches to cross-national policy analysis in the field of social policy have been influenced by the desire to develop theory that explains the relationship between welfare policies and structures such as welfare systems, institutions, and governments. Wilensky (1975) examined the contribution of theories of industrialisation and economic development to the development of the welfare state, Espin-Andersen (1990) theorised the relationship between political forces and conservative, liberal and socialist welfare state regimes, and Baldwin (1990, as cited in Clasen, 1999) theorised the impact of socio-economic and political factors on the development of welfare states. Using large aggregated datasets and regression analyses, these studies sought to theorise the relationships between welfare arrangements and socio-economic and political factors within countries (Kennett, 2001). Clasen (1999) describes the results of these studies as somewhat

unimpressive and ‘It has to be admitted that, on the whole, findings from large-scale regression analyses have failed to resolve theoretical debate about, for example, the effect of population aging on the level of welfare effort’ (p. 43).

Kennett and others claim that large macro-level quantitative studies that use aggregated data are able to avoid getting tied up in country-level specifics but the result is a lack of social and cultural depth (2001). On the other hand, single-country case-studies are vulnerable to criticism that the influence of macro-level factors are missed. Havemann’s qualitative study of key political and legal events that influenced Indigenous rights in Australia, Canada and Aotearoa New Zealand employed the macro-level approach to compare and contrast settler state policies (1999). A three-country parallel chronology aided Havemann’s organisation of historical and contemporary material into key policy eras in order to theorise the relationship between colonial systems, policy eras and struggles for Indigenous rights. Countering Kennett’s claim that macro-level analyses lack social and cultural depth, Havemann complemented the chronology with a macro-level narrative of key similarities and differences. Chapter Five sets out this study’s macro-level approach (chronology and narrative) as an aid to theorising associations between policies, governments, and Māori, First Nations and Métis knowledges.

Meso-level analysis

At the mid-level, it is suggested that evaluative single-setting welfare policy studies are better suited to comparing policies than comparing entire welfare systems. This is because such studies are said to take a sharper focus on individual policies. Bradshaw et al. (as cited in Kennett, 2001) used the evaluative approach to compare child support policies in 15 countries, quantifying the value of child support packages and assessing the contribution to family types by income. The researchers rejected using aggregated data on the basis that a high level of aggregation prevented comparisons across different family types and detecting differences within countries. While aggregated datasets provide a rich source of information about policy inputs and outputs, they may also leave out information about the interactions of a particular social policy with other policies, and

information about key stakeholder relationships with non-government sectors such as churches, community support systems, and unions. Castles and Mitchell (1990, cited in Kennett, 2001) strongly criticised the evaluative approach as it was used by Bradshaw and colleagues on the basis that cross-national comparative policy studies should evaluate the contribution that social policies make to reducing poverty and redistributing income. Such studies should, according to Castles and Mitchell, produce findings that will create a better world.

No discussion of cross-national comparative policy is complete without considering Esping-Andersen's regime theory. Regime theory represents a mid-level cross-national comparative method, and the theory changed the way that comparative policy analysts had studied welfare systems. Instead of ranking countries based on public expenditure on welfare, Esping-Andersen (1990) established correlations between welfare systems and political regimes. The study involved eighteen OECD countries that were divided into three political regimes – Anglo-Saxon, West European, and Scandinavian. The clusters were organised on the basis of economic, political and class-related factors. Ginsberg wrote that Esping-Andersen's typology of states provided a strong class analysis of welfare, but failed when it came to accounting for race and gender (1992). Critics have since noted that the typology also missed significant areas of social policy such as health, education and housing; however, Esping-Andersen's response was that in 1980 these were less significant as drivers for welfare policy than class agency and industrialisation. Ethnocentrism in cross-national comparative studies was another criticism levelled at Esping-Andersen's typology (Kennett, 2001).

This study used a macro-level approach to compare and contrast historical and contemporary legislation, policy and events associated with the subjugation of Māori, First Nations and Métis knowledges, and a meso-level approach to comparing the perspectives of health policy makers in Aotearoa New Zealand and Saskatchewan, Canada. The macro-level approach provided for a strong focus upon government policy as a structural determinant of inequities and the subjugation of Māori, First Nations and Métis peoples and their knowledges. The meso-level approach supported the identification and analysis of factors that support and limit the engagement of Māori, First Nations and Métis knowledges

with health policy in Aotearoa New Zealand and Saskatchewan, Canada. The two-country comparative case study approach was useful in terms of avoiding the traps of false particularism and false universalism highlighted by Blank and Burau (2010) as bedevilling single-country case studies.

The case study approach

The case study approach to cross-national policy comparison is more likely to use in-depth qualitative methods as well as quantitative data. Case studies are characterised by an approach that examines the historical, political, socio-economic and institutional features of each country, allowing for a deeper and more nuanced analysis. Unlike regime theory, case studies dispense with strong frameworks, preferring a more organic but systematic approach. Clasen (1999) describes the case study technique as focusing on the apparatus of government and the relationship to social policy while also taking account of each country's historical factors. Mabbett and Bolderson describe Hecló's 1974 case study approach to comparing the development of income maintenance in Sweden and the UK as "inductively building up generalisations from detailed if somewhat less tidy accounts" (p.12). The data for Hecló's case study were documentary and conversational, drawing on some original material, but also material from other scholars" (1999, as cited in Clasen, 1999, p. 50).

A challenge to the case study approach is the time required to collect, organise and analyse what can be diverse sets of data. Another challenge is to account for the different ways that countries develop and implement social policies. Studies have shown that researchers should not assume that words, policies, and policy administration are universally understood or happen the same way across countries. Mabbett and Bolderson's advice to researchers is,

If the research does not begin with a strong theoretical direction, and the researcher does not have the luxury of a long period of immersion to allow issues and themes to rise to the surface then, we would argue, it is important to adopt a research methodology which is systematic yet open in its approach to gathering comparative material. (1991, p. 51)

Havemann's macro-level approach to comparing and contrasting policy provided a strong framework from which to build theory. The challenge as to time required to become familiar with the Canadian federal and provincial policy settings and the relationships between different groups of Aboriginal peoples and governments was critical and significant. The two-country case study approach required gathering a significant amount of historical and contemporary macro-level information. Documents such as the Aotearoa New Zealand's *1867 Native Schools Act*, federal Aboriginal health policy, strategies and deeds (Canada) and reports that applied to both countries (i.e. *1837 Report of the House of Commons Select Committee on Aboriginal tribes*) provided the critical background information for the case study approach.

Leichter (1979) took a middle road to cross-national comparative research, preferring the case study approach *and* a strong analytic framework more typical of larger, aggregated data studies. Integrating the two approaches was, Leichter proposed, a surer step toward building theory. This study was buoyed by Leichter's integrated macro and meso-level framework for cross-country comparative policy analysis. Using the macro-level approach, Leichter compared and contrasted socio-political events, legislation and policy to provide context, and the meso-level approach to compare and contrast specific issue-related policies across countries. Leichter's integrated approach was adopted by this study, enabling a two-country case study macro-level comparison of country-specific socio-political events, legislation, and policy, and a meso-level approach that compared and contrasted interviews with policy makers. Taken together, the macro-level and meso-level approaches provided a strong framework from which to examine and theorise the impact of government policy upon Māori, First Nations and Métis knowledges. Theorising the engagement of Māori, First Nations and Métis knowledges with health policy necessitated reviewing some of the theories underpinning cross-national studies and it is to those theories that I now turn.

Theories of comparative policy research

A review of theories of comparative policy research was important because this study set out to theorise a hitherto unexamined phenomenon; that is, the engagement of Māori knowledges in government policy in Aotearoa New Zealand. It was necessary, therefore, to discern the key approaches to theorising policy across countries in order to identify common pitfalls as well as strengths that could be incorporated into a Kaupapa Māori theory of comparative policy analysis. Literature suggests that theorising public policies began twenty-five hundred years ago with the Greek philosopher, Aristotle, who compared the political organisation of various Greek city-states. Specifically, “Aristotle dispatched his assistants to collect the constitutions of over one hundred city states, which he then compared to derive general political principles”. (Heidenheimer et al., 1990, p.7)

The Greek philosopher Plato and the Roman philosopher Cicero also compared political systems and drew lessons from abroad in order to propose ideal governing structures,

It is always right for one who dwells in a well-ordered State to go forth on a voyage of enquiry by land and sea, if so be that he himself is incorruptible, so as to confirm thereby such of his native laws as are rightly enacted, and to amend any that are deficient. For without this inspection and enquiry a State will not permanently remain perfect, nor again if the inspection be badly conducted. (Bury, 1967, para. 951b)

A theory, when applied to particular phenomena, provides a generalised set of principles for an event, an activity, or a phenomenon. A theory goes beyond a description: rather, a theory provides an explanation for how it is that something exists. Theory differs from practice, but practice in the form of praxis can generate empirically-derived theory. Theory as a generalised set of principles about phenomena can add new knowledge to what is already known. In comparative policy research, a description of government policies producing similar outcomes in multiple country settings is not theory. However, an explanation that accounts

for why governments implement policies that produce similar outcomes across multiple countries is an example of theory. Well-tested theories can be predictive. For example, a policy that produces similar outcomes in Aotearoa New Zealand and Canada could be theorised to produce similar outcomes when applied to an Australian setting. The caveat on the predictive power of a theory would require the Australian policy setting and the policy problem, design and implementation to be broadly the same as those of Aotearoa New Zealand and Canada.

Theories of cross-national comparative policy analysis are underpinned by assumptions which, although not always evident, nevertheless influence what is theorised, how theory is derived, and the purpose for which a theory is applied. An early definition of universalism in social policy - the erroneous notion that applying the same policies to diverse populations in order to achieve the same social outcomes (Thompson and Hoggett, 1996) - has influenced ideas about why and how governments respond to social issues. Drake (2001) suggests that

For societies and governments who understand justice only as fair processes and contracts, there can be enormous inequalities between citizens, but all still have the same rights of citizenship to protect them against fraudulent transactions. For governments that extend the meaning of justice to cover outcomes (i.e. the patterns of distribution of social goods), citizenship will imply certain social rights and set limits on the extent of allowable inequality. (p.14)

Kennett (2001) describes theories of comparative social policy as highlighting different aspects of social reality, each theory providing a particular emphasis. From the 1960 onwards, comparative policy theory has been influenced by disciplines such as sociology, anthropology and political science, giving rise to structural-functionalist, Marxist, and modernist theories for comparative policy analysis.

Structural – functionalist theories

The structural-functionalist theoretical approach to comparative policy analysis takes the view that social systems are societies' agreed responses to addressing problems of social dysfunction. Based on Talcott Parson's perspective that societies are like the human body in which every organ has a function, societies create structures i.e. welfare systems, that provide a response to disruptive events like industrialisation, migration, and urbanisation (Parsons & Mayhew, 1982). Social systems help to restore imbalance. The theory posits that social policies are indicative of a state's deeper structure, and in this view, a study of social policies is, ipso facto, a study of the structures of states. According to Leichter (1979), the aim of governments is to use social policies and the welfare state to advance wellbeing for all; an important factor when comparing nations. Leichter argues,

By the second decade of the twentieth century, the notion that the state exists to promote positively the interests and welfare of all citizens had become established in theory, if not in fact, in most of the world. It is this concept of government that has been embraced by the newly emerging states during the twentieth century. And it is by this standard that we must compare and evaluate the public policies of nations today. (p. 37)

Dogan and Plessey (1984) describe structural-functionalism as one of the most useful theoretical approaches for comparative policy analysis as it provides a rationale for the spread of similar welfare systems across the developed world. Structural-functionalists understand policy convergence as a logical response to the imbalances caused by advanced capitalism and industrialisation. Functional policy equivalence, the name for the process of comparing the functions of similar policies across countries, is a nod to structural-functionalism. An example of a functional policy equivalent are government policies for assimilation which operated in Australia, Canada and New Zealand over the period from 1840 until the 1960s (Armitage, 1995). Armitage compared the functions of assimilation policies in all three countries and found that Indigenous child welfare policies operated as mechanisms for obtaining Indigenous compliance and an acceptance of colonial rule.

In Esping-Andersen's seminal text 'The three worlds of welfare capitalism', the influence of structural-functionalism can also be discerned,

Social stratification is part and parcel of welfare states. Social policy is supposed to address problems of stratification, but it also produces it. Equality was always what welfare states were supposed to produce, yet the image of equality has always remained vague. (Esping-Andersen, 1990, p.3)

The structural-functionalist theoretical approach presents difficulties inasmuch as functionalism is normative to the interests and concerns of dominant groups within societies. George and Wilding (1985) challenge this position, arguing that social policy has supported rather than challenged structures that produce and maintain inequities. They advocate for policy interventions to reduce inequities and an analysis that addresses social and economic policy as related areas. Health policy Axelsson and colleagues (2016) argue, can increase social inequities by benefitting some groups more than others, particularly when policies fail to address the socio-political contexts that drive inequities.

Critics of structural-functionalism claim the approach is too rigid and ahistorical, and that patriarchy is a structure underpinning social policy and in the absence of a gender critique, social policies reproduce the structural inequities experienced by women. Similarly, there are claims that states utilise social policies to structure and maintain inequities between ethnic minority and majority populations.

Kennett proposes,

...racism appears to be structurally endemic within the capitalist welfare state, whether the economy is booming or in recession, whether the government is to the left or right of centre. As the peoples of the Western welfare states become more multi-ethnic, so the importance of both multi-cultural and racist structural processes will increase. (cited in Ginsberg, 2004, p. 213)

Can a structural-functionalist theoretical approach to comparative social policy analysis make a useful contribution to examining government legislation and policy in ways that enhance Indigenous wellbeing? The approach may provide a vehicle for examining the structures of the state that create ineffective policies for Indigenous peoples and in so doing, highlight the structure of state policy making as a vehicle for reproducing Indigenous disadvantage. However, in order to understand Indigenous disadvantage so as to theorise transformative change, it is important to address the historical as well as the contemporary socio-political contexts that give rise to particular policy. Where the theoretical approach is less useful lies in its inability to account for Indigenous agency; that is, Indigenous peoples' resistance to the normative tendencies of governments, social systems and policies.

Class conflict theory

Another theoretical approach to cross-national comparative policy studies is the Marxist or class conflict approach. The Marxist approach is focused on economic systems and the role of the welfare state in the reproduction of class and labour inequities that give rise to conflict. The labouring classes are locked into struggle with the ruling classes over the exploitation of their labour and the lack of control of the production and sale of goods in the marketplace. Castle (1998) writes that Marxists understand class struggle as an inevitable outcome of capitalism which, after a period, succeeds by overcoming the bourgeois rule and installing a proletarian state as a forerunner to a classless and stateless society. Gough (2004) writes that recent Marxist theory has shifted the focus from the needs of capitalism, to incorporating the importance of class agency and struggle,

...there are two factors of importance in explaining the growth of the welfare state. The degree of class conflict and especially the strength and form of working class struggle, and the ability of the capitalist state to formulate and implement policies to secure the long-term reproduction of capitalist social relations. (Gough, cited in Kennett, 2004, p. 69)

Compared to structural functionalism, theories of class conflict provide a mechanism for examining the needs and responses of populations that are marginalised or disenfranchised from state power. In doing so, agency is recognised as an important push-back response to capitalism. However, Ginsberg (1992) makes the point that the agency-conflict theory is on difficult territory because,

On the one hand, the origins of policy and welfare reform must be sought in the activity and struggle of working class movements, women's movements and anti-racist pressures. On the other hand, it is difficult to concede that the patriarchal, capitalist and racist imperatives structurally embedded in the Western welfare states can be shed, short of a radical transformation to a quite different political economy...Critical analysis is therefore open to the accusation of...celebrating social policy reform and defending the welfare state as positive gains of pressure from below, while in the same breath portraying the functions of the welfare state as fundamentally oppressive. (p. 15)

Some Marxist theorists recognise the importance of class agency but note that although capitalist states might concede to some of the demands made by the proletariat, ultimately the state retrenches as soon as the pressure from the working classes decreases (Piven and Cloward, 1972, as cited in Castles, 1998). Comparing the functions of the capitalist state, Scase (2014) describes the welfare state as existing within a dilemma. On one hand, it is an institutional outcome of class struggle and an uneasy compromise of class interests. On the other, the state is committed to the accumulation of capital and so, domination of the working classes is inevitable. This class conflict model is argued by George and Wilding (1994) as encompassing the notion of class agency in so much as it is the peoples' struggles which shape the welfare state, not governments, politics, or the functions of capital.

The Māori political movements of the 1970s were, at times, supported and influenced by Pākehā organisations engaged in class struggle, but the alliances were uneasy (Poata & Poata, 2012). Marxist theory did not comfortably engage

with a Māori analysis of oppression which was based upon forced acquisition by the state of land and resources and the subjugation of Māori culture. Rather, Marxist groups reframed Māori oppression as first and foremost the outcome of working class conflict (Walker, 2004). Māori resistance in the form of the Kaupapa Māori education movement has an early alignment to black liberation theorists as discussed by Smith (1997). And while the terms ‘conscientisation’, ‘resistance’, and ‘praxis’ are also to be found in the literature on Marxist class struggle, these have been deployed in different ways and toward different ends. The vision for Kaupapa Māori education aligns with that of Māori communities; that is transformation of the structural constraints in order to achieve increased Māori autonomy and self-determination (Smith, 1997).

Modernisation theories

Explanations for social policy development as indicators of modernisation also influence theories for cross-national comparative social policy. The modernisation movement, associated with structural-functionalist theory, is influential.

Modernisation, described as an evolutionary pathway to progress and advancement, is strongly associated with the notion that societies can be ranked according to the presence or absence of particular social structures and state functions (Escobar, 1995). Describing the future for some of the poorest countries of Africa, Collier writes

The countries now at the bottom are distinctive not just in being the poorest but also in having failed to grow. They are not following the development path of most other nations; they are adrift. As once-poor countries like India and China and countries like them surged ahead, the global poverty picture has been confused, concealing this divergent pattern. Of course, for some countries to do relatively better, others must do relatively worse. (2007, p. x)

Tarnas (1991) describes modernisation, represented as development, as a norm and an ideal against which all countries are to be converted and compared.

Castle’s (1998) comparative study of twenty-one OECD countries found that

religious affiliation (Protestant) and constitutional structure (settler states and early trading relationship with Britain and ratio of land to labour) were correlated with high levels of socio-economic development or modernity. This finding was contrary to common belief, which was that industrialisation and demographics drove socio-economic development and modernisation. Approaches to cross-national comparative policy analyses that promote modernisation can be problematic for poor, marginalised and Indigenous peoples. International aid agencies are accused of using the rhetoric of modernisation to structure aid relationships that force policy convergence over institutions of governance, welfare and industry. Further, descriptions of populations using the terms of first, second, third and fourth worlds suggests that Indigenous peoples, members of the fourth world, are at the bottom of a hierarchical and evolutionary process. Escobar (1995) describes the development discourse wherein worlds are ordered from most to least developed as colonising and racist. Escobar argues “Indigenous populations had to be “modernised”, where modernisation meant the adoption of the “right” values, namely, those held by the white [populations] and, in general, those embodied in the ideal of the cultivated European...” (1995, p.43). Discourses for development and modernisation insidiously underpin many cross-national comparative social policy studies and should be studiously avoided.

Indigenous theories of comparative policy analysis

Finer (1999) wrote that early cross-national comparative policy analysis was characterised by a dearth of Indigenous contributions to the theoretical debate (as cited in Clasen, 1999). More recent studies by Indigenous researchers address cross-national comparative policy analysis with a focus upon Indigenous peoples and their relationships to governments in Australia, Canada, New Zealand and the United States. Common theoretical approaches were identified: studies employed quantitative and qualitative methods (Richmond, 2013), privileged Indigenous voices and narratives (Anderson & Collins, 2014), and used participatory research processes and collaborations with Indigenous communities (Huaman, 2014). Most studies were explicit that the research contribute to transformations that would improve Indigenous lives (Griffiths, 2011; Huaman, 2014). Studies examined the historical impact of government policies, as well as the contemporary effects

(Sholtz, 2010; Ruru, 2012). Studies suggest that Indigenous cross-national comparative policy researchers are focused on theoretical issues and goals in addition to those featured in the earlier discussion of cross-national comparative policy theory. Studies showed interest in underlying structures and ideologies that drive state policies as well as historical and contemporary state policies that reproduce Indigenous disadvantage. Studies adopted macro, meso and micro-level evaluative and case-study models for comparing policies. Frameworks were used for analysing historical, socio-economic and political conditions existing between settler states and Indigenous peoples. Indigenous agency and activism through national and international courts and forums featured in most of these studies. Issues such as Indigenous rights to land and language were frequently identified as sites for conflict between states and Indigenous peoples. Studies also employed right-based frameworks over needs-based or class-based approaches to explore conflict.

While welfare states and welfare systems are of interest as sites that generate assimilative policies, many Indigenous and non-Indigenous researchers did not use welfare state-focused frameworks for comparing and theorising cross-national policies. Instead, researchers used frameworks organised into chronologies of political and legal events to compare and contrast settler state policies for colonising and controlling Indigenous peoples (Joseph, 2005; Havemann, 1999; Armitage, 1995). A framework that traces the development of welfare policies and compares these across countries is an approach that researchers such as Blackstock (2009) may well use in the future. Blackstock conducted an exhaustive single country case study inquiry that compared policies for removing First Nations and non-Aboriginal children from their families in Nova Scotia, Canada. A recommendation of the study was a cross-national comparison of Indigenous child removal under federal and state welfare policies in Canada and the United States. Utilising a theoretical approach that privileges Indigenous voice, that is transformative, collaborative, and capable of producing an astute critique of historical, socio-economic and political factors used by settler states to subjugate (but not extinguish) Indigenous peoples, is critical to ongoing cross-national comparative policy research and theory-building in this field.

Kaupapa Māori theory for cross-national comparative policy analysis

Kaupapa Māori, as others have described it, is a distinctively Māori framework for theorising the world and bringing a particular kind of world into existence. Pihama (2001) describes Kaupapa Māori as ancient and embedded in Māori ways of knowing and living. For example, Māori have engaged Kaupapa Māori theory, guided by tikanga Māori, to develop theory of the universe; a Māori cosmology (Mataamua, 2017). It is only recently that Māori have described their theoretical positioning in the literature as that of Kaupapa Māori. This should not be taken to mean that Kaupapa Māori did not exist before it was documented. The documentation and description of Kaupapa Māori theory and methodology has been a necessary part of the assertion, by Māori, of Māori knowledges and self-determination. Murphy (2011) describes the process as “Situating my research within the frameworks of Kaupapa Māori as relevant because I am motivated to reclaim and assert our voices and produce knowledges that benefit our own communities” (p. 6). To contend that Kaupapa Māori theory did not exist before it was described by Māori in literature is to assert that Māori projects and activities had or continue to have no underpinning logic or rationale, no bodies of knowledge, and that success was achieved by good luck! That was the position asserted by ethnologists and anthropologists who described the arrival of Māori canoes from the Pacific as chance encounters by seafarers blown off course from fishing expeditions! The purposeful voyaging by Māori from the Eastern Pacific to New Zealand and back again, was something that some social scientists could not contemplate (Durie, 2011). Perhaps to do so would mean accepting the existence of Māori-derived theories, knowledges and practices.

There are different versions of kaupapa Māori theory that include iwi-specific theory, an example being the theory of the iwi I belong to; a theory that could be described as Te Kaupapa o Ngāti Awa. Other versions of kaupapa Māori theory include Mana Wāhine or theories that foreground Māori women’s understandings of the world (Mikaere, 2003; Murphy, 2011; Pihama, 2001), Māori young peoples’ understandings of life in an urban context (Borrell, 2005), ecological and environmental frameworks (Robb, 2014), te reo Māori me ōna tikanga (Nepe, 1991; O’Carroll, 2013). The act of naming Kaupapa Māori theory is an assertion

by Kaupapa Māori theorists that there are assemblages of principles and practices that influence thought and action. Asserting the existence of Kaupapa Māori theory is to declare the existence of Māori knowledges from which it draws its foundational principles. As Pere described this, it is in the relationship with Kaupapa Māori theory and practice that Māori knowledges grow and change (Pere, cited in Pihama, 2001, p. 84). In fact, it is difficult to imagine how Māori knowledges might grow in contemporary times without Kaupapa Māori theory. Kaupapa Māori theory is extended by Māori knowledges which can operate, as happened with the growth of Kaupapa Māori education, to extend Māori and iwi knowledges into new fields (Smith, 1997). Simultaneously, Māori knowledges are repositories of information, ideas, relationships, values, emotions and representations against which Kaupapa Māori theory can be applied, modified and extended, as other Kaupapa Māori theorists have noted (Murphy, 2011; Pihama, 2001). Smith (1997) described components of Kaupapa Māori theoretical frameworks that grew out of contemporary Māori experiences and knowledge in Kaupapa Māori education. Components include but are not limited to self-determination, the validity and legitimacy of Māori language, knowledge and culture, concern for economic and structural issues and change, and transformation. Pihama (2001) describes Kaupapa Māori theory as a framework that is concerned with Māori control and preventing further loss of control, re-establishing te reo Māori me ōna tikanga, maintaining resistance and struggle as determining features, and transformation for the benefit of Māori collectives and individuals. Smith's and Pihama's descriptions of Kaupapa Māori theory share much in common.

Summarising the key points from the literature that addressed models and theories for cross-national comparative policy analysis, the following elements are proposed as a starting point from which to undertake a Kaupapa Māori theoretical approach to analysing and theorising Māori, First Nations and Métis knowledges and government health policy. The elements are:

1. Tino rangatiratanga – advancing self-determination;
2. Te Tiriti o Waitangi – maintaining a focus on the Treaty of Waitangi, particularly the Articles with regard to partnered policy making;

3. Taonga tuku iho – revitalising Māori knowledges, languages, culture and values (including tangible and intangible aspects of Māori knowledges);
4. Kia piki ake i ngā raruraru o te kainga – addressing the structural barriers to Māori wellbeing;
5. Macro and meso-level frameworks for categorising, comparing and critiquing the socio-political factors affecting Māori, First Nations and Métis knowledges;
6. Māori, First Nations and Métis agency and ‘voice’ are privileged;

Offered as a starting point, the expectation is that other Kaupapa Māori researchers and Indigenous researchers will refine and extend the elements as the field of Indigenous cross-national comparative policy analysis continues to grow. The caveat on the approach is that it is a distinctly Kaupapa Māori theoretical approach to cross-national comparative policy analysis. In keeping with Māori values, the approach recognises the importance of First Nations and Métis peoples own unique theoretical approaches and does not seek to universalise or usurp their right to research and theorise the engagement of their knowledges with government policy, programmes and services. While it is hoped that aspects of this study will be of use to First Nations and Métis peoples in Saskatchewan, it is their own approaches to examining and theorising the engagement of First Nations and Métis knowledges with health policy that will be of most use.

Conclusion

Indigenous peoples’ struggles with governments to ensure policies reflect their values and aspirations has a long history. The literature suggests that health policy makers in Aotearoa New Zealand adopt needs rather than rights-based approaches to target and tailor policies, all the while trying to avoid public criticism that Māori peoples receive special treatment. The health inequities between Indigenous peoples and their non-Indigenous counterparts continue to increase. Comparing policies across countries can provide policy makers with opportunities to draw lessons from abroad, particularly when inequities remain despite local policy approaches to target and tailor health policies. Reviewing some of the commonly used methods and theories for a cross-national comparative policy

analysis as applied to a two-country case study, a Kaupapa Māori theoretical approach was developed. The approach builds upon the elements proposed for Kaupapa Māori theory, adding two new elements that aid in the selection of literature and other information and provide a framework as a starting point for comparing and contrasting Māori, First Nations and Métis knowledges and health policy in Aotearoa New Zealand and Saskatchewan, Canada. The hope is that other Māori, First Nations and Métis researchers will add and adapt this study's theoretical approach to Indigenous cross-national comparative policy analysis.

CHAPTER 4 - INDIGENOUS PEOPLES OF AOTEAROA NEW ZEALAND AND SASKATCHEWAN, CANADA

Introduction

This chapter presents a socio-political profile of Māori, First Nations and Métis peoples resident in Aotearoa New Zealand and Saskatchewan, Canada. The selected profile coordinates provide a background against which to interpret their relationships with governments and in particular the opportunities and constraints with regard to government health policy-making and government health policy as a strategy for knowledge revitalisation. The coordinates were selected on the basis that these are aids to assisting readers to approach the volume of historical and contemporary legislation, policy, and related documents in upcoming chapters. To recap, engaging Māori knowledges in government health policy is a feature of health policy in Aotearoa New Zealand, but in Saskatchewan, Canada, First Nations knowledges and to a lesser degree Métis knowledges are more likely to be part of provincial government-funded health programmes and services.

In Aotearoa New Zealand and Saskatchewan, Canada, the unequal historical and contemporary distribution of power between Indigenous peoples and governments has had a determining effect upon the health status of Māori, First Nations and Métis peoples (Smylie et al., 2006) and, as this study will investigate, quite possibly the precarious state of their knowledges. While there are similarities with regard to today's poor health status and inequities between Indigenous peoples and their non-Indigenous counterparts in both countries, there are differences in terms of colonising techniques employed by states. Comparing and contrasting selected coordinates - geographies of countries, settler accounts of Indigenous lands, state-determined Indigenous identities, population profiles, treaties, relationships with governments, Indigenous development and health and wellbeing - identifies similarities and differences that will, I hope, assist the reader to make sense of the uneven story of colonisation (Smith, 1999). Against tremendous odds, Māori, First Nations and Métis peoples are working toward achieving more equitable power relationships with governments, sustained by an enduring vision to self-determine and decolonise all aspects of their livelihoods

(Durie, 1999). No easy process, decolonisation is more than resistance against state hegemonies; it is also resistance against the colonial structures that have embedded hegemonic discourses among Indigenous peoples, creating "...a hierarchical discourse within Indigenous cultures, where some Indigenous peoples are positioned as more 'authentic' than others" (Hokowhitu, 2010, p. 216). The complex and evolving issues of authenticity, state-determined identity, self-identification and recognition by governments (Axelsson et al., 2016) will be addressed through the study.

Māori, First Nations and Métis peoples in Aotearoa New Zealand and Saskatchewan, Canada, are engaged in numerous projects aimed at exploring more equitable, decolonised relationships with governments, including partnered policy-making. Kaupapa Māori research, a strategy for exposing hegemonic relationships can assist Māori communities to revitalise Māori knowledges. Revitalising Māori, First Nations and Métis knowledges so that these are part of the everyday fabric of their lives is a legacy from the ancestors and may well be a guide to wellbeing for the future.

Countries

Aotearoa New Zealand and Saskatchewan, Canada are very different geographies; Canada is one of the world's largest jurisdictions with a land mass of nearly 9 million square kilometres and a total population of almost 34 million people (Statistics Canada, 2012), the northern parts of which lie within the circumpolar region. Saskatchewan, one of thirteen Canadian provinces and territories, is three times the size of Aotearoa New Zealand, a mere 268,000 square kilometre island nation located in the south west of the Pacific Ocean. Aotearoa New Zealand is comprised of two large islands, Te Ika a Maui and Te Waka a Maui - latterly renamed by settlers as the North and South Islands - and a host of offshore islands. In 1642, the first European, Abel Tasman - a Dutch explorer - was recorded as having visited the country, naming it Staten Landt, renamed in 1645 by the Dutch navy as Nova Zeelandia. In 1769, a British explorer, James Cook, visited the country, and again in 1777 before sailing to the Pacific north-west, reaching Vancouver, Canada, in 1778 (Beaglehole, 1992; Havemann, 1999).

To the far east of Vancouver is Saskatchewan, a prairie and boreal province in central plains Canada with no marine coastal borders but a vast internal network of rivers and lakes. The province has a landmass of 651,900 square kilometres and is bordered by the provinces of Manitoba to the east, Alberta to the west, and to the north, the Northwest Territories and Nunavut. On the southern border of Saskatchewan is the United States of America and the states of Montana and North Dakota. (Waldram et al, 2007). In 1690, the first European, Henry Kesley, a British fur trader and maritime explorer, is reported to have visited the region now known as Saskatchewan. James Cook, a former British naval captain engaged by the Royal Society, and Henry Kesley engaged by the Hudson's Bay Company, were similarly instructed to seek out new lands for British settlement, locate profitable resources for export to Europe, and for Cook in particular, to advance science and research (Beaglehole, 1992; Smith, 1999; Stonechild, 2006). Saskatchewan's name is derived from the Cree word for the Saskatchewan River, 'Kisiskatchewanisipi', and the current spelling was adopted in 1882 (Government of Canada, 2016).

A common feature of colonisation in Aotearoa New Zealand and Saskatchewan was the establishment of European jurisdictions - national and provincial borders - and renaming of geographies - lands, oceans, waterways - what Smith describes as "...the material redefinition of our world which was occurring simultaneously through such things as renaming..." (1999, p. 33).

Later, renaming was extended to Indigenous peoples who were subsequently classified, separated, and ranked. Government policy for paternalism and assimilation described Indigenous peoples in both countries as 'uncivilized', as 'children', as 'ignorant savages'. Policy discourse separated and ranked Indigenous peoples according to notions of blood quantum and racial purity, describing them as 'half-castes', 'half-breeds', 'inauthentic', 'hybridized', 'Métis', and as 'problem' (Andersen, 2014; Durie, 2004; Havemann, 1999; Smith, 1999).

Compared to most other developed nations of the world, Aotearoa New Zealand has a relatively low population density at 15 people per square kilometre

(Statistics New Zealand, 2011); however, Saskatchewan has an even lower population density at approximately 1.8 people per square kilometre (Statistics Canada, 2012). In 2001, almost 50% of all Aboriginal people in Saskatchewan lived in an urban area, a trend that is expected to continue. A third of Saskatchewan's Aboriginal people lived on reserves, and 17% lived in rural, off-reserve areas (Anderson, 2006). As is the pattern of settlement in the other Canadian prairie provinces, the majority of Saskatchewan's non-Indigenous peoples live within 500 kilometres of the US border, and the population density of Aboriginal peoples increases toward the northern regions of province (Barsh, 1994). In Aotearoa New Zealand, more than 80% of Māori live in urban centres, and in the northern regions of the country (Statistics New Zealand, 2002).

Indigenous (and non-Indigenous) population location and density can determine health status and influence the options available for self-determination and partnered policy-making arrangements for Māori, First Nations and Métis peoples. For example, Indigenous populations in geographically isolated areas may experience serious difficulties accessing health services as remoteness increases (Boyer, 2014). Governments may view remotely located, land-based Indigenous peoples as having stronger claims to self-determination, self-determined health and social services and partnered policy-making than Peoples dispossessed of their lands, although this is not certainly clear cut

Territorially-based approaches to self-determination are not only unlikely where close proximity to highly populated areas exists, but are even more improbable where landlessness and displacement have become the rule, and territorial integrity has been replaced with urbanization ... This does not mean that self-governance cannot be entertained, but the basis for it may depend more on being indigenous rather than possessing strong claims to major comprehensive property rights over a defined territory. In many democracies, indigeneity by itself might be regarded as an insufficient reason for contemplating self-governance, no matter how limited, because it conflicts with notions of equality between all citizens. (Durie, 2004, p. 165)

On the other hand, governments may be inclined to partner with Indigenous people to develop policy solutions for problems when these are visible to the non-Indigenous population - for instance, Aboriginal poverty, homelessness and disadvantage in urban settings - although as Beatty (2011) writes of social policy-making in Saskatchewan, this is by no means a given. Governments may also choose to take advantage of networks and relationships operating within already established urban and rural Indigenous communities to develop policy and deliver devolved health programmes and services that are targeted and tailored for those communities. The experience of Māori tribes is that land-based communities are not a necessary correlate for partnered policy-making and effective service delivery to their people; what is more important is confidence that health policies and practices match the values and socio-economic realities of Māori communities. The Aotearoa New Zealand experience is that urban and rural settings with significant numbers of Māori people clustered together - around tribal cultural centres such as marae or religious community centres - have provided a basis from which governments can devolve health and social services (Walker, 2004), although partnered policy making does not necessarily follow.

Māori, First Nations and Métis (Indigenous) Peoples

Colonial settler nations such as Canada and Aotearoa New Zealand have 'imagined' self-serving myths about the occupation of the lands and waterways that Indigenous peoples claim as theirs (Havemann, 1999). In Aotearoa New Zealand, Indigenous settlement was variously described by non-Indigenous peoples as the outcome of accidental one-way voyages or concomitant upon the extermination of earlier inhabitants by the new Indigenous arrivals; and until recently, a historical event unworthy of scholarship. In Canada, the colonial account of Indigenous settlement was premised upon the notion of terra nullius or lands devoid of peoples and without encumbrances (Havemann, 1999). In these imagined accounts, the presence of Indigenous peoples - uncivilized peoples - was at worst a non-event and at best an encumbrance that explorers, traders, the British Crown and subsequent settler governments had to address. As colonisation progressed, Indigenous peoples were imagined as requiring the protection of states on the basis that uncivilized peoples were in need of a civilizing parent. In

either case, ensuing government policy sought to obscure and then expunge evidence of the authority of Indigenous peoples over their lands and waterways, and the knowledges that were vital to their worldviews and livelihoods, in Aotearoa New Zealand and Saskatchewan, Canada.

Polynesian peoples account is of travelling back and forth from homelands in the Pacific to Aotearoa over the period 500 - 1000 AD, settling in Aotearoa from around 1000 - 1300 AD. Evidence of planned return voyaging is part of the oral histories of tribes and tallies with the dispersal of flora and fauna from the Pacific to Aotearoa where these were carefully re-established in the new lands. Double-hulled canoes built in the 1980s and 1990s proved that traditional knowledges enabled purposeful, planned, multi-directional voyaging,

In 1993, Hekenukumai Busby...sailed in the opposite direction [north] on Te Aurere, a double-hulled canoe that made a twenty-two day, 3200 kilometre voyage from Taipa (in Doubtless Bay, Northland) to Ta Tangiia harbor in Rarotonga. Prime Minister, Geoffrey Henry, welcomed the voyagers as home comers. 'After seven hundred years, you've finally come home'. (Durie, 2005, p. 5)

The Polynesian settlement of Aotearoa is associated with the arrival of voyaging canoes whose occupants established themselves on uninhabited land or amalgamated with existing descendent groups to live on their land. Canoe descendants were linked by common ancestors; however, the key units were whānau or extended family groups that were part of larger hapū or subtribes under the protection of iwi or larger political descendant groupings (Walker, 2004). Aotearoa New Zealand's Indigenous peoples described themselves with regard to whānau, hapū or iwi that had authority over particular areas of lands and waters,

...tenure of land was vested in the community, and the main proof of entitlement was continued occupation and use (ahi kā). Although every individual had an equal share, decisions about usage, gifting and management were collective and

communal...Fundamentally, Māori land tenure was based on relationships, and rights to land was an expression of the relationships of people to their environment, as well as to each other. (Durie, 2005, p. 11).

After the establishment of the colonial government in 1840 and the arrival of large numbers of European settlers and military conflict, Indigenous peoples in Aotearoa began to identify themselves, in part for political reasons, using the collective term 'Māori' which means usual or ordinary people. It is important to note that they also identified themselves in terms of the iwi, hapū and whānau to which they belonged (Walker, 2004).

The Indigenous peoples of the region known today as Saskatchewan have occupied the area for 1100 years. The first recorded non-Indigenous person to reach the area was Henry Kelsey in 1690, an agent of the Hudson's Bay Company, who reported on the distribution of peoples as including the Astina or Gros Ventres, the Nakota, Hidatsa, Shoshone, Blackfoot and Chipewyan branch of the Dene (Stonechild, 2006). The socio-political circumstances of the indigenous peoples of Saskatchewan from the 1700s onwards is mirrored on a larger scale across what was then Prince Rupert's Land (1670 -1870). Other than Kelsey's account of Indigenous tribal peoples living in the Saskatchewan region in the seventeenth century, Indigenous peoples' own accounts of their authorities in the region using self-identified terms; that is, terms other than those determined by the 1763 Royal Proclamation and the 1857 Act To Encourage The Gradual Civilization Of The Indian Tribes in this Province, and to Amend the Laws Respecting Indians (later renamed the 1876 Indian Act) clearly existed but were re-classified according to hegemonic European agendas. Eberts (2013) states,

The huge land mass affected by the Proclamation was occupied by a diverse population of Indigenous nations, with their own languages, cultures, beliefs, and practices. In the Proclamation, the single term 'Indian' is employed to encompass them all...The reduction of a complex web of peoples and societies to a unidimensional 'Indian' population that was to characterize

the Indian Act, had already begun with the Proclamation. (p. 130)

In short, the Indigenous peoples of Aotearoa New Zealand and Saskatchewan, Canada were the object of settler myths in which they were renamed, their authority over lands and waterways obscured and expunged, and the knowledges that had sustained them over generations, damaged and denigrated.

Classification of Indigenous identities

A number of international agreements and covenants address the right of Indigenous peoples to self-determine their identities and be recognised as such by governments. Māori constitutional law expert Moana Jackson writes,

If we are to reclaim the truth of what is us, if we are to bequeath to our mokopuna a world in which they can stand tall as Māori, then we have to reclaim the right to define for ourselves who we are, and what our rights are. We have to challenge definitions that are not our own, especially those which confine us to a subordinate place. (1995, cited in Robson and Reid, 2001, p. 5)

Approaching contemporary government-determined terms for identification as if these were self-evident and have little effect upon Indigenous peoples' identification of themselves and their relationship to governments is naive and, as Jackson writes, requires critique. Government-determined classifications of Indigenous peoples' identities were designed to affirm dominant racist ideologies, gain or obstruct access to land and resources, and accelerate Indigenous assimilation (Durie, 2004; Havemann, 1999). Durie noted early legislation as defining who qualified as a Māori as also influencing land tenure. The "Half Caste Legitimacy Act [1862] allowed non-Māori fathers to 'claim' their children as European and to benefit from any estate that might have derived from the Māori mother" (2004, p. 32). Up until 1926, a Māori person was defined as someone who had at least 50% Māori blood, and if they were a half-caste, they were deemed to be Māori if they lived as a Māori, although what constituted living as a

Māori was never defined. If a person was half-caste but deemed to be living as a European, they qualified for census enumeration as European or Pākehā. After 1926, a Māori person was someone with 50% or more Māori blood, and in 1953 the Māori Affairs Act redefined a Māori person as a member of the aboriginal race, and persons with 100% to 50% Māori blood. However, the definition was largely unworkable and conflicted with emerging discourse that challenged older notions of blood quantum-based identification in favour of self-ascribed identity. In 1974, the Māori Affairs Amendment Act defined a Māori person as someone of the Māori race including any descendant of that person (Durie, 2004; Kukutai, 2012; Walker, 2004).

Andersen and Palmater examine the power of governments and Courts to determine the identities of the Indigenous peoples of Canada and then to embed those identities within Indigenous communities where these are reproduced as if those identities were theirs. Andersen writes,

Various taxonomies of classification were used to grade or rank sociality...over time, these taxonomies were used to exert symbolic and material effects, slowly sinking below the waterline of consciousness to anchor, more or less invisibly, the social relations we see and take largely for granted today. (2014, p. 30)

Canada's social relations are determined by government-controlled racial categories, underpinned by Canadian legislation and policy. Andersen urges a thorough examination of official terms such as 'Indian', 'First Nations', 'Métis', 'Inuit', 'Registered Indian', 'Treaty Indian', 'Status Indian', 'Non-Status Indian', and 'Band member' which have entrenched the perspectives of policy makers, the Canadian non-Indigenous public and, increasingly, Indigenous peoples (2014).

Palmater describes the painful and assimilative consequences of the Indian Act for non-Status Indian people in particular, and more generally all Aboriginal peoples,

The current demographic studies related to the different legal categories of Indigenous peoples also highlight the dangers in maintaining the legislative status quo. The problem is that Indigenous identity and, in most cases, community membership, are determined through an artificial ‘Indian filter’ over which Indigenous peoples have no control. Identity is tied to Indian status, and this legal recognition is often the only accepted criterion for Indigenous identity. (Palmer, 2011, p. 23)

Census and survey taxonomies that use government-determined identities for Indigenous peoples should be read with caution, mindful that Indigenous peoples have been displaced and renamed by governments in the pursuit of assimilation and cost avoidance arising from fiduciary duties (Kukutai, 2012; Palmer, 2011).

Māori have specific needs for information, one of which is the number of Māori affiliated to iwi or tribes. Iwi or tribal data was collected for the first time at the 2013 Census (Statistics New Zealand, 2016), influenced by government seeking data related to Treaty of Waitangi-related legislation and policy. Kukutai argues that the motivations of governments to reduce costs,

...have often provided strong incentives to circumscribe the boundaries of indigenous identity. Notions of biological and cultural authenticity manifest in labels such as ‘half-caste’ and ‘full blood’ have proved indispensable in such efforts, and continue to influence political and popular discourses about indigenous identity and entitlements (Kauanui, 1999; Snipp, 2003). (Kukutai, 2012, pp 27-28)

Periodic health and social survey datasets are characterized by missing data and failure to use standardised ethnicity identification question (Robson & Reid, 2001; Statistics New Zealand, 2016) and have been criticised for not meeting the information needs of Māori, particularly in the area of monitoring health inequities. Kukutai (2012) draws attention to the state’s rationale for data collection as serving its own interests which are not necessarily the same as the interests of iwi and Māori communities.

The New Zealand Census year-end 2016 reported the Māori population as 723,500, up 1.6 percent from the previous year's estimate. Māori comprise 15.4 percent of the total estimated New Zealand population (Statistics New Zealand, 2017). Māori identity for the purpose of the Census is determined by ethnicity and ancestry, a departure from blood quantum and ethnic group identification (Kukutai, 2012). Compared to the national population, the Māori population is young, the median age is 23.9 years, 33.8 percent of all Māori are aged under 15 years, and 5.4 percent are aged 65 years and over (Statistics New Zealand, 2013). A decade and a half of census data report a declining number and percentage of Māori as being able to hold an everyday conversation in the Māori language: 21.3 percent in 2013, down from 23.7% at the 2006 Census and 25% at the 2001 Census. The downward trend indicates current strategies for revitalising Māori languages - closely related to the revitalisation of Māori knowledges - are insufficient.

Saskatchewan Aboriginal population profiles are drawn from the National Household Survey (NHS) and the Census. Aboriginal identity is derived from a combination of three NHS questions related to membership of an Aboriginal group as defined by the Constitution Act 1982 - Section 35(2) and the Indian Act 1985, including the revision to the Act (Bill C-31).

Today nearly all Aboriginal policy decisions that make use of census data employ Aboriginal identity population data. In this context, question 18 on the 2006 census asks simply: 'Is this person an Aboriginal person, that is a North American Indian, Métis or Inuit (Eskimo)? If answering yes, the respondent may then further report "North American Indian", 'Métis' and / or 'Inuit (Eskimo)' (Statistics Canada 2006, 10). Answering affirmatively to any of these choices also allows respondents to further report membership in a particular First Nation/Indian band, after which he or she is provided with the opportunity to print the name of that First Nation on the form. Likewise, all respondents - regardless of how (or even whether) they answer

question 18 - are asked whether or not they self-identify as a registered/treaty Indian. (Andersen, 2011, p. 79)

The 2011 NHS reported 157,740 people resident in Saskatchewan as self-identified Aboriginal; 15.6 % of the province's total population. The NHS reported the largest group within the Aboriginal population were First Nations at 10.2% of the Saskatchewan population, 53.2% of whom living on reserve, followed by Métis at 5.2% and 290 individuals who identified as Inuit. Similar to the Māori population profile, the median age of Aboriginals living in Saskatchewan is much younger than for non-Aboriginal people at 22.6 years (National Household Survey, 2011) compared to the median age of the non-Aboriginal population which was 40.9 years (Statistics Canada, 2016). Further, 34.1% of the Aboriginal population were under the age of 15 years (Statistics Canada, 2016). Finally, and with regard to the revitalisation of Saskatchewan's Aboriginal knowledges, the 2016 census reported 28,345 Aboriginal people as having an Aboriginal language as one of their mother tongue languages, a significant decline (approximately 5,000 fewer Aboriginal speakers) compared to the 2006 census in which 33,350 Aboriginals reported having an Aboriginal mother tongue.

Kukutai (2012) and Andersen (2016) note the policy implications that arise from government-determined categories for identification, regardless of whether enumeration is described as self-ascribed identification. Describing the complexities in Aotearoa New Zealand, Kukutai writes,

Different criteria yield Māori groups of different sizes and socio-demographic characteristics, with the potential to generate substantively different conclusions when used in policy analysis that has tangible political consequences. Group size matters, particularly where it is tied to the allocation of resources, group rights, and constitutional arrangements. (2012, p. 45)

Government-determined terms for Indigenous identification, including self-identification (Andersen, 2016; Walter, 2016), require careful critique and

challenge as terms are not neutral, are invariably designed to affirm racist ideologies, gain or obstruct access to resources, and avoid focusing on the structures of states that reproduce inequities (Axelsson et al, 2016). Current definitions for self-identification fall well below the United Nations Declaration of the Rights of Indigenous Peoples to self-determine definitions for identification that are free from the encumbrances of historical and contemporary legislation and policy (United Nations, 2007).

Treaties

That Indigenous peoples exercised their own self-government prior to the arrival of colonial governments is, for Indigenous peoples and the United Nations Declaration on the Rights of Indigenous Peoples, an indisputable fact (Boyer, 2014; Foster, 1999; Walker, 2004; United Nations, 2007). Treaties were produced by nineteenth century colonial representatives who sought to achieve markedly different outcomes to those of Indigenous leaders and their peoples. Doctrines of dispossession, the change from territorial claims to the assertion of territorial rights (Promislow, 2014), dishonest land dealings, settler immigration, military force, restrictions on traditional livelihoods, epidemics and poverty marked the periods leading up to treaties in Aotearoa and Canada, intensifying after treaties were signed (Royal Commission on Aboriginal Peoples, 1996; Walker, 2004).

In Aotearoa, the Declaration of Independence was signed by chiefs in 1835, establishing the country as an independent state governed by the United Tribes of New Zealand, the sovereign leadership of which was vested in tribal chiefs. Tribal governance addressed law-making, justice, trade and the maintenance of peace (Walker, 1999); however, the reality was that chiefs maintained leadership in their tribal region and had little interest to exert authority outside their respective tribal lands. By 1839 lawlessness, acquisition of land by the independent New Zealand Company - and a possibly over-inflated threat of a French takeover - led the Colonial Office to instruct their representative to 'treat' with the chiefs. According to Walker,

Acquisition, control and ultimately expropriation of land were the key factors in the consolidation of sovereignty...[giving] the Governor power to survey the whole of New Zealand and divide it up into districts, counties, towns, townships and parishes. Reserves were to be set aside for roads, town sites, churches and schools. None of these matters were envisaged by the chiefs who signed the Treaty, nor were they privy to them. (Walker, 2004, p. 98)

The Treaty of Waitangi was signed in the Far North region of the North Island and thereafter it was, according to Walker, hawked around New Zealand for chiefs to sign, unaware as they were that the Māori language version they signed differed significantly from the English language version or that the articles of the Treaty were contradictory (Orange, 2013). Not all tribes were signatories to the Treaty of Waitangi - some did not wish to sign and others, particularly women chiefs, were not given the opportunity to sign; nonetheless the treaty, a treaty of cession, was applied by the Crown to all tribes. The Treaty has three articles that address the protection of existing Māori interests and the promotion of settler interests through Crown's ability to govern the country. In 1845, a new Governor was appointed who set aside the Treaty and contrary to its articles, used unscrupulous methods to acquire land, extinguish native title, employ military force against tribes, and confiscate vast areas of land as punishment for tribes that refused to part with land (Durie, 1999; Havemann, 1999).

Parliament and courts regarded the Treaty of Waitangi as a nullity and the document was set aside until Māori grievances over the long history of breaching Treaty principles culminated in the 1975 Treaty of Waitangi Act. The Act established the Waitangi Tribunal, thereby enabling tribes and Māori collectives to require investigations of alleged breaches by government policies of the Treaty, and subsequent settlements. Issues of entitlement (i.e. entitlement to allege a breach), representation, mandate, negotiation, settlement and reconciliation are the subject of evolving legislation, policy and practice. The health sector in Aotearoa New Zealand recognises the Treaty of Waitangi and acknowledges that Māori have a special relationship with the Crown. Implementation of Treaty-based

recognition and acknowledgement has influenced some but not all government legislation and policy. Incorporating the Treaty into health legislation and policy has been an uneven process that coincided with devolution of government social services to non-government entities, including tribes and Māori communities. Devolution did not result in equal partnerships between government departments contracting the services of tribes or Māori health organisations undertaking health service delivery,

Relationships that are based on the delivery of a service might originate from a Treaty relationship, and Māori might well have played some role in deciding the broad objectives and the overriding principles. But in choosing to deliver a state programme, the relationship then becomes premised on the terms of the contract rather than the terms of the Treaty of Waitangi. (Durie, 2004, p. 178)

The 1988 Treaty of Waitangi (State Enterprises) Act was the first piece of legislation in Aotearoa New Zealand to reference the Treaty of Waitangi, and the 2000 New Zealand Public Health and Disability Act was the first health legislation to address the Treaty,

Section 4. Treaty of Waitangi

In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides the mechanisms to enable Māori to contribute to decision-making on, and participate in the delivery of, health and disability services. (Parliamentary Counsel Office, 2016)

In what became Canada, the precursor to the treaties covering the western plains area, including what is now Saskatchewan, was the 1763 Royal Proclamation wherein the British Crown accepted that some form of Indigenous title existed over the territories. After the 1867 Confederation of Canada, acquiring clear title to Indigenous lands arose over the disposal of Rupert's Land by the Hudson Bay

Company; therein the treaty process in the plains region began. Treaties were described as the Canadian government's strategy for securing the agricultural development of the plains, whilst Indigenous peoples understood treaties as preventing starvation and providing protection of their traditional livelihoods (Boyer, 2014; Royal Commission on Aboriginal Peoples, 1996). Signed between the Crown and Indigenous peoples over the period 1871 to 1908, the numbered treaties – in particular Treaty 6 - covered lands now part of Saskatchewan.

At the time that Treaty 6 was signed there was widespread concern among Indigenous peoples of the region that traditional ways of living were being destroyed and poverty, measles, croup, smallpox and other epidemics were rapidly diminishing their communities. Boyer writes,

In 1876, during the Treaty 6 negotiations, the Treaty Commissioner “fully explained” to the Cree that they (the treaty makers) “would not interfere with their present mode of living” and that what was being offered by the Treaty Commissioner “does not take away anything that belongs to you” (2014, p. 143).

For these reason, treaties such as Treaty 6 incorporated a pestilence and famine clause and a medicine chest clause. Smylie (2000) notes that the medicine chest clause stated that a medicine chest would be kept at the house of the Indian Agent, to be used at the direction of the agent and for the benefit of Indians. Boyer (2014) writes that none of the treaties required First Nations to relinquish their jurisdiction over health, meaning that First Nations retain this jurisdiction and should be able to exercise this right as they did before Treaty 6 and other treaties were signed. With regard to the medicine chest clause, Boyer cites Fumoleau's historical research as providing oral and written evidence that treaty rights to medicines and medical care exist for First Nations peoples of Treaty 6, and First Nations peoples of other numbered treaty regions.

Implementing the medicine chest clause has not been without controversy (Boyer, 2014; Smylie, 2000). In 1935, the federal court found in favour of Dreaver, chief of the Mistawasis Band of Saskatchewan, that all medicines were to be provided

freely to treaty Indians. In 1965, Saskatchewan's provincial court supported an off-reserve Treaty 6 Indian's claim that paying health taxes was inconsistent with the medicine chest clause. That same year, the decision was overturned by Saskatchewan's Court of Appeal, but a similar case was upheld in 1969 (Boyer, 2014). The federal government has provided a level of health services to First Nations and Inuit communities but has insisted that the rationale was not treaty compliance but, rather, a matter of policy designed to ensure the availability of health services where no such provincial services exist,

In 2012, Health Canada reiterated, "[i]t is the Government of Canada's position that current health programs and services...are provided to First Nations and Inuit on the basis of national policy and not due to any constitutional or other legal obligations (Boyer, 2014, pp. 151-152).

Since the 1980s, modern treaties and self-government agreements are a feature of First Nations, Inuit, and federal and provincial government relations; however, progress to implement treaties has been exceedingly slow. The website for Indigenous and Northern Affairs, Government of Canada, notes that a self-government agreement involving the Meadow Lake First Nations of Saskatchewan and the federal and provincial governments stalled in 2010 when the Government of Saskatchewan withdrew from the negotiations. According to the website, the Government of Canada has placed the self-government negotiations on hold while the Meadow Lake First Nations reassess the negotiation process (Government of Canada, 2016).

The website for the Office of the Treaty Commissioner, Saskatchewan, describes numbered treaties and modern treaties as formal agreements between the Crown and First Nations, and notes that all citizens of Saskatchewan are treaty peoples. The role of the Office is to,

'...support a bi-lateral Treaty Table process between the Government of Canada and the Federation of Sovereign Indigenous Nations (FSIN)...The second role of the OTC is to advocate and build a strong relationship between First Nations

and non-First Nations people in Saskatchewan to ensure an effective response among Saskatchewan citizens to support a shared destiny' (Office of the Treaty Commissioner, 2017)

The Crown did not seek to treat with Métis, therefore the Métis struggle for self-government has taken a different path to that of Saskatchewan's First Nations peoples. The federal government has employed the Indian Act 1857 as the litmus test for determining which Indigenous peoples are treaty Indians and, therefore, the right to enter into modern treaties and self-government agreements. Métis scholars describe the approach as grounded in the flawed obsession with authenticity, its material effect of which has been to label Métis as mixed race, as hybrids, and generally a lesser class of people. According to Chartrand and Giokas (2002), Métis who claim treaty benefits are in danger of drawing upon a flawed argument that Métis are a hybrid or mixed blood peoples who descend from Indian or First Nations peoples. The consequence has been and continues to be uneven progress toward building substantive relationships with governments as well as inter and intra-Aboriginal conflict and confusion. These are ideal conditions for federal and provincial governments to step aside from applying international and treaty rights agreements and adopting federal and provincial fiduciary responsibilities for all (Andersen, 2014; Chartrand, 2008). The effect of being covered or excluded from treating with governments appears to relate to recognition insofar as commissions, courts and international agreements have required governments to 'recognise' treaty peoples as collectives with treaty-related rights.

To conclude, some treaties were signed for cession and others in exchange for land, but regardless, the fact of signed treaties has been obscured by Crown representatives and subsequent governments. Indigenous peoples placed great value upon treaties – indeed, their livelihoods - but this was not reciprocated by governments. Commissions, international agreements and tribunals have proved useful instruments from the perspective of Indigenous peoples seeking acknowledgement of treaties in key legislation and policy. Saskatchewan has adopted the discourse that all citizens are treaty peoples, but only recognises Indigenous peoples that signed treaties and meet the requirements of the Indian

Act. Access to policy making with governments, for example, is predicated upon recognition by governments. If recognition is not available or limited because some Indigenous peoples were deemed not to be treaty peoples, difficulties arise with regard to fostering and protecting their Indigenous knowledges.

Relationships with governments

The responses from Aotearoa New Zealand and Canadian governments to adopting the United Nations Declaration for the Rights of Indigenous Peoples is an example of what is at best ambivalence and at worst obstruction by states to addressing the self-determining rights of Indigenous peoples. Rights-based approaches can be a useful counter in situations where Indigenous peoples are minorities and government decision-making would otherwise proceed according to non-Indigenous majorities. The enduring vision of Māori, First Nations, Métis and other Indigenous representatives who were party to the development of the Declaration was to be able to exercise the right to self-determine their futures, not solely as citizens and individuals, but as collectives within states (Durie, 2004; Magallanes, 2011). Aotearoa New Zealand and Canadian governments initially objected to the wording of the Declaration on the basis that it could be interpreted as supporting Indigenous cession. In practice, the patterns of colonisation in both states have resulted in Māori, First Nations and Métis peoples pursuing different avenues to achieve increased self-determination and self-government. Key to moving forward on Indigenous self-determined futures; that is self-government, self-management, and self-determination inside state political and administrative systems, are non-government organisations. These are mandated by Indigenous peoples and recognised by governments, with the capacity to advocate and negotiate with governments on behalf of Māori, First Nation and Métis constituents (Beatty, 2011; Durie, 1999).

In Aotearoa New Zealand individual tribal organisations provide a ‘voice’ to government on behalf of registered tribal members, regularly lobbying Ministers of Parliament, Ministries, business and community stakeholders. In 2006 the first multi-tribal Iwi Chairs Forum was convened by Māori, bringing together tribal leaders to discuss and advance priorities for tribal social, economic, cultural and

political development (Iwi Chairs Forum, 2017). The 1990s government policy for devolution coincided with tribal and Māori community goals to deliver education, health and social services to their own. A number of national multi-tribal and Māori stakeholder organisations were established by Māori to advocate to government, or to negotiate and contract delivery of services. Organisations such as the National Māori Congress and Te Waka Hauora were outspoken voices for Māori self-determined constitutional leadership of Māori health funding, policy development and service contracting,

In 1992, Te Waka Hauora (a combined effort of the Māori Congress, Māori Women's Welfare League and New Zealand Māori Council) was established to advise the government on Māori health policy, developing the concept of a Māori health-care plan. However, Te Waka Hauora's brief expired when the Ministry of Health established its own in-house Māori policy unit, Te Kete Hauora. Nonetheless, Te Waka Hauora signaled a broad and grounded Māori interest in the restructured health sector, and a willingness to define and provide Māori health services, even at a time when government specifically resisted Treaty of Waitangi analyses of Crown responsibilities in respect of Māori health. (Anderson et al, 2014, p. 458)

The Māori language preschool and Māori language school advocacy groups; The National Kohanga Reo Trust, Te Rūnanganui o Ngā Kura Kaupapa Māori, the health and social service-focused Manukau Urban Māori Authority and Te Whānau o Waipereira Trust joined already national well-established organisations that were formally recognised in legislation; that is, the Māori Women's Welfare League and the National Māori Council (Walker, 2004). However, the reality has been that governments choose when they will work with Māori organisations, regardless of whether the organisations were established by legislation. Further, governments distance themselves from an outward appearance of supporting Māori self-determination, holding to the fictional discourse of unitary government in order to avoid accusations from the media of encouraging separatism (Ringold, 2005). Governments appear to support devolving health and social services to

Māori to self-manage so long as devolution can be argued on the basis of need and not right (O’Sullivan, 2006).

In Saskatchewan, two organisations operate to represent the province’s First Nations and Métis peoples (Beatty, 2011). The website of the Métis Nation - Saskatchewan describes the organisation as representing the province’s Métis citizens in order to further socio-economic development, the right to a land base, and self-government (Métis Nation – Saskatchewan, 2009). The Federation of Sovereign Indigenous Nations (FSIN), formerly the Federation of Saskatchewan Indian Nations, represents 74 First Nations in Saskatchewan. The organisation’s website describes its mission as honouring historic Treaties and promoting, protecting and implementing modern treaties (FSIN, n.d.). Both organisations provide representation to the provincial and federal governments on behalf of First Nations and Métis people of Saskatchewan. Both are members of national policy and advocacy organisations that represent provinces and territories to federal government: The Métis Nation - Saskatchewan is a member of the Métis National Council, and the Federation of Saskatchewan Indigenous Nations is part of the Assembly of First Nations. In addition to these, there are national policy and advocacy organisations such as the Congress of Aboriginal Peoples and the Native Women’s Association of Canada. The website of the Congress of Aboriginal Peoples (CAP) describes CAP as one of five national Aboriginal representative organisations recognised by the federal government as representing Métis, and all off-reserve status and non-status Indians, including Southern Inuit Aboriginal Peoples (Congress of Aboriginal Peoples, n.d.). The five recognised national representative organisations are the Assembly of First Nations, Métis National Council, the Congress of Aboriginal Peoples, the Inuit Tapiriit Kanatami, and the Native Women’s Association of Canada.

The Government of Canada operates a legal duty to consult with First Nations and Métis communities about decisions or actions that may affect their Treaty or Aboriginal Rights. Newman describes the duty to consult as arising “when the Crown has knowledge, real or constructive, of the potential existence of the Aboriginal right or title and contemplates conduct that might adversely affect it” (2009, p. 12).

At the federal level, the Métis National Council and the Assembly of First Nations, on behalf of their provincial and territorial member organisations, assert their right and governments' responsibilities to consult them over key federal and provincial matters. The Constitution Act 1982, Section 35 refers to the duty to consult but does not define the duty, thereby leaving the duty to consult to negotiation between parties or, as has happened, to the courts to explicate (Newman, 2009). Implementing the duty to consult is complex and careful consideration is required, Lavoie writes, to avoid negatively impacting inter-Aboriginal and intra-Aboriginal relations. These notwithstanding, complexities should not be used as justification for inaction on the part of the federal and provincial governments (Lavoie, 2013). At the provincial level, the Government of Saskatchewan has a responsibility to mandated Aboriginal representation as well as to limits on mandated representation where these have been expressed. Newman notes that in some provinces, Saskatchewan included, progress toward consulting with First Nations is further ahead than consultation with Métis communities, likely because the Indian Act defines criteria for the identification of First Nations Status Indians, Treaty and Non-Status Indians, whereas the Constitution Act 1982 does not define Métis identification. Newman notes,

Although consulting with Aboriginal leaders under the Indian Act has the danger of perpetuating and extending power structures that do not necessarily correspond to traditional or desired forms of governance, the advantage for status Indians is that they have easily identified representatives for consultation purposes. Non-status Indians and Métis have already faced much neglect from governments, and the structure of the duty to consult risks reinforcing this neglect because it is not clear with whom consultation is to occur. (Newman, 2009, p. 71)

In 2010, the Government of Saskatchewan developed the First Nations and Métis Consultation Policy Framework; however, the focus of consultation was narrow (hunting, fishing, trapping, traditional gathering of plants and resources for ceremonial and spiritual uses), and activated with regard to unoccupied Crown land and land to which First Nations and Métis have a right-of-access

(Government of Saskatchewan, 2010). Beatty asserts that the interpretation of the Framework should not limit the province from application into the health and social services sectors. More generally, the province has been criticised by Beatty for its failure to consult First Nations and Métis in the development of key social legislation and policy on the basis of an overly narrow interpretation of the policy. Beatty asserts the policy “includes the creation of processes that will engage the province’s Aboriginal organisations in decision-making around social policy that affects Aboriginal citizens” (2011, p. 201). Beatty argues that in addition to the right to engage in policy-making, the provincial government should work with Aboriginal peoples and importantly, Aboriginal organisations, to define the duty to consult with regard to social policy-making, particularly in the wake of recent court rulings.

Government structures

Aotearoa New Zealand is a constitutional unitary monarchy with a unicameral legislature; that is, a House of Representatives made up of elected members of parliament. There are three branches of government; the legislature that make laws; an executive of Ministers and government departments that propose legislation; and the judiciary that interprets and applies the law. Currently there are seven political parties represented amongst 119 members of Parliament. Members go into Parliament from any one of seven Māori electorates and 64 General electorates (Representation Commission, 2014). Any person who identifies as a New Zealand Māori or a descendant of a Māori can vote in a Māori electorate so long as they are registered on the Māori electoral roll. If they are not registered on the Māori roll, they are required to vote in a General electorate (Electoral Commission, 2013). The executive, across all departments of government, is responsible for legislation, policy and monitoring progress that complies with the Treaty of Waitangi, reduces health inequities, improves Māori health, fosters Māori language and arguably Māori knowledges too, and advances overall Māori development (Durie, 1999). Te Puni Kōkiri: Ministry of Māori Development is the lead government ministry for Māori policy advice to other ministries and is the principal advisor on matters to do with Māori and government relations. The Ministry was established in 1992 after the restructuring

of the Department of Māori Affairs that was established in 1947 and was service delivery-oriented. Before 1947, the Department of Māori Affairs was known as the Department of Native Affairs and as a department of government it was involved in the development and implementation of policies for assimilation and integration. Walker summarized the conundrum that Māori have always faced with regard to the monocultural control exerted by governments, despite the fact of being a formidable but nevertheless minority population in their own country,

...Closing the gaps [renamed reducing disparities] was dropped from the political lexicon, thereby confirming the gaps as a structural problem of Pākehā power and domination. The problem is ‘tyranny of the majority’, the structural flaw in the ideology of democracy. If the majority cannot be persuaded that equity for Māori should be a national objective, then Māori have to close the gaps themselves. (Walker, 2004, p. 321)

In the health sector, the Māori policy unit, Te Kete Hauora, was established following a review in 1993 to determine the role of the Department of Health with respect to meeting the government’s Māori health objectives. The review found that an in-house restructure was required within the Department of Health to provide a long-term investment in Māori strategic policy and advice to government. The review also found that a diffused, isolated policy unit failed to deliver quality services and failed to match objectives for Māori health (Parata and Durie, 1993). Te Kete Hauora was extraordinarily successful in its endeavours and is discussed in detail in Chapter Six.

Canada is a constitutional monarchy, as is Aotearoa New Zealand; however, Canada is a federal state and its ten provinces and three territories share the role of governing the country on national issues such as foreign policy, national defense and of interest to this study, constitutional issues regarding Aboriginal peoples. The process of government takes place across a bicameral legislature; that is, a Senate and a House of Commons. The Senate, also called the Upper House, is made up of 105 senators, appointed to represent the regions, provinces and territories. The role of senators is to scrutinize, propose and create legislation

about national issues (Senate of Canada, n.d., para. 1). The Senate has a standing committee on Aboriginal peoples (Senate of Canada: Standing Committee – Aboriginal Peoples, n.d., para. 1). The House of Commons or the Lower Chamber comprises 338 elected members who represent a ‘riding’ or a specific area of the country. Most legislation begins as bills proposed by ridings, after which time bills are debated and voted upon in the House of Commons before going to the Senate. The House of Commons has a standing committee on Indigenous and Northern Affairs that reviews, examines and reports on issues affecting Aboriginal peoples. The federal department of government that deals with Aboriginal socio-political issues is known today as Indigenous and Northern Affairs Canada. Its role is described as supporting Aboriginal peoples (First Nations, Inuit and Métis) and Northerners - people living in the circumpolar region - through renewed government-to-government relationships (Government of Canada, 2017).

Boyer writes that the Government of Canada prefers to address Aboriginal health on the basis of need and that services are an outcome of policy and should not be interpreted as legal obligations arising from treaties,

In 1999, the federal government participated in an Exploratory Treaty Table discussion with First Nations in Saskatchewan, where they reiterated their social policy perspective on the treaties as being ‘the Government of Canada, as a matter of public policy, seeks to provide a basic level of health care, access to education, economic opportunities, and the like to all citizens, regardless of treaty status. (2011, p. 151)

In broad terms, Boyer alleges that government legislation and policy in Canada is a key determinant of poor Aboriginal health and inequities between Indigenous and non-Indigenous populations. If indeed, as the Government of Canada asserts, Aboriginal health policy is founded upon need, then the rationale for ensuring policy making is a partnered process that involves all First Nations, Métis and Inuit peoples is even more critical. This is particularly so, given Boyer’s

persuasive argument that failed legislation and policy are key determinants of poor Aboriginal health status and health inequities.

In July 2017, the Department of Justice Canada released the document 'Principles Respecting the Government of Canada's Relationship with Indigenous Peoples'. Arising from Section 35 of the Constitution Act 1982, the United Nations Declaration on the Rights of Indigenous Peoples and informed by two Commissions, the principles are expected to frame the federal government's engagement with Aboriginal Peoples, including policy consultation,

Over the coming months, in accordance with the Principles, members of the Working Group, in partnership with Indigenous leaders, organisations and communities, experts, and where appropriate the provinces and territories, will further advance its reviews of laws, policies and operational practices with First Nations, Inuit and the Métis Nation. (Department of Justice Canada, 2017)

Careful to avoid the assimilationist approach contained in Prime Minister Pierre Trudeau's White Paper 1969, the recently announced principles may provide a basis for renewing relationships, including partnered policy making with federal and provincial governments that are closer to those sought by First Nations, Métis and Inuit peoples. However, the Government of Canada has been accused of disingenuousness with regard to copying and changing a small but important part of the text from the United Nations Declaration on the Rights of Indigenous Peoples now located in Principle Six. The effect, according to Newman from the University of Saskatchewan, is to potentially damage Indigenous relationships by shifting the requirement from one of *securing* free, prior and informed consent for any form of engagement, to a lesser requirement that merely *aims* to secure free, prior and informed consent (Newman, 2017). The intention of the principles was to strengthen Aboriginal peoples' relationships with federal and provincial governments regarding legislation, policy, accountabilities and monitoring which to date, from the perspective of Aboriginal peoples and organisations, have been arduous and slow-moving.

Health and wellbeing

The health inequities between Indigenous and non-Indigenous peoples in Aotearoa New Zealand and Canada are remarkably similar and have been the subject of a number of comparative health studies by researchers. Measured by Indigenous life expectancy at birth, data obtained more than a decade ago from Statistics New Zealand and Health Canada indicate persistent inequities associated with the leading causes of death; cancers, heart and vascular diseases, respiratory disease, self-harm, diabetes, HIV, assault, pneumonia and influenza (Bramley et al, 2004). A more recent study indicates that despite policy in both countries to close socio-economic gaps, progress has been imperceptibly slow,

Though government mandated reparations have been in place since at least the 1970s, long standing inequality has left the Indigenous peoples of these countries behind their non-Indigenous counterparts on indicators of health, wealth, social justice, and general wellbeing. This research comparing social determinants of health for Australia, Canada, and New Zealand, suggests that such inequalities have persisted - in some cases barely improving across 25 years. (Mitrou et al, 2014, pp. 6-7).

Comparing HIV diagnoses in Indigenous peoples in Australia, Canada and New Zealand indicates structural factors put Indigenous peoples at increased risk of HIV infection compared to their non-Indigenous counterparts, particularly younger Indigenous women (Shea et al, 2011). There is agreement among all that poor Indigenous health outcomes are inequitable and the culmination of historical and contemporary factors that are structural, span the political, social and economic sectors, and are deeply embedded. Macro-level healthcare information and systems for monitoring progress against government health policies are clearly useful as the aforementioned comparative health studies attest, but problems beset the field. The first problem has already been described and relates to national census and periodic surveys that identify Indigenous participants based upon problematic categories. The second problem is that national datasets are constrained by indices that stop short of gathering health information relevant to

Indigenous peoples. Smylie and colleagues assert “Indigenous self-determination...includes the right of Indigenous peoples to construct knowledge in accordance with self-determined definitions of what is real and what is valuable” (Smylie et al, 2006, p. 2030).

Indices of value to Indigenous peoples that directly relate to health outcomes are likely to include a range of broad political, social and cultural factors to do with collective self-determination, wellbeing of families, tribes, languages, cultures, ceremonies, medicines, access to significant lands and waterways, the arts and so forth. The Whānau Rangatiratanga Measurement Framework describes Māori-specific domains, indicators and measures developed by the Social Policy Evaluation and Research Unit (2015) in consultation with Māori health experts and Māori communities. The framework is a good example of extending the standard family measurement indices so that these reflect Māori health priorities and values associated with healthy Māori families.

In Saskatchewan, the Saskatoon Regional Health Authority will use the Cultural Responsiveness Framework that was developed in 2013 by the Federation of Sovereign Indigenous Nations (FSIN) and the Ministry of Health, Saskatchewan. The Framework will guide First Nations health data collection and reporting and will include revitalising First Nations languages, teaching and learning traditional medicines, and restoring First Nations ceremonies as a key source of education and health in First Nations communities. Indices from the Framework are being piloted in twelve First Nations communities in northern Saskatchewan. The FSIN report,

Key partnership initiatives and demonstration projects - such as the Muskowekwan Residential School Education and Healing Centre initiative - will be used to: inform future evidence-based First Nations-led health policy revisions; establish a CRF Implementation Best Practices Guide; and support the further development of a CRF Performance Measurement Framework. (FSIN, n.d., para. 2)

Despite positive developments such as the CRF and health indicators that more closely meet the priorities of First Nations peoples in Saskatchewan, similar developments for Métis, off-reserve First Nations and non-status peoples in Saskatchewan are slower to be realised (Lavoie et al, 2008).

The third problem relates to Indigenous claims for alternative accountability and monitoring systems between Indigenous health organisations and governments. The right of Indigenous peoples to good health and states' fiduciary obligations to ensure good health indicate that accountability and information reporting systems will be different for Indigenous health organisations than for governments, because

...if the existence of a fiduciary obligation can provide an effective constitutional, legal, and relational foundation for appropriate reciprocal accountability processes and mechanisms in these contexts moving forward, it is centrally important that we are guided by Indigenous perspectives on how to properly conceive relational frameworks that have such profound impacts on Indigenous wellbeing. (Kornelsen, Boyer, Lavoie, & Dwyer, 2015, p. 29)

Conclusion

Indigenous peoples in Aotearoa New Zealand and Saskatchewan, Canada, share similarities and differences which contribute to understanding the uneven story of colonisation. Despite enormous geographical differences with regard to location and landmass, the European explorers that arrived onto Indigenous territories were similarly intent upon reporting to England of the natural environment, the potential for settlement, and the resources available for markets in Europe. In order to secure access to land and other resources, the status of Indigenous peoples as self-determining nations, along with their knowledges, were denigrated, expunged and re-named. Colonial representatives and later settler governments established statutes, legislation and policy that classified and separated Indigenous peoples - one from the other - into categories underpinned

by racist, blood quantum-derived taxonomies, the aim of which was always to gain access to land and resource, and accelerate assimilation. Although treaties were signed in good faith, these were set aside by governments until Indigenous peoples, using strategies for resistance, forced governments to recognise fiduciary responsibilities which included addressing self-determination and policy-making. Devolution of previously government-delivered health and social services has matched Indigenous peoples' aspirations to plan and deliver services for their communities, but has not assisted them to move closer to partnered policy making. The health policy unit for Māori health, Te Kete Hauora, was part of the Ministry of Health for more than two decades. The unit produced policy and advice in consultation with Māori communities and advanced Māori community and government objectives on Māori health goals in ways that earlier approaches were unable to do. The Cultural Responsiveness Framework, produced by Saskatchewan's Federation of Indigenous Nation's as a partnered venture with the province's Ministry of Health may provide an option for improved health policy making. However, it is too early to evaluate the Framework, and it is important to note that despite the poor health status of Métis peoples in Saskatchewan, the provincial government is yet to develop a specific framework with Métis communities. Government-determined legislation and policy is arguably a key determinant of Indigenous health and for this reason alone, quite apart from international and national rights, partnered government policy making is critical to achieving better outcomes and reducing inequities. It appears that when partnered policy making is well established, then Māori, First Nations and Métis peoples can assess the value of government health policy as a strategy for revitalising their knowledges.

CHAPTER 5 - MĀORI, FIRST NATIONS, MÉTIS KNOWLEDGES AND GOVERNMENT POLICY

Introduction

The benefits of engaging Māori knowledges in legislation and health practice have been documented (Durie, 2001; Magallanes, 2011) but little has been written about the relationship between Māori knowledges and government policy in Aotearoa New Zealand. This chapter examines the impact of historical and contemporary government policies upon Māori, First Nations and Métis knowledges and the subsequent efforts by the Indigenous peoples of Aotearoa New Zealand and Saskatchewan, Canada, to revitalise their knowledges. The goals of the chapter are to develop a clear position as to the historical and contemporary consequences for Māori, First Nations and Métis knowledges of subjugation by government policy, theorise subjugation and recent efforts to revitalise these knowledges in health policy.

The chapter begins with an analysis of literature concerning the impact of government policies upon Māori, First Nations and Métis knowledges. The framework for the analysis is a policy chronology (Havemann, 1999) spanning the period 1760 to 2016 in Aotearoa New Zealand and Saskatchewan, Canada. The chronology functions to order legislation, policy and events across five broad policy periods. Compiling the chronology required a close reading of relevant literature in order to identify associations between policy periods, subjugation, and efforts to revitalise Māori, First Nations and Métis knowledges. It will be argued that associations exist and that these are an important source for theorising knowledge subjugation by government policy, and importantly, knowledge revitalisation. In order to understand the relationship between the subjugation and revitalisation of Māori knowledges I have employed a two country comparative case study approach because,

The comparative method provides a partial solution to the problem of perspective in that it presents one set of actions alongside another set, thus enabling one to ascertain similarities

and differences between the two. If the similarities are sufficiently confirmed, then it begins to be possible to ascribe some of the differences to conditions that are unique to a particular society. (Armitage, 1995, p. 7)

There are a number of similarities with regards the subjugation of Māori, First Nations and Métis knowledges and government policy, and there are differences, and both will be discussed in some detail. Comparing and contrasting Māori, First Nations and Métis knowledges across five government policy periods is a more productive method for understanding and theorising the subjugation and revitalisation of Māori knowledges than a single country study. The single country case study produces a detailed chronological account of knowledges and government policy periods but falls short of providing the basis for theory that applies to more than one country. It is not until government policy periods and Māori knowledges in Aotearoa New Zealand are considered alongside First Nations and Métis knowledges and provincial and federal policy in Saskatchewan and Canada that associations are revealed and theory-making becomes possible.

The starting point for the chapter, however, is to develop an informed position with regard to the terms ‘Māori knowledges’, ‘First Nations knowledges’ and the ‘Métis knowledges’ of the Māori peoples of Aotearoa New Zealand and the First Nations and Métis peoples of Saskatchewan, Canada. The decision to limit the scope of the study to the knowledges of the First Nations and Métis peoples of Saskatchewan, Canada and leave out the knowledges of the Inuit peoples of Saskatchewan was addressed in Chapter Two of the study. As noted, the decision was not easy to make given Canada’s long colonial history of recognising some of the country’s Aboriginal peoples whilst denying recognition to others. In this instance, however, the decision was made on the basis that by far the majority of Saskatchewan’s Aboriginal peoples describe themselves as First Nations and Métis (Statistics Canada, 2016). It is important to note, therefore, that the associations and subsequent theory related to government policy, knowledges, subjugation and revitalisation should not be taken as applying to the knowledges of the Inuit peoples of Saskatchewan. It should also be noted that the term ‘knowledges’ and not ‘knowledge’ is used throughout the study as a device to

counter the colonial notion that Māori, First Nations and Métis knowledges are single entities which are pan-tribal in Aotearoa New Zealand, and pan-Aboriginal in Saskatchewan, Canada.

Māori, First Nations and Métis knowledges: A review of the literature

An initial close reading of key national, federal and provincial government electronic policy documents related to Māori, First Nations and Métis peoples and their knowledges in Aotearoa New Zealand and Canada was undertaken in 2012 as a precursor to developing the thesis research topic. The document review was updated in 2015 and again in 2016. Books, hardcopy reports and electronic material were reviewed. The material was used to compile the chronology and undertake the literature review. Literature was retrieved that addressed government policy, Māori and Saskatchewan First Nations and Métis health and development, and the subjugation and revitalisation of Māori, First Nations and Métis knowledges. Of particular interest was literature that described historical and contemporary government policies and relationships between governments, Māori, First Nations and Métis peoples' and their knowledges. The review did not include the large body of literature that addresses ontologies as these relate to the cataloguing, storing and sharing of components of Indigenous knowledges among software entities. According to these systems, what can be measured, represented, and catalogued is said to exist (Gruber, 1995).

Key website searches included the New Zealand Government website, the Government of Canada website, the Canadian Library of Parliament website, the websites for Ministry of Health for New Zealand, the Ministry of Health for Saskatchewan, Health Canada, the First Nations and Inuit Health Branch, Te Puni Kōkiri: Ministry of Māori Development, Indigenous and Northern Affairs Canada, the Waitangi Tribunal, the Office of Treaty Settlements for New Zealand, the Office of the Treaty Commissioner for Saskatchewan, the Canadian National Centre for Truth and Reconciliation, the Canadian National Aboriginal Health Organisation website (NAHO), and websites of the National Métis Council, the Assembly of First Nations, the Federation of Sovereign Indigenous Nations, and the Métis Nation - Saskatchewan.

Indigenous and non-Indigenous authors have described Māori, First Nations and Métis knowledges, highlighted the differences between these and non-Indigenous knowledges, and proposed the benefits of engaging such knowledges into science, education, the economy and other government sector settings. In keeping with the Kaupapa Māori approach, the search strategy for the literature review sought material by Māori, First Nations and Métis peoples describing their knowledges, and care was taken to privilege those descriptions (Battiste & Youngblood-Henderson, 2000; Cunningham, 2000). Those descriptions provide the basis for an informed and focused discussion from which to examine the subjugation of Māori, First Nations, Métis knowledges by government policies. The literature also provides a source from which to consider the possibility that engagement of components of Māori, First Nations and Métis knowledges with government policy may contribute to knowledge revitalisation.

Another challenge facing this study is the problem that arises when descriptions of Māori, First Nations and Métis knowledges - the ontics of these knowledges - are conflated with their ontology or their 'being'. The point is made that these are quite different aspects of knowledges and recognition of the difference is important. The ontic or the tangible dimensions of knowledges are those described in the literature by Māori, First Nations and Métis authors and discussed with government health policy makers in Chapter Six. The ontological or the intangible dimensions of Māori knowledges are discussed in Chapter Seven of the study, and as already noted earlier, discussion as to the ontologies of First Nations and Métis knowledges are matters best left for their consideration. Nonetheless, the point is made that Māori, First Nations and Métis knowledges are more than their ontics; that is, these knowledges are more than the sum of their descriptive narratives about origins, relationships, economic, social and scientific values and so on. It is possible that descriptions of Māori, First Nations and Métis knowledges sourced from publically available literature favours the perspectives of researchers and academics and marginalises the perspectives of community-based experts. For reasons to do with maintaining community ownership and control it could be expected that some knowledge holders (experts) will choose to share knowledge within communities rather than disseminate knowledge as published material for a public readership (Durie, 2004; Vizina, 2010). However, the point is made that the

delineation between Indigenous researchers working inside their communities and those working for organisations outside of Indigenous communities is not as clear-cut as it used to be (Smith, 1999). Capacity-building within the research and policy sectors has enabled Māori, First Nations and Métis peoples to conduct research programmes in their communities and publish their own research. This notwithstanding, the literature employed for the study should be understood as representing part but not all of what is documented by Māori, First Nations and Métis experts about their knowledges. Where I could locate the literature, descriptions of Māori and Saskatchewan First Nations and Métis knowledges as these are understood by governments in Aotearoa New Zealand and Saskatchewan, Canada, are also provided.

Māori knowledges

Māori tribal knowledges originated from Pacific knowledges and were brought to Aotearoa New Zealand by Polynesian ancestors whereupon these were adapted over a thousand years to the environment and life of the tribal inhabitants of Aotearoa New Zealand (Cunningham, 2000; Harmsworth and Awatere, 2013 Royal, 2007a). Mead (1994), Durie (1996, cited in Waitangi Tribunal, 2001) and Doherty (cited in NZQA, 2014) highlight the existence of distinctive tribal knowledges, referred to by some as ‘Mātauranga-a-iwi’ which differs from what they describe as the more generic ‘Māori knowledge’. Some authors suggest the terms ‘Māori knowledge’ and ‘Mātauranga Māori’ are relatively recent and refer to a generic body of knowledge made up of components of Māori knowledges common to all tribes (Mead, 1994). It is useful to consider the point that homogenising Māori people, a feature of government assimilation policies from the 1860s onwards, quite possibly had the effect of homogenising and reducing diverse iwi, hapū and whānau knowledges down to a single entity referred to in the singular as Māori knowledge (Meredith, 2000).

Some writers qualify the term Māori knowledge, instead preferring to use the term ‘traditional Māori knowledge’ (Cunningham, 2000; Henry and Pene, 2001; Mead, 1994) which they describe as Māori knowledge that existed prior to the arrival of Pākehā; similarly, the term ‘pre-colonial Māori knowledge’ (Barnes, 2006). The

term ‘historical Māori knowledge’ is used by Cunningham to refer to any past knowledge, as distinct from contemporary, present-day and future Māori knowledges (2000). Harmsworth and Awatere (2013) note the existence of local and regional Māori knowledges, including tribal and sub-tribal knowledges. Describing the importance of tribal knowledges for Waikato - Tainui peoples, Harrison and Papa (2005) note the right of the tribes rather than governments to control Waikato - Tainui knowledges. Mead (1994) writes that tribal knowledges and generic Māori knowledge contain both physical and metaphysical, tangible and intangible elements. Durie describes Māori knowledges as “...recognising the interrelatedness of all things, drawing on observations from the natural environment, and imbued with a life force (mauri) and a spirituality (tapu)” (2005, p. 18).

Colonisation subjugated tribal knowledges as well as the more recent, generic Māori knowledge; however, fragments of tribal knowledges have survived, in part due to the protective role of Māori language (Ka’ai-Mahuta, 2010; Royal, 2007a). Māori knowledges are, accordingly, multi-layered and not a single entity. Māori knowledges encompass Mātauranga-a-iwi or tribal knowledges, Māori languages and worldviews, incantations, performing arts, Māori culture, values, and generic pan-tribal Māori knowledge (Aotearoa New Zealand Qualifications Authority, 2014). Looking ahead, Royal writes that Māori knowledges will continue to grow in unexpected ways (Royal, 2005) as a consequence of inherent dynamic, creative, inventive, and future-focused qualities (Hikuroa, Slade & Gravley, 2011). Growth in the forms of knowledge creation, reclamation and revitalisation will occur as a consequence of Māori individual and collective interactions with other Māori, with governments, scientists, researchers, members of the public, other Indigenous peoples, and the wide world (Aotearoa New Zealand Qualifications Authority, 2014; Harmsworth, 2004; Smith, 2000; “Te Hau Mihi Ata”, 2008).

Concern has been expressed that government socio-economic policy, including policy for science, research and technology, could lead to an assimilation of Māori knowledges into mainstream knowledge systems,

The main point in [Durie's] discussion paper is that Mātauranga Māori [Māori knowledges] should be under Māori control. At present, and for reasons which may appear to have a degree of plausibility, traditional Māori knowledge is being increasingly incorporated into Crown protocols and policies. Education curricula, science and research goals, and environmental education make liberal use of Mātauranga Māori and do so in a manner which runs the risk of distorting both context and content. (Williams, 2001, p. 23)

There are problems for Māori knowledges that arise from the colonial power imbalance between Māori and governments; however, the struggle for control over tribal and Māori knowledges extends beyond the influence of governments. Smith (1997) describes the power imbalance between Māori and Pākehā as a fundamental threat to protecting and advancing Māori knowledges. Specifically, organisations and groups operating beyond the control of tribes and Māori communities produce seemingly authoritative discourses about Māori knowledge,

There is a fundamental dilemma here and that relates to what counts as traditional knowledge and what doesn't. Obviously people are concerned to protect their traditional knowledge because in the national context of unequal power relations there is a tendency for it to be eroded and assimilated and colonised and so forth. The big tension is where exactly is the boundary, and that's why this is such a difficult concept to legislate for, or to protect yourself against, particularly from the point of view of the indigenous group. What we are seeing at the moment is that the external groups are able to exploit Māori knowledge.
(Smith, 1997, p. 16)

The science and research sectors produce discourse about Māori knowledges based upon similarities and differences, benefits, uses and economic gains. The result, according to Moewaka-Barnes (2006) is to define Māori knowledges using narrow, acquisitive, utilitarian and commodified notions. This, Moewaka-Barnes

attributes to the interest shared by some research organisations and government ministries and supported by government policy, to control and widen definitions of Māori knowledge. There is an alarming predilection to want to “...unlock the creative potential of Māori people and resources for the benefit of Aotearoa New Zealand”, ‘build Aotearoa New Zealand’s innovation skill base’ and ‘unlock potential of [a] distinct Māori knowledge base for the benefit of Aotearoa New Zealand” (Foundation for Research, Science and Technology, 2004, cited in Moewaka-Barnes, 2006, p. 7).

The 1993 Mataatua Declaration on the Cultural and Intellectual Property Rights of Indigenous peoples (the Declaration), a mechanism for halting the exploitation of cultural and intellectual property such as Māori knowledges, was signed by Māori and Indigenous leaders from fourteen countries. The Declaration sets out the rights of Indigenous peoples to manage and control their knowledges for the primary benefit of the descendants of those knowledges “...but [they] are willing to offer it to all of humanity provided their fundamental rights to define and control this knowledge are protected by the international community” (Commission on Human Rights, 1993, p. 2). Cheryl Smith suggests that in the absence of international protection and control of Māori and Indigenous knowledges, ontological problems arise. Smith writes of the globalising pressure to commodify Māori knowledges which gives rise to the need to question the boundaries and structure of Māori knowledges, the defence of boundaries, and the right of Māori to decolonise and reposition knowledges inside and outside the boundaries of their knowledges (2000). Mika (2011) highlights another problem arising from the commodification of Māori knowledges and Mātauranga Māori which is the tendency to focus upon its uses and benefits, thereby giving rise to the possibility that its ontological aspects will be overlooked. The Mauri Holders Hui (“Te Hau Mihi Ata”, 2008) drew attention to the effect that positivist paradigms have upon Māori knowledges such that these are reduced to that which is useful, measurable and observable.

Descriptions of Māori knowledges and Mātauranga Māori in government documents reflect reductionist and utilitarian approaches. There is no recognition by governments of tribal knowledges or the multiple layers of knowledges;

instead universalising these under the generic term, Māori knowledge. Descriptions of Māori knowledges make no mention of its rich and complex layers: tribal knowledges, historical and contemporary knowledges, Māori women's knowledges, environmental knowledges and things that are unknowable, withheld or inappropriate to share with governments. Cunningham (2000) describes government-funded research as supporting the maintenance and acquisition of old and new Māori knowledges but provides no detail as to the characteristics, boundaries or distinguishing features of either knowledges. Moewaka-Barnes (2006) describes governments as recognising Māori knowledges as potentially wider than traditional knowledge and including contemporary Māori knowledge and new knowledge developed as an outcome of research. Moewaka-Barnes (2006) rejects the position of the Ministry of Science, Research and Technology that Mātauranga Māori is interchangeable with Māori knowledges, preferring instead to describe Mātauranga Māori as a sub-category of Māori knowledges.

Māori knowledges have been the subject of three claims to the Waitangi Tribunal on matters of relevance to this study. The first was the Te Reo Māori claim (Waitangi Tribunal, 1986), the second was the Napier Hospital and Health Services claim (Waitangi Tribunal, 2001), and the third was the claims by six tribes entitled New Zealand Law and Policy Affecting Māori Culture and Identity (Waitangi Tribunal, 2011). Taken together, the Tribunal reports note that the Crown is required by Article Two of the Treaty of Waitangi to protect and promote Māori language, the health knowledges of Ahuriri Māori and other Māori knowledges, and undertake such activities in partnership with Māori.

Furthermore, Māori health knowledges require protection and advancement and Māori have an Article Three right to utilise and promote such knowledges. Finally, the reports recognise that Māori language, Māori health knowledges and Māori tribal and generic knowledges are highly prized tangible and intangible possessions, the control of which must rest with Māori.

First Nations knowledges

Saskatchewan, Canada, is home to First Nations, Métis and Inuit peoples of which there are more than seventy nations, each with their own knowledges (Mitchell et al., 2008). The knowledges of the First Nations and Métis peoples of Saskatchewan are referred variously in the literature as ‘First Nations knowledge’ (FSIN, n.d.), ‘Métis traditional knowledges’ (Vizina, 2010), ‘Aboriginal knowledge’ and, ‘traditional Aboriginal knowledge’ (Assembly of First Nations, n.d.), ‘Indigenous knowledge’ (Mitchell, 2008), and Indigenous knowledge systems (Settee, 2007). These terms confirm the existence of a multitude of First Nations and Métis knowledges in the province of Saskatchewan.

Battiste and Henderson (2000) write that the term ‘Aboriginal knowledge’ is a collective noun that refers to localised nation-specific and band-specific knowledges. According to Battiste and Henderson, Aboriginal knowledge is geographically and environmentally-specific, it is multi-layered, it defies definition, and is quite possibly not transferrable to other settings. The Assembly of First Nations, the federal-level collective to which the Federation of Sovereign Indigenous Nations (FSIN) is a member, describes Aboriginal knowledges (AK) as customary but also incorporating new ideas and new ways,

AK is understood to include customary ways in which aboriginal peoples have done or continue to do certain things as well as new ideas or ways of doing things that have been developed by Aboriginal peoples and which respect traditions, cultures and practices (Assembly of First Nations, n.d., p. 4).

Marlene Brandt Castellano, previously the co-director of research for the Royal Commission on Aboriginal Peoples, describes Aboriginal knowledge as traditional and empirical knowledge (2000). Some Aboriginal writers describe Aboriginal knowledges as old, new and transformed knowledges, noting the fact that older, traditional knowledges were safeguarded by Aboriginal languages, cultural practices and protocols (Hansen & Smylie, 2006). Cree academic and activist Priscilla Settee whose homelands are in northern Saskatchewan, describes

Indigenous knowledges as dynamic and adapting to changing circumstances, inter-related with the natural environment, and expressed in the form of Aboriginal languages, values, practices, and worldviews (2007). Aboriginal writers note there are many challenges facing the reclamation and revitalisation of Aboriginal knowledges, the most obvious of which is the damage that has been sustained since colonisation began, but also the damage to the natural environment from which Aboriginal knowledges are derived and sustained (Brandt Castellano, 2000). A significant threat to the reclamation and indeed the survival of Aboriginal knowledges is the perilous state of most Aboriginal languages (Settee, 2007).

Saskatchewan First Nations knowledges encompass systems for maintaining good health. Describing the recently developed Cultural Responsiveness Framework as a vehicle for reclaiming First Nations knowledges concerning health, the Federation of Sovereign Indigenous Nations (FSIN) notes

[The Framework] is about restoring and enhancing First Nations' own health systems. Systems which have existed for time immemorial but which have been diminished in the last hundred or so years as a direct result of European contact, policies of assimilation and the establishment of the western medical system. (FSIN, 2015, p. 7)

The FSIN in association with the Saskatchewan Indigenous Cultural Centre (SICC) highlight the importance of achieving the spirit and intent of treaties and revitalising First Nations cultures, including eight First Nations languages. The perspective of First Nations that signed treaties in Saskatchewan is that treaties have a spiritual foundation that cannot be dissolved and which remains 'for as long as the sun shines, the grass grows and the rivers flow' (Office of the Treaty Commissioner, 1998, p. 61). The objectives of the SICC includes promoting First Nations languages and knowledges and developing a resource base from which to transmit resources to First Nations students. Of note is the statement by the SICC that cultural and language resources must remain under the control and

management of First Nations (SICC Mission Statement, Vision Statement, Philosophy, Goals and Objectives, no date).

Métis knowledges

Métis knowledges in Saskatchewan have emerged “from the history, culture and languages of the Métis peoples” (Vizina, 2010, p. 13). Métis peoples were excluded from legal recognition and Crown fiduciary duties prior to the 1982 Constitution Act (Macdougall and Carlson, 2009) so it is not altogether surprising that Métis knowledges have been subjugated by historical government policy, and more recently, by neglect. Although the provincial Government of Saskatchewan signed the Métis Act 2001 thereby recognising the role of Métis institutions to provide a range of socio-economic services to Métis peoples in the region, a recent report notes Saskatchewan’s preference for a pan-Aboriginal model of provincial policy-making and services which, the authors claim, misrepresent Métis (Poitras-Pratt, Andersen, Contreras & Dorkis - Jansen, n.d.). A report into Canada’s Métis health and healing describes Métis traditional health knowledges as shared beliefs that are derived from long relationships with land and water and influenced by social, cultural, political and economic factors, with “...variations in tradition, language, customs and ways of sharing knowledges; there are also shared beliefs” (National Aboriginal Health Organisation, 2008, p. 8).

The report notes the concern expressed by Métis elders that there is a scarcity of Métis traditional knowledges, with languages such as the Michif reduced to less than one thousand fluent speakers across Canada. In Saskatchewan, the Central Urban Métis Federation Incorporated (CUMFI) promotes Métis tradition and culture so as to improve the heritage and socio-economic wellbeing of Métis people of Saskatoon, Saskatchewan. The province-wide organisation called Métis Nation-Saskatchewan, one of six provincial organisations belonging to the Métis National Council, has a key role promoting language and cultural revitalisation across the province, but was in abeyance for the period 2013 to 2016. There are, however, local and regional Métis organisations in Saskatchewan delivering health services underpinned by traditional Métis knowledges. One of these, the Métis Addictions Council of Saskatchewan, is a provincially-focused service that

utilises Métis and First Nations elders to deliver traditional knowledge-based services to clientele (National Aboriginal Health Organisation, 2008).

A recent report to the Federation of Sovereign Indigenous Nations, the Métis Nation - Saskatchewan and the Province of Saskatchewan noted the centrality of First Nations and Métis languages to the wellbeing of First Nations and Métis peoples and the people of Saskatchewan. Education, the report stated, was important “for the community, as a whole, because it [First Nations and Métis languages] ensures transmission of Indigenous knowledge and nationhood, necessary ingredients for self-sufficiency and self-determination” (The Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People, 2013, p.30).

Canadian federal government policy describes Aboriginal knowledge as a singular entity that has the potential to increase Aboriginal socio-economic success, improve Canadian non-Aboriginal community understandings of Aboriginal peoples and issues, and enhance public services and programmes (National Aboriginal Health Organisation, 2008). Regarding education, the Saskatchewan Ministry of Education describes the Treaty rights of First Nations peoples and the Aboriginal rights (from Constitution Act 1982) of Métis as critical to partnership with the provincial government. A greater public awareness of the Treaty and the Constitution will

foster understanding of cultures, languages and traditions in order to achieve equitable outcomes for First Nations and Métis students. Saskatchewan is situated on the traditional lands and territories of First Nations and Métis peoples. The languages, cultures, tradition and knowledge of First Nations and Métis peoples are derived from the relationship and connectedness to this land, now known as Saskatchewan. These languages, cultures and traditions must be preserved, sustained and reflected within the provincial education system. (Saskatchewan Ministry of Education, 2009, p. 7)

The Saskatchewan provincial government proposes the engagement of First Nations and Métis ways of knowing with the Saskatchewan education system as benefitting students and teachers' understandings of First Nations and Métis worldviews (Saskatchewan Ministry of Education, 2009).

Similarities and differences

There are similarities with regards to Māori, First Nations and Métis peoples' descriptions of their knowledges, some of which are that these:

- Are diverse, includes pre-colonial, contemporary and new knowledges along with tangible and intangible dimensions, and are derived from and sustained by relationships with Māori, First Nations and Métis peoples and in turn, their relationships with natural environments and entities;
- Encompass values, worldviews, languages, cultural practices, aspirations, associated cultural and intellectual properties;
- are sustained and protected by Māori, First Nations and Métis languages, a number of which are now critically endangered;
- include multiple and layered knowledges - including but not limited to tribal, generic, nation and band, local and regional, traditional or customary and contemporary knowledges, environmental, and men's and women's knowledges;
- are the subject of sui generis rights, some but not all of which are ratified by treaties and codified into provincial, federal, national and international legislation and agreements;
- are perceived by state, provincial and federal governments in narrow, utilitarian terms i.e. socio-economic gains;
- are subject to provincial, federal or state power, but ought to be under the control of Māori, First Nations and Métis peoples;

As a minimum, any framework to guide the revitalisation of Māori, First Nations, and Métis knowledges should give effect to Māori, First Nations and Métis peoples' descriptions of and aspirations for control of their knowledges, including

languages revitalisation as key to the successful revitalisation and transmission of knowledges.

As well as similarities, there are also differences. The differences are important inasmuch as these dispel any notion of a grand, universalising narrative that encompasses all Māori, First Nations and Métis knowledges or any single pathway to protecting and revitalising knowledges with regard to government policy. Differences include the following:

- Māori peoples describe the existence of many tribal knowledges, and a more recent national generic Māori knowledge. The First Nations and Métis peoples of Saskatchewan describe their knowledges as multiple, as nation, band, and locally specific, and no mention is made of a generic Aboriginal knowledge;
- Aboriginal knowledges may not be transferrable from their originating contexts;
- First Nations peoples have treaty rights and inherent Aboriginal rights recognised in the Constitution Act 1982. Métis peoples have only recently obtained recognition of inherent Aboriginal rights by the Constitution Act 1982, although those rights are largely undefined. Recognition by governments of treaty and inherent rights may determine how the Government of Saskatchewan and the federal government engages with First Nations peoples and Métis peoples to foster and revitalise their respective knowledges;

Government documents from Aotearoa New Zealand and Saskatchewan, Canada, report similar descriptions of Māori, First Nations and Métis knowledges which are that these:

- are entities which can be described and should be available to states and provinces for utilisation;
- that generic pan-tribal and pan-Aboriginal approaches to knowledge protection and revitalisation are appropriate;
- that Māori, First Nations and Métis knowledges have the potential to provide new information and solutions to existing government problems such as reducing inequities and addressing socio-economic problems;

- Promotion of Māori, First Nations and Métis knowledges can improve Indigenous peoples' relationships with governments and non-Indigenous citizens in Aotearoa New Zealand and Saskatchewan, Canada.

A recent Government of Saskatchewan document described First Nations and Métis knowledges in education and employment as providing governments with the opportunity to address problems caused by earlier government policies (The Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People, 2013). Overall, governments describe Māori, First Nations and Métis knowledges as potentially benefitting government policy and programmes. The literature reviewed for this study described various government measures that claim to support the reclamation of Māori, First Nations and Métis knowledges. However, the literature was silent on the issue of governments ensuring the control of knowledges remains with Māori, First Nations and Métis peoples.

As has already been noted, descriptions of Māori, First Nations and Métis knowledges should not be mistaken for the ontological dimensions of these knowledges. The literature suggests that while it is not uncommon for Māori, First Nations and Métis writers to describe their knowledges in terms of tangible components such as origins and the impact of colonising policies, the ontological aspects of Indigenous knowledges - the less tangible and intangible elements - receive only the briefest mention. One explanation for this is that Māori, First Nations and Métis experts and communities consciously choose to describe their knowledges without reference to ontological and intangible dimensions. Another explanation is that arising from the colonial power imbalance between governments and Māori, First Nations and Métis peoples, these knowledges in all their richness, depths and complexities are, as Mika suggests, routinely 'turned over' to more utilitarian and Western conceptualisations of knowledge. The Western positivist approach, for example, posits that things that are observable, describable and measurable, can be said to exist, whilst doubt surrounds the existence of things that cannot be observed, described or measured.

Chronology of Māori, First Nations and Métis knowledges and government policies

As previously described (see Chapter Three) the Kaupapa Māori approach to comparative policy directs the analysis to a consideration of: Indigenous self-determination and states; treaties (where these apply); the subjugation and revitalisation of knowledges, cultures, languages and values; structural barriers affecting Indigenous health and wellbeing; and, socio-political factors influencing the engagement of health policy with Māori, First Nations and Métis knowledges. Political power in Aotearoa New Zealand and Saskatchewan, Canada should not be thought of as something that exists in an altogether separate dimension to political power as it was exercised by governments in the early years of colonisation. Rather, the exercise of political power today is related to power as it was exercised in the early 1800s (Havemann, 1999). Nor should it be a surprise that political power subjugated Māori, First Nations and Métis knowledges. For power, according to Foucault, is always engaged in a process of affirming dominant knowledges whilst subjugating the knowledges of minorities (Foucault & Gordon, 1980).

A chronology of government policy periods is a useful vehicle for comparing and accounting for the historical and contemporary subjugation and revitalisation of Māori, First Nations and Métis knowledges in Aotearoa New Zealand and Saskatchewan, Canada. Armitage (1995) and Havemann (1999) employed chronologies or categorising schemes (Leichter, 1979) to present chronological comparative accounts of key government policies, legislation and events more broadly associated with the subjugation of Indigenous peoples in Australia, Canada and Aotearoa New Zealand. Armitage's and Havemann's chronologies and Kelsey's chronology (1993) group government policies into periods which, although there is some overlap, are nevertheless useful for comparing and contrasting legislation, policy and events on the basis that these are more or less similar. Havemann's chronology (1999), based upon Armitage's earlier comparative study, organises Australian, Canadian and Aotearoa New Zealand government policies into five policy periods. The policy periods are: early institutionalised contact and domination (pre-1860); paternalism and protection

(1860s to 1920s); paternalism and assimilation (1920s to 1960s); integration (1960s to 1970s); and pluralism (1975 to 1998). This study adapts Havemann's chronology and groups key legislation, policy and events affecting Māori, First Nations and Métis knowledges into five broad policy periods which are:

1. Early contact and dispossession (pre-1860s);
2. Paternalism and protection (1860s to 1920s);
3. Paternalism and assimilation (1920s to 1960s);
4. Integration (1960s to 1970s);
5. Self-management and commodification (1975 to 2016).

The adaption of Havemann's typology involved extending the fifth period from 1998 to 2016, and designating the fifth policy period as 'self-management and commodification' instead of 'pluralism'. The first reason for adapting the fifth and most recent period is to draw attention to problems that arise when Māori, First Nations and Métis aspirations for self-determination and self-government of their knowledges, are downgraded and redefined by neoliberal governments to the lesser practice of self-management. The second reason is to highlight the impact of neoliberal government policies for commodification upon Māori, First Nations and Métis knowledges. Commodification is commonly understood as the monetary or market value derived from, for example, the engagement of Māori, First Nations and Métis knowledges with Western scientific knowledges (Battiste, 2002; Harry, 2011; Mataatua Declaration, 1993). Commodification can also refer to non-monetary benefits, and with regard to knowledges revitalisation, non-monetary benefits could include the ongoing maintenance and growth of Māori, First Nations and Métis knowledges for the benefit of future generations. Non-monetary benefits might also include the social and cultural benefits derived by, for example, governments engaging Māori, First Nations and Métis knowledges in mainstream primary and secondary school curricula in order to improve relationships between Indigenous and non-Indigenous peoples. Last, the task of examining the impact of government policies for self-determination and commodification upon Māori, First Nations and Métis knowledges is unfortunately not as straightforward as accounting for past government policy periods, simply because the current policy period is still unfolding.

Chronology of government policy, legislation and events and Māori, First Nations and Métis knowledges in Aotearoa New Zealand and Saskatchewan, Canada

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
Pre-1860: First encounters, early co-operation, and dispossession		1600s - 1862 <ul style="list-style-type: none"> • British North America: Crown signs more than 40 treaties with First Nations
		1763 <ul style="list-style-type: none"> • Royal Proclamation of 1763 - issued by King George III of Britain, the proclamation recognised Aboriginal peoples as autonomous, self-governing groups, reserved land for Aboriginal peoples, and restricted land sales to the British Crown in negotiation with Aboriginal groups. Formed the constitutional basis for future treaties and for Confederation in 1867^{1 2}
	1769 <ul style="list-style-type: none"> • Captain James Cook first visits New Zealand shores • Identity of the original inhabitants is derived from their membership to tribes, sub-tribes and families 	

¹ Royal Commission on Aboriginal Peoples, 1996

² Supreme Court Law Review, 2nd Series, Vol 27: Aboriginal and Treaty Rights in Canada (Bradford Morse)

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>1835</p> <ul style="list-style-type: none"> • Declaration of Independence - signed by tribal leaders to establish a political entity and make legislation and policies³ <p>Concept of a generic ‘Māori’ identity emerged</p>	
	<p>1837</p> <ul style="list-style-type: none"> • Report of House of Commons Select Committee on Aboriginal Tribes - economic gain determined future colonial policies more than humanitarian ideologies⁴ 	<p>1837</p> <ul style="list-style-type: none"> • Report of House of Commons Select Committee on Aboriginal Tribes - economic gain determined future colonial policies more than humanitarian ideologies⁵
	<p>1840</p> <ul style="list-style-type: none"> • Treaty of Waitangi signed by Māori chiefs and Queen Victoria. Crown asserted what has been described as ‘nominal sovereignty’. Articles 1-3 of Treaty of Waitangi not upheld by subsequent governments⁶ 	
	<p>1841</p> <ul style="list-style-type: none"> • Land Claims Ordinance - Crown establishes itself as 	<p>1841</p> <ul style="list-style-type: none"> • Upper and Lower Canada unite to form the province of Canada⁸

³ Walker, 2004

⁴ Blackstock, 2000

⁵ Blackstock, 2000

⁶ Walker, 2004

⁸ Havemann, 1999

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	sole control over sale and purchase of Māori land ⁷	
		1849 <ul style="list-style-type: none"> • Residential and English-language schooling for First Nation children begins in Upper Canada
		1850 <ul style="list-style-type: none"> • An Act for the Better Protection of the Lands and Property of Indians in Lower Canada and An Act for the protection of Indians in Upper Canada from imposition, and the property occupied or enjoyed by them from trespass and injury represented the first attempt to define ‘Indian’, and ‘Indian status’, and reserved the power to determine categories and membership to the government, not Aboriginal peoples⁹

⁷ Havemann, 1999

⁹ Royal Commission on Aboriginal Peoples, 1996

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>1857</p> <ul style="list-style-type: none"> • The Act to Encourage the Gradual Civilisation of Indian Tribes and to Amend the Laws Relating to Indians promulgates an explicit assimilation policy by introducing enfranchisement by which Aboriginals could leave behind their Indian-ness and become Canadian citizens with the privilege, for men, of voting, and shares in reserve lands and any treaty annuities¹⁰
1860s - 1920s: Paternalism and protection	<p>1867</p> <ul style="list-style-type: none"> • New Zealand Settlements Act 1863 • Native Schools Act 1867 - National system of Native Schools administered by Department Native Affairs, school language of instruction was English, children punished for speaking Māori. Curriculum was manual training¹¹ 	<p>1867</p> <ul style="list-style-type: none"> • The British North America Act - creates a confederation of colonies, representing a Canadian federal state with a federal government, provinces and territories... Section 91(24) of the Act allocates jurisdiction over 'Indians and lands reserved for the Indians' to the federal government'¹²
	<p>1860 - 1881</p> <ul style="list-style-type: none"> • Tribes engage in warfare with government troops to 	

¹⁰ Coates, 2008

¹¹ Waitangi Tribunal, 1999

¹² Havemann, 1999, p. 29

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	prevent acquisition of Māori land for settlement. Tribes punished by large scale land confiscations - landlessness, poverty, destruction of tribal homelands ensues ¹³	
		1869 <ul style="list-style-type: none"> • ‘The Act for the Gradual Enfranchisement of Indians and the Better Management of Indian Affairs’ applies to First Nations and excludes Inuit and Métis and certain other peoples. Federal government bestows on itself powers over Indians on reserves as though they are State wards. Right to federal vote requires relinquishment of Indian status¹⁴
	1874 <ul style="list-style-type: none"> • ‘By 1857 Māori accounted for fifty percent of the population, and by 1874 they had become only fourteen percent, a minority in their own lands’^{15 16} 	
		1876 <ul style="list-style-type: none"> • Indian Act - explicitly assimilationist and designed to

¹³ Walker, 1999

¹⁴ Havemann, 1999, p. 30

¹⁵ Durie, 1999, p. 53

¹⁶ Pool & Kukutai, 2011

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>reduce the recognised number of Indians, the Act extended earlier legislation: central administration by federal government; Indian status defined by government; discounted matrilineality; shifted from voluntary to compulsory enfranchisement; excluded Métis on the basis of mixed ancestry; imposed government-controlled band governance¹⁷; outlawed traditional practices¹⁸, and denied membership to Aboriginal women upon marriage to a person not recognised as an Indian or from another band (remained in statute until 1985)¹⁹</p> <ul style="list-style-type: none"> • Treaty Six - addressed ability to retain control over tribal territories and social assistance i.e medicine clause ²⁰
	<p>1879 - 1969</p> <ul style="list-style-type: none"> • Control of Native Schools shifts to Department of Education. Focus of curriculum was manual labour for Māori boys, and 	<p>1879</p> <ul style="list-style-type: none"> • Federal government commissioned Davin Report on Industrial Schools for Indians and Half Breeds. Government sponsors 200 day

¹⁷ Havemann, 1999

¹⁸ Keatings et al, 2012

¹⁹ Fiske, Jo-Anne, 2008

²⁰ Health Canada, 2015

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	home-keeping for Māori girls ²¹	schools and 30 residential schools for the ‘civilization’ of Indians ²² . Twenty residential schools established in Saskatchewan ²³
		1885 <ul style="list-style-type: none"> • Métis leader, Louis Riel, proposes Bill of Rights for Métis and a provisional government but is unjustly hanged in Regina, Saskatchewan, as a traitor²⁴ • Indian Act amended to outlaw Potlach and Sun Dance ceremonies²⁵
		1885-1930s <ul style="list-style-type: none"> • Indian Act amended to add ‘Pass system’ operated by Department Indian Affairs²⁶ and criminalises Indians leaving reserves
	1905 <ul style="list-style-type: none"> • English is medium of instruction at all Native Schools²⁷ 	
	1907 <ul style="list-style-type: none"> • Suppression of Tohunga Act - ‘...made it an offence 	

²¹ Waitangi Tribunal, 1999

²² Havemann, 1999, p. 31

²³ Office of the Treaty Commissioner, 1998

²⁴ Chartrand, 2008

²⁵ Havemann, 1999

²⁶ Hutchings, C www.tolerance.c3/courses/papers/hutchin.htm

²⁷ Walker, 2004

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	for traditional healers, Tohunga, to practice and similarly outlawed the ‘foretelling of Māori futures’. Tohunga and prophets like Rua Kenana were regarded as obstacles to amalgamation ²⁸	
		1914 <ul style="list-style-type: none"> • Indian Act amended to require Indians to obtain permission of Indian Agent to wear traditional attire in public²⁹
1920s to 1960s: Paternalism and assimilation		1920 <ul style="list-style-type: none"> • Department Indian Affairs policy is that English is compulsory at all schools attended by Indians
	1930 <ul style="list-style-type: none"> • Unemployment Act 1930, excluded Māori from receiving payments³⁰ 	1930s <ul style="list-style-type: none"> • Indian Act amended to increase number of residential schools
	1938 <ul style="list-style-type: none"> • Social Security Act 1938 - Cash benefits for Māori set at half the rate of Pākehā³¹ 	

²⁸ Durie, 2004, p.6

²⁹ Indian and Northern Affairs, 1978

³⁰ Walker, 2004

³¹ Walker, 2004

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
1960s - 1970s: Integration	1945 <ul style="list-style-type: none"> • Māori Social and Economic Advancement Act 1945 - compromise between Māori community self-determination and control by Native Department. Government's goal was Māori assimilation and 'modernity'³² 	
		1947 <ul style="list-style-type: none"> • Federal government commissions the report 'Plan for liquidating Canada's Indian problem in 25 years'³³
		1951 <ul style="list-style-type: none"> • Indian Act amended to implement integration policy, including integration of Indians into provincial school systems³⁴
		1960 <ul style="list-style-type: none"> • Hunn Report on the Department of Māori Affairs - Report was wide-ranging, identified large socio-economic inequities between Māori and Pākehā, advocated integration in order to achieve equality, but

³² Victoria University of Wellington, 2015

³³ Federation of Saskatchewan Indian Nations, 2016

³⁴ Armitage, 1995

³⁷ Moss & Gardner-Toole, 1991

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	underpinned by assimilation ^{35 36}	and policies' rejected assimilation as policy goal and recommended federal government give greater recognition of the needs of Indian peoples ³⁸
	1962 <ul style="list-style-type: none"> • Māori Welfare Act 1962 - Identification by tribe was replaced with generic Māori identity³⁹ 	
		1969 <ul style="list-style-type: none"> • Trudeau government rejects Hawthorne's recommendations and develops the White Paper that calls for abolishing the Indian Act and special status of Indians^{40 41} • Growth of pan-Indian resistance movement, began with opposition to White Paper but snowballed to substantive problems regarding land claims, treaties and Aboriginal - governments relationships⁴² • Red Paper - 'First Nations' response to White Paper

³⁵ Victoria University of Wellington, 2015

³⁶ Mead, 1996

³⁸ Belanger & Newhouse, 2008

³⁹ Walker, 2004

⁴⁰ Royal Commission on Aboriginal Peoples, 1996

⁴¹ Minister of Indian Affairs and Northern Development, 1969

⁴² Cardinal, 1969

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>emphasised federal responsibility for First Nations healthcare and strengthening community autonomy and control of formerly government-funded and delivered health services⁴³</p> <ul style="list-style-type: none"> • Federation of Saskatchewan Indians (FSIN) established an Education Task Force, recommending self-government of First Nations education⁴⁴
	<p>1972</p> <ul style="list-style-type: none"> • Māori Language Petition to parliament - requesting Māori language and culture is taught in all NZ schools⁴⁵ 	
	<p>1970s</p> <ul style="list-style-type: none"> • Nationwide Māori resistance - to forced acquisition of Māori land, denial of language and culture, subjugation of Treaty of Waitangi, and the effects of integration policies of 1960s - Ngā Tamatoa (1970s), Māori Land March (1975), Bastion Point occupation (1977 - 1978), 	<p>1973</p> <p>Calder v Attorney-General of British Columbia, Supreme Court recognises Aboriginal legal rights had remained in existence after the 1763 Royal Proclamation⁴⁷</p>

⁴³ Health Canada, 2005

⁴⁴ University of Saskatchewan, no date

⁴⁵ Meredith, 2012

⁴⁷ Belanger & Newhouse, 2008

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
1975 onwards: Self-determination / commodification	Raglan Golf Course occupation (1975-83) ⁴⁶	
	1975 <ul style="list-style-type: none"> • Treaty of Waitangi Act 1975 - established to hear claims by Māori that Crown policy breached obligations of the Treaty of Waitangi⁴⁸ • Decline Māori language - fewer than five percent of Māori school children are able to speak Māori⁴⁹ 	
		1977 <ul style="list-style-type: none"> • FSIN is first Aboriginal organisation to set out the principles of inherent right of self-government in the position paper entitled ‘Indian Government’⁵⁰
	1979 <ul style="list-style-type: none"> • Tū Tangata - Community-based process for developing policies and programmes for Māori, underpinned by Māori culture and language⁵¹. Goal to develop Māori economic base to 	1979 <ul style="list-style-type: none"> • FSIN releases ‘Indian Treaty Rights: The spirit and intent of treaty’⁵³ • Indian Health Policy - Federal funding to support community-responsive traditional medicine approaches to health⁵⁴

⁴⁶ Walker, 1999

⁴⁸ Walker, 2004

⁴⁹ Calman, 2012

⁵⁰ Belanger & Newhouse, 2008

⁵¹ Ward & Hayward, 1999

⁵³ Belanger & Newhouse, 2008

⁵⁴ Health Canada, 2014

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>reduce unemployment and social inequities⁵²</p>	
	<p>1980</p> <ul style="list-style-type: none"> • Hui Whakatauirā - Endorsed the revitalisation of Māori language and the delivery of education, health and social services by tribal authorities and using tribal models⁵⁵ 	
	<p>1982</p> <ul style="list-style-type: none"> • First Kohanga Reo or Māori language preschool centre is established followed by many more, in response to the dire state of Māori language-speaking people⁵⁶ 	<p>1982</p> <ul style="list-style-type: none"> • Constitution Act (sections 25, 35 and 37) recognises and affirms the aboriginal and treaty rights of Indian, Inuit and Métis peoples, and provision for a First Ministers' Conference with Aboriginal leaders to determine the nature of those rights⁵⁷. Subsequent amendments clarified treaty rights as including land claims agreements, and applying to male and female persons, but support for the 'Joint Aboriginal Proposal for Self-Government' was rejected by First Ministers⁵⁸

⁵² Durie, 1998

⁵⁵ Walker, 2004

⁵⁶ Calman, 2012

⁵⁷ Royal Commission on Aboriginal Peoples, 1996

⁵⁸ The Supreme Court Law Review, Second Series, Volume 27, 2005

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>1983</p> <ul style="list-style-type: none"> • Penner Report - recommends federal government recognise First Nations as a third tier of government, with proposals for constitutional change and accompanying legislation⁵⁹
	<p>1984</p> <ul style="list-style-type: none"> • New Zealand structural adjustment policies – market deregulation, voluntary unionism, deregulated labour market, reduced role for State, and devolved health and social services⁶⁰ <p>1984 - 1994</p> <ul style="list-style-type: none"> • Decade of Māori Development - focused on Māori economic development and re-emergence of tribally-focused growth and leadership⁶¹ • Hui Taumata: Māori Economic Summit - ‘to discuss policies for Māori equality in the economic and social life of NZ’⁶². Start of government policy focus on 	

⁵⁹ Wherrett, 1999

⁶⁰ Kelsey, 1995

⁶¹ Smith, C., 1994

⁶² Durie, 1999, p. 7

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	disparities and ‘closing the gaps’ ⁶³	
	<p>1985 - 1987</p> <ul style="list-style-type: none"> • Report of the Waitangi Tribunal on The Te Reo Māori Claim - Tribunal releases report on Māori language and recommendations for revitalisation⁶⁴ • Māori Language Act 1987 - Māori language joins English as an official language of NZ, and Māori Language Commission is established⁶⁵ • Government progresses devolution through endorsement of tribal development initiatives - Kohanga Reo, Mana Programme, MACCESS, revitalised Matua Whāngai Programme, Mana Enterprises, and Māori Development Corporation⁶⁶ 	<p>1985</p> <ul style="list-style-type: none"> • Bill C-31 - Amended Indian Act and provided some women with renewed entitlements but not all (excludes Métis and non-status Aboriginal women)⁶⁷
	<p>1986-1988</p> <ul style="list-style-type: none"> • Royal Commission on Social Policy - heavily 	

⁶³ Kawharu, 2001

⁶⁴ Waitangi Tribunal, 1986

⁶⁵ Waitangi Tribunal, 2001

⁶⁶ Walker, 2004

⁶⁷ Haworth-Brockman, M., Bent, K., Havelock, J., 2009

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>criticised for lacking focus and a framework. Socio-economic inequities between Māori and non-Māori are highlighted but recommendations are weak⁶⁸</p> <ul style="list-style-type: none"> • Māori Language Act 1987⁶⁹ • Māori Broadcasting Act 1989⁷⁰ • Te Urupare Rangapū 1988 - proposal to devolve Department of Māori Affairs to tribes to build tribal independence and self-reliance, alongside new policy Ministry. Māori supported devolution, but were highly sceptical as to the ability of the new Ministry, Te Puni Kōkiri: Ministry of Māori Affairs, to influence other ministries⁷¹ 	
		<p>1987</p> <ul style="list-style-type: none"> • FSIN Education Act 1987 - promotes First Nations control of on-reserve schools⁷²

⁶⁸ Cheyne et al, 2004

⁶⁹ Walker, 2004

⁷⁰ Walker, 2004

⁷¹ Smith, C., 1994

⁷² 'Saskatchewan Indian', 1988

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>1990</p> <ul style="list-style-type: none"> • Oka Crisis - Mohawk community of Kanasatake and Kanehsatake, Quebec, protested against expansion of a golf course on disputed land⁷³
	<p>1991</p> <ul style="list-style-type: none"> • Health sector reforms - separated health policy and planning from health funding and service delivery. Māori community-controlled health services are established, funded via government contracts⁷⁴ • Ministry of Māori Development Act 1991 - Established Te Puni Kōkiri: Ministry of Māori Development, focused on closing the socio-economic gap between Māori and Pākehā, and capacity building in Māori communities⁷⁵ 	<p>1991</p> <ul style="list-style-type: none"> • Royal Commission on Aboriginal Policy established as a result of political tension between Aboriginal peoples and the federal government⁷⁶
	<p>1992</p> <ul style="list-style-type: none"> • New Zealand signs Convention on Biological Diversity 1992 - Article 8(j) 	<p>1992</p> <ul style="list-style-type: none"> • Failed Charlottetown Accord - Canadian public rejected recognition of Aboriginal

⁷³ Belanger & Newhouse, 2008

⁷⁴ Kiro, 2001

⁷⁵ Durie, 2005

⁷⁶ Royal Commission on Aboriginal People, 1996

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	affirms states have a role in preserving and maintaining Indigenous knowledges, innovations and practices ⁷⁷	peoples as a third order of government ⁷⁸ <ul style="list-style-type: none"> • Canada is signatory to Convention on Biological Diversity 1993 - amended 2008 <ul style="list-style-type: none"> • Constitution of Métis Nation - Saskatchewan (MN-S) - includes right to revive cultural heritage and pride⁷⁹
	1993 <ul style="list-style-type: none"> • Mataatua Declaration - Māori and Indigenous peoples ought to define policy that protects their knowledges and take back control from governments and the marketplace⁸⁰ 	1993 <ul style="list-style-type: none"> • Convention on Biological Diversity - ratified by Canada
	1994 <ul style="list-style-type: none"> • Te Kete Hauora, the Māori policy unit for the Ministry of Health, is established⁸¹ 	1994 <ul style="list-style-type: none"> • Aboriginal languages strategy developed by government in consultation with First Nations and Métis, and intended to apply to all students attending Saskatchewan provincial schools from pre-kindergarten to K12⁸²

⁷⁷ Secretariat for the Convention on Biological Diversity, 2016

⁷⁸ Belanger & Newhouse, 2008

⁷⁹ Métis Nation – Saskatchewan, 2008

⁸⁰ Mead, 1994

⁸¹ Te Kete Hauora, 1995

⁸² Saskatchewan Learning, 1994

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>1995</p> <ul style="list-style-type: none"> • Federal policy guide to Aboriginal self-government - Aboriginal people have inherent right to self-government, as reflected in 1982 Constitution Act Section 35⁸³ and prepares a process by which First Nations, Inuit and Métis groups might consider self-government⁸⁴
	<p>1996</p> <ul style="list-style-type: none"> • ‘The knowledge-based economy’. An OECD report, proposes that economic productivity and growth will accelerate through transferring scientific knowledge from universities and public research to the economy⁸⁵ 	<p>1996</p> <ul style="list-style-type: none"> • FSIN - asserts historical treaty right to jurisdiction over First Nations education - included K1-12 curriculum for First Nations culture and languages on and off-reserves⁸⁶ • Report of Royal Commission on Aboriginal Peoples launched. Commission recommends new partnership - Aboriginal and non-Aboriginal peoples - ‘acknowledge and relate[s] to one another as equals, co-existing side-by-side and governing themselves according to their own laws and institutions’. Report states that Aboriginal peoples have

⁸³ Indigenous and Northern Affairs Canada, 2010

⁸⁴ Minister of Public Works and Government Services Canada, 1995

⁸⁵ OECD, 1996

⁸⁶ Office of the Treaty Commissioner, 2007

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		<p>right to express their distinctive worldviews and knowledges⁸⁷</p> <ul style="list-style-type: none"> • ‘Gathering Strength: Canada’s Aboriginal Action Plan’ is launched in response to RCAP, and described as a framework for new partnerships between the federal government and First Nations, Métis, Inuit and Non-Status Indians⁸⁸
		<p>1997</p> <ul style="list-style-type: none"> • Statement of Reconciliation - Minister of Indian & Native Affairs Canada apologises to all Aboriginal peoples for actions of federal government • Aboriginal Healing Foundation - funds healing therapies and activities using traditional and western treatment approaches⁸⁹
		<p>1998</p> <ul style="list-style-type: none"> • Statement of Treaty Issues: Treaties as a Bridge to the Future’ is released by Saskatchewan’s Office of the Treaty Commissioner and presents forward-looking

⁸⁷ Belanger & Newhouse, 2008, p. 13

⁸⁸ Minister of Indian Affairs and Northern Development, 1997

⁸⁹ Lavoie, J., O’Neil, J., Reading, J., Allard, Y., (2008)

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		relations between FSIN and the federal government
	<p>2000</p> <ul style="list-style-type: none"> • ‘Closing the Gaps’ and ‘Building Māori Capacity’ policies aimed to accelerate Māori socio-economic development by involving Māori communities in the self-management of health and social services⁹⁰ 	
	<p>2001</p> <ul style="list-style-type: none"> • Waitangi Tribunal releases the Napier Hospital and Health Services Report. To date, the only claim that government health policy breached the Treaty. Tribunal supported the right of Ahuriri Māori to their own culturally relevant health services⁹¹ 	<p>2001</p> <ul style="list-style-type: none"> • Métis Act 2001 - Government of Saskatchewan ‘recognises the Métis Nation of Saskatchewan (MN-S)...and the leadership role of Métis institutions in providing... services to the Métis peoples...’⁹² but lacks MN-S membership criteria
		<p>2003</p> <ul style="list-style-type: none"> • Building partnerships: First Nations and Métis Peoples and the provincial education system - Policy framework for Saskatchewan’s

⁹⁰ Durie, 2005

⁹¹ Waitangi Tribunal, 2001

⁹² Government of Saskatchewan, 2001

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
		Prekindergarten to Grade 12 Education System ⁹³
		2005 <ul style="list-style-type: none"> • Task Force on Aboriginal Languages and Cultures, 2005. Towards a new beginning: A foundation report for a strategy to revitalise First Nation, Inuit and Métis languages and cultures⁹⁴
	2006 <ul style="list-style-type: none"> • ‘Māori Potential’ policy approach is launched by Te Puni Kōkiri: Ministry of Māori Development, displacing the language of closing gaps and capacity building. Indicators of achieving Māori Potential are <i>Whakamana</i> (power to make things happen), <i>Mātauranga</i> (traditional and contemporary Māori knowledge and skills to accelerate innovation), and <i>Rawa</i> (resources, including resources of the Māori world)⁹⁵ 	

⁹³ Saskatchewan Learning, 2003

⁹⁴ Department of Canadian Heritage, 2005

⁹⁵ Te Puni Kōkiri, 2007

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>2008</p> <ul style="list-style-type: none"> • ‘Ka Hikitia - Managing for success: The Māori education strategy’ launched by Ministry of Education. Extends the Māori Potential policy (and Mātauranga Māori) into the education sector. Applies to all Māori children in English and Māori-medium schools, and updated in 2012⁹⁶ 	<p>2008</p> <ul style="list-style-type: none"> • Truth and Reconciliation Commission of Canada established⁹⁷ • Tripartite MOU - Federation of Saskatchewan Indigenous Nations (FSIN), Government of Canada, and Government of Saskatchewan - recognises cultural knowledge and language as central to FN wellbeing⁹⁸
		<p>2009</p> <ul style="list-style-type: none"> • First Nations and Métis Education Policy Framework - developed in consultation with FSIN and MN-S and Saskatchewan Ministry of Education. ‘Incorporates FN and M ways of knowing as historical and contemporary cultures that are rooted in First Nations and Métis languages, and require the protection, revitalisation and retention of languages in order to flourish...’⁹⁹
	<p>2010</p> <ul style="list-style-type: none"> • UNDRIP - New Zealand belatedly supports 2007 	<p>2010</p> <ul style="list-style-type: none"> • UNDRIP - Canada belatedly adopts United Nations

⁹⁶ Ministry of Education, 2015

⁹⁷ Truth and Reconciliation Commission of Canada, 2015

⁹⁸ Government of Saskatchewan, 2010

⁹⁹ Saskatchewan Ministry of Education, 2009, p. 4

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>United Nations Declaration on the Rights of Indigenous peoples¹⁰⁰</p>	<p>Declaration for the Rights of Indigenous Peoples, declares document is aspirational¹⁰¹</p> <ul style="list-style-type: none"> • Government of Saskatchewan issues ‘First Nations and Métis Consultation Policy Framework’. Describes consultation in the context from which treaty, aboriginal and asserted rights are defined. Notes that cultural practices and traditional knowledge will be taken into consideration, and distinguishes between treaty and aboriginal rights-holders, and stakeholders¹⁰² • Report developed ‘Strengthening the circle: Partnering for improved health for Aboriginal people’¹⁰³
	<p>2011</p> <ul style="list-style-type: none"> • ‘Ko Aotearoa Tēnei’ Report released by Waitangi Tribunal. Found efforts to date have failed and recommended stronger government policy and legislation to reverse damage, protect and foster 	

¹⁰⁰ Human Rights Commission, 2016

¹⁰¹ Truth and Reconciliation Commission of Canada, 2015

¹⁰² Government of Saskatchewan, 2010

¹⁰³ Strengthening the Circle Partnership, 2010

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	<p>the revitalisation of Māori culture and identity¹⁰⁴</p> <ul style="list-style-type: none"> • ‘A constitution for Aotearoa New Zealand’ was launched by the government to inform and stimulate education about the country’s current constitutional arrangements, with recommendations going forward¹⁰⁵ 	
		<p>2013</p> <ul style="list-style-type: none"> • Draft Cultural Responsiveness Framework - developed by FSIN, Health Canada and Saskatchewan Ministry of Health¹⁰⁶
	<p>2014</p> <ul style="list-style-type: none"> • Ministry of Business, Innovation and Education (MBIE) creates new policy ‘Protecting intellectual property with a Māori cultural element’¹⁰⁷ 	<p>2014</p> <ul style="list-style-type: none"> • First Nations and Inuit Health Branch - Saskatchewan Region, Strategic Plan 2014-2017¹⁰⁸
	<p>2015</p> <ul style="list-style-type: none"> • Te Puni Kokiri; Ministry of Māori Development - 2015 goals include Māori 	<p>2015</p> <ul style="list-style-type: none"> • Report of the Truth and Reconciliation Commission findings announced¹⁰⁹

¹⁰⁴ Waitangi Tribunal, 2011

¹⁰⁵ Ministry of Justice, 2013

¹⁰⁶ Federation of Saskatchewan Indian Nations, 2013

¹⁰⁷ MBIE, 2014

¹⁰⁸ Health Canada, 2014

¹⁰⁹ Truth and Reconciliation Commission of Canada, 2015

	New Zealand	Saskatchewan, Canada
Policy periods	State policy, legislation and events	Federal and provincial policy, legislation and events
	Language Bill, Māori Land Reform Bill, Māori Housing, Whānau Ora Transition, Māori regional economic development	
	<p>2016</p> <ul style="list-style-type: none"> • Te Kete Hauora, Māori policy unit for Ministry of Health dis-established after 22 years. Core functions - policy, advisory, research and programmes - are mainstreamed across the Ministry of Health¹¹⁰ 	<p>2016</p> <ul style="list-style-type: none"> • First Nations Language Strategy¹¹¹ <p>December 2016</p> <ul style="list-style-type: none"> • Indigenous Languages Act to preserve and revitalise Aboriginal languages and cultures is announced by Prime Minister¹¹² • Permanent Working Group involving First Ministers and leaders of Assembly of First Nations, Métis National Council and Inuit Tapirit Kanata is announced by Prime Minister, some three decades after the PWG was proposed in 1982

The subjugation of Māori, First Nations and Métis knowledges is most usefully understood as part of the bigger colonial project for the subjugation and assimilation of Māori, First Nations and Métis peoples into Aotearoa New Zealand and Canadian economies, cultures and norms (Truth and Reconciliation Commission of Canada, 2015; Waitangi Tribunal, 2001). The subjugation of Māori, First Nations and Métis knowledges took place across multiple sites and

¹¹⁰ Ministry of Health, 2016

¹¹¹ Saskatchewan Indigenous Cultural Centre, 2016

¹¹² The Canadian Press, 2016

involved the forced acquisition of tribal and band lands and resources, the separation of peoples from territories and environments, and the subjugation of traditional forms of governance, leadership, languages and ways of living. As the chronology indicates, the process of subjugating Māori, First Nations and Métis knowledges did not stop at the point that colonial settler governments were established. Instead, a gradual but nevertheless discernible grinding away at the relationships between Māori, First Nations and Métis peoples and their knowledges took place. Some argue (Battiste, 2002; Smith, 2001) that the subjugation of Māori, First Nations and Métis knowledges, languages and ways of living was central to the colonial project and remains so today. Complicating the picture is the fact that there was not one colonising model (Truth and Reconciliation Commission of Canada, 2015). Some legislation, policies and events in Aotearoa New Zealand and Canada are somewhat similar and occurred in more or less the same policy periods. However, governments implemented policies in different ways, thereby producing qualitatively different effects. And while it is true that governments enacted policies in order to achieve broadly similar policy objectives such as protection or assimilation, policy experts draw attention to the gaps that open up between objectives, the ‘on-the-ground’ implementation of policies, and policy outcomes (Drake, 2001). It is toward a critical Kaupapa Māori analysis of the outcomes of government policy periods and the subjugation and later revitalisation of Māori, First Nations and Métis knowledges that this chapter now turns.

Pre-1860s: First encounters, early cooperation, and dispossession

Canadian Indigenous peoples first encountered Europeans in the early 1600s. When the Hudson Bay Company was established in 1670, Aboriginal peoples traded fur with Europeans in exchange for guns, knives, pots and other equipment. In this period, Aboriginal communities operated much as they had before Europeans arrived. The traders relied upon Aboriginal hunters to supply fur, and as long as there were fur markets and animals, cooperation ensued (Royal Commission on Aboriginal Peoples, 1996: Waldram et al., 2006). However, the 1763 Royal Proclamation changed the position of Aboriginal peoples by establishing the right of the British Crown to secure title over Canada. What

followed was legislation that dispossessed Aboriginal band control over lands, established English-medium residential and day schools, and introduced an explicit assimilation policy in return for enfranchisement (Royal Commission on Aboriginal Peoples, 1996).

In Aotearoa New Zealand, early contact between tribal people and European explorers, whalers, sealers and others occurred from 1642 onwards. The early visitors were welcomed by tribes and provided Europeans with access to whales, seals, timber, and food supplies in return for nails, adzes, cloth, and guns. However, relationships between Māori, early traders and the military soured in later years as violence, kidnappings, murders and treachery became commonplace,

The lawless conduct of the crews of vessels must necessarily have an injurious effect on our trade, and on that ground alone demands investigation. In the month of April 1834, Mr Busby states there were twenty-nine vessels at one time in the Bay of Islands, and that seldom a day passed without some complaint being made to him of the most outrageous conduct on the part of their crews, which he had not the means of repressing, since these reckless seamen totally disregarded the usages of their own country, and the unsupported authority of the British Resident. (Aborigines Protection Society, 1837, pp. 15-16)

In 1834, the British Resident had been appointed to Aotearoa New Zealand in order to ensure a display of official British presence and, in the minds of the British, protect Māori from European lawlessness and French annexation. In 1837, Britain annexed Aotearoa New Zealand to New South Wales, Australia. By 1839 more and more settlers were arriving and land was bought from Māori at cheap prices and on-sold to settlers by unscrupulous land agents. The Treaty of Waitangi was signed by chiefs and the Governor, William Hobson, in 1840 (Walker, 2004). The motivation for chiefs to sign the Treaty was fear of dispossession of land by unscrupulous land agents in the face of increasing

numbers of settlers, a desire to maintain their authority, and a strong interest to acquire what they perceived to be some of the benefits of Pākehā society,

For Māori people, engagement with Pākehā knowledge and education was considered a form of expansion and adding to existing knowledge. For the colonial settlers however it was to produce a situation that not only encouraged but actively advocated the replacement of Māori knowledge with Pākehā knowledge. (Pihama, 2003, p. 206)

As more settlers arrived, the Crown introduced legislation to forcibly part tribes from lands and resources. Twenty years after the Treaty was signed, the tribes of the South Island were almost landless. In the North Island and in spite of the Treaty, the Crown declared war against tribes. Thousands of acres of land were confiscated from tribes as punishment for defending their tribal lands (Havemann, 1999; Walker, 2004).

Co-operation appears to have been a feature of early relationships between colonisers, Māori and Canadian Aboriginal communities. However, as the number of settlers increased and governments sought land for settlement, Māori and Aboriginal peoples were forced from their lands and the policy of co-operation gave way to policies for protection which arguably were designed to dispossess them of lands, resources and authorities. As more and more Māori and Aboriginal peoples were moved from their homelands and the authority of tribal and band leaders gave way to Westminster-style governments, it is reasonable to assume the subjugation of Māori and Aboriginal knowledges gathered momentum.

Subjugation of the status of Māori and Aboriginal women and associated knowledges was a feature of the early colonial policies (Mikaere, 1994: Native Women's Association of Canada, 2010). Mikaere (1994) writes that a key point of difference between tribal knowledges and the knowledge of the European settlers was the absence of a gender-based hierarchy. The roles of men and women in pre-colonial Māori society were qualitatively different to the patriarchal position of Pākehā women settlers', whose status as chattels was derived from Roman law,

When the missionaries and early settlers arrived in Aotearoa, they brought with them their culturally specific understandings of the role and status of women...the concept of women as leaders and spokespersons for their whānau, hapū and iwi would have been beyond the comprehension of the settlers or the Crown representatives who were sent to negotiate the Treaty of Waitangi. They could only conceive of dealing with men (1994, para. 18).

The 1837 Report of the House of Commons Select Committee on Aboriginal peoples entitled 'Parliamentary Select Committee on Aboriginal Tribes (British Settlements) had a temporary influence upon colonisation in Canada and Aotearoa New Zealand (Blackstock, 2000: Havemann, 1999). Certainly, the report heavily criticised early legislation and appealed to the British public to conduct the settlement of countries such as Aotearoa New Zealand and Canada in ways that reflected concern for justice, humanitarianism, and Christianity,

'Thus, while acts of parliament have laid down the general principles of equity, other and conflicting acts have been framed, disposing of lands without reference to the possessors and actual occupants, and without making any reserve of the proceeds of the property of the natives for their benefit' (British and Foreign Aborigines Protection Society, 1837, p.3).

The report may also have delayed the use of militia, at least for as long as Māori and Aboriginal peoples outnumbered the settlers. But as settler numbers increased and legislation forced Māori and Aboriginal peoples from their lands, what ensued was poverty and acts of resistance (Walker, 2004: Royal Commission on Aboriginal Policy, 1996). Twenty years after the report to the Parliamentary Select Committee, the Empire's economic imperatives had won out over justice and humanitarianism. What followed was colonial warfare.

1860s to 1920s: Paternalism and protection

The concept of providing Māori and Aboriginal peoples with some form of institutionalised protection as part of establishing colonial rule had its origins in Trinidad and the slave trade, but was later applied across the British Empire, including Canada and Aotearoa New Zealand. Proposed by British humanitarians, the notion that Māori and Aboriginal peoples required protection sounded benign but the implementation of the policy was nothing less than an assault upon Māori, First Nations and Métis peoples' cultures and ways of living,

‘Throughout its journey from the Caribbean, the notion of ‘protecting’ enslaved and then indigenous people had been indissolubly bound up with the notion of redeeming and civilizing them. Protection and civilization were two sides of the same coin, since only once colonized peoples were able to fend for themselves as the civilized subjects of an imperial polity, would they be freed of the need for white philanthropic guardianship’ (Lester and Dussart, 2008, p. 213).

The 1876 Indian Act was described by politicians of the day as a tool to protect Canadian First Nations peoples from exploitation, but in reality the Act was a harsh, divisive and paternalistic policy for government control of Aboriginal peoples. The Act gave enormous power to the Minister of Indian Affairs and Indian Agents who enforced government policy upon bands (Walters, 2009). Aboriginal traditional governing bodies were disallowed, to be replaced by Western-style elected band councils. Indian Agents used government-determined criteria to control band membership and outlaw meetings of three or more Aboriginal peoples. The Indian Act forbade certain traditional ceremonies, restricted the sale of crops, and gave the Minister of Indian Affairs the power to spend band funds without band approval. Under the guise of protecting Aboriginal peoples, the Indian Act treated them as wards of the state, denying citizenship and the right to vote unless they agreed to become Europeans (Office of the Treaty Commissioner, 1998).

From the 1870s onwards and out of concern for the diminishing supply of game, starvation, and the likelihood that they would soon be outnumbered by settlers, treaties Two, Four, Five, Six, Eight and Ten were signed that applied to Saskatchewan (Office of the Treaty Commissioner, 1998). In 1876, representatives of First Nations and Métis peoples signed Treaty Six. The chiefs who signed Treaty Six sought to maintain traditional ways of living through the protection of the government. First Nations and Métis leaders pressed government representatives for more favourable treaty terms, including the right to maintain lands, livelihoods and access to food and medicine. Despite some favourable amendments made to the Treaty Six document and the fact that ceremonial pipe ceremonies accompanied the signing of the Treaty, dispossession and destruction of traditional ways of living soon followed (Taylor, 1985: Waldram et al, 2007: Truth and Reconciliation Commission, 2015).

The Métis peoples were excluded from the 1867 Indian Act, and the following year the Métis and Inuit peoples were excluded from the 1869 Act for the Gradual Enfranchisement of Indians and the Better Management of Indian Affairs. In the face of division and control by the Crown, resistance grew as it became clear to bands that Treaty Six would not provide the protection that was promised (Truth and Reconciliation Commission, 2015: Armitage, 1995). In 1885, the Métis leader Louis Reil mounted what became known as the North-West Rebellion in Saskatchewan, involving Métis and First Nations Cree and Assiniboine peoples. The Rebellion was a rejection of the paternalistic Indian Act, poverty, and the failure of the Crown to honour Treaty Six. The Rebellion was defeated by the Canadian militia at Batoche and Louis Reil was hanged for treason. At total of eighty First Nations leaders and sympathisers stood trial and were portrayed as traitors in order to justify harsh penalties and further oppressive legislation and activities, this time against all First Nations bands and Métis communities in Saskatchewan,

‘In 1885, a court in Battleford convicted eleven First Nations men of murder; three had their death sentences commuted, and the other eight were executed on November 27, 1885.

McDonald believed the public executions would “convince the

Red Man that the White Man governs”. To press home the message, Dewdney arranged to have First Nations people present at the hangings. The witnesses kept the memory of the event alive, speaking of the courage displayed on the gallows and the anger the community felt over the government refusal to release the bodies for a traditional burial’ (Truth and Reconciliation Commission, 2015, p. 126).

As if First Nations and Métis knowledges had not suffered enough from the separation of Aboriginal peoples from lands and traditional livelihoods, the pressure intensified as the federal government sought to implement the recommendations of the 1879 Davin Report entitled ‘Report on Industrial Schools for Indians and Half-Breeds’. The Report advocated ‘aggressive civilisation’ and resulted in the establishment of twenty residential schools in Saskatchewan that were operated by churches and federally funded. The purpose of the residential schools was to force assimilation by removing children from family and cultural influences (Office of the Treaty Commissioner, 1998). Many Aboriginal children attending the residential schools experienced hunger, cruelty, physical and sexual abuse and separation from community languages, knowledges, cultures and skills. In 1897, five people were jailed in Saskatchewan for taking part in a traditional ceremony. Legislation was introduced that required all bands to shorten traditional ceremonies and Indian Agents patrolled reserves and invoked legislation to restrict gatherings (Truth and Reconciliation Commission, 2015).

In Aotearoa New Zealand, Māori resistance grew as the Treaty of Waitangi was set aside by the Crown in favour of paternalistic legislation that facilitated the sale of land from the control of tribes. The rationale for such legislation was to break the collectivism of tribes and the authority of chiefs, and enforce the colonisers’ values and ways of living,

‘With no means of asserting an immigration policy over a Parliament in which they had no place, Māori opposition to the endless stream of settlers crystallised around an emerging sense of Māori nationalism. Tribal rūnanga held meetings at Taranaki,

Rotorua and other parts of the country to discuss kotahitanga, unification of tribes' (Walker, 2004, p. 111).

In 1858, the Waikato tribes set up a Māori King, the intention of which was that the King would have an authority matching that of the British Queen. The concept of a single Māori monarch had been discussed earlier by tribal chiefs who sought a mechanism for promoting unity so as to protect Māori land and ways of living. The objective for Māori was for the Māori King's authority to prevail over a Māori kingdom and the Crown's authority to prevail over land bought by the Crown. According to Walker (2004) the King movement was an attempt by Māori to establish a nation within a nation and it was no coincidence that this event took place at the time when the settler population outnumbered Māori (Cox, 1993).

In 1863, government troops invaded the tribal lands established by the Māori King. Legislation was passed to hasten the transfer of tribal land to settlers, either by individualising land titles or by confiscating large tracts of land from so-called rebel tribes. As tribes went to war over government acquisition of their lands in Taranaki, the Waikato, Tauranga, and the Bay of Plenty, the Crown punished all tribes by confiscating lands. Land confiscations severed tribal relationships to their lands, diminishing the knowledges employed by tribes that maintained the balance between people and the natural environment (Walker, 2004). The 1867 Native Schools Act took the colonising process deep into Māori communities. While the earliest Native Schools were taught by European men and women who spoke Māori and taught the curriculum to Māori children in their own language, by 1905 the Inspector of Native Schools required English as the medium of instruction. "In 1900 over 90 percent of new entrants at primary school spoke Māori as their first language. By 1960 white dominance and the policy of suppression had taken their toll; only 26 percent of young children spoke Māori" (Walker, 2004, p. 147).

The steep decline in the number of Māori for whom Māori was their first language was an indication of an accompanying subjugation of Māori knowledges. In Saskatchewan, the residential schools removed First Nations and Métis children from families, cultures and languages and forced them to speak English. The

effect was to deliberately damage the relationships between children, parents and communities and obstruct the intergenerational transmission of languages and knowledges, the ripples from which would be felt for generations (Truth and Reconciliation Commission, 2015). Paternalistic governments forced Māori, First Nations and Métis peoples from their lands, confident in the belief that European civilisation and assimilation was not only beneficial but also inevitable. Sometimes Māori, First Nations and Métis peoples engaged in passive resistance; and other times they took up arms to defend their lands, livelihoods and traditions. In Aotearoa New Zealand and Saskatchewan, tribes and bands that fought against governments were punished, land was confiscated, and leaders were court-martialled, hung, or exiled to prisons far from homelands. Separated from former ways of living, Māori, First Nations and Métis peoples and their knowledges were diminished. As First Nations Canadian lawyer and activist Professor Taiaiake Alfred described the colonising policies and processes,

In the arrangement of Canada's social affairs, only the assimilated Indian has been offered even the prospect of wellness. For those who resisted or refused the benefits of assimilation, government policies assured a life of certain indignity. That is the essence of life in the colony: assimilate and be like us or suffer the consequences. (Alfred, 2009, p.43, cited in Kirmayer & Valaskakis, 2009, p.xi)

1920s to 1960s - Paternalism and assimilation

Between the 1920s and the 1960s the earlier paternalistic protection policies of governments in Aotearoa New Zealand and Canada that treated Indigenous peoples as wards, gave way to overt policies for assimilation. Assimilation, the notion that it was in the best interests of Māori, First Nations and Métis peoples to leave behind their collective identities, knowledges, languages and livelihoods in favour of absorption into settler Pākehā and white Canadian societies, was arguably the overall objective of governments since colonial governments were first established. In Canada, assimilation was advanced, as has already been noted, by the 1876 Indian Act that categorised, separated, excluded and imposed

government-determined status upon some Aboriginal peoples while denying recognition to others (Brandt Castellano, 2002). In addition to forcibly acquiring lands for settlers, assimilation was also the objective of the government representatives that signed Treaty Six in Saskatchewan and the Treaty of Waitangi in Aotearoa New Zealand. Breaking the authority of leaders, separating bands and tribes from traditional lands and livelihood and creating poverty, cultural loss and population decline was justified by the notion that absorbing Māori, First Nations and Métis peoples into settler ways of living was part of an inevitable and evolving natural order (Coates, 1999; Walker, 2004).

Policies for protection and assimilation were expected to ‘smooth the pillow of a dying race’; a quote by Dr Isaac Fenton that it was the duty of Europeans to witness the inevitable passing of the Māori race (Hiroa, 1922). Similarly, white Canadians assumed that assimilative legislation and policies would lead to the absorption of Aboriginal peoples into white Canadian ways of living (Brandt Castellano, 2002). In order to speed up the inevitable, policies and legislation outlawed ceremonies and the use of traditional medicines, prevented people from speaking their native languages and practicing Aboriginal knowledges. Early assimilation policies in both countries were predicated upon the belief that the identities of Māori, First Nations and Métis peoples, their governing institutions, their knowledges and ways of living were obsolete. They were a dying race, and assimilation to settler culture and knowledges was the pathway to modernity,

At the time it was widely assumed by Europeans that the survival of people of the Māori race was problematic. Māori were either doomed to outright extinction or, at best, they would be severely decimated by the ‘fatal impact’ of European civilisation. The response of the colonial authorities and settler governments to fears for the future of the Māori peoples was to insist that they must imbibe the virtues of British civilisation...In all things they must be required to learn to follow British cultural knowledge systems and in particular to ensure that they were well educated in the English language. The arrogance of colonialism was such that no attempt was made in Crown

policy-making to ensure that Māori cultural knowledge was transmitted to future generations. (Williams, 2001, p. 242)

Assimilation required Māori, First Nations and Métis peoples of Aotearoa New Zealand and Saskatchewan to put aside their customary ways of living and adopt the ways of the European settlers. With regard to the subjugation of First Nations and Métis knowledges, the Indian Act and amendments advanced assimilation by prohibiting the potlatch and Tamanawas dances (1885), restricting the wearing of traditional garments in public places (1914), restricting use of band funds for treaty claims (1927), prohibiting the trade of furs and wild animals and restricting the traditional livelihood of Aboriginal hunters and trappers (1941). Further, the Act instigated gender discrimination against thousands of Aboriginal women and their children on the basis of sexual relationships with non-Indian men (Truth and Reconciliation Commission, 2015). Although the Indian Act was amended in 1985 so as to comply with international human rights (Magallanes, 1999), the long-lasting effect upon First Nations and Métis women was that the Act had separated many of them and their children from their communities and, in doing so, limited their access to traditional knowledges and languages (Truth and Reconciliation Commission, 2015).

Anglo-settler knowledges were adapted to meet the socio-political landscapes of the new colonising countries. Those knowledges were transformed and embodied in the new structures of the colonies; in Parliaments, local governments, workplaces, hospitals, and schools. By comparison, Māori, First Nations and Métis knowledges were, in the minds of non-Indigenous people from Aotearoa New Zealand and Canada, frozen in time, unable to change, always speaking to the past and never to the future (Battiste, 2005; Mead, 2003). Schools in both countries promoted the perspective that Māori, First Nations and Métis children were empty vessels to be filled with western knowledge, there being nothing of value in their own knowledges (Hawthorne Report, 1967: Hunn Report, 1960). Native Schools in Aotearoa New Zealand and residential schools in Saskatchewan prepared Māori, First Nations and Métis children for work as domestic help, farm labourers, and work in factories, abattoirs, wharves, mines, offices, shops, and other poorly paid and insecure employment (Cheyne et al, 2004: Truth and

Reconciliation Commission of Canada, 2015). The residential school system was described as beneficial for Canada and Indians because,

...weaning Indians from the habits and feelings of their ancestors, it was concluded, required removing children from the injurious influence of their homes. From the late-19th century until the latter half of the 20th century, thousands of aboriginal children were separated from their families and sent to church-operated residential schools where conditions were often appalling, native languages and cultures were suppressed, and many students were subjected to physical and sexual abuse. (Walters, cited in Richardson et al, 2009, p. 33)

In Aotearoa New Zealand in 1985 at the Waitangi Tribunal hearing for Māori language, one claimant expressed her anger at Aotearoa New Zealand's long history of mono-cultural, assimilative education which she described as still firmly attached to its British counterpart,

There are two big problems facing any Māori teacher ... The first big problem is that schools basically are designed to teach Pākehā, and middle-class ones at that. Bringing the system across half the globe hasn't altered that in any way. So a Māori teacher (and a Māori student) is compulsorily part of a system designed to treat her as if she is Pākehā. And if she shows signs of forgetting that, to treat her as someone requiring to be made Pākehā, to be assimilated. Whatever term you want to use, it means the system wants Māoris to forget they are Māoris... (Waitangi Tribunal, 1989, pp. 50-51)

The subjugation of Māori, First Nations and Métis peoples, their knowledges, languages and ways of living continued under government policies for assimilation, but didn't entirely achieve the objective which was to forcibly absorb the peoples and their knowledges into non-Indigenous Aotearoa New Zealand and Canadian societies (Walters, 2009). As a consequence, in the 1960s

the governments of Aotearoa New Zealand, Saskatchewan and Canada adopted a new policy direction - integration - although arguably the primary goal remained assimilation.

1960s to 1970s - Integration

Integration policies are described as merging government-sanctioned components of Māori, First Nations and Métis culture with those of the dominant non-Indigenous cultures in order to accelerate assimilation (Ward and Hayward, 1999). The 1951 amendment to the Indian Act anticipated integrating services for First Nations communities with services to the Canadian public - instead of Indian schools and regular schools - from that date forward the Indian schools would cease (Armitage, 1995). The government of Aotearoa New Zealand and the Canadian federal government commissioned reports at the start of the integration era: the *1960 Hunn Report on the Department of Māori Affairs* in Aotearoa New Zealand, and the Canadian reports entitled *A survey of the contemporary Indians of Canada: Economic, political, educational needs and policies - Part I* in 1966 followed by *A survey of the contemporary Indians of Canada: Economic, political, educational needs and policies - Part II* in 1967. The reports assessed the socio-economic positions of Māori and First Nations peoples covered by the Indian Act and made recommendations as to their future development. Describing the new policy of integration, the Hunn Report noted,

...integration implies some continuation of Māori culture. Much of it, though, has already dissipated and only the fittest elements (worthiest of preservation) have survived the onset of civilization...only the Māori themselves can decide whether these features of their ancient life (languages, arts and crafts) are, in fact, to be kept alive; and in the final analysis, it is entirely a matter of individual choice. (Hunn, 1961)

Hawthorn's *A survey of the contemporary Indians of Canada* consisted of two reports that focused upon reducing barriers and increasing enablers for Indian economic development. The reports proposed education and workforce training as

key to successful Indian economic development. The reports also described Indian people as requiring 'citizen plus' support from the federal government's Bureau of Indian Affairs, and provincial and territorial governments. The term 'citizen plus' referred to the notion that, compared to other Canadians, Indians required additional effort and resources from governments in order to achieve the same levels of success (Carney, 1983).

The Hunn Report was explicit about the benefits of integration, drawing upon the theme that Māori peoples were progressing as a natural evolutionary development from assimilation, to integration, after which time equality for all would be achieved. The Report proposed a sliding scale of Māori identity (Kukutai, 2011) which was a paternalistic mechanism for the state to define and control Māori communities (Mead, 1996). In Canada, the Hawthorn Report II advised introducing aspects of Aboriginal culture into school curriculums as a bridge to educational success but overall, neither report was concerned to foster and promote First Nations knowledges. The Hunn Report described Māori language as a relic from the past and the Hawthorn Report II proposed the number of distinctive knowledges and languages among Aboriginal peoples as problematic to achieving the aim of integration arguing,

The diversity of Indian cultures does not make it easy to present a detailed and accurate unit on Indians, although some provincial and city museums have assumed the responsibility of supplying materials for this. Where the materials are not already available, schools with substantial Indian enrolments might be able to arrange with adult Indians to provide local Indian material for the social studies, art, drama and literature sections of the curriculum. Non-Indian children would benefit by having their horizons extended; Indian children could acquire a sense of worth and status. (Hawthorn, 1967, p. 14)

Compared to the Hunn Report, a strength of the Hawthorn Reports I & II was to draw attention to the level of racism and mistreatment experienced by Indians, the effect of which was to position them as 'citizens minus' - the most disadvantaged

and marginalised peoples in Canada. However, instead of implementing recommendations to rectify disadvantage, the federal government took a hard line approach to integration and launched the policy paper *Statement of the Government of Canada on Indian Policy, 1969* (also known as the White Paper). The White Paper proposed abolishing treaties and legislation related to Indians, including the Indian Act. First Nations peoples perceived the White Paper as part of a long line of attempts at assimilation and roundly rejected the provisions. The paper was withdrawn by the federal government in 1970 but not before the instigation of nationwide First Nations, Inuit and Métis activism, appeals by First Nations leaders to the Supreme Court of Canada, and the establishment of national Aboriginal organisations. The National Indian Brotherhood was established in 1967 and in 1985 became the Assembly of First Nations. The Native Women's Association of Canada was formed in 1973, and the Métis National Council was established in 1983. While resistance had always been a feature of Canadian Aboriginal peoples' responses to government policies, aided by national organisations, these contemporary resistance strategies placed Aboriginal mistreatment and discontent in front of federal politicians, the media, and the public, thereafter causing non-Aboriginal Canadians to question the federal government's role in the plight of Aboriginal peoples (Royal Commission on Aboriginal Peoples, 1996: Truth and Reconciliation Commission of Canada, 2015).

In Aotearoa New Zealand, Māori were concerned at legislation and policies that continued to dispossess them of land, resources, and Māori language and culture. Māori embarked upon an intensive campaign of resistance activities: The Land March to Parliament in 1975, occupation of lands unjustly taken by the government at Bastion Point in 1977, and the occupation of the Raglan golf course in 1978, Treaty claims lodged against the Crown from 1975 onwards, the establishment of independent Māori language pre-schools and schools after 1982, and a host of other politically-focused resistance activities. All were designed to end the sale of Māori land and the subjugation of Māori language and knowledges whilst forcing change to government's policy for integration. The strategy employed by Māori was to promote the goal of Māori self-determination (Poata & Poata, 2012; Walker, 2004).

The long history of governments in Canada and Aotearoa New Zealand creating policy without engaging Māori and Aboriginal peoples appeared to be changing. Māori, First Nations and Métis national and provincial organisations challenged governments to adopt policymaking relationships that recognised their rights as self-determining and self-governing partners in government policy and development processes (Durie, 2005; Newman, 2009). However, colonial policy-making did not cease as a consequence of Māori and Aboriginal activism. Instead, and in keeping with a neoliberal ideology of devolution, integration policies were adapted to give the appearance of partnerships, self-determination and self-government. Governments facilitated Māori, First Nations and Métis peoples taking up the delivery of health and social services to their communities and on reserves as part of reducing states' roles and responsibilities. What governments retained were policy making and funding roles, both of which Māori, First Nations and Métis peoples required control of if they were to exercise substantive self-determination.

Self-management and commodification - 1970s onwards

As the new millennium unfolded, and against tremendous odds, remnants of Māori, First Nations and Métis knowledges had survived the subjugation and neglect inherent in more than one hundred and seventy years of colonising, assimilating government policy (Battiste, 2002; Ka'ai-Mahuta, 2010; Truth and Reconciliation Commission of Canada, 2015; Vizina, 2010). The point has been well made that the subjugation of Māori, First Nations and Métis knowledges in Aotearoa New Zealand and Saskatchewan, Canada happened hand-in-hand with forced acquisition of land, severed relationships with environments, poverty, suppression of Indigenous cultures and as Settee highlights, destruction of Indigenous languages (Settee, 2007). From the 1970s onwards, Māori, First Nations and Métis peoples built upon earlier strategies of resistance by way of asserting what are described variously as national, international, and sui generis rights to self-determination or self-government of their knowledges (Waitangi Tribunal, 2011; Battiste and Youngblood Henderson, 2000).

Following decades of Māori resistance, the Waitangi Tribunal was established by the Treaty of Waitangi Act 1975. The Tribunal was mandated to investigate claims by Māori that Crown policies breached the Treaty of Waitangi. Chapter Two provided a fuller discussion of the Treaty, its historical and contemporary legal position and latterly the re-introduction of the Treaty into the framework of government policy (Durie, 1999). While the Waitangi Tribunal is limited to making recommendations regarding the settlement of claims, nonetheless the Tribunal was and still is the only mechanism for investigating claims that government policies contravened the obligations of the Treaty, one of the consequences of which was to subjugate Māori knowledges (Waitangi Tribunal, 2011). The 1970s and 1980s were characterised by meetings at which tribes and national Māori organisations self-determined goals for education, culture, language, health and economic development. The key themes of the government-sponsored 1984 Hui Taumata were to restore the strength of tribes, reclaim Māori language and culture, and improve government sector responsiveness to Māori. Durie described the new approach,

To some extent the new direction [self-determination] for Māori fitted well with the new right agenda; the major goals of the government's economic reforms - reduced state dependency, devolution, and privatisation - were also seen as preconditions for greater Māori independence, tribal re-development, and service delivery to Māori by Māori. Deregulation, the introduction of market driven policies, and the downsizing of the state were accompanied by the parallel devolution of many functions to tribal and community organisations. (Durie, 2009, p. 5)

In 1986, the Waitangi Tribunal released a ground-breaking report entitled *The Te Reo Māori Claim*. The Tribunal found that Māori language (and culture) had been subjugated by government policies dating back to 1840. The Tribunal recommended strategies for language and cultural revitalisation. Two decades later the Waitangi Tribunal found it necessary to reiterate the centrality of Māori

language to Māori culture and the government's Treaty of Waitangi obligation to both, stating

The extraordinary importance of the [Māori] language was also emphasised by the Privy Council when, in 1994, it endorsed the earlier High Court finding that language was 'at the core' of Māori culture and that the Crown was under an ongoing obligation to take what steps are reasonable to assist in its preservation. (Waitangi Tribunal, 2011, p. 442)

In 1987, the Māori Language Act was passed by government in response to the findings of the Te Reo Māori Claim (Waitangi Tribunal, 1986) and Māori language was designated an official language of Aotearoa New Zealand alongside English. The Act also established a Māori Language Commission charged with advising government as to the revitalisation of Māori language, followed in 1989 by the Māori Broadcasting Act. Further, the Māori Broadcasting Act enabled the creation of Te Māngai Pāho, the agency for funding and producing Māori television, radio and programme content (Walker, 2004). Unrecognised at the time, the recommendations of the Tribunal to revitalise Māori language were also critical to revitalising Māori knowledges (Waitangi Tribunal, 2011).

In 1989, the Department of Māori Affairs was replaced by the Ministry of Māori Affairs and the Iwi Transition Agency. The role of the new Ministry was to develop policy and advise other ministries as to policy for Māori. The role of the short-lived Iwi Transition Agency was to assist tribes to progress towards self-determination (Durie, 2005). In 1992, the Ministry of Māori Affairs and the Iwi Transition Agency merged to form Te Puni Kōkiri: Ministry of Māori Development. The role of Te Puni Kōkiri was described as establishing government policy to guide Māori self-determined development, reduce inequities, and monitor and advise 'mainstream' government ministries to improve services to Māori (Durie, 1999). Arguably Te Puni Kōkiri continued the assimilationist tradition of the Department of Māori Affairs to the extent that policy guiding the new Ministry was driven by a neoliberal ideology that had its genesis outside of Māori communities. For example, the government's neoliberal

ideology for Māori economic development was imagined to mirror the economic development goals and aspirations of Aotearoa New Zealand's private, corporate sector (Kelsey, 1993).

The years 1992 and 1993 were important for the future of Māori knowledges as two international agreements were entered into that had the potential to provide Māori knowledges some protection. The Convention on Biological Diversity was ratified by the government in 1992, and Article 8(j) promoted the role of governments in the preservation and maintenance of Indigenous knowledges, innovations and practices (Secretariat for the Convention on Biological Diversity, n.d.). The following year, Māori and Indigenous leaders hosted the 'First International Conference on the Cultural and Intellectual Property Rights of Indigenous Peoples' in Aotearoa New Zealand. The Conference produced the agreement entitled 'Mataatua Declaration on the Cultural and Intellectual Property Rights of Indigenous Peoples' (Mataatua Declaration) that was signed by Māori and Indigenous leaders from fourteen countries. The Mataatua Declaration endorsed Indigenous peoples as self-determining guardians of their knowledges and declared that they alone, and not marketplaces, ought to develop policy with governments that protects and sustains their knowledges. The Declaration challenged the neoliberal position that the future of Indigenous knowledges and cultural objects should be entrusted to governments, market shares, patents and prices. Rather, the Declaration sought to draw to the attention of governments the catastrophic consequences of failing to fully protect and enhance Māori and other Indigenous knowledges (WIPO World Intellectual Property Organisation, n.d.). In 1994, Aroha Te Pareake Mead who had been heavily involved in the 1993 conference and the development of the Mataatua Declaration, drew attention to Aotearoa New Zealand falling behind other countries with regards to protecting Māori knowledges,

As a nation we have much to be proud of, there are innovative and exciting programmes being developed or already underway regarding Indigenous knowledge of biodiversity, but such programmes are the exception. The pace of change and development in this area is intensifying. We have a long way to

go before Aotearoa New Zealand can claim the honour of meeting its global moral and legal responsibilities, and an even further distance to traverse with regard to its national Treaty of Waitangi responsibilities. (Mead, 1994, p.1)

Māori self-determination was not a policy position that was ever fully adopted by governments in Aotearoa New Zealand despite the aspirational rhetoric of various policy documents. A characteristic of government policy in the health sector during this period was the redefinition of Māori self-determination to the more publicly palatable and voter-friendly concept of Māori self-management (Ringold, 2005). Māori self-management of health and social services was no different to the Salvation Army or any other publicly funded non-government entity contracting to government to deliver health and social services. Kiro (2001) and Durie (2006) have noted the confluence between government policy for devolution and the quest of tribes and Māori communities for self-determination. Devolution stopped a long way short of self-determination but it did provide opportunities for Māori communities to contract to the Ministry of Health to deliver services that reflected the priorities of Māori,

...in particular they [the reforms] enable the possibility of Māori having a greater say in defining health priorities and influencing where precious health resources are allocated. Further, they enable the opportunity for Māori to become providers of health services, receiving Vote: Health Funding. There is also the opportunity to combine western medicine and our traditional health knowledge and rongoa. (Te Puni Kōkiri, 1993, p.2)

From 1991, onwards the health reforms gave rise to a plethora of Māori community-controlled, not-for-profit health organisations. Also established were regional health bodies and advisory committees complete with government-appointed Māori directors, senior Māori managers, Māori advisors, and Māori policy personnel (Durie, 2005). Much was made of the need to ensure regional health bodies met the Crown's Treaty of Waitangi obligations to Māori. Self-management, described by Chen as an Article Three Treaty response, fitted

comfortably into the newly devolved neoliberal health sector (Ministry of Health, 1994). And while self-management did not move tribes and Māori communities closer to self-determination as envisaged by Article Two of the Treaty, what Māori community-controlled delivery of health services did provide were opportunities to innovate Māori health service delivery and underpin services with components of Māori knowledge (Durie, 2005). The rise of the phenomenon of governments incorporating components of Māori knowledge in policy documents and the names of the ministries of health, environment, conservation, social services, housing and education was astounding. The names for Te Puni Kokiri: Ministry of Māori Development, the Ministry of Health: Manatū Hauora, and the Ministry of Education: Te Tāhuhu o te Mātauranga were more than mere translations of English names; rather, the Māori names were derived from Māori values and concepts inherent to Māori knowledges. A good example of the phenomenon was the name of the Māori policy unit that was established in 1994 within the Ministry of Health. The unit was called Te Kete Hauora, the name of which is derived from Māori knowledge wherein the well-known spiritual being, Tānenuiarangi, brought three kete or woven baskets of knowledge into the world (Ministry of Health, 1995; Royal, 2003). Te Kete Hauora was led by the Deputy Director General Māori and the unit was charged with developing and influencing policy across the Ministry of Health so as to advance Māori health (Ministry of Health, 1995). The growth of Māori policy makers across the ministries of government; recruited for their policy experience, Māori knowledge and their standing among Māori communities, had a positive effect with regard to promoting Māori knowledges. Described by Te Kete Hauora as Māori concepts of health and Māori worldviews (Ministry of Health, 1996), Māori knowledges underpinned the Māori health policies and programmes developed by Te Kete Hauora.

And while the neoliberal self-management policy provided Māori health organisations with the opportunity to assert and revitalise Māori knowledge in Māori health services, the overall direction of health policy and the health funding available to Māori health organisations remained under the control of governments. Māori self-determination may have been on the government's agenda briefly in the late 1980s and early 1990s but by the start of the new

millennium, it was self-management that was the government's intention for Māori health. Article Two of the Treaty of Waitangi guaranteed Māori the right to self-determine Māori knowledge but the government's policy for self-management gave Māori little room to exercise kaitiakitanga or guardianship of Māori knowledges. The Waitangi Tribunal noted the problem as,

Sometimes, the Crown exercises that control; sometimes, it is others, such as commercial interests or property owners; only very rarely is it kaitiaki. In short, there is little room in current New Zealand law and policy for Mātauranga Māori and for the relationships upon which it is founded. (Waitangi Tribunal, 2011, p. 699)

Alongside the government's policy for Māori self-management was another less familiar but equally damaging and un-named policy; commodification. Commodification is a policy position that turns on the notion that the value and future of entities such as Māori knowledge should be determined by the marketplace. With regard the commodification of Māori knowledges, Smith notes,

The key issue that we are again talking about is the intersection of knowledge, power and economics. The process I am referring to is the commodification of knowledge. Commodification is the process whereby all knowledge becomes reduced to an economic factor. Knowledge can be bought and sold and traded as a commodity... (1997, p. 17)

It is a bitter irony that the Treaty of Waitangi Act 1975 enables investigations of claims by Māori that Crown policies fail to deliver on Treaty obligations, yet recommendations to rectify problems arguably seek to commodify entities such as Māori knowledges, land, fisheries and water. For example, following the claim to the Waitangi Tribunal in 1984 that government policies had subjugated and neglected Māori language, subsequent legislation to revitalise Māori language involved commodifying Māori language and Māori knowledges through the

establishment of the Māori Language Commission, the Māori broadcasting agency, Te Māngai Pāho, and Māori Television.

The commodification of Māori language and knowledge through the operations of Māori Television created tension between the intentions of the Māori Television Service Act 2003 to foster and promote Māori language and culture *and* the commercial requirement to secure audiences and maintain a viable economic position in the broadcasting marketplace. However, as Tairahi Black notes, the history of Māori broadcasting is one of political activism by advocates for Māori language and cultural revitalisation, not commercial marketing. Moves to satisfy a broader audience in order to secure ratings from the New Zealand public are, in the minds of Māori language and Māori knowledge advocates and experts, counterproductive,

Professor Tairahi Black, Massey University's head of Māori language, has publicly challenged Māori Television: 'Māori TV must be reminded and held accountable so Māori can access quality Māori language options to build Māori language proficiency and knowledge about ourselves to increase the status and use of te reo Māori. Isn't this what Māori TV was established to do in 2004, based on the premise te reo Māori is a taonga (treasure) to be protected and promoted as a living language. (Dykes, 2007, cited in Smith and Abel, 2008, p. 11)

Tension also surrounded the commodification of Māori knowledges in the health sector over the development of policy and guidelines for the use of Māori medicines and healing practices. Some Māori healing practitioners rejected moves toward government regulation, marketing and certification which they described as controlling, demeaning, potentially damaging of Māori knowledges, and unnecessary. Others expressed concern to provide protection and maintain control over Māori medicines and healing practices,

The need to uphold and protect cultural and intellectual property rights associated with rongoa plants, knowledge, traditions and

practice was noted by both healers and stakeholders. Both groups expressed some concern about increased integration facilitating more widespread access to knowledge and thereby increasing the likelihood of exploitation. (Ministry of Health, 2008, p. 41)

Smith notes the likelihood that Māori may choose, at times, to support the commodification, preferably sustainable commodification, of Māori knowledges for financial gain,

I think that Māori are entitled, where they can, and within certain guidelines and parameters, to exploit (and I use the word here in its sustainable definition) the resources they have in order to give them an economic return in a managed and careful way. (Smith, 1997, p.18)

Two reports published by the Waitangi Tribunal are relevant to a discussion of tension surrounding the commodification of Māori knowledges, particularly with regard to the health sector. The reports suggest serious shortcomings on the part of the Crown when it comes to fostering and protecting Māori knowledges. The first report published in 2001 entitled *The Napier Hospital and Health Services Report* addressed the claim by Ahuriri Māori that contrary to the Treaty of Waitangi, the Crown's health policy and practices failed to provide for their health and well-being. Of interest to this study is the finding by the Tribunal that elements of Māori health knowledges and healing practices constitute tangible and intangible prized possessions as addressed by Article Two of the Treaty of Waitangi. As such, the Tribunal directed the Crown to enable and sustain Māori health knowledges, tangible and intangible, as part of effective health services for Māori. Furthermore, the Tribunal pointed to the Crown as responsible for empowering Māori to plan, deliver and self-manage Māori health knowledges and related services (Waitangi Tribunal, 2001).

The second report *Ko Aotearoa Tēnei* addressed the claim made by six tribes as to the ownership and control of Māori knowledges, products of Māori knowledges, and the relationship of Māori to flora, fauna and the natural environment,

The claimants fear that in complex, modern, and globalised New Zealand, the taonga that they say are integral to Māori culture and identity are subject to too many outsider rights and too few Māori rights. They say their language, symbols, stories, songs and dances have been commodified by people who have no traditional claim to them. (Waitangi Tribunal, 2011, p. 17)

Both reports found Crown policy failed to meet Treaty obligations to protect and advance Māori knowledges. Further, the reports held the Crown responsible for decades of damage by policies that subjugated and neglected to foster and maintain such knowledges. Of significance, the Tribunal found that the government's policy to devolve health and social services to Māori to self-manage was a measure in and of itself insufficient to protect and advance Māori knowledges. Evidence was presented to the Tribunal that Māori language, a core element of Māori knowledge, had continued to decline despite the recommendations to the Crown contained in the Te Reo Māori Claim (Waitangi Tribunal, 1986) a decade and a half earlier. Subsequent actions taken by the Crown and resources expended to protect and advance Māori language; the official recognition for Māori language; the establishment of the Māori Language Commission; the 1989 Broadcasting Act that established Māori television and tribal radio stations; a funding agency for Māori language programming; the 'Māori succeeding as Māori' policy; the Māori education policy; and Māori health provider development, were all inadequate to the task (Waitangi Tribunal, 2011). Instead of gains made there was, in fact, a measurable decline in the number of Māori students speaking Māori (Waitangi Tribunal, 2011), and a plateau in the number of Māori community-controlled health organisations and the amount of funding designated for Māori health over the same period (Durie, 2005). In short, the government's policies for Māori self-management and commodification of Māori languages and Māori knowledges had failed (Waitangi Tribunal, 2001: Waitangi Tribunal, 2011).

In the wake of recommendations contained in the Tribunals' reports (*The Napier Hospital and Health Services* and *Ko Aotearoa Tēnei*) and the Mataatua Declaration two decades earlier, the New Zealand Intellectual Property Office developed policy in 2014 to seemingly protect the commodification of Māori knowledge when used for commercial purposes (MoRST, 2007). The policy may be a step in the right direction where commodification for commercial gain is concerned; however, the policy falls a long way short of the recommendation by the Waitangi Tribunal (2011) to establish an expert Māori Commission with adjudicative, facilitative and administrative functions to legally protect important cultural items, including Māori knowledges,

Taonga works and Mātauranga Māori should be legally protected. In certain circumstances, taonga-derived works should also receive some protection. The benefits of doing so will be felt not only by kaitiaki but by the country as a whole, in both the short and long term. Taonga works are not just about Māori identity - they are about New Zealand identity, and a regime that delivers kaitiaki control of taonga works will also deliver New Zealand control of its unique identity. (Waitangi Tribunal, 2011, p. 187)

The policy was designed solely for the protection of taonga works and Māori knowledge in commercial situations to which intellectual property rights apply, and to new and original works. The policy provides no protection for designs derived from Māori knowledges developed over a long period of time, or for intellectual property belonging to collectives.

As was noted, government policies for self-management and commodification have proven inadequate tools for protecting and revitalising Māori knowledges. So, what are the features required of policy that will likely provide protection for Māori knowledge in non-commercial circumstances? Helpfully, the Waitangi Tribunal's report *Ko Aotearoa Tēnei* provides a framework for Crown entities to arrest damage and protect, preserve and support the revitalisation and

transmission of Mātauranga Māori or Māori knowledges. Of interest is the Tribunal's statement that,

We have by now firmly established that Mātauranga Māori is a taonga [prized possession] and thus subject to Article 2 protection by the Crown under the Treaty. No one can reasonably deny this. But in saying this, we must also emphasise that Māori are kaitiaki [caregivers by virtue of a tribe, subtribe or family genealogical connection to a prized possession] of their own Mātauranga and it cannot survive without them. The Crown certainly cannot - and should not - assume that role for itself. Rather the Crown must support Māori leadership of the effort to preserve and transmit Mātauranga Māori, with both parties acting as partners in a joint venture. (Waitangi Tribunal, 2011, p. 188)

These features - Māori knowledge is subject to protection by the Crown; Māori are kaitiaki of their knowledges, and the Crown must actively partner with Māori experts to protect and transmit Māori knowledge - are key to a Kaupapa Māori theorisation of the subjugation and revitalisation of Māori knowledges by government policy. The features are also useful as a guide to assessing benefits or otherwise arising from the distinctly Aotearoa New Zealand phenomenon of engaging Māori terms and concepts from Māori knowledges with health policy.

In 2010, the government of Aotearoa New Zealand belatedly supported the Declaration on the Rights of Indigenous Peoples that was adopted by the United Nations in 2007. The Declaration contains thirty-seven statements about the rights of Indigenous peoples as members of nation states. More than a dozen articles address the right of Māori and Indigenous peoples to their knowledges, knowledge protection and knowledge revitalisation (Human Rights Commission, 2008 - 2017). To date, neither the Convention on Biological Diversity or the Declaration have been used to protect and advance Māori knowledge for non-commercial purposes, nor has the government adopted the Waitangi Tribunal's

2011 recommendations that address protection for the international commercialised use of Māori knowledges.

An area that requires a brief mention is the advent of the knowledge economy and commodification of Māori knowledge for commercial gain by interests within Aotearoa New Zealand as well as international interests. The 1996 report by the Organisation for Economic Co-operation and Development (OECD) entitled *The knowledge-based economy* described a framework by which countries such as Aotearoa New Zealand and Canada might accelerate economic development. The framework promotes knowledge transfer from science systems produced by public research centres and institutes of higher education to the economy and notes,

Although knowledge has long been an important factor in economic growth, economists are now exploring ways to incorporate more directly knowledge and technology in their theories and models. ‘New growth theory’ reflects the attempt to understand the role of knowledge and technology in driving productivity and economic growth. In their view, investments in research and development, education, training and new managerial work structures are key. (OECD, 1996, p. 7)

The report highlights the importance of national systems for innovation and the promotes a perspective that knowledge creation is an activity that simultaneously benefits the public through social ‘good’, as well as benefitting the economy. Of interest is the emphasis the report places upon university and industry collaboration and the encouragement to refocus the efforts of universities towards knowledge creation and knowledge transfer as opposed to knowledge for public education. It is possible that the 1996 OECD report acted as a stimulant for governments in Aotearoa New Zealand and Saskatchewan, Canada, to explore the potential of Māori, First Nations and Métis knowledges as drivers for economic and social development.

The terms ‘Māori knowledge’ and ‘Mātauranga Māori’ are not infrequently associated with the term ‘knowledge innovation’ and possibly have an association to the 1996 OECD report. The Waitangi Tribunal reviewed several government entities with a role in the protection and advancement of Māori knowledge in the context of knowledge innovation. While there was support for the work undertaken by the Ministry of Research, Science and Technology (MoRST) to develop and launch the Vision Mātauranga policy in 2005, the Tribunal highlighted the failure of MoRST to develop a Treaty of Waitangi-based rationale for protecting and advancing Māori knowledge and a process by which protection and advancement would occur. In fact, the Tribunal criticised MoRST on the grounds that the all-Māori committee administering the Vision Mātauranga funding were advisers and not decision-makers. The Tribunal was critical of the fact that MoRST and other science agencies appeared to have adopted a profit-motivated interest in Māori knowledge over and above an appreciation of its integral value to Māori and to Aotearoa New Zealand (Waitangi Tribunal, 2011).

In 2011, the then Ministry of Research, Science and Technology (MoRST) was restructured and Vision Mātauranga was adopted by the newly created Ministry of Business, Innovation and Employment (MBIE). The Ministry described the purpose of Vision Mātauranga as “...use[ing] the science and innovation system to help unlock the potential of Māori knowledge, people and resources for the benefit of New Zealand” (MBIE, 2018, para. 3). The 2011 structure of MBIE included a Vision Mātauranga Advisory Group. However, the information on the Ministry’s website in 2016 and since then removed, suggested the Advisory Group had been downgraded to an assessment panel that advised on proposals made to the contestable annual Vision Mātauranga Capability Fund. Despite the MBIE statement in 2016 that the relationship between the Ministry and Māori is one of partnership, it is unclear whether progress has been made since 2011 when the Tribunal criticised MoRST for restricting Māori to an advisory and not a partnered decision-making role.

In Saskatchewan, Canada, the 1970s was a time of significant First Nations and Métis resistance, as it was for First Nations, Métis and Inuit leaders and communities across Canada. National Aboriginal organisations and Aboriginal

leaders called for self-government. As was noted at the start of the chapter, the pattern of policy objectives, implementation and outcomes associated with self-determination and commodification in Aotearoa New Zealand and Saskatchewan indicate similarities, yet there are significant differences. Government policy for self-determination is an area that has played out in very different ways across the two countries and, for context-specific reasons, among First Nations and Métis peoples.

In 1973, the Supreme Court in *Calder v. Attorney-General of British Columbia* made a landmark decision by recognising the existence of Aboriginal rights as existing at the time of the Royal Proclamation of 1763 and as pre-existing colonial law in Canada (Asch, 1999). The decision opened the gate to modern treaties or comprehensive land claim agreements and as of April 2016, twenty-seven agreements had been signed between governments and First Nations and Inuit peoples, and a further seventy were anticipated (Lands Claim Agreements Coalition, n.d.). Federal and provincial policy for self-government is silent on the matter of protecting and revitalising First Nations and Métis knowledges and languages; however, opportunities for realising self-government may enable some groups to revitalise their knowledges and languages.

The first modern treaty, the James Bay and Northern Quebec Agreement, was signed in 1975 between the James Bay Cree and the Inuit of Northern Quebec, the government of Quebec, and three major Crown-owned corporations. The territory covered by the agreement is larger than the province of Ontario, with self-government covering Cree, Inuit and non-Indigenous populations. Early indications are that socio-economic gains have been uneven, but of relevance to this study is research into language revitalisation which indicates language retention rates are high, and that early childhood and primary school education in Cree and Inuktitut languages is facilitating language acquisition and retention. Also relevant to this study are the modest successes related to maintaining traditional hunting and gathering, and associated environmental resource management (Papillon, 2008). The Nisga'a Nation of the Nass Area of British Columbia signed a modern treaty and land claims agreement in 1999 after nearly one hundred years of pursuing land settlement. The treaty was a negotiated

agreement between the Nisga'a Nation, the Government of British Columbia and the Government of Canada. The treaty established the Nisga'a Lisims Government with powers to make and implement law and policy, manage resources, pursue Nisga'a traditional and contemporary social and economic goals, citizenry, and important in the context of this study, revitalise Nisga'a language and culture. To this end, Nisga'a citizens have the right to use Nisga'a language and practice their culture, and the government prioritises language and cultural revitalisation and transmission throughout the region and the regions' schools (Nisga'a Lisims Government, n.d.).

In 1977, the then Federation of Saskatchewan Indian Nations (FSIN) articulated what was described as the foundational principles of contemporary Aboriginal self-government in a paper entitled 'Indian Government'. Their position was that treaties represent the right of self-government, and treaty rights take precedent over provincial and federal laws. They drew the attention of governments to the words of the Commissioners who had signed the historical treaties, promising that what Canada had offered treaty peoples was in addition to existing sovereign self-governing rights and resources already in their possession (Saskatchewan Indian Cultural Centre, n.d.). In 1982, a Special Committee of the House of Commons was convened to investigate self-government, culminating a year later in the publication entitled *The 1983 Report of the Special Committee on Indian Self-Government*, also known as the Penner Report (Boyer, 2014). Although a government document, the recommendation for First Nations self-government echoed the position of the FSIN and other national Aboriginal organisations. The report concluded that First Nations were a third order of government after the federal and provincial / territorial governments, although the report was short on detail as to how the new system of government would be achieved. The Report made a number of recommendations including "...improvements in Aboriginal healthcare. The report stressed the need to take a more holistic approach to healthcare by incorporating traditional with Western approaches as well as by focusing more on preventative measures" (Boyer, 2014, p.74).

Meantime, the Constitution Act 1982 and the associated Canadian Charter of Rights and Freedoms were launched. The Act recognised Aboriginal peoples -

First Nations, Métis and Inuit - as having pre-existing Aboriginal rights, although these were not defined with respect to each group. Over the ensuing four decades the federal government and the Government of Saskatchewan have sought to develop models of self-government in the context of the Indian Act, the Constitution, and treaties with First Nations. Progress is best described as halting and uneven. For example, the Penner Report advocated First Nations as a third order of government but this was rejected by the Canadian public in the failed 1992 Charlottetown Accord (Belanger & Newhouse, 2008). And despite a growing number of modern treaties or comprehensive land claim agreements that provide for self-government, the issue of an Aboriginal third constitutional order of government remains undefined and a challenge for provinces, the federal government and the Canadian public (Atkinson et al, 2013).

Regardless of challenges, the Federation of Sovereign Indigenous Nations (FSIN), formerly the Federation of Saskatchewan Indigenous Nations, and First Nations, Métis and Inuit leaders and Aboriginal organisations across Canada have continued to pursue 'self-government'. The FSIN hosted an international self-government symposium in April 1993 in Saskatchewan (Saskatchewan Indian, 1993), and in 1996 the FSIN and the Government of Canada established an ongoing nation-to-nation forum to explore treaty rights and federal and provincial jurisdictions across education, child welfare, justice, health, hunting, fishing, trapping and gathering, annuities and shelter (Saskatchewan Indian, 1996). In 1999, the forum added lands and resources to the topics for exploration (Saskatchewan Indian, 1999/2000). It appears that self-government requires obtaining or retaining one's historical territory or part thereof which limits implementation to tribes that have a government-recognised land base. However, it was simultaneously argued that while land was articulated as central to exercising self-government, First Nations and Métis leaders charged there was no place in self-government for Indian reserves and the Indian Act (Belanger and Newhouse, 2008).

To recap, the challenge facing the federal government was not whether the claim to First Nations self-government was valid as this had been established earlier by the Penner Report, the 1982 Constitution Act, and latterly recognised in the

publication of the federal policy guide to Aboriginal self-government (Government of Canada, 1995). The real challenge was how to progress self-government in what has been described by many as jurisdictional chaos (Atkinson et al, 2013; Boyer, 2014) and Canada's contradictory legislation, policy and opposition from the Canadian public. In Saskatchewan, progress toward self-government for First Nations and Métis is founded upon a mix of First Nations treaty rights, the Indian Act with regard to First Nations, and non-status First Nations and undefined Métis rights as proposed by the Constitution of Canada 1982. More recently Beatty (2011) drew attention to engagement rights arising from the province's duty to consult. Evidence that progress is being made by First Nations treaty peoples in Saskatchewan on matters of self-government is evident in the 1992 Treaty Land Entitlement (TLE) process involving thirty-three First Nations, the Government of Canada and the Government of Saskatchewan. (Indigenous and Northern Affairs Canada, 2017). The TLE provided Saskatchewan's treaty nations with funds over a 12-year period to purchase land and resources as partial fulfilment of Canada's treaty obligations. Forms of limited self-government can also be seen in the development of increased influence by First Nations of Saskatchewan's on and off-reserve health services and preschool to tertiary education (Boyer, 2014). The difficulties are enormous for First Nations establishing self-government models in contemporary Canada. However, the history and contribution of Saskatchewan's First Nations and the FSIN to Aboriginal self-government in Canada suggests self-government that is in keeping with sovereignty, and traditional values and modes of governance remains the goal.

Métis peoples in Saskatchewan have a different path to self-government that takes place in the context of undefined Aboriginal rights in the Constitution of Canada Act 1982 and codified by the Government of Saskatchewan in The Métis Act 2001. The Métis Nation - Saskatchewan does not have a land base and instead, actions its Aboriginal rights by way of memoranda, sector-related frameworks, bilateral agreements with the Government of Saskatchewan, and most recently, the opportunity to participate in trilateral discussions with the federal government regarding self-government. The Métis peoples' intentions to self-government in the education sector is reflected in Constitution of the Métis Nation -

Saskatchewan (MN – S) but the form that self-government takes for Aboriginal peoples who are not treaty peoples and do not have a land base is unclear. The federal policy guide to Aboriginal self-government refers to assisting Métis and non-Indian Act Indian groups that aspire to self-government and lack a land base (Government of Canada, 1995). The Métis National Council describe the prairie provinces of Manitoba, Saskatchewan and Alberta as the traditional homelands of the Métis (Métis Nation, n.d.). However, land base could be interpreted narrowly to mean the Alberta Métis land base, also called patented land which, according to the revised Métis Settlements Act 2015, is comprised of eight named Métis settlements with the ability to make and enforce bylaws and govern interests over patented land and resources (Métis Settlements Act 2015). The policy guide notes a range of options for self-government, including the devolution and management of government services, and the establishment of new services and organisations, possibly on a population based formula. It is the view of many Métis across Canada that enumeration based upon Métis criteria of self and group identification is a starting point toward self-government (Government of Canada, 1995).

The Government of Saskatchewan, in consultation with the FSIN, the MN-S and a number of First Nations and Métis social service organisations, has developed various education and health strategies, frameworks and consultation guides to implement levels of First Nations and Métis involvement in the health and education sectors. Whether involvement by way of memoranda, bipartite and tripartite agreements moves First Nations peoples and Métis peoples closer to self-government is unclear from the perspective of an outsider from Aotearoa New Zealand. The consultation approach by governments may have more in common with good policy-making practices rather than indicating a movement towards self-government.

Turning now to briefly consider the impact of commodification upon First Nations and Métis knowledges, Battiste (2002) notes that recognition by the Constitution Act 1982 does not protect knowledges from commodification, nor do Canadian copyrights for intellectual or cultural property. Existing Canadian intellectual property law protects intellectual property that is new, original and distinctive, but does not protect First Nations and Métis knowledges which, by

their nature, are handed down from generation to generation notwithstanding intergenerational modifications. Furthermore, intellectual property rights are individual property rights whereas the knowledges of First Nations and Métis peoples are understood as belonging to collectives, not individuals (Simeone, 2004). The problem facing First Nations and Métis peoples' need to protect their knowledges is not automatically solved when nations achieve self-government. Despite an agreement for self-government signed by the Nisga'a of British Columbia and the government of British Columbia, the Nisga'a do not have an ability to make or enforce laws concerning intellectual property that would protect commodification of components of their knowledges (Nisga'a Lisims Government, n.d.). In 2013, the Market Framework Policy Branch of the Canadian Intellectual Property Office was responsible for federal-wide policy making, including policy that addressed and protected the commercial use of Aboriginal knowledges but the website did not provide information as to how protection might be achieved. In 2017, a new online strategy for Intellectual Property was developed; however, the website references Indigenous intellectual property initiatives to the World Intellectual Property Organisation (Government of Canada, 2018). International agreements such as the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007) and the earlier Convention on Biological Diversity (Secretariat for the Convention on Biological Diversity, n.d.) speak to the importance for Indigenous peoples of protecting their knowledges from commodification. Canada's fiduciary duty with respect to First Nations and Métis peoples suggests that protecting the intellectual property arising from First Nations and Métis knowledges is an imperative.

Theorising the subjugation of Māori, First Nations and Métis knowledges by government policy, and subsequent efforts toward revitalisation

The aim at the outset of this chapter was to examine the impact of government policy upon Māori, First Nations and Métis knowledges and theorise the subjugation of knowledges and subsequent efforts by Māori, First Nations and Métis peoples to revitalize their knowledges. The chronology is organized into five government policy periods and the body of the chronology records particular legislation, policy and events associated with the subjugation and later

revitalisation of Māori, First Nations and Métis knowledges in Aotearoa New Zealand and Saskatchewan, Canada.

The picture that forms is one of governments in Aotearoa New Zealand and Saskatchewan, Canada granting themselves wide-ranging and unfettered authority over Māori, First Nations and Métis peoples and their knowledges. The exercise of fiduciary powers by governments with respect to protecting and fostering Māori, First Nations and Métis knowledges simply did not happen. Further, as the chronology indicates, there is no evidence that protection and revitalization of Māori, First Nations and Métis knowledges are priorities for these governments now or at any time in the past. Theorising the factors that enabled governments in Aotearoa New Zealand and Saskatchewan, Canada to subjugate Māori, First Nations and Métis knowledges, and efforts by Māori, First Nations and Métis peoples to revitalise knowledges is an act of ‘fight back’ insomuch as Kaupapa Māori theory serves as a step along a pathway to transformative praxis between Māori, First Nations and Métis peoples and governments in Aotearoa New Zealand and Saskatchewan, Canada.

Settler government determination of Māori, First Nations and Métis collective identities is strongly associated with subjugation of knowledges

The Kaupapa Māori analysis of literature suggests a relationship exists between the degree to which contemporary governments recognise Māori, First Nations and Métis peoples’ as distinct, self-determining political identities, and the ability of each to protect and revitalise their knowledges. Māori from Aotearoa New Zealand and Saskatchewan First Nations peoples have articulated their respective treaty relationships as the basis from which to push governments toward recognition of rights, including the right to foster and protect their knowledges. The Métis peoples of Saskatchewan, by comparison, have had recourse to the Constitution Act 1982 which, whilst recognizing their inherent Aboriginal rights, has in practical terms accorded Métis peoples limited ability to foster and protect their knowledges.

Self-government may offer greater likelihood for self-determined knowledges protection and revitalisation

The Kaupapa Māori analysis of the literature also suggests that protecting and revitalising Māori, First Nations and Métis knowledges is a more likely outcome if Indigenous peoples can hold governments to policies for self-government rather than self-management. Following the 1970s period of intense Māori resistance, a muted government policy discourse for Māori self-determination emerged in the 1990s. Likely influenced by neoliberalism, the new millennium saw governments in Aotearoa New Zealand reframing Māori self-determination as self-management, a neoliberal concept that accorded Māori peoples a limited ability to foster and protect their knowledges. Recent evidence from the Waitangi Tribunal indicate the policy of self-management may be insufficient to revitalise Māori knowledges in ways that maintain control in the hands of Māori. Certainly the evidence to date from Aotearoa New Zealand is that governments approach knowledges revitalisation as a sector-specific rather than an across-sector activity, and implementation strategies are short-term, under-funded, and accompanied by less-than-rigorous evaluation as to efficacy. The Government of Saskatchewan, at the insistence of the Federation of Saskatchewan Indigenous Nations, appears to recognise the treaty right of First Nations to self-government as evidenced by various government policy documents. However, power-sharing over on-reserve and off-reserve socio-economic development and associated services is hampered by jurisdictional chaos involving the provincial and federal governments and impeded by legislation such as the Indian Act. This notwithstanding, governments' fiduciary duties to First Nations peoples suggest jurisdictional chaos is an insufficient reason to maintain the status quo. Comprehensive land claim settlements that over-ride the Indian Act and enable First Nations communities to enact self-government appear to provide surer options for self-determined First Nations knowledges revitalization. However, provincial and federal policies that promote and foster knowledge revitalisation, including stronger intellectual property legislation and policies and the official recognition of First Nations languages, are important correlates. Self-government is a consistently articulated goal for the Métis peoples of Saskatchewan, but it is unclear how progress toward self-government and self-determination of Métis

knowledges will be advanced. The point has been made that self-government for Métis who are not part of the Métis homelands in Alberta is a complex issue as self-government in the Canadian context has most often been associated with land, particularly in the context of treaties and the Indian Act. Meantime, the Government of Saskatchewan has agreements with the Métis Nation - Saskatchewan recognising the contribution that the organisation and various other Métis-operated organisations make to the socio-economic development of Métis peoples and the province. However, provincial government discourse for Métis self-government is muted and self-management appears to be the government's current pathway. Saskatchewan's Ministry of Education endorsed support for First Nations and Métis cultures and languages as part of the curriculum for all First Nations and Métis students as well as for non-Indigenous students up to and including pre-school to secondary school settings. In practice, it is not clear how Métis self-management will operate to foster and protect their knowledges and Michif, the endangered language of the Métis peoples of Canada, the revitalization of which is critical for knowledge transmission.

Tribunals and commissions of inquiry support public scrutiny of knowledge subjugation and findings can assist the development of new policies for knowledge revitalisation

The literature suggest that tribunals and inquiries have provided Māori, First Nations and Métis peoples with opportunities to publically scrutinise the subjugation by government policy of their knowledges. As well, Tribunals and inquiries have provided Māori, First Nations and Métis peoples with avenues from which to seek remedial actions, particularly in terms of influencing future government policies to protect and revitalise knowledges. In Aotearoa New Zealand the Waitangi Tribunal on at least three claims called governments to account for policies that subjugated and failed to foster and protect Māori knowledges. Importantly, the Tribunal investigated the efficacy of remedial actions undertaken by governments to address earlier Tribunal recommendations. The Tribunal's investigation was to report that progress had not been made to the level required to sustain and revitalise Māori knowledges and languages. In fact, the Tribunal draw attention to the failure of governments to share power with

Māori over the protection and revitalisation of Māori knowledges, particularly with regard to intellectual property and Māori knowledges. In Canada, two commissions have enabled First Nations and Métis peoples to bring to the attention of Canada the subjugating effect that government policies have had upon their knowledges and languages. The Royal Commission on Aboriginal Peoples (RCAP) painted a picture of racist and assimilative federal and provincial policies designed to subjugate Canada's Indigenous peoples, their ways of living, knowledges and languages to the extent that First Nations and Métis would be rendered indistinguishable as self-determining peoples. Almost two decades later the Truth and Reconciliation Commission of Canada (TRC) released its report on the impact of residential schools upon Canada's Aboriginal peoples with the strongly worded statement that successive federal and provincial governments had ignored the recommendations of RCAP. However, the TRC report noted that RCAP had started a public conversation about righting the wrongs of earlier administrations and the TRC took the position that their recommendations added to those of the RCAP. Of interest to this study was the TRC's position that history matters because without an accurate knowledge of the impact of government policy, poor public policy decision-making regarding the protection and revitalisation of First Nations and Métis knowledges will continue.

Conclusion

Comparing and contrasting the subjugation and more recent efforts by Māori, First Nations and Métis peoples to revitalise their knowledges has revealed associations between these and government policy periods in Aotearoa New Zealand and Saskatchewan, Canada. The Kaupapa Māori analysis of literature examining the impact of the policy periods upon Māori, First Nations and Métis knowledges suggests a relationship exists between the degree to which contemporary governments recognise Māori, First Nations and Métis peoples' as distinct, self-determining political identities and the ability of each to protect and revitalise their knowledges. The analysis also suggests that protecting and revitalising Māori, First Nations and Métis knowledges is a more likely outcome when mechanisms exist to enable Indigenous peoples to hold governments to policies for self-government rather than self-management. The analysis revealed

that tribunals and inquiries have provided the opportunity for a public examination of the subjugation of Māori, First Nations and Métis knowledges as well recommendations for remedial actions to influence future government policies so that these will protect and revitalise knowledges. Finally, the analysis of the literature found that across the span of almost two hundred years of government policy in Aotearoa New Zealand and Saskatchewan, Canada, on no occasion had governments enacted fiduciary obligations to protect and revitalise Māori, First Nations and Métis knowledges so that these could be sustained and controlled by generations of Māori, First Nations and Métis peoples into the future.

CHAPTER 6 - THE ENGAGEMENT OF MĀORI, FIRST NATIONS AND MÉTIS KNOWLEDGES IN GOVERNMENT HEALTH POLICY

Introduction

Theorising the impact of historical and contemporary government policies upon Māori, First Nations and Métis knowledges in Aotearoa New Zealand and Saskatchewan, Canada, identified three macro-level factors likely to influence knowledge revitalisation efforts in the future:

1. Recognition by governments of Māori, First Nations and Métis peoples as distinct, self-governing identities is related to their ability to protect and revitalise their knowledges;
2. Protecting and revitalising Māori, First Nations and Métis knowledges is a more likely prospect when governments are held to policies for self-government, not self-management;
3. Tribunals, commissions and national inquiries are important vehicles for scrutinising government policies and influencing remedial actions to protect and revitalise Māori, First Nations and Métis knowledges;

Macro-level factors are useful when examining who decides whether intellectual property legislation and policies are sufficient to the task of fostering and protecting Māori, First Nations and Métis knowledges in commercial contexts. Macro-level factors are less useful when it comes to investigating the engagement of Māori knowledges in government health policy as a vehicle for not only improving health outcomes but also advancing knowledge revitalisation. Instead, what is required is a finer tool that identifies meso-level factors influencing government policy-makers and their decisions to engage Māori, First Nations and Métis knowledges in health policy. Are there socio-political factors at play that enable or prevent the engagement of Māori knowledges into government policy? And what models, if any, are useful when examining the engagement of Māori knowledges with health policy? Who controls how these knowledges engage with each other, what happens in the space where Māori and, for example, Western medical knowledges meet? A meso-level tool will assist Māori to determine the

likelihood that when Māori knowledges engage with health policy, engagement revitalizes rather than subjugates Māori knowledges.

As was noted in the previous chapter, the rise of the phenomenon of engaging components of Māori knowledges - Māori words and concepts - with government health policy in Aotearoa New Zealand is unique among the English-speaking settler states, yet the phenomenon has not been examined. First Nations and Métis knowledges are not a feature of government health policy in Saskatchewan, Canada, but these are to be found at the level of government-funded health programmes and services. Understanding the socio-political factors that support the engagement of components of Māori knowledges with health policy in Aotearoa New Zealand but limit engagement of First Nations and Métis knowledges in Saskatchewan aids lesson-drawing. However, close attention is required with regard to the process by which policy-makers engage Māori knowledges with western knowledges in health policy and, arguably, First Nations and Métis knowledges with health programmes and services. Who decides which components of Māori knowledges will be part of health policy and what processes will be used to negotiate the engagement of one knowledge system with another? Is there a danger that the meanings associated with components of Māori knowledges will be altered as a result of engagement with knowledges such as western medicine? The engagement of Māori knowledges in government health policy must, in addition to producing better health policy, support Māori knowledge revitalisation. Revitalising Māori knowledges so that these are once more part of the everyday fabric of the lives of Māori people is central to achieving Māori wellbeing.

A useful starting place is to describe the phenomenon of Māori knowledges in government health policy. Examples of Māori words, concepts and images taken from current sexual and reproductive health policy documents and a key public health policy document are presented. Next, the viewpoints of health policy-makers from ministries in Aotearoa New Zealand and Saskatchewan, Canada are introduced and discussion ensues about Māori, First Nations and Métis knowledges and health policy. Health policy-makers from the Ministry of Health, Aotearoa New Zealand describe how, from the 1990s onwards, Māori knowledges

came to be part of government health policy. Policy-makers from the province's Ministry of Health - Intergovernmental, First Nations and Métis Relations, and the federal First Nations and Inuit Health Branch (FNIHB) for Saskatchewan, describe the commitment their ministries have to developing health policies that affirm and support First Nations and Métis knowledges. Interviews were undertaken in Aotearoa New Zealand and Saskatchewan, Canada between September 2013 and March 2014. Interviews produced a rich body of previously unexamined information about broad socio-political factors influencing decisions to engage Māori knowledges into government health policy and First Nations and Métis knowledges into health programmes and services. Subsequent to the focus upon health policy sectors, the focus shifts to four models that conceptualise the process by which Māori knowledges engage with western knowledges. The models were identified from a small review of Māori social science literature published between 2006 and 2016. Emerging from disciplines as diverse as earth sciences, health, environmental science, education, psychology and policy studies, the models are:

1. Knowledge integration;
2. Knowledge at the interface;
3. Negotiated spaces; and
4. He Awa Whiria - Blended knowledge approaches.

Where the literature existed, First Nations and Métis perspectives of similar models have been added to Māori perspectives in order to broaden the discussion to the Canadian context. The strengths and challenges of each model are discussed with regard to utilising health policy, programmes and services as a vehicle for knowledge revitalisation. The chapter concludes by bringing together the socio-political factors that influenced the engagement of knowledges in Aotearoa New Zealand and Saskatchewan with the key strengths and challenges arising from the four models. The result is a set of factors which are predictive of Māori, First Nations and Métis knowledge revitalization in the context of health policy, programmes and services. Despite the fact that much of the latter part of this chapter is specific to Māori knowledge revitalisation, nonetheless the findings are offered to government health policy-makers in Saskatchewan *and* Saskatchewan's

First Nations and Métis organisations in the hope that the information is of some use as they consider engaging First Nations and Métis knowledges into government-funded health policy, and current engagement with health programmes and services.

The exchange of knowledge and health personnel across countries is already a feature of health policy in Canada and New Zealand. Two instances were revealed when interviewing policy-makers in Aotearoa New Zealand and Saskatchewan, Canada. The first exchange involved the former Director General of Health in New Zealand, Chris Lovelace, who was a senior health governance official for Health Canada. During his time in Aotearoa New Zealand, Lovelace commissioned the seminal 1993 review of the Department of Health, the catalyst for more than two decades of Māori knowledges in health policy. The second exchange related to the cultural safety analysis as outlined in a recent programme document compiled by the Federation of Sovereign Indigenous Nations, with input from Saskatchewan's Ministry of Health - Intergovernmental, First Nations and Métis Relations. The document owes much to the analysis of power, cultural safety and cultural risk in the healthcare sector that was pioneered by Dr Irihapeti Ramsden, a Māori health expert and political activist from Aotearoa New Zealand.

Health policy in Aotearoa New Zealand

The Merriam-Webster dictionary defines policy as 'a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions' (Merriam-Webster Incorporated, 2017). In the context of Aotearoa New Zealand, Claudia Scott describes policy as "...a broad orientation, an indication of normal practice, a specific commitment, or a statement of values" (Colebatch, 2002 in Scott, 2006, p. 573).

The scope of government policy is broad and includes economic, social, environmental, employment policy and so forth. In Aotearoa New Zealand, health policy is part of social policy; however, there are different positions with regard to the definition of social policy. Cheyne and colleagues (2005) note the definition

of social policy advanced by the 1988 Royal Commission on Social Policy as concerned for fairness and equity; an outcome of all sectors of government, not only health, education, housing and social services. The definition of social policy proposed by Cheyne does not match Māori experiences of social policy which, over time, has addressed Māori development, iwi development, but also ‘mainstreaming’ (Kiro, 2001). As Parata writes,

The equation was: to be Māori is to be worthless; to be Pākehā is to be worthy. Policy has in turn been directed at this outcome. It has masqueraded in various guises as assimilation, integration, separation, and back to assimilation. In none of its forms, has this policy result been fully achieved. There has been marginal success, with the inner core of Māori culture and belief fragile but still largely intact. (1994, p. 7)

In other words, government policy as it has been applied to Māori has not always embraced lofty ideals such as fairness and equity but has ranged across a spectrum of policy objectives that include assimilation, devolution, Māori self-determined development, and more recently, Māori self-management. The WHO defines health policy as,

...decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people. (WHO, 2017)

The issue for Māori has always been one of self-determination and to sufficiently influence government policy so that policy reflects Māori priorities and aspirations, some of which they share with other New Zealanders, but others are specific to Māori (Durie, 2005). In 1991, a Centre-Right government in Aotearoa New Zealand restructured the health sector, emphasizing a neoliberal competitive

profit-making model of health care. The assumption underpinning the model was that the market would deliver healthcare at lower costs while ensuring better quality, access and efficiencies (Blank and Burau, 2010). In 1999, the country voted in a centre-left neoliberal government that restructured the health sector to remove profit-making and the competitive market requirement, and strengthened the community-control of the previous doctor-led primary health sector. The goal of reducing health inequities - particularly inequities between Māori and other New Zealanders - was reintroduced (Ministry of Health, 2002). The centre-left government aimed to achieve equitable access to health services and facilitate the growth of non-statutory, community-controlled, not-for-profit health services, including 'by Māori, for Māori' health organisations (Cheyne et al, 2005: Kelsey, 1995). Kiro (2001) provides a compelling account of the impact of neoliberalism upon health policy and Māori communities, noting the irony that neoliberalist centre-right *and* centre-left governments provided an avenue for Māori to push for greater control over health services in ways that the earlier relationship between government health policy, Māori and the welfare state had not.

Since 1999, government health policy has approached Māori health and the broader goals of Māori development from two positions. The first position, derived from the strongly held New Zealand principle of universalism, held that good health policy should enable all citizens to access the same health care and achieve the same health outcomes. The second position was that good health policy ought to target specific populations and tailor universal policies so that these match peoples socio-economic and cultural circumstances, thereby improving health access and outcomes and reducing inequities. Ringold (2005) writes that in Aotearoa New Zealand, universal, targeted and tailored health policies are all required. The rationale, according to Ringold, is that the country's population is not homogenous, the burden of poor health is experienced by Māori, and the Treaty relationship between the Crown and Māori guarantees Māori health equity and access to culturally responsive and effective health services. Universal, targeted and tailored health policies are, therefore, critical,

While few policies in New Zealand are targeted to Māori,
significant effort has gone into tailoring [universal] policies to

Māori, to make them more accessible, effective, and responsive. This has been done through devolution and decentralization of service delivery to communities; the participation of Māori themselves in service delivery and governance; strengthened outreach and communication; and incorporation of Māori culture into service delivery. (Ringold, 2005, xi)

Ringold did not comment on the matter of engaging components of Māori knowledges into government health policy which, this study argues, is also a strategy for tailoring universal health policies so that these better reflect Māori health priorities and increase the likelihood of better Māori health outcomes. An example of a universal health policy that tailors' aspects of a universal health by way of incorporating components of Māori knowledges is the *Sexual and Reproductive Health Strategy: Phase One* (Ministry of Health, 2001). The policy contains components of Māori knowledge in the form of terms such as 'rangatahi', 'whānau', 'Pākehā' and 'Treaty of Waitangi'. In 2003, the Ministry of Health launched a second sexual and reproductive health policy entitled *Sexual and reproductive health: A resource book for New Zealand health care organisations*. Chapter Four of the document tailors sexual and reproductive health policy so as to better address the sexual and reproductive health aspirations and priorities of Māori. The chapter discusses Māori sexual and reproductive health in the context of the wellbeing of Māori collectives, specifically whānau, hapū, iwi and Māori community wellbeing. The chapter takes a contemporary Māori knowledges-approach to community development that seeks to engage Māori collectives in partnerships with policy-makers, funders and health providers to reduce sexual and reproductive health inequities and develop effective services and interventions. The chapter contains components of Māori knowledge in the form of Māori terms and concepts such as 'Treaty of Waitangi', 'rangatahi', 'whānau', 'hapū', 'iwi' and 'by Māori, for Māori providers', and 'te reo Māori'.

In 2002, the Ministry of Health produced an extraordinary universal health policy entitled *He korowai oranga: Māori health strategy*. Produced as a bilingual policy document - a Māori language version and an English language version - the policy

audience of whom are public policy makers and public service providers in Aotearoa New Zealand, the policy Minister's foreword states,

At the heart of He Korowai Oranga is the achievement of whānau ora, or healthy families. This requires an approach that recognises and builds on the integral strengths and assets of whānau, encouraging whānau development. He Korowai Oranga provides a framework for the public sector to take responsibility for the part it plays in supporting the health status of whānau. This includes public policies that actively promote: whānau wellbeing, quality education, employment opportunities, suitable housing, safe working conditions, improvements in income and wealth, and addressing systemic barriers to institutional racism. (Ministry of Health, 2002, p. iii)

The policy is tailored toward improving the health and wellbeing of Māori individuals and collectives by providing the health and disability sector with approaches that are derived from Māori knowledges and match Māori collective priorities and aspirations. The Māori and English language versions of the document contain a rich array of Māori terms, concepts and images, presented in a framework of traditional Māori weaving. The image of a woven, patterned feathered cloak is the centre-piece on the cover of the policy document. The Ministry of Health's acknowledgement to the weaver and a Māori knowledge-based explanation linking the image of the cloak to the strategy for Māori health is contained on the inside cover page,

Our thanks and acknowledgement to Erenora Puketapu-Hetet for permission to use the cover photograph, which shows her creation of a korowai taonga. He Korowai Oranga literally translated means 'the cloak of wellness'. For Māori, this Māori Health Strategy symbolises the protective cloak and mana o te tangata - the cloak that embraces, develops and nurtures the people physically and spiritually. In the weaving, or raranga, of a korowai there are strands called whenu or aho. In the strategy

these represent all the different people who work together to make Māori healthy - including whānau, hapū and iwi, the health professionals, community workers, providers and hospitals. We need to weave the whenu/aho with all the diverse groups and combine these with our resources to form the different patterns of the korowai. (Ministry of Health, 2002, ii)

This universal health policy, tailored to improve the health outcomes of Māori, was updated by the Ministry of Health in 2014 with the new goal of achieving Pae Ora, described on the Ministry of Health website as ‘healthy [Māori] futures’. The updated He Korowai Oranga is now an on-line strategic framework represented by the image of a web-interactive pyramid in the design of the cloak. The 2014 version of the policy builds on the earlier policy foundation of Whānau Ora (healthy extended families) so as to include two new Māori knowledge-derived components: Mauri Ora (healthy individuals) and Wai Ora (healthy environments) (Ministry of Health, 2014; Ministry of Health, 2002).

Māori knowledges in health policy

Understanding the growth of the phenomenon of Māori knowledges in government health policy is not the subject of published literature; therefore, it was important to talk with key policy-makers who played a role in the rise of Māori knowledges in health policy. The policy-makers interviewed for this study were employed in senior management positions at Te Kete Hauora: Māori Health Unit of the Ministry of Health at different times between 1996 and 2016. One participant had left Te Kete Hauora some years before being interviewed for this study, and the other participant was working at Te Kete Hauora at the time of interview but left the Ministry of Health when Te Kete Hauora was disestablished in 2016. Participants were asked how it was that Māori knowledges came to be part of health policy from the 1990s onwards and the process by which components of Māori knowledge were chosen. They were also asked whether they had concerns that the meanings ascribed to Māori words, concepts and images might change as a result of their having been incorporated into government policy. Their responses provide a hitherto undocumented account of the factors

surrounding the rise of Māori knowledges in health policy, a development that is intertwined with the establishment and leadership of Te Kete Hauora.

Participants described the intensely political nature of policy-making and the challenges facing senior Māori health policy experts and Māori health leaders advocating for policy that reflects Māori health priorities and aspirations. Although the focus of the interviews was the growth of Māori knowledges in health sector policy, nonetheless participants spoke of the pivotal contribution that Māori leaders from the Department of Māori Affairs, latterly the Ministry of Māori Development, the short-lived iwi-driven health collective called Te Waka Hauora (Durie, 2004), the Waitangi Tribunal, and senior Māori health researchers and Māori health providers made to building an environment conducive to the establishment of Te Kete Hauora and the growth of Māori knowledge in health policy.

Te Kete Hauora was established in 1993; the name is derived from Māori knowledge wherein the well-known spirit-being, Tānenuiarangi, brought three kete or woven baskets containing various knowledges into the world (Ministry of Health, 1995; Royal, 2003),

At a hui of kaumātua and kuia on Pipitea marae, Wellington, [the kaumatua] Tohara Mohi from Ngāti Kahungunu suggested that the naming of the group should originate in traditional concepts and values. He quoted an ancient tauparapara which related to exploits of Tāne-nui-a-Rangi in his pursuits of knowledge. Tāne climbed to the heavens and obtained the three kete of knowledge - te kete tuauri, te kete tuatea and te kete aronui. For Māori, all knowledge originated from these baskets. Tohara then said: 'Ki ahau, e whā pea ngā kete. Ko te kete tuawhā, ko te kete hauora. [In my opinion, there are possibly four baskets. The fourth basket is the basket of health]. (Ministry of Health, 1995, p.9)

Led by the Group Manager Māori, a position that later became the Deputy Director-General Māori, Te Kete Hauora was charged with developing and influencing policy across the Ministry of Health so as to advance Māori health (Ministry of Health, 1995). An account of the origins of Te Kete Hauora is contained in the report by Parata and Durie entitled 'Māori health review: A report for the Department of Health on how it can meet the government's health objectives' (1993, Wellington). The policy language at that particular time - 1993 - did not include the term 'Māori knowledges', instead preferring to use the phrase 'Māori concepts of health and Māori world views' (Ministry of Health, 1995).

The review by Parata and Durie provides a fascinating snapshot of one hundred years of Māori leadership in health, highlighting the relatively recent involvement of senior Māori civil servants into government health policy-making. The review was initiated by the Department of Health (latterly the Ministry of Health) following a decade of messy, uncoordinated and ineffective attempts by Department individuals to respond to poor Māori health. The aim of the review was to determine the role of the Department with respect to the government's Māori health objectives, and to recommend the most suitable options for delivering on those objectives,

'The other thing that happened was a review that the new Director General of Health, a Canadian - Chris Lovelace I think his name was, he had commissioned a report, and the report was carried out by Hekia Parata who was a public servant at the time, and Mason Durie. So if you like, those kinds of key [influential] players in that key area had set the context for at least the acceptance that there was something happening with regard to Māori health need...and in order to get successful outcomes in Māori health, there needed to be different frameworks for thinking about it' (Participant A)

The review found that a new framework for achieving the government's objectives for Māori health was indeed required,

With one exception and without prompting, interviewees considered that the Department required sufficient critical mass within the organisation to establish a robust, in-house capacity to deliver on the government's Māori health objectives. Moreover, this critical mass should be made up of a central core structure in addition to a diffusion of expertise throughout the Department and located in sections whose work is of particular relevance to Māori in one or other of the two categories [cultural responsiveness, and Māori strategic policy and advisory services]. Most interviewees also considered that the Department needed to make a longer term investment in the recruitment of Māori staff, since demand has consistently exceeded supply in this market. It was specifically recommended that a graduate recruitment programme be instituted. (Parata and Durie, 1993, p. 27)

In practical terms, the review recommended the appointment of a 'second-tier' Group Manager Māori Health, and sufficient numbers of skilled staff and budget so as to be able to discharge the Department's strategic Māori health responsibilities. Handicapped by a lack of recognised seniority and prestige, Māori health analysts had resigned and not been replaced. However, the review was adamant that the new Deputy Director-General Māori position should be part of the senior management team across the Department of Health,

'So when I got appointed [as Deputy Director-General Māori] I think one of the things about both [my predecessor] and myself [being] appointed in those roles wasn't necessarily what skill base we bought but the fact that for the first time the Māori senior manager was a member of the second tier of a very large government agency with a small team underneath them. That concept has continued through even to today' (Participant A)

The review noted the need for clear objectives for meeting Māori health needs and the importance of integrating those objectives across all of the units and processes of the Department,

This means that there needs to be a clear articulation at the individual performance level through to business plans of sections, the management plans of Groups, and culminating in the Department's corporate plan. Defining how the various parts of the Department will contribute to the Government's Māori health objectives, at what cost, with what resources, and within what timeline, all need to be explicitly spelt out and subjected to the same rigorous scrutiny that all other work and priorities experience. (Parata and Durie, 1993, p. 28)

Regarding strategic policy, the review noted,

...policy work would focus on the identification of uniquely Māori concepts of health, Māori health practice, and Māori health service. It would define principles that underpin the Māori health view of health, wellness, and wellbeing, and relate this to how to achieve health gains. In addition, there would be analysis on the portability of concepts for application to total community health gain. This policy area would also look at the issues that arise directly out of the status of Māori as Treaty partner. It would be in this area that developmental work would be done on the mechanisms dealing with the disposition of assets...the amount and distribution of total government investment in Māori health throughout the health sector...assessment and advice as to quantum and effectiveness...and work on the degree of self-management that Māori could and should assume in the design and delivery of health services would also occur here. (Parata and Durie, 1993, p. 31)

The phrase “policy work would focus on the identification of uniquely Māori concepts of health...health practice...and health service...and the principles that underpin the Māori view of health” (Parata and Durie, 1993, p.31) by what became Te Kete Hauora, essentially describes and accounts for the upsurge of Māori knowledges in government health policy spanning more than two decades. The new framework, from the perspective of one of the participants, brought together two areas of thinking,

‘...one was around disparities which was the terminology that we started to use - the fact that there was obviously something that needed to be done in a range of areas because the rates [of Māori ill-health] were so high, and there was something that needed to be done on the Māori development side. So it was a two-pronged approach - sometimes those conceptual views were competing - and certainly what I tried to do with He Korowai Oranga was bring those sets of views together. Aspects of thinking about disparities, but there were also aspects of thinking about Māori development. And when you think about Māori development, you do think about Māori concepts like traditional knowledge’ (Participant A)

It is not difficult to conclude that the growth of Māori knowledges in government health policy owes much to the review’s recommendations; in particular, the review’s description of the opportunity afforded the Department to develop a body of policy based upon uniquely Māori concepts of health, health practice, and health service delivery. The recommendations of the review were ground-breaking, and so was the work of Te Kete Hauora over more than two decades of implementing many of the review’s recommendations. Seven years after the review, Te Kete Hauora successfully embedded the principles of the Treaty of Waitangi into the Public Health and Disability Act 2000. Ten years after the review, Te Kete Hauora launched He Korowai Oranga: Māori Health Strategy (Ministry of Health, 2002). He Korowai Oranga is a policy that embodies uniquely Māori concepts of health, health practice and service delivery as recommended by the review. The policy is a rich repository of components of

Māori knowledges in the form of concepts, words and images. Arguably, these would not have become part of He Korowai Oranga were it not for the 1993 review by Parata and Durie, the establishment of He Kete Hauora, and the political activities involving Cabinet Ministers and Te Kete Hauora. Te Kete Hauora produced papers for Cabinet Ministers that proposed, for the first time in health legislation, to incorporate the principles of the Treaty of Waitangi (King, 2000). After much lobbying, the proposal met with success and the principles of the Treaty of Waitangi became part of the New Zealand Public Health and Disability Act 2000. Section 4 of the Act reads,

Treaty of Waitangi. In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on and to participate in the delivery of, health and disability services. (Parliamentary Counsel Office – New Zealand legislation, 2016)

Two years later, key Māori concepts such as the Treaty of Waitangi principle of partnered Māori - Crown decision-making in the health sector were incorporated into He Korowai Oranga: Māori Health Strategy,

'In the lead up to that document [He Korowai Oranga], in the development of that document, we were also doing the ... legislation for the New Zealand Public Health and Disability Act and that particular Act is quite radical in a number of respects. Tariana [Turia] at the time was the Associate Minister of Health and was sort of given the Māori Health portfolio and for her, some of that was actually quite frustrating because it wasn't quite radical enough, but the simple fact is that out of all the social service legislation - apart from one minor education act which refers somewhere to the Treaty of Waitangi - this was the first major social services Act which had quite clear reference to Treaty of Waitangi - the principles of the Treaty of

Waitangi... And so the first part was really putting that legislation in place, then rolling out the policy which was He Korowai Oranga (Participant A)

It is doubtful the principles of the Treaty of Waitangi - partnership, participation and protection - would have entered health legislation were it not for the leadership and ‘behind the scenes’ work undertaken by Te Kete Hauora. Māori health policy experts and the Deputy Director-General Māori produced Cabinet papers and successfully lobbied senior public servants from key sectors of government. However, Te Kete Hauora could not have achieved incorporating the principles of the Treaty of Waitangi into legislation without a confluence of political factors. Participant A noted the change from a Centre-Right to a Centre-Left government, a strong Māori health disparities discourse, and the role played by the then Associate Minister for Health, Honourable Tariana Turia. Also noted was the groundwork that had been laid by High Court precedents regarding the Treaty of Waitangi, and the 1986 Royal Commission on Social Policy that contributed to producing the ‘principles’ of the Treaty of Waitangi,

‘And what was interesting about that whole process was that most of the Treaty of Waitangi stuff was related to precedents set by court decisions, so those became the formal process of identifying principles, but most of it was around assets and land and things you could touch and feel, well, apart from te reo [Māori language]. Te reo was one aspect that didn’t quite fit those categories but everything else was water or land and it was physical assets. So the debate had been ‘how do you apply that sort of thinking or do you apply that sort of thinking to social services [i.e. health services]? And so that work had been done and there was a change of government and the Royal Commission on Social Policy kind of got tucked behind the back of the door but we had used the concepts of the three p’s; participation, protection and partnership. When it came to the legislation we then explained to the ministers, well, these are

the 3 principles from the Royal Commission on Social Policy, it's quite specific' (Participant A)

The process was not easy, but the Bill was passed into legislation and as a result, the principles of the Treaty of Waitangi became part and parcel of health sector policy and programmes,

'So at that point, certainly in the policy-making, yes, there was resistance. The resistance came from parts of the public service because of the whole process of putting a cabinet paper up which was really exploring the principles that will be included in the Act itself, is that you need to consult with a whole range of other government agencies. So that kind of thinking, firstly thinking about the principles of the Treaty of Waitangi and because there was a huge debate [around] what are we talking about as "principles" and we used that concept then in our discussions with ministers of what became known as "the three p's" which really came from the Royal Commission on Social Policy' (Participant A)

He Korowai Oranga: Māori health strategy (Ministry of Health, 2002) reflected the concepts contained in the principles of the Treaty of Waitangi, but did not name them as such. The decision to leave the English words 'participation', 'protection' and 'partnership' out of He Korowai Oranga was deliberate, strategic in the sense of political savvy, and from the perspective of Participant A, accounts for the durability of He Korowai Oranga in the health sector,

'So then, thinking about at the time of He Korowai Oranga, yes there was resistance but there was also within Māori communities when we went up and down the country to consult on the draft document, the draft strategy, we got so much positive feedback from the Māori health sector, so much. It makes sense - it helped people put a framework around work that they're doing and then we started this whole process of

driving it through everything, everything we could think of. So that of course, when it came to unpicking it or saying “no we’re not going to have a Treaty reference in contracts” or “no we’re not going to have it in A, B and C booklet” actually it was already there and built in to the framework. And it’s still there today!

Māori knowledge in the form of concepts and words may have provided a mechanism for fostering and maintaining political issues which, had these been expressed in the English language, would not have made it into government health policy. There were times when lengthy debates centred upon the choice of one word as opposed to another. Participant A described the decision to use the word ‘rangatiratanga’ instead of ‘tino rangatiratanga’ in He Korowai Oranga,

‘We deliberately chose in He Korowai Oranga not to put ‘tino rangatiratanga’ because at that time ‘tino rangatiratanga’ was very much associated with the Treaty protest and a much stronger radical movement and there was that sort of clearer association of sovereignty-making decisions on a much wider scale whereas we wanted the concept of leadership and making decisions at a local level. And so it was interesting because there was quite a bit of discussion about that at the policy level. And at the main level they totally accepted it [rangatiratanga] as a term that they could work with’ (Participant A)

Returning to the image of the korowai on the cover of the policy document, the concept of rangatiratanga is described as one of three threads that bind the korowai,

Rangatiratanga - Enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people, is a key thread of He Korowai Oranga. (Ministry of Health, 2014, p. 7).

Rangatiratanga, a key Māori value and component of Māori knowledges, was embodied in the development of ‘by Māori, for Māori’ health organisations, a feature of Māori health policy following the 1991 health reforms. And while the policy language regarding Māori control over their own future wellbeing had metamorphosed from the earlier discourse of iwi, hapū and Māori self-determination to one of Māori self-management, nonetheless the term ‘rangatiratanga’ has endured as one of three aho or threads of the updated He Korowai Oranga policy (Ministry of Health, 2014). What is apparent is that Māori knowledge in health policy is a strategy of resistance, although as will be discussed later, the strategy is not without problems. As Participant A noted, components of Māori knowledge such as rangatiratanga and whānau underpinning He Korowai Oranga are normative to the values of Māori communities and Māori development,

‘But a few bits and pieces around whanau ora - the fact that there wasn’t an awful lot, there was a concept but there wasn’t an awful lot of thinking or defining had gone on around that but it just made instant sense to wherever we ran workshops, wherever we took it. There’d been a whole generation if you like around iwi development, hapū development and to suddenly go “Whanau Ora - yes that makes so much sense” if you’re talking about health because that’s the key driver and that’s the basis of our institutions’ (Participant A)

The road to developing and maintaining policy that is normative to the values of Māori collectives is not straightforward. A strategy for Māori resistance in one era can become a site for subjugation a decade or so later. Participants A and B describe some of the problems that arise for Māori and Māori knowledge as a consequence of its engagement in health policy,

‘one of the big debates that we had, for example, when the legislation was going through and there is always that phase of consultation on the legislation - there was quite a lot of debate about if Māori words were going to be used, what it actually

meant and what the risks and dangers were of Māori vocabulary ending up in a piece of legislation and having it [re]defined by the court or the legal process’ (Participant A)

Participant B was concerned that in the absence of in-depth knowledge amongst policy-makers who were not part of Te Kete Hauora, the risk increased that meanings would shift as a result of ignorance,

‘Māori words and concepts can add to Māori health policy when these are correctly understood and applied, but when these are incorrectly used and there is no guidance or tools to signpost correct or appropriate use, then things can go very wrong’ (Participant B)

‘We live in a contemporary world, things that our [ancestors] had to deal with are not the same as the things that we have to deal with. Sometimes it’s useful to refer to cultural concepts, and sometimes - particularly if people aren’t sure what is being talked about - it’s not useful to use a cultural concept, lest the concept is mis-interpreted or misunderstood’ (Participant B)

‘All those [Māori knowledge] concepts were debated throughout the country so there was a truth there about that whole process of defining a word from one language into another. And even the concept of whanau ora itself; there was quite a bit of debate. People loved the idea, they loved the concept, [but] they were worried that it would end up being defined by bureaucrats and programme managers and Pākehā rather than something that truly develops from the ground up, from Māori whanau themselves or those Māori workers working with Māori whanau. So yes, there were concerns and I think that is always a risk’ (Participant A)

On 1 March 2016, Te Kete Hauora was disestablished and its functions were distributed across the Ministry's new business units. The risk that Māori words and concepts would be mis-interpreted, misunderstood, and detract rather than add to Māori health policy and the revitalisation of Māori knowledges is now more real than apparent. The risk was identified in the 1993 review by Parata and Durie that noted that without sufficient Māori critical mass the government would be unable to deliver on its Māori health objectives regardless of the diffusion of Māori expertise across other units. The explanation from the Ministry's Director General of Health, Chai Chuah, on the disestablishment of Te Kete Hauora and a reversion to 'mainstreaming' Māori health policy was,

'This change sends a very clear message across the entire Ministry that Māori health is not one group's responsibility alone - it is everyone's responsibility' (Chuah, Ministry of Health, 2016).

Health policy and First Nations and Métis knowledges

The term 'New Saskatchewan' has been used by some to describe an ideological shift in thinking about the province: a shift that embraces the notion of Saskatchewan as a land of limitless economic and social opportunity and accompanied by new directions in the Government of Saskatchewan's public policy (McGrane, 2011). Beatty asserts that despite the rhetoric of new public policy, the marginalization of Aboriginal peoples from policy-making in Saskatchewan has not changed,

Aboriginal people have pushed for years to have more meaningful decision-making at all levels rather than just engaging in dialogue on the major developments in Saskatchewan. Some improvements in economic and political engagement have been made as a result of land claim settlements and the constitutional acknowledgement of Aboriginal and treaty rights, but comparable developments have not occurred in social policy-making. (Beatty, 2011, p. 201)

The starting point, from Beatty's perspective, is the provincial government acknowledging the right of Aboriginal peoples and Aboriginal organisations to be involved in policy-making. That right, Beatty argues, derives from treaties, Aboriginal rights as defined by the 1982 Constitution Act, and provincial and federal government recognition that the duty to consult. The right extends beyond the argument for Treaty and constitutional rights-based social policy-making to a new partnership model for policy-making that addresses the complexities of federal and provincial jurisdictions,

What is necessary is to negotiate common social policy processes for meaningful dialogue with Aboriginal peoples, beyond consultation and into decision-making, about issues involving jurisdictional gaps, funding, rules regarding standards of care, monitoring, and systemic restructuring, among others...a 'partnership of equals' among service providers, the provincial government, and Aboriginal organisations in order to properly address improved engagement and co-ordination of policies and procedures. (Beatty, 2011, p. 2015)

Beatty writes that the intention to include First Nations and Métis in government policy-making is a feature of a number of documents that address the province's economic and social development, but is rarely actioned. A desktop review of government policy documents that refer to involving First Nations and Métis peoples in Saskatchewan's social policy-making identified a number of examples¹¹³. However, as will be discussed, recognition of the right to involvement in policy-making does not necessarily translate into actual health policy-making for First Nations and Métis organisations with provincial and

¹¹³ *Ministry of First Nations and Métis Relations Plan* (Government of Saskatchewan, 2012); *First Nations and Métis Consultation Policy framework* (Government of Saskatchewan, 2010); *First Nations and Inuit Health Branch Saskatchewan Region: Strategic Plan 2014 – 2019* (Health Canada, 2014); *Blueprint for Aboriginal Health: A 10-Year Transformative Plan* (First Ministers and Leaders of National Aboriginal Organisations, 2005); *The Métis Act 2001* (Government of Saskatchewan, 2002).

federal governments. Policy commentators have noted Canada's complicated system of federal, provincial and territorial legislation and policies as giving rise to a patchwork of First Nations and Métis health services (Atkinson et al, 2013; National Collaborating Centre for Aboriginal Health, 2011). A sceptic might propose that same system acts as a disincentive to partnered policy-making, except where a legislative requirement exists in which case bilateral and tripartite agreements potentially provide a pathway forward. For example, the federal policy document entitled 'Blueprint on Aboriginal Health: A 10-Year Transformative Plan (Government of Canada, 2005) was produced over a decade ago but to date Saskatchewan lacks legislation and a comprehensive Aboriginal health policy and plan (Lavoie et al, 2013) to support provincial level implementation of the Blueprint. Instead,

...what exists is very much a jurisdictional patchwork.

Legislative frameworks show little evidence of concern for addressing Aboriginal needs: the main focus remains the clarification of jurisdiction, and even that is partial...when taken together, federal and provincial / territorial legislative and policy frameworks fail the test of seamlessness. They also fail to address shifts in jurisdiction related to changes in legislation, decentralization (or recentralization) or as a result of other arrangements. (Lavoie, 2013, p. 5).

In the absence of partnered health policy-making, it is difficult to imagine engaging First Nations and Métis knowledges into government health policy or indeed whether this is something that First Nations and Métis health leaders and knowledge holders would want. It may be more realistic, therefore, to expect that First Nations and Métis knowledges will be part of health programmes and interventions which are more likely to be under the control of First Nations and Métis organisations and entities.

Four senior policy experts from the Saskatchewan Ministry of Health - Intergovernmental, First Nations and Métis Relations and the federal First Nations and Inuit Health Branch-Saskatchewan were interviewed. In the course of

interviews, participants referenced the provincial and federal government policy documents identified by the desktop review. Participants were invited to talk about First Nations and Métis knowledges and government health policy. In particular, they were asked whether their departments and First Nations and Métis peoples supported incorporating First Nations and Métis knowledges into government health policy,

'I would say that our unit has very much an interest in that, we're trying to garner interest in that. Outside, First Nations in this province very much have an interest in that, and we do have examples in this province where that is at work. We have a long way to go, but it's necessary and I would say that it's a very big interest of ours' (Participant S)

'In our relationship with them, they were developing their own health strategies for the province which incorporated Métis traditional knowledge...and we weren't necessarily putting that into our policy, but we are supporting them in their efforts to do that. But that's kind of the extent [of it]' (Participant T)

'My summary is, it [First Nations knowledges] hasn't become officially kind of recognised or acknowledged, but it can be. But what it requires is to remove system constraints...I mean we're not going to say what works, but if you do something that works, go for it. And if that's very traditional and that's what it's drawing on and that's what its connecting people with, it shouldn't matter to us. Because we're relying on you guys out there to know what you're doing... So who are we to tell you what to do, how to do it' (Participant D)

The sense is that provincial and federal health policy-makers wish to recognise First Nations and Métis peoples' rights to make decisions about if and when their knowledges are engaged with government policies, programmes and services. While it appears there is support from health branches of the provincial and

federal governments as well as First Nations and Métis communities to engage their knowledges with other knowledges in government policy, what is clear is that a 'one size fits all' approach will not work. That is, what works for one First Nations peoples may not work for others, and what works for First Nations will not necessarily work for Métis. Participants referred to various bilateral and tripartite agreements involving provincial and federal governments and First Nations and Métis organisations,

'One of the things that we've been working on, I guess, since 2008 has been the [tripartite] MOU that was signed with Health Canada and typically FSIN on First Nations health and wellbeing. That's been one of the things that has consumed a lot of our time. As well, we've had a [bilateral] partnership with Métis Nations Saskatchewan in supporting their office'
(Participant P)

'In more recent years my involvement or my activities have mostly been related to projects and initiatives involving provincial and First Nations, together with Health Canada, so tripartite initiatives, really what I would characterise as kind of an inter-governmental role. And in more recent years I've been involved in Saskatchewan, a process under a Saskatchewan Memorandum of Understanding with the Ministry of Health, with the province, and with First Nations represented by the Federation of Saskatchewan Indian Nations, a memorandum of understanding on First Nations health and wellbeing in the province. It's a document that declared the commitment of the parties to work together and find ways to improve services and improve access to health services and essentially to pursue the goal of improving health status of First Nations people in the province' (Participant D)

'One of the projects under the MOU that was signed deals with cultural responsiveness and one of the initiatives was to create

a cultural responsiveness framework. And so I guess in terms of what cultural responsiveness means, traditional knowledge is one of the main components of that' (Participant P)

As anticipated, the practice of incorporating First Nations and Métis knowledges into health programmes is well-established and supported by government policy-makers and First Nations and Métis peoples alike. One participant described decisions to engage First Nations knowledges with health programmes and services as very much within the scope of First Nations to determine; something that should not involve governments,

'The view is that First Nations can legislate in the areas with respect to traditional practices. And that is because government has no view: we don't know in the federal government what those are... That's up to you, because that's your knowledge base... Twenty-five years ago, Health Canada established the Health Services Transfer Policy which was intended to be government's version of a devolution policy... The intention is to support First Nations in assessing their own needs, designing services to meet the needs, allowing for flexibility, moving the money around, reprioritising, delivering services in a different way' (Participant D)

However, when it comes to engaging First Nations and Métis knowledges and other knowledges in health policy-making, participants described a number of barriers. In their experience, governments sought consistency in terms of the development and application of policies and standards and were, for the most part, unwilling to support alternative policies and processes,

'We're willing to, in these agreements, have clauses that say that First Nations exercise law-making authority in the areas that have to do with their institutions, their processes. If they've got treatment centres on reserves and they feel the need to have certain standards, certain legislative standards, we'd say that

doesn't violate provincial legislation, fine. The area's not occupied, in a sense, by the province. With respect to the national legislation, national rules relating to [for example] the testing of medical devices, the testing of drugs; government think there needs to be nationally consistent standards, so would probably not be willing to allow for different laws in those areas' (Participant D)

'I think that there are practical barriers [to engaging First Nations and Métis knowledges in government health policy]. I also think that there's a bit of a fear that we don't want to create two separate systems, and I'm not saying that that's what would happen, just in case, but that's always the fear from government, overall, that we don't want to create two separate systems. That creates funding challenges, that creates issues around equality' (Participant S)

Returning to the earlier point made by Beatty, partnerships among equals should generate social policy-making opportunities that address jurisdictional gaps and reduce inequities. Federal and provincial governments are concerned to maintain consistency across health policies and engaging First Nations and Métis knowledges into health policy could be seen by some to create two different policies as an outcome of two different policy-making processes. First Nations and Métis peoples have also indicated concern that the control of their knowledges ought to remain in their hands,

'...any dealings that I've had with First Nations representatives, and by that I mean elders, helpers, healers, traditional knowledge keepers; their sensitivities about incorporating - when we use the language of 'incorporating' that sort of alerts some people as to what that means. 'Does that mean we're giving away knowledge?' Who controls that knowledge? And that's a very sensitive point around ownership, control, access, that kind of stuff; those principles within Canada and First

Nations. At the same time there's an acknowledgement that something needs to be done; so how is knowledge shared, how do you involve elders in healing services...And it is happening 'on the ground', so within regional health authorities we do have organisations or officers that try to facilitate access to healers if it's desired on the part of the client. But in terms of having it engrained in policy, we're certainly not at the point that New Zealand's at in terms of having bicultural policy government-wide, and your treaty is actually enshrined in policy' (Participant P)

'What we've heard throughout our engagement around this whole responsiveness framework from First Nations representatives and healers, is that we don't want to feed the other system, we want to restore their system and have them operate in a way that it's complimentary, so that they come together on an equal footing, so you're not plopping one in one system and its being controlled by the other system. Now when you ask about barriers, about if you want to use incorporation or something like that, I think from the standpoint of western medicine you get into the debate about efficacy and evidence bases and all that kind of stuff from that side. From the other side I think there is a fear that you're being controlled and you're giving away knowledge, you're selling your knowledge, that sort of language' (Participant T)

In practical terms, the First Nations and Métis peoples of Saskatchewan speak more than five different languages (Statistics Canada, 2011). This fact alone suggests the existence of multiple First Nations and Métis knowledges making the choice of which components of multiple First Nations and Métis knowledges to engage a less-than-straightforward exercise,

'...with First Nations we don't speak the same languages right across the province, nor do we have the same traditions and

customs exactly right across. So I think part of [my colleague] speaking about cultural responsiveness, it's like what path to go down, how to make broad policy, all of those things need to be a consideration for us in this province right? Because it's diverse in its First Nations and Métis culture; maybe more so than in New Zealand - I don't know - but we do always have to keep that in mind, because you might have one group of people wanting to go down one path, and then another group, different path. So to try and make everyone happy is a barrier too
(Participant T)

Another challenge facing government departments wanting to engage First Nations and Métis knowledges into health policy is the state of the provincial health workforce which one participant described as having almost no experience of First Nations and Métis knowledges and cultures,

'We also have major barriers, and I think everybody would agree, in our workforce. We do not have a representative workforce in this province - I would say, in health care at any level...it makes it a lot harder if you don't have that traditional knowledge experience, you know even working in policy or at the 'front line'. It's a huge gap...' (Participant T)

As one participant described the situation, a key motivation to improve health policy are the inequities between the health of First Nations and Métis communities and other citizens of Saskatchewan. However, jurisdictional issues complicate actions to reduce inequities because the health and social services potentially available to First Nations and Métis peoples are governed by a mish-mash of federal and provincial legislation and policies,

'There is health status on the one side, and there are also huge jurisdictional issues that bring us into policy discussions all the time. And it could be a unilateral decision that's made by the federal government, without consulting the province or First

Nations, and it impacts everyone. So by virtue of that decision we're brought into it; it impacts our service delivery...'

(Participant P)

For now, the 'New Saskatchewan' with its unlimited socio-economic potential and corresponding new public policy rhetoric appears to have advanced very little with regard to partnered health policy-making with the province's First Nations and Métis peoples. While government policy experts shared strategies whereupon First Nations and Métis peoples were encouraged and supported to incorporate their knowledges into health programmes and services, nonetheless there is a sense that the greatest obstacle to incorporating First Nations and Métis knowledges into health policy at the provincial level is not the fact that there are multiple First Nations and Métis knowledges, but the low priority given to partnering with First Nations and Métis peoples to plan and implement solutions to entrenched policy problems. The justification for this claim is the fact that more than a decade after the Blueprint policy was completed, Saskatchewan has not progressed implementation of the Blueprint for the First Nations and Métis peoples of the province.

On an innovative note, policy experts from Saskatchewan's Ministry of Health talked about the Federation of Sovereign Indigenous Nations (FSIN) having partnered with the Ministry of Health and Health Canada to develop the document entitled 'Cultural Responsiveness Framework' (CRF). Partnering to develop the document is positive with regard to Beatty's assertion that the provincial government must acknowledge and implement the right of First Nations and Métis people to substantive involvement in social policy-making. The CRF, while it is focused upon restoring and enhancing First Nations knowledges at the level of programmes and services rather than policy is, nevertheless, a positive activity. The CRF describes First Nations health systems as containing,

...a great deal of strength and diversity of traditions and beliefs, medicines and approaches to health and healing, and how the system interacts with, and is impacted by, the mainstream western health system, with its multiple layers of government,

regional health authorities, health providers, health professional organisations, unions and educational institutions...[and] it was felt by many that for real progress to happen and for health services to become truly culturally responsive meant that the two systems would have to engage differently. The concept of the 'middle ground' eventually arose where the two [knowledge] systems could come together as equals...it was from this conceptual space that the CRF was formed. (FSIN, 2016, p. 6)

Models for incorporating Māori, First Nations and Métis knowledges in health policy

In the context of the Cultural Responsiveness Framework, the concept of the 'middle ground' was used by the Federation of Sovereign Indigenous Nations to describe First Nations knowledges engaged with Western medical knowledges on equal terms. In Aotearoa New Zealand, Māori researchers and policy-makers have developed a number of conceptual models to describe the process by which Māori knowledges engage with western knowledges. Four models developed by Māori are presented and where literature by First Nations and Métis was available, that material has been added. The models are important because each presents a way of considering the complexities of engagement between Māori, First Nations, Métis knowledges and western knowledges: the location of knowledges relative to each other; the space between knowledges; and control of the knowledge engagement process. The models may enable Māori, First Nations and Métis peoples to identify optimum conditions and determine the contribution, if any, that their knowledges in government health policy (and programmes) make to knowledge revitalisation.

The models are:

1. Knowledge integration;
2. Knowledge at the interface;
3. 'Negotiated spaces'; and

4. He awa whiria: blended knowledge approaches.

Knowledge integration

Knowledge integration is defined as a process of synthesising multiple knowledge models or representations into a common model or representation, or incorporating new knowledge into existing knowledge (Bohensky and Maru, 2011). Hikuroa and colleagues (2011) write that integrating Māori knowledge with scientific knowledge can aid the restoration of tribal land contaminated by industrial waste. They describe integration as achieved by way of developing indicators which are synthesised from science and mātauranga Māori, thereby producing new knowledge (i.e. indicators). The process removes the need to modify one or both parent bodies of knowledge and enables Māori knowledge and scientific knowledge to maintain their distinctiveness. Moreover, in this particular project the process by which integration takes place is controlled by the tribe whose contaminated land is the focus of the study. Hall (2012) considers what is required for mātauranga Māori to enhance fresh water management practices, citing the Waikato River scoping study in which successful knowledge integration is contingent upon,

...a thorough and thoughtful synthesis with mātauranga Māori and western science; a common ground of reconciliation that does not diminish the legitimacy of cultural concepts needs to be found (NIWA, 2010). However, adequate integration of mātauranga and western science remains dependent on those with decision-making power that control the production of information... (Hall, 2012, p. 52)

Henwood, Moewaka-Barnes, Brockbank, Gregory, Hooper & McCreanor (2016) write that an integrated catchment-wide approach, led by manawhenua, is critical to the Tāngonge wetland restoration project in Northland. Mindful of the fact that the knowledges of manawhenua are not accepted as valid by some stakeholders, one integration strategy that proved successful was to commission a technical report and align this to the knowledge and aspirations of manawhenua, therein

transferring validity from one knowledge system to another. Henwood and colleagues note that knowledge integration and the issue of what counts as valid knowledge is closely aligned to power,

The dilemma about western versus indigenous might not be a dilemma if power imbalances and domination were not present - if both Māori and non-Māori knowledge and world views were valued, and we had full ownership and protection of taonga as guaranteed by the Treaty of Waitangi. (Henwood et. al., 2016, p. 630)

Others highlight the improbability and risks of integrating Māori knowledges into conventional scientific studies without extensive knowledge and experience of Māori language and culture in order to accurately contextualise Māori knowledges. They write that Māori knowledges are “embedded in idiom, dialect, and tribal identity markers, and are dependent on the structure, meaning and function of their context. That is, they are rarely transparent at face value” (Steiner 1998) (Wehi, Whaanga & Roa, 2009, p. 201).

A report on the place of Aboriginal traditional knowledge in Canadian medicine and public policy describes the integration of Aboriginal knowledge and practices as ad hoc and an exception to the norm (National Aboriginal Health Organisation, 2008). This is despite an increased interest in the application of Aboriginal knowledges and practices in Canadian public health as a vehicle for improving the health of Aboriginal communities. The report presents two case studies involving the application of traditional knowledges and practices, noting the centrality of Aboriginal languages to the effective integration of Aboriginal knowledge. Effective integration is described as taking place in a case study from Nunavut where the integration of traditional knowledge into national governance and administration is a priority for the Nunavut government and knowledge integration is guided by Inuit traditional principles and values. In this particular case study, integration does not require modification of Inuit knowledge; moreover, the process and outcomes of integration are controlled by Nunavut peoples. By comparison, knowledge integration in other parts of Canada has given

rise to concerns among First Nations, Inuit and Métis knowledge holders over the commodification of their knowledges for commercial practices. The report notes,

...any health programs, services or systems must be fully inclusive of First Nations, Inuit and Métis [peoples] at all levels. The respect for and use of indigenous knowledge and practices in the development and implementation of public health programs can only hope to succeed if the holders of that knowledge are allowed to define the how, when, who, what and why of its utilization in the best service of Aboriginal Peoples. (National Aboriginal Health Organisation, 2008, pp 16-17)

To summarise, knowledge integration covers a continuum. At one end of the continuum, components of Indigenous knowledges are synthesised with western knowledges to form new knowledges, a process that allows each parent body of knowledge to remain intact and maintain its distinctiveness. At the other end, knowledge integration is described as less of a synthesising process and more akin to enabling components of Indigenous knowledges and western knowledges to exist, unaltered, and side-by-side, as in the instance of the Tāngonge wetland restoration project. A key issue in terms of Māori, First Nations and Métis perspectives is the right to exercise self-determined control over one's knowledge in general, and control over what knowledge is integrated, the integration process, and the outcomes of knowledge integration. The example which is both decolonising and self-determining relates to the integration of Nunavut and western knowledges of governance and administration, the process and outcomes of which is controlled by Nunavut peoples. The integration literature suggests that for knowledge integration to be effective, policy-makers will be required to work as equal partners with Māori, First Nations and Métis knowledge holders. Moreover, knowledge holders with advanced language and cultural skills will be required to ensure that knowledges are contextualised in ways protect the tangible and intangible aspects of knowledges and convey intended meanings.

Knowledge at the interface

Durie (2005) describes Indigenous knowledges as operating in parallel with other knowledges, raising the question as to whether Indigenous knowledges can be applied in conjunction with other knowledges. With regard to science, for example, a significant problem for Indigenous knowledges, Durie writes, is that these are "...scientifically unbundled and manipulated to coincide with science, even if it is thereby rendered meaningless because it is out of context with other components of the parent knowledge system" (Durie, 2005, p. 139).

Nonetheless, Durie believes different knowledge systems - for example Māori knowledges and science - can operate in conjunction with each other without rejecting and misinterpreting the principles of each other's knowledge systems. When distinctive knowledges operate in conjunction with each other, a relationship takes place at the interface or the space where two knowledges - Māori knowledge and science or Māori knowledge and health medicine - come together. "Despite the methodological gulf between the two [indigenous knowledge and science], there is room for each system to accommodate the other without distorting the fundamental values and principles upon which each rests" (Durie, 2005, p. 140).

Durie describes research at the interface as creating new knowledge that is not possible by simply drawing upon one body of knowledge. Durie cautions researchers, policy-makers and practitioners not to attempt to fuse different knowledge systems because they risk disrespecting and subjugating one knowledge system by the other (2004). Māori, Durie contends, are ideally placed to undertake interface research as they are agents or intermediaries who can access Māori populations, Māori knowledges, and scientific and other knowledge systems. While the role of agent is not always comfortable, Durie notes their role is not dissimilar to that of most Indigenous peoples in developed countries who already exist at the interface inasmuch as their worlds are informed by Indigenous and western knowledges (Barnhardt and Kawagley, 2005). The case studies described by Durie (2004) document why and how Māori cultural practices and perspectives of health and wellbeing were added alongside existing western

research protocols and indicators. Māori researchers, Māori participants and Pākehā researchers involved in the case studies agreed that adding Māori knowledge-derived protocols and indicators into the space previously dominated by western research practices ensured the research would benefit Māori (Durie, 2004; Hudson, Roberts, Smith, Tiakiwai & Hemi, 2012). The interface approach is described by Edwards and colleagues (Edwards, Craig, Theodore, Poulton, Korewha, Tamati & Ratima, 2013) as requiring genuine partnerships between Māori communities and non-Māori entities “The interface approach uses a partnership model to create space for a knowledge tradition that has, for a long period of time, been marginalised” (2013, p. 87).

Edwards and colleagues are engaged in long-term interface research involving a Taranaki-based Māori language immersion pre-school and the University of Otago National Centre for Lifecourse Research. The aim of the research programme is to produce an evidence base of effective interventions in the early lives of Māori children and families that will lead to better outcomes in later life. The interface approach involves recognition of the high value that the childcare centre places upon Taranaki Māori knowledges in the context of early childhood education with a view to adding those interventions and practices in the future to what until now has been a landscape dominated by western early childhood policies and practices.

As noted, Māori researchers write that the potential of the interface can be realised if Māori and Pākehā knowledge-holders, practitioners, scientists, policymakers and others adhere to the principle of partnership between equals, mutual respect, shared benefits, value for Māori knowledges, and human dignity. The interface approach conceptualises Māori and Indigenous knowledges as potentially operating in parallel or in conjunction with each other. Where two or more knowledges meet, an interface is formed and into this space, knowledge partners can contribute the most useful, maybe even the best of each knowledge system, in order to address a particular issue or problem. Choosing the components of Māori and western knowledge systems that will occupy the space at the interface requires strong and respectful partnerships between knowledge-holders and knowledges. In practice, the difference between knowledge integration and the

interface approach may be one of emphasis. The integration approach as described by Hikuroa brings together relevant components of Māori and Indigenous knowledges to address a particular issue or problem, whereas the interface approach focuses upon the space between different knowledge systems and the positive and productive potential of that space to address issues and resolve problems. From a Māori perspective, the space between entities is often characterised as a place of potential and creativity. Further, both models are concerned to ensure that Māori and Indigenous peoples maintain rangatiratanga or self-determination over their knowledges, and that knowledge integration and the knowledge interface approach are informed by values of respect, equal partnership, shared benefits, and so forth.

Negotiated spaces

Māori researchers from the project *Te Hau Mihi Ata: Matauranga Māori and science* explored the processes required to undertake knowledge exchange. The paramount goal was to establish equitable dialogue between Māori knowledge holders and scientists in what the project termed a ‘negotiated space’,

[The Negotiated space] model operates at two levels where mātauranga Māori and Western knowledge are positioned alongside each other. It shows how these knowledge systems are on an equal footing. At the abstract level in the systems are knowledge holders and innovators and at the practical level are knowledge users.

Theoretically the negotiated space is where relationships, ideas and values are realigned, renegotiated, and resolutions and agreements are sought. It is more than mere knowledge exchange as it involves the willingness and ability to engage in meaningful and respectful relationships (Smith et al, cited in Kemp-Arago, V. & Hong, B., 2018, p. 17).

Negotiated space recognises the knowledge interface but builds upon and expands the process by which the partnership process between Māori knowledge holders, policymakers, researchers, scientists and others might operate. The negotiated space expects that the parties will engage in dialogic relations: critical reflection, an understanding of the limits of respective knowledge systems, and the identification and possible mediation of power relationships (Smith et al., 2013).

Not unlike the knowledge interface, partners need to embrace shared values in order to proceed to knowledge production and knowledge transformation; that is, they should acknowledge each other and respect each other's worldviews and knowledges. The negotiated space may also provide a mechanism for synthesizing knowledges as proposed by the knowledge integration model; however, this is unclear. And while the impetus for the negotiated space was knowledge translation, the model lends itself to a number of outcomes, including a process for examining the incorporation of Māori knowledges in health policy and First Nations and Métis knowledges in health programmes.

He Awa Whiria - A braided rivers approach

He Awa Whiria approach developed by Angus Macfarlane and Sonya Macfarlane is a framework for bringing together Māori knowledges and western science. The model appears to have been first proposed in the areas of psychology and special education where clinical and Māori cultural streams of knowledge are brought together and,

...a blended scientific - indigenous framework (appropriately named 'He Awa Whiria - The Braided Rivers) is promoted. The latter framework is offered as an example of how the cultural knowledge of the 'other' is able to intersect with 'conventional' forms of programme development and evaluation, and how a process of shared authentication may be generalised into settings and situations where educational and psychological practice works in the best interest of Māori - the indigenous

people of Aotearoa New Zealand, and Pākehā - descendants of European settlers. (Macfarlane, 2012, p. 206).

He Awa Whiria framework, according to Macfarlane, enables a balance to be achieved between generic western science and Kaupapa Māori programmes. The aim of He Awa Whiria is to ensure that Māori children and whānau benefit from distinctly Māori approaches, rather than having to adapt to western approaches. Macfarlane draws upon Durie's knowledge interface research, noting that Durie argues for both scientific and Māori methodologies rather than choosing one above the other. Macfarlane uses the model of a canoe to represent the importance of adopting a shared and partnered approach, that is paddling together despite different backgrounds and knowledges, in order to reach the shared goal or destination. In practice, the framework requires Pākehā psychologists and clinicians to learn about the Māori world so that they are better able, with support from Māori knowledge experts, to integrate Māori cultural components into their practice with Māori children and whānau,

'The canoe and the braided rivers metaphors are two humble approaches that are being deployed. Within both of these approaches, each partner must recognise the 'other'
(Macfarlane, 2012, p. 219).

More recently the model has been adopted by the government's Social Policy Evaluation and Research Unit (SUPERU) where work has been done to implement He Awa Whiria by way of the negotiated spaces model. SUPERU considers He Awa Whiria as useful approach for policymakers as well as practitioners in the health and social services sectors. A meeting 'Implementing He Awa Whiria - Braided Rivers with Integrity Wānanga' was held in Wellington in November 2015 at which He Awa Whiria framework and the negotiated spaces model were presented and feedback was sought as to the strengths of utilising both. Invited Māori and Pākehā researchers, policymakers and government officials attended the workshop, the first of a series, and I was fortunate to attend too. The perspective of SUPERU was that He Awa Whiria has the potential to bring together western and Māori knowledge systems that will potentially

stimulate new and ‘fit-for-purpose’ research and evaluation processes employed by the unit. Having regard to the Treaty of Waitangi, SUPERU has stated its intention to utilise He Awa Whiria approach in its work, particularly with regard to producing the annual Families and Whānau Status Reports (Hong et al., 2015). The reports present family and whanau well-being indicators, and of interest, is the 2015 report which was developed by braiding in Māori knowledge-based perspectives of wellbeing to generate culturally responsive indicators. The reports have implications for the health and social sectors in Aotearoa New Zealand in terms of policy and practice. Regarding the concept of negotiated spaces SUPERU write,

...we are looking at the ‘negotiated spaces’ model as a way of approaching the shared space across knowledge systems and the intersect between different ways of knowing and sense-making... At the conceptual level it [negotiated spaces] explores the space of intersection. Theoretically the negotiated space is where relationships, ideas and values are realigned, renegotiated, and resolutions and agreements sought. It is more than a mere knowledge exchange. The space in the middle requires that both parties need to acknowledge and respect the unique integrity of the knowledge codes. This space is also defined as the space of innovation and potential. (Social Policy Evaluation and Research Unit, 2015, p. 2)

To summarise, He Awa Whiria - Braided Rivers approach is a conceptual model for considering braiding components of Māori and western knowledge systems and, using the negotiated spaces model, engage parties in ways that respectfully negotiate what, why and how knowledge components will be applied to policy and practice. The approach has high appeal as a metaphor for the process of bringing different knowledge systems into contact with each other (i.e. braiding in, and braiding out) and as well, utilises the concept of ‘negotiated spaces’. Like the other models, He Awa Whiria has been road-tested, in this instance a series of social sector well-being indicators were built that went beyond individual western wellbeing measures to address the collective well-being of whānau Māori. There

are aspects of each model - knowledge integration, knowledge at the interface, negotiated spaces and He Awa Whiria that add to an understanding what, why and how different knowledge systems interact with each other, including barriers and facilitators to knowledge revitalisation.

Interviews with current and former policymakers from the Ministry of Health, Aotearoa New Zealand, the Ministry of Health, Saskatchewan and the First Nations and Inuit Health Branch, Saskatchewan produced a rich body of information about broad socio-political factors influencing decisions to incorporate Māori knowledges into government health policy and First Nations and Métis knowledges into health programmes and services. Four models that conceptualise the process by which Māori knowledges, and to a lesser degree First Nations and Métis knowledges, might engage with other knowledge systems in government health policies, programmes and services were also discussed. There are aspects of each conceptual model - knowledge integration, knowledge at the interface, negotiated spaces and He Awa Whiria - that add to an understanding of how different knowledge systems interact with each other and create likely barriers but also facilitators to knowledge revitalisation. What remains is to bring together socio-political factors with barriers and facilitators associated with the conceptual models. This material could, in the future, provide a detailed micro-level tool to assist policy-makers to assess the extent to which incorporating Māori knowledges in government policy, and First Nations and Métis knowledges into government-funded programmes and services, will advance knowledge revitalisation.

Māori, First Nations and Métis knowledges in health policy, programmes and services as strategies for knowledge revitalization

Based upon interviews and conceptual models, engaging Māori, First Nations and Métis knowledges in government health policy (and possibly health programmes and services), is most likely to contribute to knowledge revitalization when:

1. National, provincial and federal governments acknowledge their principal responsibility for delivering, monitoring and reporting on governments'

Māori, First Nations and Métis health objectives. Although government responsibilities arise from an array of regulatory and non-regulatory sources including treaties, legislation, commissions, tribunals, and international instruments, nonetheless the responsibility to deliver on health objectives for Māori, First Nations and Métis peoples should remain the focus;

2. Government ministries develop representative workforces in order to deliver on objectives for Māori, First Nations and Métis health. Building policy-making capacity across relevant ministries and led by Māori, First Nations and Métis senior managers that are part of well-resourced health policy units is critical. Senior Māori, First Nations and Métis managers are important members of ministry executive leadership teams;
3. Māori, First Nations and Métis health policy analysis is as fundamental to the development of effective health policy as economic analysis, yet this is rarely understood (Cunningham and Taite, 1997). Key national, provincial and federal health policy should articulate uniquely Māori, First Nations and Métis values, knowledges, practices, programmes and services;
4. Key health and social sector legislation underpinned by treaties, constitutional and international rights instruments provide a consistent articulation that Māori, First Nations and Métis health gains are a priority for and a responsibility of governments;
5. Governments recognise the rights of Māori, First Nations and Métis peoples to maintain self-determining control of their knowledges, including the rationale for engaging (and withdrawing) components of their knowledges related to health policies, programmes and services;
6. A partnered and values-informed approach to negotiating the process by which Māori, First Nations and Métis knowledge systems engage with other knowledge systems is paramount. The negotiated process should be used by national, provincial and federal governments and Māori, First Nations and Métis policy-makers in partnership with skilled language experts and knowledge-holders;
7. Recognition is made of the need to contextualize components of Māori, First Nations and Métis knowledges so that these retain accurate, Indigenous-determined meanings when engaged in health policy, programmes and services.

These notwithstanding, the fundamental problem is that policy-making is not, for the most part, undertaken as a partnership between equals and values of respect, dignity, self-determination and mutual benefit are not what informs the relationship between health policy-makers and Māori, First Nations and Métis knowledge holders. As the experience of health policy-making in Aotearoa New Zealand indicates, Te Kete Hauora, the Māori Policy Unit at the Ministry of Health, produced a significant portfolio of policy-related services that supported delivery on the government's objectives for Māori health. In order to achieve this, Te Kete Hauora drew upon unique Māori values, knowledges and practices underpinned by the Treaty of Waitangi and in so doing, contributed to the unique phenomenon of Māori knowledges in health policy. The work undertaken by Te Kete Hauora was well supported by Māori communities. These achievements notwithstanding, in March 2016 the Ministry of Health disestablished Te Kete Hauora, choosing to return to precisely the environment that generated the review (Parata and Mason, 1993) of the then Department of Health more than two decades earlier. The review recommended an end to patchwork policy analysis and the critical need for a comprehensive vision for Māori health with Māori workforce capacity-building and leadership at the executive level to bring the vision to fruition. A factor that was not discussed by policy-makers, nor was it explicitly addressed by the conceptual models, is the transitory aspect of governments and policy-making. Policy such as He Korowai Oranga: Māori health strategy (Ministry of Health, 2002) was developed at a time when support for Māori knowledge in health policy was high. Fifteen years later, responsibility for policy that addresses the governments objectives for Māori health is dissipated; spread across a rapidly diminishing Ministry of Health. It is precisely this transitory aspect of the health sector that puts components of Māori knowledges already engaged into government health policy at risk. The health policy environment in Aotearoa New Zealand with its adoption of a market-led 'investment approach' to health is, in the absence of protective mechanisms, an unpromising setting from which to revitalise Māori knowledges.

CHAPTER 7 - SPECULATING THE ONTOLOGY OF MĀORI KNOWLEDGES IN HEALTH POLICY

Introduction

This chapter focuses upon an approach that Kaupapa Māori researchers may wish to employ when inquiring about things not readily available to empirical research such as, investigating the intangible aspects of Māori knowledges. The intention is to encourage a metaphorical ‘opening’ which Kaupapa Māori researchers might adopt. Thereby, Kaupapa Māori approaches are expanded to include ontological inquiry such as questions about the meaning of being (Heidegger, 1953). How, for example, should Kaupapa Māori researchers investigate the intangible aspects of Māori knowledges in government health policy? The tangible aspects of Māori knowledges, also referred to as the ontics or the study of entities, and the facts about them, are regularly investigated, described, contextualized and theorized using Kaupapa Māori methods. Kaupapa Māori researchers investigate the tangible aspects of Māori knowledges using methods such as, literature reviews, cross-country comparative policy analyses, and participant interviews. These are methods which, as part of a Kaupapa Māori approach, are shaped and modified by Kaupapa Māori researchers in order to fit the objectives of the research. For example, when using the literature review-as-method, the Kaupapa Māori researcher chooses to prioritise literature by Māori that draws upon Māori world views, critiques the literature in terms of its attention to socio-political contexts, and thematically analyses the literature having regard to Māori collective goals and aspirations (Smith, 1997). These were the priorities for the literature review-as-method that this study employed in order to investigate the impact of government policy upon Māori and Indigenous knowledges, as well as the engagement of the tangible aspects of Māori knowledges with health policy. A more conventional study would have limited the investigation to just the tangible or material aspects of Māori knowledge in government policy; that is, definitions, origins, the historical and contemporary colonising impact of government policy upon knowledges, and the benefits and challenges associated with various models for knowledge engagement. Investigating the consequences of engagement upon the intangible aspects of Māori knowledges is a road less travelled, but a journey

that is important to take, even if certainty as to new knowledges or new Kaupapa Māori theoretical approaches are not assured. Kaupapa Māori researchers write that Māori knowledges are comprised of tangible and intangible aspects (Pihama, 2001; Smith, 1997), however, discussion as to the intangible elements invariably stops there, and, for a number of reasons. I am mindful of the long and destructive history which positions researchers, oftentimes justifying their research as benefitting science and the economy, as having an unquestionable right to discover, to open up and make information publically available that Māori and Indigenous peoples seek to privately maintain (Kovach, 2009; Mika, 2013; Moewaka-Barnes, 2006). Drawing upon her earlier publication, Kovach writes “Research is about collective responsibility: we can only go so far before we see a face – our Elder cleaning fish, our sister living on the edge in East Vancouver... - and hear a voice whispering, “Are you helping us?”” (Kovach, 2005:31, cited in Kovach, 2009, p. 36).

There are other reasons why investigating the intangible aspects of Māori knowledges might not go ahead as expected. Mika writes that ‘things’ have the ability to withdraw themselves from description and inquiry thereby suggesting that an investigation of the intangible aspects of Māori knowledges could be stymied by a retreat or a concealment on the part of ‘things’ from the researcher. The notion that intangible things have an autonomy will be touched upon in the chapter; meantime, is the journey to investigate the consequences of policy engagement upon the intangible aspects of Māori knowledges justified? I think that it is. There is the possibility that engaging Māori knowledges in government health policy damages the intangible aspects of Māori knowledges. Are the relationships between the tangible and intangible aspects of Māori knowledges damaged as a result of privileging those aspects that can be described and measured? Perhaps the relationship between ourselves and the intangible aspects is diminished or impaired in ways that are irreparable? Without information as to impact upon the intangible aspects of Māori knowledges, engagement in health policy as a strategy for Māori knowledge revitalisation may have reached its limits.

Drawing upon a decade of Mika's work, I argue that speculation, in the sense of contemplating the intangible aspects of Māori knowledges, is a theoretical approach that fits with 'taonga tuku iho', a key principle guiding Kaupapa Māori theory and research (Smith, 1997). Speculation has the potential to contribute to an investigation of the intangible aspects of Māori knowledges in government health policy, an unorthodox and novel area of policy research. Although the chapter sets out the field for speculation, I have resisted describing speculation as a method for research. A reason for not proceeding down the speculation-as-method pathway is my wish to present speculative inquiry as less concerned with rigid empirical processes and attaining certainty, and more interested in reinvigorating freer ways of thinking (Mika, 2017) about intangible things. Moreover, it seems counter-intuitive to propose a method for speculation that aims to regulate the production of knowledge about intangible things that are unpredictable, subjective, messy in the sense of being unmeasurable, possibly incomprehensible, and definitely uncertain.

Like Mika (2013), I am heedful of a 'hardening' discourse surrounding Māori knowledges, the effect of which may be to discipline and restrain research that considers the intangible aspects of those knowledges. It is difficult to speak nowadays of Māori knowledges without invoking clichés such as 'innovation' and 'opening up Māori knowledge' and 'scientific and economic benefit'. Indeed, almost anything written about Māori knowledges is in danger of being pulled over to some form of utilitarian economic or scientific discourse. It is my intention to push back against this trend and, alongside other Kaupapa Māori researchers and Māori policy makers, encourage an in-depth contemplation of the intangible or the ontological aspects of Māori knowledges. Speculating about Māori knowledges as being more than the sum of tangible 'things' allows the intangible aspects of our knowledges to become more present.

The field

The likelihood for Kaupapa Māori researchers that the magnitude of colonisation is more far-reaching and invasive than we might have imagined, is hardly surprising. However, what is surprising and requires attention is the possibility

that colonisation is underway at the level of thinking and research about Māori knowledges. There is little in the way of Kaupapa Māori ontological inquiry into Māori knowledges even though the origins of Kaupapa Māori are described as metaphysical and ontological (Nepe, 1991). On a positive note, there are indications of a renewed interest in ontologically-oriented Kaupapa Māori research; in particular, a recent research project considers the breadth and depth of Māori emotions (Te Kotahi Research Institute, 2017). Some of the projects' case studies hint at the power of utterances and subsequent manifestations; an exciting undertaking for Kaupapa Māori research and theory. Keating cites Choctaw poet and author LeAnn Howe's description of the causal force of words as "Natives, I think...put our faith in speech. What is said. That's why if you speak of death to an individual or a thing, you make it happen" (Keating, 2012, p. 54).

Utterances give rise to manifestations of activities and events which have their own autonomy and force that in older times, may have been associated with the realm of *tohunga* Māori. A recent policy document opens the way for the autonomous force of words and manifestations to be associated with *wairua* (Social Policy Evaluation and Research Unit, 2015). However, the autonomy of words and the force of utterances that operate across domains as diverse as the cultural construction of emotions, weather systems, and policy narratives has not been discussed in the literature by Kaupapa Māori researchers to any depth. I suspect that Kaupapa Māori researchers are more likely to explore the ontological domains of Māori knowledges; not because there is an economic or scientific benefit to be had, but because the inherent value and ethos of care for the intangible aspects of Māori knowledges is so strong and present among Kaupapa Māori researchers and Māori communities. Also, while there is understandable reluctance to publish on these matters, safer avenues are opening up for Kaupapa Māori researchers to discuss and extend ontological inquiry and in doing so, expose cognitive colonisation or, to use Ahenakew and colleagues' description, cognitive imperialism (Ahenakew, de Oliveira, Cooper & Hireme, 2014). Writing about the contribution of a Māori ontology to a National Māori University, Mika proposes such a programme should,

...consider the metaphorical nature of Māori language, explanations and allusion...It is not, then, just knowledge that is at issue; it is something that comes before knowledge... Māori generally have no problem with the idea that there is an ontologically prior given...A National Māori University could distinguish itself as allowing debates around the nature of ontology, in which the role of mauri, for instance, impacts on what is obtained as knowledge and what is withheld from knowing. (Mika, 2010, pp. 1-2)

Māori knowledges as ontological phenomena and Kaupapa Māori research which embraces ontological inquiry are critical to the wellbeing of Māori communities and the future of Kaupapa Māori research. No doubt the lag with exploring ontological inquiry is due in part to the influence of research funds that prefer to purchase the outcomes of positivist, empirical research and value Māori knowledges inasmuch as these are certain, utilitarian entities. A small chapter in a doctoral thesis, therefore, provides an opportunity away from the spotlight of positivist research funding to contemplate the intangible aspects of Māori knowledges in government health policy and assess the impact with regards to knowledge revitalisation. My concern is to demonstrate that the ontological or the intangible aspects of Māori knowledges are as at least as important as the tangible aspects of knowledges. A common strength of Kaupapa Māori research is the value placed upon Māori metaphysical knowledges (Nepe, 1991; Royal, 2003; Smith, 1997). Following this line of thinking, I propose that the ontological or the intangible aspects of Māori knowledges that are part of government health policy, while these are of incalculable worth to Māori communities, have difficulty withstanding the colonizing and diminishing processes operating upon them in health policy narratives. As a consequence, the intangible aspects of Māori knowledges are diminished as subjects for contemplation by the following processes:

- Proximity (English language equivalents, worlding, government lexicons);
- Concealing and revealing (directing the 'gaze', immateriality / materiality, autonomy of words and ideas to appear and withdraw);

- Hardening and flattening (clinical / scientific discourse, authority of the narrative, certainty, restricting contemplation).

There is a predilection in Māori communities for the ontological dimensions of life. Re-engaging ontological inquiry with Kaupapa Māori research maintains the essential relationship between Māori researchers and Māori communities and asserts the inherent value of the ontological dimensions of Māori knowledges for both. Mika (2017), notes the problem which arises for indigenous educators when objects are encountered as if these are fully present and disclosed in their ‘there-ness’. A Kaupapa Māori speculative inquiry of the engagement of components of Māori knowledges in government health policy would recognise the ‘there-ness’ of the ontological dimensions of Māori terms and phrases, therein, ensuring health policy is more comprehensive.

Speculation

The statement that Māori knowledges are more than descriptions of tangible aspects raises the question as to the intangible aspects of Māori knowledges. Faced with uncertainty as to what the intangible aspects might be, speculation in a philosophical sense will, I hope, assist the process by opening up some new ground. The first task, therefore, is to discuss speculation as a renewed Kaupapa Māori approach to ontological inquiry. The second task is to speculate as to the consequences for the intangible aspects of Māori knowledges regarding their engagement in health policy.

Understanding the etymology of the terms ‘to speculate’ and ‘speculation’ is important because terms carry context-specific meanings, thereby determining how terms will be engaged by policy readers, writers and listeners (Mika, 2015).

The reference to the verb ‘speculate’ is described as appearing in the 1590s when its meaning was “view mentally, contemplate” (Harper, 2017). The reference notes that one hundred years later the intransitive verb ‘speculation’ meant “to pursue truth by conjecture or thinking” (Harper, 2017). The term also meant “to observe from a vantage point” (Harper, 2017). The Merriam-Webster dictionary describes ‘speculate’ in its intransitive form as “to take to be true on the basis of

insufficient evidence” (“Speculate”, 2017). As an approach to research, the term ‘speculate’ suggests that watching, observing, pondering and curiosity are necessary activities for a researcher. The sense is that the most productive of these takes place when this researcher is positioned somewhat physically removed from a thing or an activity. Clough and Nutbrown (2002) propose that “Radical looking, then, requires that researchers develop the skills of travelers and historians in so far as they look at events close to them *as if* they were different or distant” (p. 45).

The term ‘speculate’ may have influenced a maxim of western research which is that the best research is undertaken by researchers who have limited or no relationship to the person or object under study. By comparison, Māori and Indigenous peoples describe their understanding of the world as reflecting relationships with the wider environment (Battiste and Youngblood Henderson, 2009; Boyer, 2014; Deloria, 2017; Durie, 2005; Kovach, 2009; Smith, 1999). Kovach suggests that Indigenous observation is contingent upon a prior relationship operating between the observer and the thing that is being observed. “Here the words *relationship* and *observing* are equally significant. In making meaning, the relational quality of tribal worldviews suggests a highly interpretative approach”. (Kovach, 2009, p. 34). Māori might question whether objectivity and standing apart from their knowledges, so as to speculate and observe from a distance, is possible or desirable? My hunch is that standing apart from one’s knowledges is not a position that Kaupapa Māori researchers would readily adopt. In a philosophical sense, there is a problem in terms of the researcher’s ability to reflect upon knowledge whilst standing within the embrace of knowledge. Kincheloe (2011) proposes strategies for stepping away from one’s own knowledge in order to think on it anew and enable an appreciation of other peoples’ knowledges. With regards to language, Mika writes, “Indigenous perspectives on language show that it is not a thing one operates outside of but that it encases the utterer”. (Mika, 2015, pp. 97-98)

Speculation as an approach that is less grounded in the physical act of ‘looking’ and more inclined to the contemplative, analytical, relational and viscerally-aware practice, to draw upon Mika’s (2017) use of the term visceral, may be more

acceptable to Kaupapa Māori researchers wanting to think anew as to the intangible elements of Māori knowledges in health policy.

At this point, I assert that Māori communities have always engaged in speculative, contemplative, analytical, relational and viscerally-aware interactions with and about tangible and intangible things. However, research funds such as Vision Mātauranga purchase research generated by conventional research methods, that is, empirical research that delivers certainty on tangible matters such as national economic development (Ministry of Research, Science and Technology, 2007). By comparison, research that conceptualises Māori knowledges as tangible and intangible entities that pre-exist human beings (Royal, 2003) is strongly associated with autonomy, mystery and creativity (Mika and Southey, 2016), even if these are not consciously engaged. Mika explains the process as “the totality of all things in the world – is also influential and at work when it is beyond the direct experience of the [Māori and] Indigenous self” (2017, p. 36).

The issue is not that Māori have never engaged in speculative research. Rather ontological inquiry has not been supported to flourish because there is limited interest from funders to purchase such work and, as was noted earlier in this study, Māori researchers and Māori communities seek to protect their knowledges from commodification. Royal (2003) writes that the term ‘wānanga’ is an older analytic method for contemplating and theorising the world that might, I suggest, provide another approach for theorising the engagement of the tangible and intangible elements of Māori knowledges with Western knowledge systems. Wānanga, as described in the late Māori Marsden’s writings, was used by Marsden to analyze, contemplate and theorise the world,

The value of Māori Marsden’s writing is found not so much in the quantity of traditional kōrero, but rather in the quality of wānanga or analysis he brings to bear to the study of the Māori worldview...Māori’s model for the wānanga is thoroughly modern in that it ... contains a set of enduring traditional ideas. (Royal, 2003, p. xi)

A recent Māori method for contemplating and theorising the world is the whakaaro method which Mika and Southey (2016) describe as thinking responsively about the conversations and engagements that one has. Specifically, Mika and Southey (2016) argue that,

Any user of the whakaaro method will thus undoubtedly acknowledge its limitations for orthodoxy, which are simultaneously its benefits: that it is unpredictable; that it is non-foundational; that it results in unprovable work; and that it itself could provide fuel for another researcher's creative thinking. (Mika and Southey, 2016, p. 8)

The whakaaro method is free-flowing, creative and open-ended and its strength is that it expands rather than restricts what is available for contemplation. The process that comes to mind is whaikōrero with its clear structures and protocols that speakers must observe. Beyond the structures and protocols, most experienced speakers and, for that matter, most audiences interact in remarkable, spontaneous and creative ways, the effect of which is to expand what is said and, oftentimes, what is not said! It would be a mistake, however, to suggest that wānanga and whakaaro are Māori equivalents for the English term 'speculation'. While wānanga and whakaaro can involve speculation in the contemplative and 'thinking about thinking' sense, the etymology of the term 'to speculate' has its roots deep in the history of the Western world. This notwithstanding, the case can be made that Smith's Kaupapa Māori principle of 'taonga tuku iho' (1997) includes speculation in the form of thinking, contemplation, reasoning, creative expansion, silences, and reflection. Without doubt, speculation in the sense of a contemplative, analytical and viscerally-aware process is part of the pōwhiri process upon which McClintock's Kaupapa Māori model for research and theory, the Pōwhiri Model, is based (McClintock et al., 2011). Appropriate to the karanga stage of the pōwhiri process is reflection and analysis; to reflect upon those that have died and passed from this world, and to analyse and comment upon the kaupapa associated with the pōwhiri as well as broader issues of the day. Visceral expression of grief, another stage of the pōwhiri process, was expressed in bygone days as lacerations to the body. Nowadays it is more common for tears, mucus, and wailing to stand in for lacerating the body; however, there is an awareness

among many mourners of this earlier visceral practice. We can say, therefore, that research that utilises speculation in the form of contemplation, reasoning and reflection and that this approach is familiar to Kaupapa Māori research and Māori communities, notwithstanding the fact that the approach is not discussed in any depth in the literature on Kaupapa Māori research.

Another description from the Merriam-Webster dictionary for the verb ‘to speculate’ is that it means “to take to be true on the basis of insufficient evidence” (“Speculate”, 2017). This particular description derives from the meaning attributed to ‘specere’ dating from sixteenth century Europe wherein speculation is likened to conjecture, assumption, and guesswork. The description of speculation as something less-than-rigorous when associated with research is likely to give rise to doubt as to the value of speculation as a research approach. However, this is an important reminder to all researchers that approaches to research that are not positivist or objective have long been spurned and marginalized by Western science and research,

[It was argued] ... that to make accurate judgements concerning nature, scientists should consider only precisely measurable ‘objective’ qualities (size, shape, number, weight, motion), while merely perceptible qualities (color, sound, taste, touch, smell) should be ignored as subjective and ephemeral. Only by means of an exclusively quantitative analysis could science [as compared to philosophy] attain certain [as in true] knowledge of the world. (Tarnas, 1991, p. 263)

Furthermore, contemporary skeptical responses to the term speculation in the context of research may be driven by the privileging of science and in particular, science’s pursuit of certainty over uncertainty. Mika writes,

Terms themselves, the fundamental components of an utterance, were losing their ability to hint at what was not epistemologically certain about a phenomenon. What these terms could hint at, and indeed their source in something beyond the perceptible, was fast receding into the background,

in favour of a 'higher' octave of language that favoured clarity and precision. (2017, p.20)

Intangible and unobservable things

At the outset of this Chapter, I noted the need to investigate the consequences of engaging the intangible elements of Māori knowledges with health policy. Specifically, I asked whether engaging Māori knowledges in government policy damages the intangible aspects of knowledges, or maybe damages the relationship between the tangible and intangible aspects of knowledges. I contend that Māori terms such as 'whānau', 'rangatahi' and 'rangatiratanga' are comprised of tangible and intangible elements. Policy, I speculate, orients the policy reader's gaze toward the tangible aspects and simultaneously removes the intangible aspects from contemplation. Restricting and removing these from contemplation is, as a consequence of proximity, concealing and revealing, and the hardening or flattening of components of Māori knowledges and their associated intangible aspects. I suggest that a Māori community view of the world might be that it is not possible, necessary or desirable to know everything about 'things' in the world. Indeed, there is a broad acceptance that things are simultaneously present and hidden (Royal, 2003). And while a 'thing' presents itself as tangible, observable, measureable and available for description, Māori communities might not assume that the description of the thing is comprehensive?

Turning now to the universal health policy *He Korowai Oranga: Māori Health Strategy* (Ministry of Health, 2002) that was discussed earlier in the study, the policy describes traditional Māori healing, a component of Māori knowledges as,

...based on indigenous knowledge – it encompasses te ao Māori and a Māori view of being. Māori traditional healing practices include mirimiri (massage), rongoa (herbal remedies) and acknowledging te wairua (spiritual care). For Māori, the unobservable (spiritual, mental and emotional) elements are as relevant as the observable or physical elements. (pp.12 -13)

The policy, the culmination of extensive consultation with Māori communities, invites the policy reader to contemplate a Māori view of being. An unorthodox policy narrative that is unparalleled in any other government health policy. The reader is told that the unobservable elements [of Māori knowledges] are at least as important as the observable elements. Just what the unobservable elements are is not revealed except, for the description that these encompass things which are spiritual, mental and emotional. One could speculate that the unobservable and intangible elements have removed themselves from contemplation whilst hinting to the reader as to where her or his attention might be directed; that is, to things that are spiritual, mental and emotional. Alternatively, the unobservable elements have autonomously withdrawn from the purview of the reader, maybe choosing to reside at the very margins of the reader's thoughts. Some policy readers might feel compelled to take action in order to force a disclosure and gain certainty as to the composition and intention of the unobservable elements. I suspect that this would result in tedious descriptions with no advancement as to the being of the unobservable elements. Other policy readers will hopefully, engage with the statement about the unobservable elements in much the same way as she or he would engage with the unobservable elements in the wider Māori world. For example, some whānau members are no longer physically present but nonetheless accompany and guide us on life's pathway.

Beyond the ambit of government health policy, the Māori world is resplendent with references and interactions involving components of Māori knowledges that are simultaneously present, intangible and unobservable. References to 'ngā mea ngaro', 'ngā mea huna' and 'Te Kore', for instance, are commonplace in Māori language speech-making and no attempt is made to explain such things. Indeed, speakers and listeners alike would be offended, I suspect, were explanations provided for the ontological dimensions of these phenomena. The policy statement from *He korowai oranga: Māori health strategy* (Ministry of Health, 2002) which equates the importance of the observable elements to the unobservable elements of traditional Māori health is in perfect synchronicity with Māori community approaches to the world. The Māori awareness of unobservable elements, intangible things, things concealed, and nothingness is, I speculate, a source of valuable humility and awareness of the foolhardiness of

anthropocentrism. It is also a reminder of the vulnerability of this particular perspective in the face of Western science.

I turn now to examining the elements of Māori knowledge in two universal mainstream sexual and reproductive health policies:

- Sexual and reproductive health strategy: Phase one (Ministry of Health, 2001), and;
- Sexual and reproductive health: A resource book for New Zealand health care organisations (Ministry of Health, 2003).

Not surprisingly, neither policy document makes reference to the ontological dimensions of knowledges in health policy. Rather, the documents focus upon the tangible dimensions of health which are positioned in policy narratives as self-evident and empirically certain. Components of Māori knowledges are part of both policy documents in the form of the Māori terms ‘whānau’, ‘rangatahi’ and ‘rangatiratanga’. There is an expectation among Kaupapa Māori researchers I suspect. Certainly the expectation exists among Māori communities, as noted in *He korowai orange: Māori health strategy* (Ministry of Health, 2002), that the unobservable and intangible aspects of all three terms are as important as the tangible aspects and should not be excluded. My intention is to make the case that health policy employs processes which obscure and remove the intangible elements of Māori terms from contemplation. As a consequence, health policy operates in opposition to Māori community understandings of Māori knowledges and places the intangible aspects of terms such as ‘whānau’ at considerable risk.

In an earlier study I employed a discourse analysis of Māori health policy to argue that archaeologies of knowledge reveal the boundaries of what can be contemplated or written about or spoken of at a particular moment in history (Green, 2011). This study takes a different approach to health policy and contemplates questions that come before issues can be contemplated, or written or spoken of. Instead of asking the questions ‘what is Māori knowledge?’ or ‘what is whānau?’, this study is concerned to contemplate a more fundamental aspect which, is to ask what comes before Māori knowledges and before, for example,

the term ‘whānau’ that allows these to be subjects for contemplation. I speculate that the term ‘whānau’ may well be a place-holder or a stand-in for things which are tangible and intangible, measureable and unmeasurable and, perhaps, altogether quite different. Drawing attention to the notion of the thing that comes before something, Heidegger argues that “Beings are, so to speak, interrogated with regard to their being. But if they are to exhibit the characteristics of their being without falsification they must for their part have become accessible in advance as they are in themselves” (Heidegger, 1996, p. 5).

I return now to consider how health policy obscures and diminishes the importance of the intangible aspects of Māori knowledges as subjects for contemplation. The ontological aspects of Māori terms such as ‘whānau’ are obscured in health policy although not only in policy. A Kaupapa Māori approach might challenge the process by which obscurity takes place, pushing back against the cognitive colonisation of Māori knowledges in policy.

Proximity

The Māori terms ‘whānau’, ‘rangatahi’ and ‘rangatiratanga’ operate as visual and cognitive disruptions in what are otherwise English language policy documents. The tangible dimensions of these terms as determined by Māori, I speculate, find their way into the text and, at times withdraw from the text when placed in proximity to so-called English language equivalents (Peters & Mika, 2015). The Māori terms are, at least for the Māori policy reader, welcome cognitive disruptions. The terms bring with them a plethora of Māori experiences and understandings about the world, things tangible and intangible, contrasting with the tight English language clinical and scientific policy narratives in which they are situated. Mika (2017) would likely describe a Māori experience of encountering the term ‘whānau’ in health policy as a ‘worlded experience’. Here the tangible and intangible, the lived physical and metaphysical experiences of ‘whānau’, that is of kuia, koroua, pākeke, rangatahi, tamariki and those that are no longer present in a bodily sense, all come together to influence one’s thoughts, regardless of whether we are aware of the ‘worlding’ process or not. I speculate that the term ‘whānau’ and its tangible and intangible aspects are potentially

available for contemplation at the moment the term is encountered in the policy narrative. At the same moment, the term ‘whānau’ is removed from contemplation as a consequence of its proximity to other terms and phrases that surround it, as in “It is envisaged that the Māori plan will follow a whānau development approach to Māori rangatahi within sexual health services” (Ministry of Health, 2001, p. 12). Anchoring the term ‘whānau’ to the term ‘development’ and the phrases ‘Māori rangatahi’ and ‘sexual health services’, forces a truncation from the Māori worlded experience of the term ‘whānau’. The term ‘development’, as well as the phrases ‘Māori rangatahi’ and ‘sexual health services’ are part of a policy lexicon that is wholly government-determined, and not Māori-determined. One effect of the proximity of government’s policy lexicon is to darken and obscure the tangible and intangible aspects of the term ‘whānau’, thereby forcing an erasure, a cognitive colonisation of ourselves from tipuna, from relationships with living and non-living things, and from the intangible aspects of the term. The process by which the initial encounter with the term ‘whānau’ and its subsequent ‘worlding’ is simultaneously overshadowed by the policy lexicon, resonates with Mika’s (2017) statement that there is a convergence of the world within any one thing. In this encounter, Māori strategies for knowledge revitalisation converge with government policy for knowledge subjugation. The unspoken invitation to disregard the tangible and intangible elements of Māori knowledges and participate in our own cognitive colonization is alarming. The future for the intangible aspects of Māori knowledges in government health policy is bleak. It is almost impossible to prevent these intangible aspects from shearing off the Māori terms, reducing Māori knowledges to those aspects that can be observed, measured and described.

Concealing and revealing

Government health policy directs the cognitive ‘gaze’ to certainty, to policy that is seemingly authoritative and self-evident. Policy statements about Māori such as “Māori students were nearly three times as likely as European students to be sexually active” (Ministry of Health, 2001, p. 13) fill the pages of sexual and reproductive health policy documents. Such statements, I speculate, force the ‘gaze’ to orient to empirically obtained information, even though such

information is deficit-focused and woefully lacks context. By comparison, Māori communities describe the prospects for sexually active young Māori in quite different ways. The well-known whakataukī ‘ka pū te ruha, ka hao te rangatahi’ conceptualises ‘rangatahi’ as valued members of Māori communities who will, as they gain experience and wisdom, take over the leadership from older community members. Māori community-determined, contextualised representations of young Māori in policy narratives are more likely to allow the tangible *and* intangible aspects of the phrase ‘Māori students’ and the term ‘rangatahi’ to be available for contemplation.

The intangible aspects of Māori knowledges have a penchant to reveal and conceal themselves from health policy narratives. Māori communities possess a sharp awareness that Māori terms can disclose their presence whilst never entirely revealing their being. The term ‘rangatahi’ is encountered as a place-holder for the English phrase ‘young person’ or ‘young people’. The policy reader is encouraged to engage with the materiality of the English language phrase ‘young people’ as if it had a material equivalence to that of ‘rangatahi’. As a consequence, I speculate that the Māori term ‘rangatahi’ and all of its tangible and intangible dimensions are concealed from contemplation. Certainly, a Māori community understanding of the term ‘rangatahi’ is that it has a materiality and, as well, has ontological aspects which are present and critical for Māori wellbeing. The phrase that some phenomena exist beyond perception very much fits the description of the ‘intangible’ aspects of Māori knowledges. The first known usage of the term ‘intangible’ is reported as occurring in 1640. The term derived from the French or Medieval word ‘intangibilis’. The term ‘intangible’ is described as “not tangible...not corporeal, an abstract quality or attribute, not made of a physical substance, not able to be touched” (“Intangible”, 2017).

Intangible things could, in an age of positivist knowledges, be passed over as matters for inquiry simply because these are not physical substances; they do not have what Tarnas (1991) describes as measureable qualities, a materiality. Although intangible things appear to lack a materiality, I suggest they are vulnerable to being assigned a materiality or a solidity which is at odds with their description. Here I speculate that a cognitive transformation takes place which

assigns ‘intangible things’ a materiality. Quite possibly the assignment of materiality – perhaps a cognitive materiality – emerges from the contemplation of intangibility? Or, maybe this ‘new’ materiality emerges from the relationship that exists between Māori and all things (Royal, 2003); what Mika describes as “[a constitution] of all other things in the world” (2017, p. 2).

Intangibility is thus constituted materially as a result of the pull toward tangibility, possibly occurring at the very moment that the intangible thing is encountered as an object of thought, speech or narrative. In any case, the act of speaking about a thing, regardless of the fact of its intangibility, may be enough to render it as tangible or material. The pōwhiri process, as was noted, is rich with references to relationships with ‘intangible things’. The karanga, whaikōrero, harirū, hākari and the poroporoaki involve participants in relationships with things that could be described as intangible. Mereana Moki Kiwa Hutchens tells the interviewer for the Ngāi Tahu newsletter ‘Te Karaka’ about the relationships inherent to the karanga as,

Traditionally viewed as a connection between the living and spiritual worlds, the karanga is steeped in tikanga and epitomises the mana wāhine — the power of women within the marae. It is a spiritual call that has been heard through generations of whānau across the country. In most cases the karanga includes a welcome to a particular marae, both to the living manuhiri and to the spirits of the dead. (Te Rūnanga o Ngāi Tahu, 1997)

The fact of something’s tangibility or intangibility is not at issue for Māori communities. The karanga is extended equally to the living and to those no longer physically present. For the Kaupapa Māori researcher, there is an empirical engagement with the living but there is also an ontological engagement across realms, generations and geographical locations that is of equal if not greater importance. Finding ways to signal the presence and the importance of the ontological aspects of Māori terms, phrases, and events in Kaupapa Māori research, and government policy, is important work for the future.

Hardening and flattening

Mika (2013) writes that government policy has a hardening effect upon Māori terms. The examples given are the terms ‘fertility’ and ‘infertility’ and their impact upon the term ‘whakapapa’ as this appears in the report by the 2009 Advisory Committee on Assisted Reproductive Technology. The report, Mika contends, separates historical and contemporary tribal and Māori community understandings that cohere to the term ‘whakapapa’. As a result, those understandings appear to retreat from policy statements upon encountering terms and concepts from dominant knowledge systems. As a consequence, the Māori policy reader is restricted to contemplation of medical and legal issues and the health system’s response (or lack of response). Meantime, tribal and Māori community understandings of ‘whakapapa’ are ignored. The hardening of Māori terms to the point of an English language equivalent - ‘gene’ and ‘ira’ (Mika, 2015) is simultaneously a flattening of Māori terms and concepts inasmuch as the scope for contemplating their intangible aspects is restricted. Terms such as ‘whānau’, ‘rangatahi’ and ‘rangatiratanga’ encounter medical and legal knowledge systems and associated positivist empirical research. These become separated from their intangible aspects and, I suspect, the Māori etymologies to which they are moored. I speculate the hardening and flattening of Māori terms and concepts in health policy is an ontological violence that severs the intangible and the unobservable aspects from Māori knowledges. When the Māori term ‘whānau’ is produced in policy statements alongside the word ‘family’ the effect is to establish the Māori term as the equivalent of the English language term. The authoritative language of government policy combined with the dominant status of the English language term *and* the worlding associated with ‘family’ (i.e. Pākehā, nuclear, heterosexual, able-bodied and middle-class) hardens the term ‘whānau’ to that of ‘family’. Policy terms such as ‘family’ produce a materiality in the health sector in the form of services which are normative to Pākehā families thereby removing the need for health services that cater for whānau Māori. The term ‘whānau’ is simultaneously flattened by severing the intangible aspects from those that are tangible. Policy narratives that attempt to rationalise Māori health problems and solutions with clinical research conceal the ontological aspects of whānau, thereby rendering the contemplation of whānau-as-autonomous-being as

irrelevant to health and social policy narratives. The Social Policy Evaluation and Research Unit (2015) worked with Māori communities and expert practitioners to develop frameworks that measure family and whānau wellbeing; the Whānau Rangatiratanga Conceptual Framework is an outcome of that work. Regarding the ontological dimensions of whānau, wairuatanga refers to spiritual embodiment that includes relationships with the environment, ancestors and connectedness with the wider world, and, whakapapa is described as including the essence of whānau (Social Policy Evaluation and Research Unit, 2015). Neither description advances an understanding of ‘whānau’ much beyond the term ‘family’ except, to draw upon Mika’s (2015) analysis of ‘ira’. The references to spirituality and essences indicate that ‘whānau’ may be much more than ‘family’.

Given the deficiencies of government policy and empirical research, can Kaupapa Māori research situate Māori terms in health policy in ways that maintain the intangible aspects - the historical and contemporary ‘worlding’ – and buttress these from the hardening, flattening effects? My inclination is that the processes that are brought to bear upon Māori terms: proximity, concealment and revealment, hardening and flattening, make it difficult, maybe even impossible, for the policy reader to encounter the intangible aspects of components of Māori knowledges. However, the intangible aspects were hinted at in the universal health policy, ‘He korowai Oranga: Māori health strategy’ (Ministry of Health, 2002), suggesting that it is possible to positively engage these in policy.

Reiterating a point that was made earlier in the study, Te Kete Hauora, the Māori health policy unit of the Ministry of Health, developed *He korowai oranga: Māori health strategy* (2002) following extensive nationwide consultation with Māori communities. Importantly, Te Kete Hauora laid the groundwork for structural change in the health sector when they successfully incorporated, for the first time, the principles of the Treaty of Waitangi into a major piece of health legislation. A number of factors contributed to the success, not the least of which was that Te Kete Hauora built a significant Māori policy making capacity, and was led by the Deputy Director-General Māori, a second-tier position in one of Aotearoa New Zealand’s largest government agencies. *He korowai oranga: Māori health strategy* (Ministry of Health, 2002) was developed to guide and implement the principles of the Treaty of Waitangi in the new health legislation. More generally,

before being disestablished by the Ministry of Health in 2016, Te Kete Hauora, was recognised as a credible and influential policy unit by government ministries and Māori communities. Components of Māori knowledges were positioned by Te Kete Hauora in He Korowai Oranga: Māori Health Strategy so that the tangible elements were helpfully contextualised and the intangible elements were hinted at and, as such, were available to the policy reader to contemplate further.

Conclusion

Investigating the intangible aspects of Māori knowledges and their engagement in government health policy necessitated an approach that is not typically employed by empirically-oriented research. Speculation, as a renewed Kaupapa Māori approach, is well suited to considering the ontological dimensions of Māori knowledges. Māori communities regularly engage with the intangible aspects of Māori knowledges and speculation as to ontological matters is not uncommon. Speculation as a contemplative, analytic and viscerally aware approach expands Kaupapa Māori research by highlighting the shortcomings of government health policy in terms of obscuring the ontological dimensions of Māori words and concepts. However, ensuring the intangible aspects of Māori knowledges in health policy are available for contemplation requires attention to the structures of government policy making. The development of high quality, sustainable Māori policy making capacity with credibility across government as well as in Māori communities, is essential if policy is to be an effective site for Māori knowledge revitalisation.

CHAPTER 8 - IMPLICATIONS FOR INDIGENOUS PEOPLES, THEIR KNOWLEDGES, AND HEALTH POLICY

The intention of this chapter is to summarise key findings of the study, discuss two extensions made to Kaupapa Māori theory when applied to the cross-national comparative health policy context, and reflect upon the engagement of Māori, First Nations and Métis knowledges in health policy as a strategy for knowledge revitalisation.

The study has limitations, one of which is that although this was a cross-national comparative study, the study drew heavily from the Aotearoa New Zealand context. There were two reasons for this. First, I was familiar with the Māori health, policy and research contexts which made it easier to gather information for the study. For example, former Māori health policy makers were keen, or so it seemed, to take the opportunity of an interview to discuss the socio-political factors associated with the engagement of components of Māori knowledges in health policy. They were also keen to share their concerns as to protecting Māori knowledges going forward. Second, the study draws on my own speculative inquiry into the ontologies of Māori knowledges and health policy. As noted in the methodology, speculating the ontologies of First Nations and Métis knowledges is a task that, should they choose to adopt the approach, is best undertaken by First Nations and Métis peoples themselves. As a consequence, it was somewhat easier drawing lessons that applied to Māori knowledges, health policy and Kaupapa Māori theoretical research in Aotearoa New Zealand.

Regarding lesson-drawing that applies to First Nations and Métis knowledges and health policy, I am less certain. My uncertainty arises in part, as a result of my outsider status and the care required when discussing and theorising situations confronting other Indigenous peoples. For the most part, however, I am concerned that key socio-political factors that have an impact upon the engagement of First Nations and Métis knowledges and health policy have been inadequately addressed by the study. With the benefit of hindsight, a historical perspective of key legislation associated with the 1876 Indian Act and subsequent adhesions would have added depth to the position that Saskatchewan's First Nations and Métis peoples find themselves in with regard to policy making with provincial and

federal governments. A comprehensive account of the *1763 Royal Proclamation*, the *1850 Act for the Better Protection of the Lands and Property of Indians in Lower Canada*, the *1850 Act for the Protection of Indians in Upper Canada from Imposition, and the Property Occupied or Enjoyed by them from Trespass and Injury*, the *1867 British North America Act*, the *1876 Indian Act* and the consequences, not only in terms of the subjugation of First Nations and Métis knowledges but more importantly the determination by Britain, the confederation of colonies, and the federal government of Canada of Aboriginal identities and government recognition would have added enormously to the study. Indeed, the uneven recognition by federal and provincial governments of First Nations and Métis peoples is a key socio-political factor supporting and limiting the engagement of Saskatchewan's First Nations and Métis knowledges in health policy, programmes and services.

Which is not to say that the comparative aspect of the study is of no use; rather, I would have had greater confidence as to usefulness had the opportunity been available to explore government-determined identity and recognition in Aotearoa New Zealand and Saskatchewan, Canada in depth. This notwithstanding, the two-country chronology of legislation, policies and events is useful from the perspective of representing the long history of the subjugation of Māori, First Nations and Métis knowledges by government policy; part of the bigger colonial project for dispossession. However, it is important to note that the chronology records only a handful of what were a far greater number of resistance activities mounted by Māori, First Nations and Métis people in response to knowledge subjugation and dispossession. This is an important point in terms of countering discourses of resignation and hopelessness which are antithetical to Indigenous values and aspirations for self-determination and transformation. The narratives by policy eras attempt to cover salient legislation, policies and resistance activities in more detail but there are omissions.

With this in mind, the findings of the study are offered to Māori, First Nations and Métis communities in the hope that these will be useful in their work with government policy makers when developing health policy that resonates for their communities, and supports knowledge revitalisation. The findings are also offered

to health policy makers in Aotearoa New Zealand and Saskatchewan, Canada, for consideration when engaging Māori, First Nations and Métis knowledges with health policy, programmes and services, particularly as strategies for knowledge revitalisation.

Knowledge subjugation and revitalisation

To recap, the study set out to examine the part played by historical and contemporary government policies in the subjugation and subsequent efforts to revitalise Māori, First Nations and Métis knowledges. A literature review of Māori and Saskatchewan's First Nations and Métis knowledges as understood by them, and by governments, was produced. Definitional similarities and differences were noted, and comparisons were made.

Next, a chronology of legislation, policy and events associated with subjugation and efforts to revitalise Māori, First Nations and Métis knowledges was developed. The chronology spanned five government policy eras: early contact and dispossession (pre-1860s); paternalism and protection (1860s to 1920s); paternalism and assimilation (1920s to 1960s); integration (1960s to 1970s); and self-management and commodification (1975 to 2016). As a result, the chronology provided a macro-level visual representation of cross-national similarities and differences by legislation, policy and events. Lengthy narratives accompanied the eras of the chronology so as to provide the socio-political context within which legislation, policies and associated events occurred.

Theorising the impact of historical and contemporary government policy and efforts for revitalisation, the chronology and accompanying narratives indicated legislative and policy gaps. Governments in both countries failed to exercise fiduciary powers to foster and protect Māori, First Nations and Métis knowledges and only recently have these matters come to the attention of governments. In terms of revitalising Māori, First Nations and Métis knowledges, prospects seem better for self-governing nations and communities compared to those communities exercising self-management, but appearances can be deceptive. Self-determining territories such as Nunuvut are not immune from macro-level national, federal and

province-wide legislation and policies that damage Indigenous knowledges; for example, intellectual property legislation that commodifies Indigenous knowledges. On a positive note, tribunals and commissions of inquiry can provide a level of public scrutiny with regard to investigating the subjugation of Māori, First Nations and Métis knowledges by government policies. Further, tribunals and commissions of inquiry can make important recommendations for knowledge revitalisation. Unfortunately, tribunals and commissions are unable to provide ongoing monitoring and protection for Māori, First Nations and Métis knowledges and recommendations do not carry the weight of legally binding court rulings. However, tribunals and commissions can make recommendations that build on the findings of earlier tribunals and commissions. This has been the approach employed by the Waitangi Tribunal in Aotearoa New Zealand and the Truth and Reconciliation Commission in Canada with regard to the need for stronger support for the revitalisation of Māori, First Nations and Métis languages and knowledges.

Socio-political factors and knowledge revitalisation

Next, socio-political factors that support and limit the engagement of components of Māori, First Nations and Métis knowledges in health policy were identified and the overall contribution of particular factors to knowledge revitalisation was canvassed. Senior health policy makers in Aotearoa New Zealand and Saskatchewan (national, provincial and federal) were interviewed, and four conceptual models for engaging Māori, First Nations and Métis knowledges with Western knowledges were reviewed. The 20-year experience of Aotearoa New Zealand's Ministry of Health Māori health policy unit, Te Kete Hauora, was instructive in terms of identifying factors associated with advancing the engagement of components of Māori knowledges with health policy, and opportunities for protecting and revitalising Māori knowledges.

Theorising the engagement of components of Māori, First Nations and Métis knowledges in health policy, the comparison indicated that building strong Māori, First Nations and Métis policy making capacity in health ministries as well as across the sectors of governments is key. In areas with multiple language and

cultural specificities such as exists for Saskatchewan's First Nations and Métis peoples today, universalising approaches to the development of government health policy, programmes and services are likely to add to the already long history of knowledge subjugation. Policy makers voiced their reluctance to use a one-size-fits-all approach but it was not clear how targeting and tailoring policies and programmes that match First Nations and Métis community languages, knowledges, values and aspirations will be advanced.

More generally, it appears that partnered approaches to policy making, the ideal vehicle for engaging Māori, First Nations and Métis knowledges, may be associated with government objectives to improve the health outcomes of Māori, First Nations and Métis peoples. If government objectives for improved outcomes are focused and clear, then governments are incentivised to work with Māori, First Nations and Métis peoples to develop policy, programmes and services that engage their knowledges in order to recognise treaty and inherent rights. In Aotearoa New Zealand, the lever was the report by the former Department of Health which recommended establishing Te Kete Hauora, the Māori health policy unit. The role of Te Kete Hauora was to produce high quality health policy that, in turn, would contribute to government health objectives to improve Māori health outcomes. In Saskatchewan, a lever for developing the Cultural Safety Framework that was led by the Federation of Sovereign Indigenous Nations (FSIN) with the assistance of the Ministry of Health was to improve First Nations health outcomes. The view was that better health outcomes were more likely when First Nations and Western knowledge systems, supported by the Framework, engaged with each other as equals in the Saskatchewan health system. However, with regard to government objectives for Métis health, it was unclear what these were or if, indeed, these were the same as governments' health objectives for the province. When I met with Ministry of Health policy makers in 2012, Saskatchewan's Métis communities had not been invited to meet with provincial policy makers to plan and develop a framework or similar to address their knowledges and improve their health outcomes.

The risk of engaging Māori, First Nations and Métis knowledges with health policy arises from the uncertain terrain of policy making in which decision

making power is held by governments, not by Māori, First Nations and Métis peoples. For example, Māori communities supported Te Kete Hauora, the policy unit of the Ministry of Health, to develop universal health policy that engaged components of Māori knowledges. However, in 2016 the decision was made by the Ministry of Health to disestablish Te Kete Hauora and to ‘mainstream’ the development, analysis and implementation of policy for Māori health across all policy units of the Ministry. The consequence of that decision was to put at risk Māori words and phrases already engaged in health policy, and risk inexperienced policy makers incorrectly engaging Māori terms and phrases in policy narratives, thereby diminishing health policy as a site for Māori knowledge revitalisation.

Ontological impacts of engagement

A novel but useful aspect of the study was speculating the impact that engagement with health policy has upon the ontological or the intangible aspects of Māori knowledges. The speculative approach was proposed as a way forward that Kaupapa Māori researchers might choose when inquiring about things not readily available to empirical research. In the literature reviewed, many Māori researchers noted that they considered the tangible and intangible dimensions of Māori knowledges to be of equal importance. Therefore, an investigative approach was sought that could inquire as to the benefits and risks for the intangible aspects of Māori knowledges of their engagement with health policy. If benefits could not be identified or there were risks arising from engagement, then quite possibly engagement as a strategy for Māori knowledge revitalisation had reached its limits.

Speculative inquiry proposed that the proximity of Māori terms and phrases to their supposed English language equivalents and to lexicons for Māori development, law and medicine had the effect of obscuring and concealing the intangible aspects of Māori knowledges from contemplation. Speculative inquiry identified a hardening and flattening of Māori terms such as ‘whānau’ as a consequence of separation from their intangible aspects and, I suspect, the Māori etymologies to which they are moored. The hardening and flattening of components of Māori knowledges upon their encounter with health policy could

be described as an ontological violence. Some social policy has been developed that signals the importance of the ontological aspects of knowledges for Māori health and wellbeing. The most helpful example is to be found in *He korowai oranga: Māori health strategy* that was developed by Te Kete Hauora, the Māori health policy unit of the Ministry of Health (2002). Overall, the processes operating upon Māori terms and phrases in policy narratives – proximity, concealing and revealing, and hardening and flattening – make it difficult, maybe even impossible for these to be encountered on their own ground. As interviews with Māori policy makers from Te Kete Hauora indicated, a fulsome engagement with the components - tangible and intangible - of Māori knowledges in health policy is a more likely outcomes when Māori and the Crown share objectives for Māori health and work in partnership, as equals, to make policy. Te Kete Hauora provided a glimpse of both but the unit, despite its twenty-year long success in the health sector, was disestablished in 2016. Unfortunately, the Ministry of Health has reverted to an earlier mainstream, universalising approach to Māori health policy making. The future for Māori knowledges and engagement with health policy as a strategy for knowledge revitalisation is far from secure.

Extending the Kaupapa Māori theoretical approach

The modifications made to Kaupapa Māori theory so as to theorise cross-national international Indigenous comparative policy analysis involved greater emphasis placed upon structures that determine inequities. Specifically, Smith's principle of socio-economic mediation was extended to examine and theorise some of the ideologies and structures that drive unequal power relationships between states and Māori, First Nations and Métis peoples. On hindsight, the study could have benefitted from a second extension which would have been the element of international Indigenous rights. The United Nations Declaration of the Rights of Indigenous Peoples has been adopted by Aotearoa New Zealand and Canada but has not yet found expression in states' case law. Nonetheless, the Declaration is a benchmark against which states' legislations, policies and practices can be assessed by Māori, First Nations and Métis peoples. The Declaration challenges the longstanding practice of states to control and regulate the right of Indigenous peoples for self-determination which, in the context of this study, relates to health

policy making, Māori, First Nations and Métis knowledges, and strategies for knowledge revitalisation.

A further modification was made to the Kaupapa Māori theoretical approach to support an examination of intangible, immeasurable and unobservable things. Specifically, the speculative approach was proposed as a way forward that Kaupapa Māori researchers might choose to adopt when inquiring about things not readily available to empirical research. The speculative approach is subjective and for this reason is not proposed as a research method. The speculative approach was employed to examine the impact of engaging components of Māori knowledges with health policy; however, speculative inquiry is not limited to policy-related research. It is suggested that while the term ‘speculation’ has its roots deep in Western knowledge systems, ‘speculation’ as contemplative, analytical, relational and viscerally-aware practices are commonplace within Māori communities, and examples of ontological engagements were given. Embracing speculative inquiry goes some way toward addressing a gap that has opened up between Kaupapa Māori approaches to research and day-to-day practices within Māori communities. The gap, it is proposed, may be a consequence of research funding that favours certainty of outcomes most often associated with empirical research. The gap may also have arisen for reasons to do with a deep ethos of care amongst Kaupapa Māori researchers to protect the intangible aspects of Māori knowledges from commodification. Adding speculative inquiry to an already rich theoretical body that is Kaupapa Māori research provides a metaphorical opening for other Kaupapa Māori researchers to consider and expand non-empirical research.

Conclusion

This study adopted a number of approaches to investigate the historical and contemporary impact of government policy upon the Māori knowledges of Aotearoa New Zealand, and Saskatchewan’s First Nations and Métis knowledges. The study found that government policies had and continue to have a decimating effect upon Māori, First Nations and Métis knowledges despite peoples’ efforts to care for their knowledges. Comparing and contrasting the impact of policies

across two settler polities provided a wide lens through which to analyse and theorise the engagement of components of Māori knowledges in health policy, a phenomenon that is unique and hitherto unexamined in Aotearoa New Zealand. As well, the comparative approach identified the subjugation of Māori, First Nations and Métis knowledges, factors associated with advancing or limiting the engagement of Māori, First Nations and Métis knowledges with health policy, and assessed the risks and challenges of health policy as a site for revitalising knowledges. Health policy, this study asserts, is an uncertain site from which to revitalise Māori, First Nations and Métis knowledges.

GLOSSARY

Care is required when interpreting Māori terms into the English language as a Māori term can have many meanings depending on the context and the accompanying narrative. Please refer to the online Māori Dictionary at <http://maoridictionary.co.nz/> for more information.

Aotearoa New Zealand	The Māori name for New Zealand, either used by itself OR in conjunction with the term New Zealand
Hapū	To be pregnant, and as a noun, it refers to a kinship group, subtribe
Iwi	Extended kinship group, tribe, a nation
Ka pū te ruha, ka hao te rangatahi	A metaphor - Refers to the handing over of roles and authority from older to younger Māori
Kaitiaki	A trustee, minder, custodian, steward
Kaupapa Māori (n)	A Māori approach, topic, customary practice, philosophical doctrine
Koroua	To be old, elderly (v). Elderly man, elder, grandfather, granduncle (n)
korowai	Prized woven cloak (n). Used as a metaphor to protect, to care for, to nurture
Kuia	Elderly woman, grandmother, female elder (n)

Manuhiri	A visitor, guest
Mātauranga Māori, Mātauranga-a-iwi, Mātauranga-a-hapū	Māori knowledges, tribal knowledges, sub-tribal knowledges
Pōwhiri	To welcome, invite, beckon (v). An invitation, ritual of encounter, welcome ceremony (n)
rangatahi	To be young (v). Younger generation, youth (n)
(tino) rangatiratanga	Right to exercise authority, chiefly autonomy or authority, leadership of a group, self-determination, self-government
Taonga	something prized, treasured, property, goods
tangata whenua	To be natural, at home (v). Local people, hosts, Indigenous peoples, people born of the land (n)
te reo Māori me ōna tikanga Māori	Māori language and cultural practices
Te Tiriti o Waitangi	Māori language version of the Treaty, signed by Māori leaders, key difference was leaders maintained their governing authority in return for giving the Crown administration
The Treaty of Waitangi	English language version of the Treaty, the version recognised by

	Crown, interpreted as ceding sovereignty to the Crown
Whaikōrero	To make a formal speech (v). An oration, formal speech-making, an address, includes eloquent language using imagery, metaphor (n)
Whānau	To be born, give birth (v). A family group, extended family with kinship ties (n)
Whakapapa	To place in layers, to recite genealogies (v). Genealogy, descent, lineage (n)

REFERENCES

- Aborigines Protection Society. (1837). *Report of the Parliamentary Select Committee on Aboriginal tribes (British Settlements)*. Piccadilly, London: Ball, W., Chambers, A., Row, P., Hatchard & Son. Retrieved from The Internet Archive:
<https://archive.org/stream/reportparliamen00britgoog#page/n7/mode/1up>
- Ahenakew, C., de Oliveira Andreotti, V., Cooper, & G., Hireme, H. (2014). Beyond epistemic provincialism: De-provincializing Indigenous resistance. *AlterNative: An International Journal of Indigenous Peoples*, 10(3), 16.
- Ahuriri-Driscoll, A., Baker, V., Hepi, M., Hudson, M., Mika, C., & Tiakiwai, S. (2008). *The future of rongoā Māori: Wellbeing and sustainability - A report for Te Kete Hauora, Ministry of Health (Client Report No. FW06113)*. Retrieved from the Ministry of Health Library:
[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/FD3226434EED0FBDCC2575F3007D89FB/\\$file/Rongoa%20maori.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/FD3226434EED0FBDCC2575F3007D89FB/$file/Rongoa%20maori.pdf)
- Alfred, G. T. (2009). Colonialism and state dependency. *Journal of Aboriginal Health*, 5(2), 42-60.
- Anaya, J. (2014). *Report of the Special Rapporteur on the rights of indigenous peoples, James Anaya. Addendum: The situation of indigenous peoples in Canada*. Retrieved from the website archive of James Anaya:
<http://unsr.jamesanaya.org/country-reports/the-situation-of-indigenous-peoples-in-canada>
- Anderson, J. T. & Collins, D. (2014). Prevalence and causes of urban homelessness among Indigenous peoples: A three-country scoping review. *Housing Studies*, 29 (7), 959-976.
<https://dx.doi.org/10.1080/02673037.2014.923091>
- Andersson, N., Wong, T., Wilkes, E.-., Smith, L. T., Sioui, G., Shipp, M.-., . . . Archibald, C. P. (2011). *The role of resiliency in responding to bloodborne*

viral and sexually transmitted infections in Indigenous communities. [Grant Application]. Canadian Institutes of Health Research (CIHR), National Health and Medical Research Council of Australia (NHMRC) and the Health Research Council of New Zealand (HRC NZ).

Andersen, C. (2016). The colonialism of Canada's Métis health population dynamics: caught between bad data and no data at all. *Journal of Population Research*, 33, 67-82. <https://doi.org.10.1007/s12546-016-9161-4>

Andersen, C. (2014). *'Métis': Race, recognition, and the struggle for Indigenous peoplehood*. Vancouver: University of British Columbia Press.

Anderson, A. (2006). *Urban Aboriginal Population*. Retrieved September 1, 2017 from http://esask.uregina.ca/entry/urban_aboriginal_population.html

Anderson, A., Binney, J., & Harris, A., (2014). *Tangata whenua: An illustrated history*. Wellington: Bridget Williams Books.

Armitage, A. (1995). *Comparing the policy of Aboriginal assimilation: Australia, Canada and New Zealand*. Vancouver: University British Columbia Press.

Asch, M. (1999). From Calder to Van der Peet: Aboriginal rights and Canadian law. In P. Havemann (Ed.), *Indigenous Peoples' rights in Australia, Canada and New Zealand* (pp. 428-446). Oxford: Oxford University Press.

Aspalter, C. (2006). New developments in the theory of comparative social policy. *Journal of Comparative Social Welfare*, 22(1), 3-22. <http://dx.doi.org/10.1080/17486830500522963>

Assembly of First Nations. (n.d). *First Nations ethics guide on research and Aboriginal knowledge (for discussion purposes only)*. Retrieved from Assembly of First Nations: http://www.afn.ca/uploads/files/fn_ethics_guide_on_research_and_atk.pdf

- Atkinson, M., Beland, D., Marchildon, P., McNutt, K., Phillips, P., & Rasmussen, K. (2013). *Governance and public policy: A view from the provinces*. Toronto, Ontario: University of Toronto Press, Higher Education Division.
- Axelsson, P., Kukutai, T., & Kippen, R. (2016). The field of Indigenous health and the role of colonisation and history. *Journal of Population Research*, 33, 1-7. <http://doi.10.1007/s12546-016-9163-2>
- Bargh, M. (2007). *Resistance: An Indigenous response to neoliberalism*. Wellington, New Zealand: Huia Publishers.
- Barnhardt, R., & Kawagley, A. O. (2005). Indigenous knowledge systems and Alaska Native ways of knowing. *Anthropology and Education Quarterly*, 36(1), 8-23.
- Barsh, R. L. (1994). Canada's Aboriginal Peoples: Social integration or disintegration? *The Canadian Journal of Native Studies*, 14(1), 1-46.
- Battiste, M. (2002). *Indigenous knowledge and pedagogy in First Nations education: A literature review with recommendations*. (Prepared for the National Working Group on Education and the Minister of Indian Affairs, Indian and Northern Affairs Canada) Ottawa: Indian and Northern Affairs Canada. Retrieved from the Assembly of First Nations website: https://www.afn.ca/uploads/files/education/24_2002_oct_marie_battiste_in_digenousknowledgeandpedagogy_lit_review_for_min_working_group.pdf
- Battiste, M., and Henderson, J. Y. (2009). Naturalizing Indigenous Knowledge in eurocentric education. *Canadian Journal of Native Education*, 32(1), 5-18.
- Battiste, M., and Henderson J. (2000). *Protecting Indigenous knowledge and heritage: A global challenge*. Saskatoon, Saskatchewan: Purich.
- Beaglehole, J. C. (1992). *The life of Captain James Cook*. Stanford, California: Stanford University Press.

- Beatty, B. (2011). Beyond advising: Aboriginal peoples and social policy-making in Saskatchewan. In D. P. McGrane (Ed.), *New directions in Saskatchewan social policy* (pp. 201-223). Canada: Canadian Plains Research Center Press.
- Belanger, Y. D. and Newhouse, D. R. (2008). Reconciling solitudes: A critical analysis of the self-government ideal. In Y. D. Belanger (Ed.), *Aboriginal self-government in Canada: Current trends and issues* (3rd ed., pp. 1-19). Saskatoon, Saskatchewan: Purich Publishing Limited.
- Blackstock, C. (2009). *When everything matters: Comparing the experiences of First Nations and non-Aboriginal children removed from their families in Nova Scotia from 2003 to 2005*. (Doctoral Thesis, University of Toronto, Ontario, Canada). Retrieved from:
<https://tspace.library.utoronto.ca/handle/1807/19024>
- Blackstock, M. D. (2000). The Aborigines Report (1837): A case study in the slow change of colonial social relations. *The Canadian Journal of Native Studies*, 20(1), 67-94.
- Blank, R. H., & Burau, V.D. (2010). *Comparative Health Policy*. (3rd ed). New York; Basingstoke, England: Palgrave Macmillan.
- Bohensky, E., and Maru, Y. (2011). Indigenous knowledge, science, and resilience: What have we learned from a decade of international literature on “integration”? *Ecology and Society*, 16(4). <http://dx.doi.org/10.5751/ES-04342-160406>
- Bolderson, H., & Mabbett, D. (1991). *Social policy and social security in Australia, Britain and the USA*. Aldershot; Brookfield: Avebury.
- Boston, J., Callister, P. & Wolf, A. (2006). *The policy implications of diversity*. Wellington, New Zealand: Institute of Policy Studies.

- Boston, J., & Dalziel, P. (1992). *The decent society?: Essays in response to National's economic and social policies*. Auckland, N.Z.: Oxford University Press.
- Boyer, Y. (2014). *Moving Aboriginal health forward: Discarding Canada's legal barriers*. Saskatoon, Saskatchewan: Purich Publishing Limited.
- Bramley, D., Hebert, P., Jackson, R., & Chassin, M. (2004). Indigenous disparities in disease-specific mortality, a cross-country comparison: New Zealand, Australia, Canada and the United States. In *The New Zealand Medical Journal*, 117(1207), 1-16. Retrieved from: <http://www.nzma.org.nz/journal/117-1207/1215/>
- Brash, D. (2004, January 27). Nationhood [Speech] *Scoop*. Retrieved from <http://www.scoop.co.nz/stories/PA0401/S00220.htm>
- Breheny, M., & Stephens, C. (2010). Youth or disadvantage? The construction of teenage mothers in medical journals. *Culture, Health & Sexuality*, 12(3), 307-322. doi:10.1080/13691050903513234
- Bureau of Statistics (2017). *Saskatchewan Aboriginal Peoples: 2011 National household survey*. Saskatchewan: Author. Retrieved from <http://www.stats.gov.sk.ca/stats/pop/2011Aboriginal%20People.pdf>
- Bury, R.G. (1967-1968). Plato. Plato in Twelve Volumes, Vols. 10 & 11. Retrieved from <http://www.perseus.tufts.edu/hopper/text?doc=urn:cts:greekLit:tlg0059.tlg034.perseus-eng1:12.951>
- Cairns, H. A. C., Jameison, S.M., Lysyk, K. (1966). *A survey of the contemporary Indians of Canada: Economic, political, educational needs and policies. Volume I*. (Department of Indian Affairs and Northern Development, Ontario). Retrieved from the Educational Resources Information Center (ERIC): <http://files.eric.ed.gov/fulltext/ED042530.pdf>

- Calman, R. (2012). *Māori education - Mātauranga - Kaupapa Māori education*. Retrieved from <http://www.teara.govt.nz/en/maori-education-matauranga/page-5>)
- Cardinal, H. (1969). *The unjust society: The tragedy of Canada's Indians*. Edmonton, Canada: M. G. Hurtig.
- Castles, F. (1998). *Comparative public policy: Patterns of post-war transformation*. Cheltenham, UK: Edward Elgar Publishing.
- Centre for First Nations Governance. (n.d.). *A brief history of our right to self-governance: Pre-contact to present*. Retrieved from http://fngovernance.org/publication_docs/Self-Governance_Right_CFNG.pdf
- Charters, C. W. (2008). Reparations for Indigenous Peoples: Global International Instruments and Institutions. In F. Lenzerini (Ed.) *Reparations for Indigenous Peoples: International and Comparative Perspectives* (pp. 3-26). New York: Oxford University Press.
- Chartrand, L. (2008). “We rise again”: Métis traditional governance and the claim to Métis self-government. In Y. D. Belanger (Ed.), *Aboriginal self-government in Canada: Current trends and issues* (pp. 145 - 157). Saskatoon, Saskatchewan: Purich Publishing Limited.
- Chartrand, P. and Giokas, J. (2002). Defining “The Métis People”: The hard case of Canadian Aboriginal law. In Paul L. A. H. Chartrand (Ed.), *Who are Canada's Aboriginal Peoples? Recognition, definition and jurisdiction* (pp. 268 - 304). Saskatoon, Saskatchewan: Purich Publishing Limited.
- Chartrand, P., L.A.H. (2010). The “race” for recognition: Towards a policy of recognition of Aboriginal peoples in Canada. In L. A. Knafla, Westra, H, (Eds), *Aboriginal title and Indigenous peoples: Canada, Australia and New Zealand* (pp. 125-145). Vancouver: University British Columbia Press.

- Cheyne, C., O'Brien, M., & Belgrave, M. (2004). *Social policy in Aotearoa New Zealand: A critical introduction* (3rd edition). Auckland: Oxford University Press.
- Chrétien, J. (1969). *Statement of the Government of Canada on Indian Policy, 1969*. (The White Paper). Ottawa: Queen's Printer. Retrieved from http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ/STAGING/texte-text/cp1969_1100100010190_eng.pdf
- Christie, G. (2007). *Aboriginal nationhood and the inherent right to self-government* (Research Paper for the National Centre for First Nations Governance). Retrieved from First Nations Governance website: http://fngovernance.org/ncfng_research/gordon_christie.pdf
- Clasen, J. (Ed.). (1999). *Comparative social policy: Concepts, theories and methods*. Oxford: Blackwell Publishers.
- Clough, P., & Nutbrown, C. (2002). *A student's guide to methodology: Justifying enquiry*. London; California; New Delhi: Sage Publications Ltd.
- Coates, K. (1999). The gentle occupation: The settlement of Canada and the dispossession of the First Nations. In P. Havemann (Ed.), *Indigenous Peoples' rights in Australia, Canada and New Zealand* (pp. 141-161). Melbourne, Australia: Oxford University Press.
- Coates, K., & Morrison, W. (2008). From panacea to reality: The practicalities of Canadian Aboriginal self-government agreements. In Belanger, Y. (Ed). *Aboriginal self-government in Canada: Current trends and issues* (pp. 105-122). Saskatoon, Saskatchewan: Purich Publishing Limited.
- College of Education - University of Saskatchewan. (n.d.). *Indigenous education initiatives*. Retrieved from <https://www.usask.ca/education/indigenous-education/about.php>

- Collier, P. (2007). *The bottom billion: Why the poorest countries are failing and what can be done about it*. New York: Oxford University Press.
- Congress of Aboriginal Peoples. (n.d.). *About Us*. Retrieved <http://www.abo-people.org/our-mission/>
- Constitution of the Métis Nation Saskatchewan. (2008). Retrieved from: <http://Métisnationsk.com/ckfinder/userfiles/files/Constitution%20of%20the%20Me%CC%81tis%20Nation-Saskatchewan.pdf>
- Constitutional Advisory Panel: Te Ranga Kaupapa Ture. (2013). *New Zealand's Constitution: A report on a conversation - He kōtuinga kōrero mō Te Kaupapa Ture o Aotearoa*. Retrieved from the Constitutional Advisory Panel website: <http://www.ourconstitution.org.nz/The-Report>
- Cormack, D., and Harris, R. (2009). *Issues in monitoring Māori health and ethnic disparities: An update*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. Retrieved from <http://www.otago.ac.nz/wellington/otago600097.pdf>
- Coulthard, G. S. (2004). *Culture, consent and the state in the struggles of Indigenous peoples for recognition and self-determination: Social constructivism and the politics of critique*. Retrieved from <http://www.law.uvic.ca/demcon/papers/Essentialism.doc>
- Cram, F. (2006). *Building the capacity of Māori and iwi social service providers – A review of the literature II. Research report prepared for the Department of Children, Young Persons and Families*. Wellington: Katoa Ltd. Retrieved from <http://www.katoa.net.nz/publications>
- Crowshoe, C. (2005). *Sacred ways of life: Traditional knowledge* (Prepared for the First Nations Centre National Aboriginal Health Organisation). Retrieved from National Aboriginal Health Organisation website: http://www.naho.ca/documents/fnc/english/2005_traditional_knowledge_to_olkit.pdf

- Cunningham, C. (2000). A framework for addressing Māori knowledge in research, science and technology. *Pacific Health Dialogue*, 7(1), 62-69.
- Cunningham, C. W., & Taite, S.H. (1997). *Effective health policy for Māori: A strategic framework for the development of Māori health policy*. (A report prepared for Te Kete Hauora). Retrieved from:
[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/52AA534EDD98092F4C25679800732051/\\$file/effective-health-policy-maori.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/52AA534EDD98092F4C25679800732051/$file/effective-health-policy-maori.pdf)
- Cuthand, D. (1988, September). Indian control of Indian education: A brief history. *Saskatchewan Indian*, 18. Retrieved from
<http://www.sicc.sk.ca/archive/saskindian/a88sep18.htm>
- Davin, N. F. (1879). *Report on Industrial Schools for Indians and Half-Breeds*. Retrieved from the Internet Archive: https://archive.org/details/cihm_03651
- Deloria, J. V., Scinta, S., Foehner, K., & Deloria, B. (2017). *Spirit and Reason: The Vine Deloria, Jr. Reader*. Golden, Colorado: Fulcrum Publishing.
- Department of Health. (1993). *Whāia te ora mō te iwi: Strive for the good health of people: Māori health policy objectives of Regional Health Authorities and the Public Health Commission*. Wellington, New Zealand: Department of Health. Retrieved from:
[http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/A5E4937589398B9F4C2565D700185ECC/\\$file/89822.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/A5E4937589398B9F4C2565D700185ECC/$file/89822.pdf)
- Department of Health (1995). *Te Ara Tohu: Strategic Management Plan for Māori Health 1994 - 1999*. Wellington, New Zealand: Te Kete Hauora.
- Department of Justice Canada. (2017, July 14). *Government of Canada sets a principled foundation for advancing renewed relationships with Indigenous peoples based on the recognition of rights* [Press release]. Retrieved from
<https://www.canada.ca/en/department-justice/news/2017/07/government-of-canadasetsaprincipledfoundationforad>

[vancingrenewed.html?_ga=2.245213005.934170350.1507884753-300422899.1507884753](#)

- Dixon, J., Scheurell, R. (1995). *Social welfare with indigenous peoples*. London; New York: Routledge.
- Dobbin, M. (1999). Aboriginal Peoples in Canada: Aspirations for distributive justice as distinct peoples - An interview with Paul Chartrand. In P. Havemann (Ed.), *Indigenous Peoples rights in Australia, Canada and New Zealand* (pp. 88-107). Melbourne, Australia: Oxford University Press.
- Dogan, M., & Pelassy, D. (1990). *How to compare nations: Strategies in comparative politics*. Chatham, New Jersey: Chatham House Publishers Inc.
- Drake, R. F. (2001). *The principles of social policy*. Basingstoke, UK; New York: Palgrave Macmillan.
- Durie, M. (1998). *Te mana, te kawanatanga: The politics of Māori self-determination*. Melbourne, Australia: Oxford University Press.
- Durie, M. (2004). Understanding health and illness: Research at the interface between science and indigenous knowledge. *International Journal of Epidemiology*, 33(5), 1138–1143. <https://doi.org/10.1093/ije/dyh250>.
- Durie, M. (2004). *Māori-specific provisions in legislation*. Paper presented at the Australian Law Reform Agencies Conference, Wellington, New Zealand.
Retrieved from:
<http://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Publications%20-%20Mason/M%20Durie%20Maori%20specific%20provisions%20in%20legislation.pdf>
- Durie, M. (2005). *Indigenous health reforms: Best health outcomes for Māori in New Zealand*. Paper presented at the Unleashing innovation in health care: Alberta's symposium on health, Calgary, Alberta, Canada. Retrieved from:

<https://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Publications%20-%20Mason/M%20Durie%20Indigenous%20Health%20reforms%20Best%20Health%20outcomes%20for%20Maori%20in%20New%20Zealand.pdf?8D669ABBF3E26A2D11D67B8D01C9AE4C>

Durie, M. (2005). *Ngā tai matatū: Tides of Māori endurance*. Melbourne: Oxford University Press.

Durie, M. (2005, March). *Te Tai Tini: Transformations 2025*. Paper presented at the Hui Taumata 2005, Wellington. Retrieved from <https://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Publications%20-%20Mason/M%20Durie%20Te%20Tai%20Tini%20Transformations%202025.pdf?922B4D36856D181EC9586444AAE38D2AE>Eberts, M. (2013). Still colonizing after all these years. *University of New Brunswick Law Journal*, 64, 123-159.

Durie, M. (2011). *Ngā tini whetū: Navigating Māori futures*. Wellington, New Zealand: Huia.

Edwards, W., Craig, D., Theodore, M., Poulton, R., Korewha, H., Tamati, A., ... Ratima, M. (2013). Exploring the knowledge interface: Partnership in a Taranaki Māori community research programme. In A. Zander and H. Came (Eds.), *Proceedings of the 2013 Public Health Association of New Zealand Conference* (pp. 83-88). Devon Hotel, New Plymouth, Taranaki. Retrieved from <https://ourarchive.otago.ac.nz/bitstream/handle/10523/6179/Research%20interface%20approach%20-%20Taranaki%20research.pdf?sequence=1&isAllowed=y>

Electoral Commission. (2013). *Māori electoral option 2013*. Retrieved from <http://www.elections.org.nz/events/past-events/maori-electoral-option-2013>

- Emig, R., Lindner, O. (Eds.). (2010). *Commodifying (Post) Colonialism: Othering, reification, commodification and the new literatures and cultures in English*. Amsterdam: Rodopi.
- Epiha, M. (Reporter). (2014). *Te Kahautu Maxwell profiled by Waka Huia* [Documentary]. In Te Waka Huia. Retrieved from <http://www.maoritube.co.nz/people/te-kahautu-maxwell-profiled-waka-huia/>
- Escobar, A. (1995). *Encountering development: The making and unmaking of the Third World*. New Jersey; West Sussex: Princeton University Press.
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton, New Jersey: Princeton University Press. Retrieved from <http://www.uio.no/foransatte/enhetssider/jus/smr/arrangementer/2015/esping-anderson---the-three-worlds-of-welfare-capitalism.pdf>
- Federation of Sovereign Indigenous Nations. (n.d.). *FSIN Mission*. Retrieved from <https://www.fsin.com/>
- Federation of Sovereign Indigenous Nations. (n.d.). *Policy Areas – Cultural Responsiveness Framework*. Retrieved from <https://www.fsin.com/policy-areas/>
- Federation of Sovereign Indigenous Nations. (2016). *A Cultural Responsiveness Framework Implementation: A Tripartite Initiative in Support of First Nations Health Systems*. A presentation given at the First Nations Health Manager's Association 2016 Conference, Vancouver. Retrieved from http://www.fnhma.ca/archive/conference/2016/english/Presentations/Workshop_N.pdf
- Federation of Sovereign Indigenous Nations. (n.d.). *Policy Areas: Cultural Responsiveness Framework*. Retrieved from <http://www.fsin.com/policy-areas/>

- Finer, C. J. (1999). Trends and developments in welfare states. In Clasen, J (Ed.), *Comparative social policy: Concepts, theories and methods*. Oxford: Blackwell Publishers.
- Fiske, J.-A. (2008). Constitutionalising the space to be Aboriginal women. In Y. D. Belanger (Ed.), *Aboriginal self-government in Canada: Current trends and issues* (3rd ed., pp. 309-331). Saskatoon, Saskatchewan: Purich Publishing Limited.
- Fitzsimons, P. (2000). *Neo-liberalism and 'Social Capital': Reinventing community*. Paper presented at the AREA Symposium. Neo-liberalism, Welfare and Education: 'The New Zealand Experiment': Critique and Critical Transformations, New Orleans. Retrieved from <http://www.amat.org.nz/Neoliberalism.pdf>
- Foster, H. (1999). 'Indian administration' from the Royal Proclamation of 1763 to constitutionally entrenched Aboriginal rights. In P. Havemann (Ed.), *Indigenous peoples' rights in Australia, Canada and New Zealand* (pp. 351-377). Auckland, New Zealand: Oxford University Press.
- Frideres, J. (2008). A critical analysis of the Royal Commission on Aboriginal peoples' self- government model. In Belanger, Y. (Ed). *Aboriginal self-government in Canada: Current trends and issues* (pp. 123-144). SK, Canada: Purich Publishing Limited.
- FSIN and federal government sign renewal of OTC. (1996, December). *Saskatchewan Indian* [Newsletter], 26(1), 4. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a96dec04.htm>
- Foucault, M. (2002). *The archaeology of knowledge*. London; New York: Routledge.
- Foucault, M., & Gordon, C. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977* (1st American ed.). New York: Pantheon Books

General Assembly resolution 61/295, United Nations Declaration on the Rights of Indigenous Peoples. A/61/L.67 and Add.1. (13 September 2007). Available from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Gibson, D. (2002). When is a Métis an Indian? Some consequences of federal constitutional jurisdiction over Métis. In P. L. A. H. Chartrand (Ed.), *Who are Canada's Aboriginal Peoples?* Saskatoon, Saskatchewan: Purich Publishing Ltd.

Ginsberg, N. (1992). *Divisions of welfare: A critical introduction to comparative social policy*. London: Sage

George, V. Wilding, P. (1985). *Ideology and social welfare* (revised edition). London: Routledge and Kegan Paul.

Government of British Columbia, Government of Canada, & First Nations Health Society. (2011). *British Columbia Tripartite Framework Agreement on First Nation Health Governance*. Retrieved from First Nations Health Authority: <http://www.fnha.ca/Documents/framework-accord-cadre.pdf>

Government of Canada. (1995). *Federal Policy Guide – Aboriginal self-government*. Ottawa: Minister of Indian Affairs and Northern Development. Retrieved from <http://caid.ca/AboSelGov1995.pdf>

Governments of Canada, Ontario, Québec, Nova Scotia, New Brunswick, Manitoba, British Columbia... the Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council & Native Women's Association of Canada. (2005). *Blueprint on Aboriginal health - A 10-Year Transformative Plan* (Prepared for the meeting of the First Ministers and Leaders of National Aboriginal Organisations, November 24-25). Retrieved from Government of Canada's website: <https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html>

- Government of Canada. (2017). Crown – Indigenous Relations and Northern Affairs Canada: Transformation. Retrieved from <https://www.canada.ca/en/crown-indigenous-relations-northern-affairs.html>
- Government of Canada. (2005). *Ten years of health transfer First Nations and Inuit control*. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/pubs/finance/_agree-accord/10_years_ans_trans/index-eng.php#transfer_projection
- Government of Canada. (2012). *With strong resolve: Advancing our relationship with First Nations peoples and communities* (Government of Canada Progress Report 2006-2012). Retrieved from Government of Canada's website: <http://caid.ca/ProRepFNCan2012.pdf>
- Government of Canada. (2013). *Marketplace Framework Policy Branch*. Retrieved from https://www.ic.gc.ca/eic/site/693.nsf/eng/h_00024.html
- Government of Canada. (2014). Indian Health Policy 1979. Retrieved from http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/poli_1979-eng.php
- Government of Canada. (2016). *General briefing note on Canada's self-government and comprehensive land claims policies and the status of negotiations*. Retrieved from <http://www.aadncaandc.gc.ca/eng/1373385502190/1373385561540>
- Government of Canada. (2016). *Origin of the names of Canada and its provinces and territories*. Retrieved from <http://www.nrcan.gc.ca/earth-sciences/geography/place-names/origins-geographical-names/9224>
- Government of Canada. (2016). *Statement by the Prime Minister of Canada on advancing reconciliation with Indigenous Peoples* [Press release]. Retrieved from <http://pm.gc.ca/eng/news/2016/12/15/statement-prime-minister-canada-advancing-reconciliation-indigenous-peoples>

- Government of Canada (2017). *Origin of the name 'Canada'*. Retrieved from <https://www.canada.ca/en/canadian-heritage/services/origin-name-canada.html>
- Government of Canada. (2018). *Intellectual property strategy – IP awareness, education and advice: Indigenous intellectual property initiatives*. Retrieved from <http://www.ic.gc.ca/eic/site/108.nsf/eng/home>
- Government of Saskatchewan. (2010). *First Nation and Métis consultation policy framework*. Retrieved from <http://publications.gov.sk.ca/documents/313/98187-Consultation%20Policy%20Framework.pdf>
- Grant, J. M. (2011). *The determinants of tuberculosis transmission in Indigenous People in Canada and New Zealand*. (Master of Science), University of Saskatchewan, Saskatoon. Retrieved from <https://ecommons.usask.ca/bitstream/handle/10388/etd-06202011-221741/JessicaGrantMScThesis2011.pdf>
- Griffiths, A. (2011). The components of best-practice Indigenous education: A comparative review. *The Australian Journal of Indigenous Education*, 40, 69-80. https://journals.cambridge.org/abstract_S1326011100000119
- Gruber, T. R. (1995). Toward principles for the design of ontologies used for knowledge sharing. *International Journal of Human – Computer Studies*, 43 (5-6), 907-928. <https://doi.org/10.1006/ijhc.1995.1081>
- Hahn, T., McDermott, C., Ituarte-Lima, C., Schultz, M. Green, T., & Tuvendal, M. (2015). Purposes and degrees of commodification: Economic instruments for biodiversity and ecosystem services need not rely on markets or monetary valuation. *Ecosystem Services*, 16 (December 2015), 74-82. <http://dx.doi.org/10.1016/j.ecoser.2015.10.012>
- Hall, T. R. (2012). *Restoring the flow: Challenging the existing management frameworks to integrate Mātauranga Māori* (Masters Thesis, University of

- Waikato, Hamilton, New Zealand). Retrieved from
<https://oatd.org/oatd/record?record=handle%5C%3A10289%5C%2F6641>
- Hanson, E. (2009). *Constitution Act, 1982 Section 35*. Retrieved from
http://indigenousfoundations.arts.ubc.ca/constitution_act_1982_section_35/
- Hanson, E. (2009). *The Indian Act*. Retrieved from
http://indigenousfoundations.arts.ubc.ca/the_indian_act/
- Hansen, P. G., Smylie, J. (2006). *Knowledge translation (KT) for Indigenous communities: A policy making toolkit*. Regina, Saskatchewan: Indigenous KT Summit Steering Committee.
- Harmsworth G, Awatere S. 2013. Indigenous Māori knowledge and perspectives of ecosystems. In: Dymond JR, editor. *Ecosystem services in New Zealand: conditions and trends*. Lincoln: Manaaki Whenua Press; p. 274–286.
- Harper, D. (2017). *Speculate (v.)*. Retrieved from
<http://www.etymonline.com/word/speculate>
- Harry, D. (2011). Bio-colonialism and Indigenous Knowledge in United Nations Discourse. *Griffith Law Review*, 20(3), 702-728.
<http://dx.doi.org/10.1080/10383441.2011.10854717>
- Havemann, P. (Ed.). (1999). *Indigenous people's rights in Australia, Canada and New Zealand*. Auckland, New Zealand: Oxford University Press.
- Haworth-Brockman, M., Bent, K., & Havelock, J. (2009). Health research, entitlements and health services for First Nations and Métis women in Manitoba and Saskatchewan. *Journal of Aboriginal Health*, December 2009, 14-23. Retrieved from
http://www.naho.ca/jah/english/jah04_02/02_V4_I2_Research.pdf
- Heidegger, M. (1996). *Being and time: A translation of Sein und Zeit*. Albany: State University of New York.

- Heidenheimer, A., Hecló, H., & Adams, C. (1990). *Comparative public policy: The politics of social choice in America, Europe, and Japan*. New York: St Martin's Press.
- Henwood, W., Moewaka-Barnes, H., Brockbank, T., Gregory, W., Hooper, K., & McCreanor, T., (2016). Ko Tāngonge te wai: Indigenous and technical data come together in restoration efforts. *EcoHealth*, 13: 4, 623–632.
<http://dx.doi.org/10.1007/s10393-016-1170-4>
- Hikuroa, D. (2011) Implementing Māori indigenous knowledge (mātauranga) in a scientific paradigm: Restoring the mauri to Te Kete Poutama. *MAI Review* 3(1): 9.
- Hikuroa, D., Slade, A., & Gravley, D. (2011). Implementing Māori indigenous knowledge (Mātauranga) in a scientific paradigm: Restoring the mauri to Te Kete Poutama. *MAI Review*, 2011 (3), 1-9.
- Hill, M. J. (2006). *Social policy in the modern world: A comparative text*. Malden, MA: Blackwell.
- Hill, R. S. (2004). *State authority, Indigenous autonomy: Crown-Maori relations in New Zealand/Aotearoa 1900-1950*. Wellington: Victoria University Press. Retrieved from <http://nzetc.victoria.ac.nz/tm/scholarly/tei-HillStat-t1-body-d8-d1.html>
- Hill, R. S. (2005, March 5). *Crown - Rangatiratanga relations in the 20th century*, [Seminar]. Retrieved from NZETC website:
<http://www.victoria.ac.nz/stout-centre/research-units/towru/publications/RHS-Seminar-2March2005.pdf>
- Hill, R. S. (2009). *Māori and the State: Crown - Māori relations in New Zealand / Aotearoa, 1950 - 2000*. Wellington: Victoria University Press. Retrieved from <http://nzetc.victoria.ac.nz/tm/scholarly/tei-HilMaor-t1-body-d5-d4.html>

- Hiroa, T. R. (1924). The passing of the Maori. Transactions and Proceedings of the Royal Society of New Zealand 1868-1961, 55, 362-375. Retrieved from http://rsnz.natlib.govt.nz/volume/rsnz_55/rsnz_55_00_003930.html
- Hokowhitu, B. J. (2010). A genealogy of Indigenous resistance. In B. Hokowhitu, Kermoal, N., Andersen, C., Petersen, A., Reilly, M., Altamirano-Jimenez, I., & Rewi, P., (Eds.), *Indigenous identity and resistance: Researching the diversity of knowledge* (pp. 2017-225). Dunedin, New Zealand: Otago University Press.
- Hong, B., Arago-Kemp, V., Macfarlane, A., & Poulton, R., (2015, September 9). *He awa whiria - Braided rivers: Braiding across cultural paradigms*. Paper presented at the Australasian Evaluation Conference 2015, Melbourne, Australia.
- Houkamau, C. A. & Sibley, C. G. (2010). The multi-dimensional model of Māori identity and cultural engagement. *New Zealand Journal of Psychology*, 39 (1), 8-28.
- Howlett, M., & Ramesh, M. (2003). *Studying public policy: Policy cycles and policy subsystems* (2nd ed.). Don Mills, ONT: Oxford University Press.
- Hudson, M., Roberts, M., Smith, L., Tiakiwai, SJ. & Hemi, M. (2012). The art of dialogue with indigenous communities in the new biotechnology world. *New Genetics and Society*, 31(1), 11-24.
<http://dx.doi.org/10.1080/14636778.2011.597979>
- Huaman, E. S. (2014). ‘You’re trying hard, but it’s still going to die’: Indigenous youth and language tensions in Peru and the United States. *Anthropology & Education Quarterly*. 45 (1), 71-86. <https://doi:10.1111/aeq.12048>
- Human Rights Commission. (2008 - 2017). *UNDRIP and the Treaty*. Retrieved from <https://www.hrc.co.nz/your-rights/indigenous-rights/our-work/undrip-and-treaty/>

- Hunn, J. (1961). *Report on the Department of Maori Affairs: With statistical supplement, 24 August 1960*. Wellington: Government Print.
- Hurley, M. (2002). *The Crown's fiduciary relationship with Aboriginal peoples. Law and Government Division*. Retrieved from Library of Parliament's website:
<http://www.lop.parl.gc.ca/content/lop/ResearchPublications/prb0009-e.pdf>.
- Indian and Northern Affairs Canada. (2011). *Final Report: Evaluation of federal government's implementation of self-government and self- government agreements* (Project 07065). Retrieved from Indigenous and Northern Affairs Canada's website: <https://www.aadnc-aandc.gc.ca/eng/1325102789963/1325102827484#exe>
- Indigenous and Northern Affairs Canada. (2010). *The Government of Canada's approach to implementation of the inherent right and the negotiation of Aboriginal self-government*. Retrieved from Indigenous and Northern Affairs Canada's website: <https://www.aadnc-aandc.gc.ca/eng/1100100031843/1100100031844>
- Indigenous and Northern Affairs Canada. (2017). *Treaty Land Entitlement in Saskatchewan*. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100034825/1100100034826>
- Indigenous Peoples' Health Research Centre. (2005). *Knowledge translation and Indigenous knowledge symposium and consultation sessions*. (Final report). Retrieved from Indigenous Peoples' Health Research Centre website:
http://iphrc.ca/pub/documents/Knowledge_Translation_and_Indigenous_Knowledge_Symposium.pdf
- Intangible. (2017). In *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/intangible>
- Iwi Chairs Forum. (2017). *Nau mai, haere mai, tauti mai*. Retrieved from <http://iwichairs.maori.nz/>

- Joseph, R. (2005). *The government of themselves. Indigenous peoples' internal self-determination, effective self-governance and authentic representation: Waikato-Tainui, Ngāi Tahu, and Nisga'a*. (Unpublished doctoral thesis). University of Waikato, Hamilton, New Zealand.
- Kawharu, M. (2001, July). Local Māori development and government policies. *Social Policy Journal of New Zealand*, 16, 1-16.
- Keating, A. (2012). Speculative realism, visionary pragmatism, and poet-shamanic aesthetics in Gloria Anzaldúa - and beyond. *WSQ: Women's Studies Quarterly*, 40(3/4), 51-69. Retrieved from <https://www.jstor.org/stable/pdf/23333473.pdf?refreqid=excelsior%3A32f3f681e69a8696e0e46208d198c10c>
- Keatings, T., Innes, R., Laliberte, R., & Howe, E. (2012). *Taking the pulse of Saskatchewan 2012: Aboriginal issues in Saskatchewan*. Saskatoon, Sask: Social Sciences Research Laboratories, University of Saskatchewan.
- Kelly-Scott, K. (2016, March 14). Aboriginal Peoples: Facts sheets (ISBN 978-0-660-02926-9). Retrieved from <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016009-eng.pdf>
- Kelsey, J. (1993). *Rolling back the State: Privatisation of power in Aotearoa/New Zealand*. Wellington, New Zealand: Bridget Williams Books.
- Kelsey, J. (1995). *The New Zealand experiment: A world model for structural adjustment?* Auckland, New Zealand: Auckland University Press.
- Kennett, P. (2001). *Comparative social policy: Theory and research*. Buckingham; Philadelphia: Open University Press.
- Kemp-Arago, V & Hong, B. (2018). *Building cultural perspectives*. Wellington, New Zealand: Social Policy Evaluation and Research Unit.
- Kennett, P. (Ed.). (2004). *A handbook of comparative social policy*. Cheltenham, UK; Northampton, MA: Edward Elgar.

- Kerr, H. (2007). Indigenous navigational knowledge and recovery. In S. Edwards, Hunia, R., (Ed.), *Toroa Te Nukuroa Volume II: Tradition and values in Frameworks of being* (pp. 9). Te Awamutu: Te Wānanga o Aotearoa.
- Kincheloe, J. L. (2011). Critical Ontology and Indigenous Ways of Being. In K. Hayes, S. R. Steinberg, & K. Tobin (Eds.), *Key Works in Critical Pedagogy* (pp. 333-349). Rotterdam: Sense Publishers.
- King, A. (2000, June 30). Memorandum to Cabinet Social Policy and Health Committee Sector Design: Māori Issues. Retrieved from the official website of the New Zealand government:
<https://www.beehive.govt.nz/feature/memorandum-cabinet-social-policy-and-health-committee-sector-design-maori-issues>
- King, M., Smith, A., Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *Lancet* 374, 76-85. [https://doi.org/10.1016/S0140-6736\(09\)60827-8](https://doi.org/10.1016/S0140-6736(09)60827-8)
- Kiro, C. (2001). *Kimihia Hauora Māori: Māori health policy and practice*. (Doctor of Philosophy, Massey University Albany, Albany, New Zealand). Retrieved from
http://mro.massey.ac.nz/xmlui/bitstream/handle/10179/2166/01_front.pdf?sequence=2&isAllowed=y
- Kornelsen, D., Boyer, Y., Lavoie, J., Dwyer, J. (2015/2016). Reciprocal accountability and fiduciary duty: Implications for Indigenous health in Canada, New Zealand and Australia. *Australian Indigenous Law Review*, 19(2), 17-33.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations and contexts*. Toronto: University of Toronto Press Incorporated.
- Kukutai, T. (2012). Quantum Māori, Māori quantum: State constructions of Māori identities in the census, 1857/8-2006. In McClean, R., Patterson, B., Swain,

- D., (eds). (2012). *Counting stories, moving ethnicities: Studies from Aotearoa New Zealand*. Hamilton, New Zealand: University of Waikato.
- Kukutai, T. (2011). Māori demography in Aotearoa New Zealand: Fifty years on. *New Zealand Population Review*, 37, 45-64.
- Land Claims Agreements Coalition. (n.d.). *What is a Modern Treaty?* Retrieved from <http://landclaimscoalition.ca/modern-treaty/>
- Lavoie, J. G. (2013). Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. *International Journal of Circumpolar Health* 2013, 72(1): 1-7. <http://dx.doi.org/10.3402/ijch.v72i0.22690>
- Lavoie, J. G., Browne, A. J., Varcoe, C., Wong, S., & Fridkin, A. (2015). Missing pathways to self-governance: Aboriginal health policy in British Columbia. *The International Indigenous Policy Journal*, 6(1), 1-18. <http://dx.doi.org/10.18584/iipj.2015.6.1.2>
- Lavoie, J., Boulton, A., & Dwyer, J. (2012). Analysing contractual environments: Lessons from Indigenous health in Canada, Australia and New Zealand. *Public Administration*, 88(3), 665-679.
- Lavoie, J., O'Neil, J., Reading, J., & Allard, Y. (2008). Community healing and Aboriginal self-government. In Belanger, Y. (Ed), *Aboriginal self-government in Canada: Current trends and issues*. (3rd ed., pp. 173-205). SK, Canada: Purich Publishing Limited.
- Leichter, H. (1979). *A comparative approach to policy analysis: Health care policy in four nations*. Cambridge: Cambridge University Press.
- Lendvai, N., & Bainton, D. (2013). Translation: Towards a critical comparative social policy agenda. In Kennett, P. (Ed). *A handbook of comparative social policy*. (2nd ed., pp 115-134). Massachusetts, USA: Edward Elgar Publishing.

- Lenzerini, F. (2014). Conclusive notes: Defining best practices and strategies for maximizing the concrete chances of reparation for injuries suffered by Indigenous peoples. In F. Lenzerini (Ed.), *Reparations for Indigenous peoples: International and comparative perspectives* (pp. 605-623). Oxford, UK: Oxford University Press.
- Lester, A. a. D., F.,. (2008). Trajectories of protection: Protectorates of Aborigines in early 19th century Australia and New Zealand. *New Zealand Geographer*, 64, 15. 10.1111/j.1745-7939.2008.00146
- Mabbett, D., Bolderson, H. (1999). Theories and methods in comparative social policy. In Clasen, J. (Ed), *Comparative social policy: Concepts, theories and methods*. (pp. 34-56). Malden, MASS; Oxford: Blackwell Publishers.
- Macfarlane, A. H. (2012). “Other” education down-under: Indigenising the discipline for psychologists and specialist educators. *Other Education: The Journal of Educational Alternatives*, 1(1), 205-225.
- Magallanes, C. I. (2011). The use of tangata whenua and manawhenua in New Zealand legislation: Attempts at cultural recognition. *Victoria University of Wellington Law Review*, 42, 259-276.
- Magallanes, C. J. I. (1999). International human rights and their impact on the domestic law on Indigenous peoples' rights in Australia, Canada and New Zealand. In P. Havemann (Ed.), *Indigenous Peoples' Rights in Australia, Canada and New Zealand* (pp. 235-276). Melbourne, Australia: Oxford University Press.
- MAI Review. (n.d.). *Glossary of Māori words and terms from articles* [Glossary]. Auckland, New Zealand: Ngā Pae o te Māramatanga. Retrieved from http://ojs.review.mai.ac.nz/info/mai_review_glossary_of_words.pdf
- Marmor, T., Freeman, R., & Okma, K. (2005). Comparative perspectives and policy learning in the world of health care. *Journal of Comparative Policy*

Analysis: Research and Practice, 7 (4), 331-348.

<http://dx.doi.org/10.1080/13876980500319253>

Mataamua, R. (2017). *Matariki: The star of the year*. Wellington: Huia Publishers.

Mauri Holders Hui. (2008). *Te Hau Mihi Ata – PowerPoint PPT Presentation* [PowerPoint slides]. Retrieved from SlideServe website:

<https://www.slideserve.com/heinz/te-hau-mihi-ata>

McClintock, K., Moeke-Maxwell, T., & Mellsop, G. (2011). Appropriate child and adolescent mental health services: Māori caregivers' perspectives. *Pimatisiwin: Journal of Aboriginal and Indigenous Community Health*, 9 (2), 387-398.

McDonald, R.-A. J. (2007, November 29). *Assembly of First Nations: National First Nations Language Implementation Plan* (Supplement to the National First Nations Languages Strategy). Retrieved from Office of the High Commissioner United Nations human rights website:
<http://www.ohchr.org/Documents/Issues/IPeoples/EMRIP/StudyLanguages/AssemblyFirstNations5.pdf>

McGrane, D. (2011). Introduction: Public policy in the New Saskatchewan. In D. P. McGrane (Ed.), *New directions in Saskatchewan public policy*. Saskatchewan, Canadian Plains Research Center Press.

Mead, A. T. P. (1994). *Ngā tikanga, ngā taonga: Cultural and intellectual and property: The rights of Indigenous peoples* (Monograph No.3). Auckland, New Zealand: Research Unit for Māori Education, The University of Auckland.

Mead, H. M. (2003). *Tikanga Māori: Living by Māori values*. Wellington, Aotearoa New Zealand: Huia Publishers.

Mead, L. T. T. R. (1996). *Ngā aho o te kākahu mātauranga: The multiple layers of struggle by Māori in education*. (Unpublished doctoral thesis. University of Auckland, Auckland, New Zealand).

Meredith, P. (2000, February 22-24). *Urban Māori as 'New Citizens': The quest for recognition and resources*. Paper presented at the Revisioning citizenship in New Zealand Conference, University of Waikato. Retrieved from <http://lianz.waikato.ac.nz/PAPERS/paul/URBAN%20MAORI.pdf>

Meredith, P. (2012). *Urban Māori - Māori Language Petition Memo*. *Māori New Zealanders*. Retrieved from <http://www.teara.govt.nz/en/document/3584/maori-language-petition-memo>

Métis Centre - National Aboriginal Health Organisation. (2008). *In the words of our ancestors: Métis health and healing*. Retrieved from National Aboriginal Health Organisation website: http://www.naho.ca/documents/Métiscentre/english/TK_IntheWordsofOurAncestorsMétisHealthandHealing.pdf

Métis Nation. (n.d.). *Who are the Métis? The Métis Nation*. Retrieved from <http://www.Métisnation.ca/index.php/who-are-the-Métis>

Métis Nation – Saskatchewan. (2009). *About Métis Nation – Saskatchewan*. Retrieved from <https://www.metisnation.sk.com/pages/about.html>

Métis Settlements Act 2015, Alberta, Canada.

Michell, D. H., Vizina, Y., Augustus, C., & Sawyer, J. (2008, November). *Learning Indigenous science from place* (Draft report). Retrieved from Aboriginal Education Research Centre (AERC) website: <http://aerc.usask.ca/downloads/Learning-Indigenous-Science-From-Place.pdf>

Mika, C. (2010). A chance for ontology. *MAI Review*, 2, 1-3. Retrieved from <http://www.review.mai.ac.nz/index.php/MR/article/viewFile/341/480>

- Mika, C. (2015). Counter-colonial and philosophical claims: An indigenous observation of Western philosophy. *Educational Philosophy and Theory*, 47(11), 1136-1142. <http://dx.doi.org/10.1080/00131857.2014.991498>
- Mika, C. (2015). The co-existence of self and thing through ira. *Journal of Aesthetics and Phenomenology*, 2(1), 93-112. <http://dx.doi.org/10.1080/20539320.2015.11428461>
- Mika, C. (2017). *Indigenous education and the metaphysics of presence: A worlded philosophy*. Oxon, England: Routledge.
- Mika, C. T. H. (2011). Overcoming 'Being' in favour of knowledge: The fixing effect of 'matauranga'. *Educational Philosophy and Theory*, 44(10), 1080-1092. <http://dx.doi.org/10.1111/j.1469-5812.2011.00771.x>
- Mika, C. T. H. (2015). 'Thereness': Implications of Heidegger's 'presence' for Māori. *Alternative*, 11(1), 3-13.
- Mika, C. T. H. L. (2013). *Reclaiming mystery: A Māori philosophy of Being, in light of Novalis' ontology*. (Doctoral thesis, University of Waikato, Hamilton). Retrieved from <http://researchcommons.waikato.ac.nz/bitstream/handle/10289/7450/thesis.pdf?sequence=3&isAllowed=y>
- Mika, C., & Southey, K. (2016). Exploring whakaaro: A way of responsive thinking in Māori research. *Educational Philosophy and Theory*, 1-9. <http://dx.doi.org/10.1080/00131857.2016.1204905>
- Mikaere, A. (2000). *Māori and self-determination in Aotearoa /New Zealand*. (Working paper, University of Waikato, Development Studies Programme, no. 2000/5). Hamilton, N.Z.: Dept. of Development Studies, University of Waikato.
- Mikaere, A. (2003). *The balance restored: The consequences for Māori women of the colonisation of tikanga Māori* (Mana Wahine monograph series,

Monograph 1). Auckland, New Zealand: International Research Institute for Māori and Indigenous Education.

Mikaere, A. (1994). Māori women: Caught in the contradictions of a colonized reality. *Waikato Law Review*. Volume 2.

https://www.waikato.ac.nz/law/research/waikato_law_review/pubs/volume_2_1994/7

Minister of Indian Affairs and Northern Development. (1997). *Gathering strength: Canada's Aboriginal Action Plan*. Ottawa, Canada: Minister of Public Works and Government. Retrieved from <http://www.ahf.ca/downloads/gathering-strength.pdf>.

Ministry of Business, Innovation and Employment [NZ]. (2018). *Vision Mātauranga Policy*. Retrieved from <https://www.mbie.govt.nz/info-services/science-innovation/agencies-policies-budget-initiatives/vision-matauranga-policy/?searchterm=vision%20matauranga%2A>

Ministry of Education. (2015). *Strategy approach: Ka Hikitia - Managing for success: The Māori education strategy 2008-2012*. Retrieved from <http://www.education.govt.nz/ministry-of-education/overall-strategies-and-policies/the-maori-education-strategy-ka-hikitia-accelerating-success-20132017/history/ka-hikitia-managing-for-success-2008-2012/strategy-approach/>

Ministry of Government Relations. (2015). *Ministry of Government Relations: Annual Report for 2015-2016*. Retrieved from <http://www.finance.gov.sk.ca/PlanningAndReporting/2015-16/2015-16GovernmentRelationsAnnualReport.pdf>.

Ministry of Health. (1994). *Maori and the health reforms: The Crown obligations under the Treaty of Waitangi and the impact of MMP*. Retrieved from [http://www.moh.govt.nz/notebook/nbbooks.nsf/0/769AD815BA6639D14C25688D006F91FB/\\$file/Maori%20and%20the%20health%20reforms.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/769AD815BA6639D14C25688D006F91FB/$file/Maori%20and%20the%20health%20reforms.pdf)

- Ministry of Health. (1995). *Te ara tohu: Strategic management plan for Māori health 1994 - 1999*. Wellington: Ministry of Health. Retrieved from Ministry of Health website:
[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/2BA1EE6A63D5FDD14C2565D7000DF5FF/\\$file/te-ara-tohu.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/2BA1EE6A63D5FDD14C2565D7000DF5FF/$file/te-ara-tohu.pdf)
- Ministry of Health. (1996). *Ngā iwi Māori me hauora Māori: Māori and Māori health – A report to the Māori Affairs Select Committee*. Retrieved from [http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/4891D2BF9C44DE364C25678F0081C549/\\$file/Nga%20Iwi%20Maori.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/4891D2BF9C44DE364C25678F0081C549/$file/Nga%20Iwi%20Maori.pdf)
- Ministry of Health. (2001). *Sexual and reproductive health strategy: Phase one*. Wellington: Ministry of Health.
- Ministry of Health. (2002). *He korowai oranga: Māori health strategy*. Wellington, Ministry of Health.
- Ministry of Health. (2003). *Sexual and reproductive health: A resource book for New Zealand health care organisations*. Wellington: Ministry of Health.
- Ministry of Health. (2014). *He korowai oranga (updated)*. Retrieved from <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>
- Ministry of Health. (2014). *Strengthening He Korowai Oranga*. Wellington: Ministry of Health
- Ministry of Health. (2014). *The guide to He Korowai Oranga: Māori Health Strategy 2014*. Wellington, New Zealand: Ministry of Health. Retrieved from Ministry of Health website:
<http://www.health.govt.nz/system/files/documents/publications/guide-to-he-korowai-oranga-maori-health-strategy-jun14-v2.pdf>.
- Ministry of Health. (2014). *Tikanga - ā - Rongoā*. Wellington: Ministry of Health
Retrieved from Ministry of Health website:

<http://www.health.govt.nz/system/files/documents/publications/tikanga-arongoa-english-apr14-v2.pdf>.

Ministry of Health. (2016, March). From the Director-General of Health Chai Chuah. *Ngā kōrero: Māori health newsletter*.

Ministry of Research, Science and Technology. (2007). *Vision Mātauranga: Unlocking the innovation potential of Māori knowledge, resources and people*. Retrieved from Ministry of Business, Innovation and Enterprise website: <http://www.mbie.govt.nz/info-services/science-innovation/pdf-library/vm-booklet.pdf>

Ministry of Social Development. (2010). *Whānau ora: Report of taskforce on whānau-centred initiatives*. Retrieved from Ministry of Social Development website: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/whanau-ora/whanau-ora-taskforce-report.pdf>

Mitrou, F., Cooke, M., Lawrence, D., Povah, D., Mobila, E., Guimond, E., & Zubrick, S. (2014). Gaps in Indigenous disadvantage not closing: a census cohort study of social determinants of health in Australia, Canada and New Zealand from 1981 - 2006. *BMC Public Health* 2014, 14(201), 1-9. <https://doi.org/10.1186/1471-2458-14-201>

Moewaka-Barnes, H. (2006). Transforming science: How our structures limit innovation. *Social Policy Journal of New Zealand*, November (29), 1-16.

Moeke-Pickering, T. M. (1996). *Māori identity within whanau: A review of the literature*. Hamilton, New Zealand: University of Waikato.

Moss, W., Gardner-Toole, E. (1991, November). *Aboriginal people: History of discriminatory laws*. Retrieved from Government of Canada Publications website: [http://publications.gc.ca/Collection-R/LoPBdP/BP/bp175-e.htm#\(36\)](http://publications.gc.ca/Collection-R/LoPBdP/BP/bp175-e.htm#(36))

Murphy, N. (2011). *Te awa atua, te awa tapū, te awa wahine: An examination of stories, ceremonies, and practices regarding menstruation in the pre-colonial Māori world*. (Master's thesis, University of Waikato, Hamilton, New Zealand). Retrieved from <http://researchcommons.waikato.ac.nz/handle/10289/5532>

National Aboriginal Lands Managers Association (NALMA). (2018). *Policy documents and implementation agreements: "Building a path to reconciliation and decolonisation for nation-to-nation government-to-government relations"*. Retrieved from <http://www.nalma.ca/wp-content/uploads/2016/01/Policy-Documents-and-Implementation-Agreements-1Jan2016.pdf>

Napolean, V. (2009). Aboriginal discourse: Gender, identity and community. In B. Richardson, Imai, S., & McNeil, K., (Eds.), *Indigenous peoples and the law: Comparative and critical perspectives* (pp. 24). Oregon, US: Hart Publishing.

National Aboriginal Health Organisation (NAHO). (2008, January). *An overview of traditional knowledge and medicine and public health in Canada*. Ottawa: Author. Retrieved from National Aboriginal Health Organisation website: <http://www.naho.ca/documents/naho/publications/tkOverviewPublicHealth.pdf>

National Aboriginal Health Organisation (NAHO). (n.d.). *Publications: Terminology*. Retrieved from National Aboriginal Health Organisation website: <http://www.naho.ca/publications/topics/terminology/>

National Advisory Committee on Health and Disability (National Health Committee). (2002, June). *Improving Māori health policy: A framework to improve Māori health policy*. Wellington: National Health Committee. Retrieved from Ministry of Health website:

[http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/954C92A7EC3D9435CC256C36007D5647/\\$file/ImprovingMaoriHealthPolicy.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/954C92A7EC3D9435CC256C36007D5647/$file/ImprovingMaoriHealthPolicy.pdf)

National Collaborating Center for Aboriginal Health. (2012). *The state of knowledge of Aboriginal health: A review of Aboriginal public health in Canada*. Prince George, BC: Author. Retrieved from National Collaborating Centre for Aboriginal Health website: https://www.ccnsa-nccah.ca/495/State_of_knowledge_of_Aboriginal_health_A_review_of_A_boriginal_public_health_in_Canada.nccah?id=52

National Collaborating Centre for Aboriginal Health (2011). *Setting the context: The Aboriginal health legislation and policy framework in Canada*. British Columbia, University of Northern British Columbia. National Collaborating Centre on Aboriginal Health website: <http://www.arnbccommunitiesofpractice.ca/ahnn/wp-content/uploads/2015/03/Health-Legislation-Policy-eng.pdf>

Native Women's Association of Canada. (2010). *Aboriginal women and Aboriginal Traditional Knowledge (ATK): Input and insight on Aboriginal Traditional Knowledge*. Retrieved from Native Women's Association of Canada website: <https://nwac.ca/wp-content/uploads/2015/05/2014-NWAC-Aboriginal-Women-and-Aboriginal-Traditional-Knowledge-Report1.pdf>

Nepe, T. M. (1991). *Te toi huarewa tipuna: Kaupapa Māori, an educational intervention system*. (Unpublished masters thesis, University of Auckland, Auckland).

New Zealand Intellectual Property Office. (2016). *Protecting intellectual property with a Māori cultural element: User Guide*. Wellington, New Zealand: Ministry of Business, Innovation and Employment. Retrieved from New Zealand Intellectual Property Office website: <https://www.iponz.govt.nz/assets/pdf/maori-ip/protecting-ip-with-a-maori-cultural-element.pdf>

- New Zealand Qualifications Authority. (2012). *Conversations on Mātauranga Māori*. Retrieved from New Zealand Qualifications Authority website:<http://www.nzqa.govt.nz/assets/Maori/ConversationsMMv6AW-web.pdf>
- New Zealand Qualifications Authority. (2014). *Enhancing Mātauranga Māori and global Indigenous knowledge*. Retrieved from New Zealand Qualifications Authority website:<http://www.nzqa.govt.nz/maori/te-rautaki-maori/enhancing-matauranga-maori-and-global-indigenous-knowledge/>
- Newman, D. (2017, August 3). Ottawa's sly change on consent may damage Indigenous relationships. *The Globe and Mail*. Retrieved from <https://beta.theglobeandmail.com/opinion/ottawas-sly-change-on-consent-may-damage-indigenous-relationships/article35863756/?ref=http://www.theglobeandmail.com&>
- Newman, D. G. (2009). *The duty to consult: New relationships with Aboriginal peoples*. Saskatoon, Saskatchewan: Purich Publishing Ltd.
- Nisga'a Lisims Government. (n.d.). *Continuation of Ayaak*. Retrieved from <http://www.nisgaanation.ca/continuation-ayuuk>
- Nisga'a Lisims Government. (n.d.). *Nisga'a language jurisdiction*. Retrieved from <http://www.nisgaanation.ca/nisgaa-language-jurisdiction>
- Nolan, F. (2002). *Census snapshot: Māori*. Retrieved from Stats New Zealand website:
http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/census-snapshot-maori.aspx
- O'Carroll, A. D. (2013). *Kanohi ki te kanohi – a thing of the past?: An examination of Māori use of social networking sites and the implications for Māori culture and society* (Doctoral thesis, Massey University, New Zealand). Retrieved from <http://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humaniti>

[es%20and%20Social%20Sciences/Shore/reports/OCARROLL%20A%20D%20-%20PhD%20Thesis.pdf](#)

OECD. (1996). *The knowledge-based economy*. Retrieved from <https://www.oecd.org/sti/sci-tech/1913021.pdf>

Office of the Auditor-General (2015). *Whānau ora: The first four years*. Wellington, New Zealand: Audit New Zealand. <https://www.oag.govt.nz/2015/whanau-ora>

Office of the Treaty Commissioner. (1998, October). *Statement of Treaty issues: Treaties as a bridge to the future*. Retrieved from James Smith Cree Nation website: <http://www.jamesmithcree.com/downloads/TREATIES%20AS%20A%20BRIDGE.pdf>

Office of the Treaty Commissioner (2017). *Follow the Treaty Table*. Retrieved from http://www.otc.ca/pages/follow_the_treaty_table.html

Office of the Treaty Commissioner. (2007). *Treaty implementation: Fulfilling the covenant*. Retrieved from Christian Aboriginal Infrastructure Developments website: <http://caid.ca/TreImplFulCov2007.pdf>

Office of Treaty Settlements. (2015). *Ka tika ā muri, ka tika ā mua - Healing the past, building a future: A guide to Treaty of Waitangi claims and negotiations with the Crown*. Wellington, New Zealand: Office of Treaty Settlements. Retrieved from: <https://www.govt.nz/assets/Documents/Red-Book-Healing-the-past-building-a-future.pdf>

Orange, C. (2013). *The Treaty of Waitangi*. New Zealand: Bridget Williams Books.

O'Sullivan, D. (2001). Māori education and principles of self-determination in the twenty-first century. *Waikato Journal of Education*, 7, 157-170.

- O'Sullivan, D. (2006). Needs, rights, nationhood, and the politics of indigeneity. *MAI Review*, 1(1), 1-12. Retrieved from:
<http://www.review.mai.ac.nz/index.php/MR/article/view/1/1>
- O'Sullivan, D. (2008). The Treaty of Waitangi in contemporary New Zealand politics. *Australian Journal of Political Science*, 43(2), 317-333.
<http://dx.doi.org/10.1080/10361140802035804>
- Palmater, P. D. (2011). *Beyond blood: Rethinking Indigenous identity*. Saskatoon: Purich Publishing Limited.
- Papillon, M. (2008). Aboriginal quality of life under a modern treaty: Lessons from the experience of the Cree Nation of Eeyou Istchee and the Inuit of Nunavik. *IRPP Choices*, 14(9), 1-28. Retrieved from: <http://irpp.org/wp-content/uploads/assets/research/aboriginal-quality-of-life/aboriginal-quality-of-life-under-a-modern-treaty/vol14no9.pdf>
- Parata, H. (1994, December). Mainstreaming: A Māori Affairs policy? *Social Policy Journal of New Zealand* (3), 1-13. Retrieved from:
<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj03/03-maori-affairs-policy.html>
- Parata, H., Durie, M. (1993). *A report for the Department of Health on how it can meet the Government's Māori health objectives*. Wellington, Department of Health.
- Parsons, T., & Mayhew, L. (1982). *Talcott Parsons on institutions and social evolution: Selected writings* (The Heritage of sociology). Chicago: University of Chicago Press.
- Peach, I. (2004, June 8). *Managing complexity: The lessons of horizontal policy-making in the provinces*. Public Lecture given at the Saskatchewan Institute of Public Policy, University of Regina. Retrieved from oURspace website:

<http://ourspace.uregina.ca/bitstream/handle/10294/6607/SIPP%20The%20Scholar%20Series%20Spring-Summer%202004.pdf?sequence=1>

- Peters, M., & Mika, C. (2015). Te reo Māori, philosophy and colonialism: A conversation with Māori philosopher Carl Mika. *Analysis and Metaphysics*, 14, 101-110.
- Penehira, M. (2011). *Mouri Tu, Mouri Moko, Mouri Ora! Moko as a wellbeing strategy* (Thesis, Doctor of Philosophy (PhD)). University of Waikato, Hamilton, New Zealand. Retrieved from <http://hdl.handle.net/10289/5945>
- Pihama, L. (1996). Policy constructions: In whose interest? A critical analysis of Parents as First Teachers in relation to Māori education. *Social Policy Journal of New Zealand*. 7. Retrieved from <https://www.msdc.govt.nz/about-msdc-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj07/7-policy-constructions-in-whose-interest-a-critical-analysis-of-parents-as-first-teachers-in-relation-to-mori-education.html>
- Pihama, L. (2001). *Tihei mauri ora: honouring our voices: mana wahine as a kaupapa Māori theoretical framework*. (Unpublished doctoral thesis). University of Auckland, Auckland.
- Poata, T., & Poata, P. (2012). *Poata: Seeing beyond the horizon: A memoir*. Wellington, N.Z.: Steele Roberts.
- Pool, I., & Kukutai, T. (2011). Taupori Māori - Māori population change. In *Te Ara - the Encyclopedia of New Zealand* (pp. 1-4). <http://www.teara.govt.nz/en/taupori-maori-maori-population-change/>: Ministry for Culture and Heritage, Wellington. Retrieved from <http://www.teara.govt.nz/en/taupori-maori-maori-population-change/>
- Poitras-Pratt, Y., Andersen, C., Contreras, G., & Dokis-Jansen, K. (n.d.). *Painting a picture of the Métis homeland: Synthesizing knowledge about Métis education, employment and training*. Retrieved from Rupertsland Institute website:

http://www.rupertsland.org/Painting_a_Picture_of_the_M%C3%A9tis_Homeland.pdf

Prime Minister announces permanent working group with Indigenous leaders, cash to preserve residential school history. (2016, December 15). *APT National News*. Retrieved from <http://aptnnews.ca/2016/12/15/prime-minister-announces-permanent-working-group-with-indigenous-leaders-cash-to-preserve-residential-school-history/>

Promislow, J. (2014). Treaties in history and law. *UBC Law Review*, 47(3), 1085-1183

Representation Commission. (2014). *Report of the Representation Commission: A report to the Governor-General of New Zealand pursuant to section 40 of the Electoral Act 1993* (to be presented to the House of Representatives pursuant to section 41 of the Electoral Act 1993). Retrieved from Electoral Commission website: http://www.elections.org.nz/sites/default/files/bulk-upload/documents/report_of_the_representation_commission_2014.pdf

Rewi, A. (2012). Karanga: A call from the heart. *Te Karaka*, 54, Makariri, 23-26. Retrieved from <http://ngaitahu.iwi.nz/wpcontent/uploads/2013/09/TeKaraka54.pdf>

Richardson, B. J., Imai, S., & McNeil, K. (Eds.). (2009). *Indigenous peoples and the law - Historical, comparative and contextual issues*. Oxford: Oregon: Hart Publishing.

Richmond, L. (2013). Incorporating Indigenous rights and environmental justice into fisheries management: Comparing policy challenges and potentials from Alaska and Hawai'i. *Environmental Management*, 52: 1071-1084. <https://doi.org/10.1007/s00267-013-0021-0>

Ringold, D. (2005). *Accounting for diversity: Policy design and Māori development in Aotearoa New Zealand*. Retrieved from Fullbright New Zealand website: <http://www.fulbright.org.nz/publications/2005-ringold/>

- Robb, M. (2014). *When two worlds collide: Mātauranga Māori, science, and the health of the Toreparu wetland*. (Master's thesis, University of Waikato, Hamilton, New Zealand). Retrieved from <http://researchcommons.waikato.ac.nz/handle/10289/8776>
- Robson, B., & Reid, P. (2001). Ethnicity matters: Review of the measurement of ethnicity in official statistics Māori perspectives paper for consultation. For Statistics New Zealand. Retrieved from <http://www.stats.govt.nz/~media/Statistics/browse-categories/population/census-counts/review-measurement-ethnicity/ethnicity-matters.pdf>
- Robson, B., & Harris, R. (2007). *Hauora: Māori standards of health IV. A study of the years 2000-2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. Retrieved from <http://www.otago.ac.nz/wellington/otago067759.pdf>
- Robust, Te Tuhi (2006). *Te kaitārei are tangata whenua mo te Whare Wānanga: Ēhara, he hara ranei? Developing indigenous infrastructure in the University: 'Another era or another error?'*. (Doctoral thesis, University of Auckland, Auckland, New Zealand). Retrieved from <https://researchspace.auckland.ac.nz/handle/2292/275>
- Robson, B., Reid, P. (2001). *Ethnicity matters: Review of the measurement of ethnicity in official statistics - Māori perspectives paper for consultation*. Retrieved from Stats NZ website: http://www.stats.govt.nz/browse_for_stats/population/census_counts/review-measurement-of-ethnicity/maori-perspective.aspx
- Rose, R. (2005). *Learning from comparative public policy: A practical guide*. London and NY: Routledge.
- Royal Commission on Aboriginal Peoples. (1996). *Volume 1: Looking forward, looking back* (Report of the Royal Commission on Aboriginal Peoples).

Retrieved from Christian Aboriginal Infrastructure Developments website:
<http://caid.ca/RepRoyCommAborigPple.html>

Royal Commission on Social Policy (1988). *The April report: Report of the Royal Commission on Social Policy, Te Kōmihana a te Karauna Mō Ngā Āhuatanga-Ā-Iwi*. (Appendix to the Journals of the House of Representatives of New Zealand). Wellington, New Zealand: The Commission.

Royal, T. A. C. (Ed.). (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Otaki, New Zealand: Te Wānanga o Raukawa.

Royal, T. A.. (2007, February). *Traditional knowledge: Some comments*, Version 3. New Zealand: Mauriora Ki Te Ao: Living Universe Ltd.

Royal, T. A. C. (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Otaki: Te Wānanga o Raukawa.

Ruru, J. A. (2012). *Settling Indigenous place: Reconciling legal fictions in governing Canada and Aotearoa New Zealand's National Parks* (Doctoral thesis, University of Victoria). Retrieved from https://dspace.library.uvic.ca/bitstream/handle/1828/3965/Ruru_Jacinta_Ph_D_2012.pdf?sequence=6&isAllowed=y

Russell, P. (2005). *Recognising Aboriginal Title: The Mabo Case and Indigenous resistance to English-Settler Colonialism*. Toronto, Buffalo, London: University of Toronto Press.

Saskatchewan Bureau of Statistics (2008, January 15). *Saskatchewan Aboriginal Peoples: 2006 Census of Canada*. Retrieved from <http://www.stats.gov.sk.ca/stats/pop/2006%20Census%20Aboriginal%20Peoples.pdf>

- Saskatchewan Bureau of Statistics. (2017, August 2). *Saskatchewan language: 2016 Census of Canada*. Retrieved from <http://www.stats.gov.sk.ca/stats/pop/2016%20Languages.pdf>
- Saskatchewan Education, Training and Employment. (1994). *Aboriginal languages: A curriculum guide for kindergarten to grade 12*. Retrieved from http://publications.gov.sk.ca/documents/11/40576-Aboriginal_Languages_K-12_1994.pdf.
- Saskatchewan Indian Cultural Centre. (n.d.). *History*. Retrieved from http://www.sicc.sk.ca/archive/heritage/ethnography/fsin/fsin_history.html
- Saskatchewan Indian. (1993). Self-determination conference held in Saskatoon. *Saskatchewan Indian*. 22(4), p. 15. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a93apr15.htm>
- Saskatchewan Indian. (1996). FSIN and federal government sign renewal of OTC. *Saskatchewan Indian*. 26(01), 4-5. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a96dec04.htm>
- Saskatchewan Indian. (1999/2000). Treaty governance processes. *Saskatchewan Indian*. 30 (1), 22-24. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a9900win22.htm>
- Saskatchewan Ministry of Education. (2009). *Inspiring success: Building towards student achievement - First Nations and Métis Education Policy Framework*. Regina, Saskatchewan: Saskatchewan Ministry of Education.
- Scase, R. (2014). *Industrial society: class, cleavage and control*. Retrieved from <https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz>
- Secretariat for the Convention on Biological Diversity. (n.d.). *Article 8. In-situ Conservation*. Retrieved from <https://www.cbd.int/convention/articles/default.shtml?a=cbd-08>

- Senate of Canada. (n.d.). *About the Senate*. Retrieved from <https://sencanada.ca/en/about/>
- Senate of Canada. (n.d.). *Standing Committee – Aboriginal Peoples*. Retrieved from <https://sencanada.ca/en/committees/APPA>
- Settee, P. (2007). *Pimatisiwin: Indigenous knowledge systems, our time has come*. (Doctoral thesis, University of Saskatchewan, Saskatoon). Retrieved from https://ecommons.usask.ca/bitstream/handle/10388/etd-04302007-084445/settee_p.pdf?sequence=1&isAllowed=y
- Shea, B., Aspin, C., Ward, J., Archibald, C., Dickson, N., McDonald, A., Penehira, M... Anderson, N. (2011). HIV diagnoses in indigenous peoples: comparison of Australia, Canada and New Zealand. *International Health*, 3(3), 193-198. <http://dx.doi.org/10.1016/j.inhe.2011.03.010>
- Sholtz, C. (2006). *Negotiating claims: The emergence of Indigenous land claim negotiation policies in Australia, Canada, New Zealand and the United States*. New York: Routledge.
- Sholtz, C. (2010). Land claim negotiations and indigenous claimant legibility in Canada and New Zealand. *Political Science*. 62 (1), 37-61. <https://doi:10.1177/0032318710368987>
- Signal, L., Martin, J., Reid, P., Carroll, C., Howden-Chapman, P., Ormsby, V. K., Richards, R., Robson, B, & Wall, T. (2007). Tackling health inequalities: moving theory to action. *International Journal for Equity in Health*, 6, 12. <http://doi.org/10.1186/1475-9276-6-12>
- Simeone, T. (2004). *Indigenous traditional knowledge and intellectual property rights*. Retrieved from Library of Parliament, Parliamentary Research Branch website: <https://lop.parl.ca/Content/LOP/ResearchPublications/prb0338-e.pdf>

- Smith, C. T. W. S. (1994). *Kimihia te māramatanga: Colonisation and iwi development*. (Unpublished Masters thesis). University of Auckland, Auckland, New Zealand.
- Smith, G. (1997). Controlling knowledge: The implications of cultural and intellectual property rights. An interview with Graham Hingangaroa Smith. In International Research Institute for Māori and Indigenous Education (IRI) (Ed.), *Cultural and intellectual property rights: Economics, politics & colonisation (Volume Two)*. Auckland, New Zealand: International Research Institute for Māori and Indigenous Education (IRI).
- Smith, G. H. (1997). *The development of Kaupapa Māori: Theory and praxis*. (Unpublished doctoral thesis). University of Auckland, Auckland, New Zealand.
- Smith, G. H., Fitzsimons, P. & Roderick, M. (1998). *A scoping report: Kaupapa Māori frameworks for labour market programmes*. Auckland, New Zealand: University of Auckland.
- Smith, G. (2015). *Presentation to Tuia te Ako Conference*. Paper presented at the Tuia te Ako Conference, Lincoln University, Christchurch. Retrieved from <https://ako.aotearoa.ac.nz/download/ng/file/group-4188/graham-smith--revitalising-the-struggle-for-maori-education.pdf>
- Smith, J. & Abel, S. (2008). Ka whawhai tonu mātou: Indigenous television in Aotearoa/New Zealand. *New Zealand Journal of Media Studies*, 11(1), 1-14.
- Smith, L. T. (1999). *Decolonising methodologies: Research and Indigenous Peoples*. Dunedin, New Zealand: University of Otago Press.
- Smith, L. T. (2006). Researching in the margins: Issues for Māori researchers - A discussion paper. *Alternative: An International Journal of Indigenous Scholarship: Special Supplement*, 2(1), 5-27.

- Smith, L., Hemi, M., Hudson, M., Roberts, M., Tiakiwai, S., & Baker, M., (2013). *Dialogue at the cultural interface: A report for Te hau mihi ata: Mātauranga Māori, science & biotechnology*. Hamilton, University of Waikato.
- Smylie, J. (2000). A guide for health professional working with Aboriginal Peoples. *Journal of Society of Obstetricians & Gynaecologists Canada*. 100, 1070-1081. [https://www.jogc.com/article/S0849-5831\(16\)31138-7/pdf](https://www.jogc.com/article/S0849-5831(16)31138-7/pdf)
- Smylie, J., Anderson, I., Ratima, M., Crengle, S., & Anderson, M. (2006). Indigenous health performance measurement systems in Canada, Australia, and New Zealand. *The Lancet*, 367, 2029-2031. [http://dx.doi.org/10.1016/S0140-6736\(06\)68893-4](http://dx.doi.org/10.1016/S0140-6736(06)68893-4)
- Smylie, J., Martin, M.C., Kaplan-Myrth, N., Steele, L., Tait, C., & Hogg, W. (2003). Knowledge translation and Indigenous knowledge. *International Journal of Circumpolar Health*, 63(2), 139-143.
- Social Policy Evaluation and Research Unit (SUPERU). (October, 2015). *Project Overview: He Awa Whiria - Braided Rivers*. Wellington, SUPERU.
- Social Policy Evaluation and Research Unit (SUPERU). (2015). *At a glance: Frameworks to measure family and whānau wellbeing*. Retrieved from <http://www.superu.govt.nz/publication/glance-frameworks-measure-family-and-wh-nau-wellbeing>
- Solomon, M. (2007). A long wait for justice. In M. Bargh (Ed.), *Resistance: An Indigenous response to neoliberalism* (pp. 75-84). Wellington, Aotearoa New Zealand: Huia Publishers.
- Special Committee on Indian Self Government gives preliminary observations. (1983). *Saskatchewan Indian* [Newsletter], 13(01), 10. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a83apr10.htm>

- Speculate (2017). In *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/speculate>
- Statistics Canada (2011). *National Household Survey (NHS)*. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2012). *Focus on geography series, 2011 Census* (Statistics Canada Catalogue no. 98-310-XWE2011004). Retrieved from <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&GK=PR&GC=47>
- Statistics New Zealand (2003). *New Zealand in the OECD: Population*. Retrieved from http://www.stats.govt.nz/browse_for_stats/government_finance/central_government/nz-in-the-oecd/population.aspx#
- Statistics New Zealand (2017). *Māori population estimates: Mean year ended 31 December 2016 – tables*. New Zealand: Author. http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/MaoriPopulationEstimates_HOTPMYe31Dec16.aspx
- Stonechild, B. (2006). *Aboriginal Peoples of Saskatchewan*. Retrieved from the Encyclopedia of Saskatchewan website: http://esask.uregina.ca/entry/aboriginal_peoplesof_saskatchewan.html
- Tarnas, R. (1991). *The passion of the Western mind: Understanding the ideas that have shaped our world view*. New York: Ballantine Books.
- Taskforce on Aboriginal Languages and Cultures. (2005, June). *Towards a new beginning: A foundational report for a strategy to revitalise First Nations, Inuit and Métis languages and cultures* (Report to the Minister of Canadian Heritage by The Task Force on Aboriginal Languages and Cultures). Retrieved from Assembly of First Nations website: <http://www.afn.ca/uploads/files/education2/towardanewbeginning.pdf>

Taylor, J. L. (1985). Treaty Research Report - Treaty Six (1876). Retrieved from Indigenous and Northern Affairs Canada's website: https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ/STAGING/texte-text/tre6_1100100028707_eng.pdf

Te Hau Mihi Ata: Mauri Holders Hui. (2008). [Powerpoint Slides]. Retrieved from <https://www.slideserve.com/heinz/te-hau-mihi-ata>

Te Kotahi Research Institute (2017, January 8). *He ngākau Māori: Investigating Māori cultural constructions of emotions* [Video file]. Retrieved from <https://www.youtube.com/watch?v=VHAJsqr0qm8&t=5877s>

Te Puni Kokiri (1993). *Te ara ahu whakamua: Strategic directions for Māori health. A discussion document*. Wellington: Ministry of Māori Development.

Te Puni Kokiri: Ministry of Māori Development. (2007). *Māori Potential Approach: Annual Report for the year ended 30 June 2007* -. Retrieved from <https://www.tpk.govt.nz/en/a-matou-mohiotanga/corporate-documents/tpk-annualreport-2007/online/4>

Te Rūnanga o Ngāi Tahu. (1997). Karanga – A call from the heart. *Te Karaka*. 54. Retrieved from https://ngaitahu.iwi.nz/our_stories/karanga-a-call-from-the-heart/

The Canadian Press. (2016, December 8). *Trudeau announces measures to preserve indigenous languages* [Video file]. Retrieved from <https://www.youtube.com/watch?v=mPbJun3SUq8>

The Joint Task Force on improving education and employment outcomes for First Nations and Métis people. (2013). *Voice, vision and leadership: A place for all*. (Final Report of the Joint Task Force on Improving Education and Employment Outcomes for First Nations and Métis People). Retrieved from Joint Task Force website: <http://www.jointtaskforce.ca/wp-content/uploads/2013/04/Joint-Task-Force-Final-Documents.pdf>.

- The United Nations General Assembly. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from United Nations website: http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- Thompson, S., Hoggett, P. (1996). Universalism, selectivism and particularism: Towards a postmodern social policy. *Critical Social Policy*, 16 (46), 21-42. <https://doi-org.ezproxy.waikato.ac.nz/10.1177%2F026101839601604602>
- Treaty governance processes. (1999/2000). *Saskatchewan Indian* [Newsletter], 30(1), 22. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a9900win22.htm>Treaty Roundtable Forum. (1995). *Saskatchewan Indian* [Newsletter], FALL, 06. Retrieved from <http://www.sicc.sk.ca/archive/saskindian/a95fal06>.
- Tremblay, M. A., Vallee, F.G., & Ryan, J. (1967). *A survey of the contemporary Indians of Canada: Economic, political, educational needs and policies. Part 2*. Retrieved from Library and Archives Canada website: http://www.collectionscanada.gc.ca/webarchives/20071126042509/http://www.ainc-inac.gc.ca/pr/pub/srvy/sci3_e.pdf
- Truth and Reconciliation Commission of Canada. (2015). *Canada's Residential Schools: The history, Part 1, Origins to 1939: The final report of the Truth and Reconciliation Commission of Canada, Volume 1*. London: McGill-Queen's University Press.
- Turia, T. (2011, November 9). *Māori Health Research Knowledge Translation Symposium* [Speech]. Retrieved from <https://www.beehive.govt.nz/speech/maori-health-research-knowledge-translation-symposium>
- United Nations Population Fund (2004). *Programme of Action*. Adopted at the International Conference on Population and development, Cairo, 5-13

September 1994. Retrieved

from https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

United Nations. (2007). *United Nations declaration on the rights of Indigenous peoples*, A/RES/61/295. Retrieved from:

http://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.18_declaration%20rights%20indigenous%20peoples.pdf

Valencia, R. R. (2010). Dismantling contemporary deficit thinking: educational thought and practice. Retrieved from <https://ebookcentral-proquest-com.ezproxy.waikato.ac.nz>

Vizina, Y. N. (2010). *Métis traditional environmental knowledge and science education*. (Masters Thesis, University of Saskatchewan, Saskatoon).

Retrieved from http://ecommons.usask.ca/bitstream/handle/10388/etd-09212010-213855/Vizina_Thesis_8.pdf?sequence=1

Waitangi Tribunal. (1993). *Report of the Waitangi Tribunal on the Te Reo Māori Claim* (WAI 11). Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68482156/Report%20on%20the%20Te%20Reo%20Maori%20Claim%20W.pdf

Waitangi Tribunal (1998). *Te Whanau o Waipereira Report* (WAI 414).

Wellington, New Zealand. GP Publications. Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68641192/Wai%20414.pdf

Waitangi Tribunal. (1999). *The Wānanga Capital Establishment Report* (WAI 0718). Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68595986/Wai718.pdf.

Waitangi Tribunal. (2001). *The Napier hospital and health services report*.

Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68596252/Wai692.pdf

Waitangi Tribunal. (2011). *Ko Aotearoa Tēnei* (A report into claims concerning law and policy affecting Māori culture and identity; Te taumata tuarua).. Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68356054/KoAotearoaTeneiTT1W.pdf

Waitangi Tribunal. (2012). *The stage 1 report on the National Freshwater and Geothermal Resources claim*. Lower Hutt, New Zealand: Legislation Direct Retrieved from Waitangi Tribunal website:

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_59941926/Wai2358W.pdf

Wirihana, R. & Smith, C. (2014). Historical trauma, healing and well-being in Māori communities. *MAI Journal*. 3 (3), 197-210.

Waldram, J., Herring, D. A., & Young, T. K. (2006). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives* (2nd ed.). Toronto; Buffalo; London: University of Toronto Press.

Walker, R. (1999). Māori sovereignty, colonial and post-colonial discourses. In P. Havemann (Ed.), *Indigenous Peoples' Rights in Australia, Canada and New Zealand* (1 ed., pp. 15). Melbourne, Australia: Oxford University Press.

Walker, R. (2004). *Ka whawhai tonu matou: Struggle without end* (Revised edition.). Auckland, New Zealand: Penguin Books.

Walter, M. (2016). Data politics and Indigenous representation in Australian statistics. In T. Kukutai & J. Taylor (Eds.), *Indigenous data sovereignty: Toward an agenda*. (pp. 79-97). Canberra, Australia: ANU Press.

Walters, M. D. (2009). Promise and paradox: The emergence of Indigenous rights law in Canada. In B. J. Richardson, Imai, S., McNeil, K., (Ed.), *Indigenous*

peoples and the law: Comparative and critical perspectives (pp. 21-50).
Oregon: Hart Publishing.

Ward, A., & Hayward, J. (1999). Tino rangatiratanga: Māori in the political and administrative system. In P. Havemann (Ed.), *Indigenous Peoples' Rights in Australia, Canada and New Zealand* (pp. 378-399). Melbourne, Australia: Oxford University Press.

Wehi, P., Whaanga, H., & Roa, T., (2009). Missing in translation: Māori language and oral tradition in scientific analyses of traditional ecological knowledge (TEK). *Journal of the Royal Society of New Zealand*, 39(4): 201-204.

Wherrett, J. & Hurley, M. C. (1999). *Aboriginal self-government*. (PRB 99-19E; Parliamentary Research Branch). Retrieved from Library of Parliament website: <https://lop.parl.ca/content/lop/researchpublications/prb9919-e.pdf>

Wihongi, H. A. (2010). *Tino rangatiratanga in health policies and practices* (Doctoral thesis, University of Waikato, Hamilton, New Zealand). Retrieved from <https://hdl.handle.net/10289/4819>

Wikipedia. (2016). *Knowledge integration*. Retrieved from https://en.wikipedia.org/wiki/Knowledge_integration

Wilensky, H. (1975). *The welfare state and equality: Structural and ideological roots of public expenditure*. Berkeley, CA: University of California Press.

Williams, D. (2001). *Crown policy affecting Māori knowledge systems and cultural practices*. Wellington, New Zealand: Waitangi Tribunal.

Williams, J. (2013). Lex Aotearoa: An heroic attempt to map the Māori dimension in modern New Zealand law. In *Waikato Law Review. Taumauri*. 21. 1-34.

WIPO World Intellectual Property Organisation. (n.d.). *Resources by Indigenous and local community organisations – Mataatua Declaration on Cultural and Intellectual Property Rights of Indigenous Peoples*. Retrieved from

http://www.wipo.int/tk/en/databases/creative_heritage/indigenous/link0002.html

World Health Organization (2017). *Health policy*. Retrieved from http://www.who.int/topics/health_policy/en/

Legislation

Métis Settlements Act 2015

The Constitution Act 1982

New Zealand Public Health and Disability Act 2000

Treaty of Waitangi (State Enterprises) Act 1988

APPENDIX 1 - ETHICS APPROVAL

Te Manu Taiko
Human Research Ethics Committee
Te Pua Wānanga ki te Ao
The University of Waikato
Private Bag 3105
Hamilton, New Zealand



Te Manu Taiko: Human Research Ethics Committee
School of Maori & Pacific Development
& Te Kotahi Research Institute

17/08/12

Ethics Approval

This is to confirm that Alison Green received ethical approval for the study **Mātauranga Māori in sexual and reproductive health policy: Lessons from a comparative study.**

The ethics application was reviewed by members of Te Manu Taiko and signed off by the Chair of the committee on 13/08/12.

The primary reviewer was Maui Hudson, Te Kotahi Research Institute.

Kia ora

A handwritten signature in black ink, appearing to be "Maui Hudson".

Maui Hudson
Chair, Te Manu Taiko

APPENDIX 2 - PARTICIPANT RESEARCH INFORMATION SHEET

Participant Research Information Sheet

Tēnā koe and greetings,

My name is Alison Green and I am a Māori woman from the tribes of Ngāti Awa and Ngāti Ranginui on the east coast of the north island of New Zealand. I would like to interview you for my doctoral research titled '*Indigenous knowledge in health policy in New Zealand and Saskatchewan: A comparative study*'. I am an enrolled doctoral student at The School of Māori and Pacific Development, University of Waikato, Hamilton, New Zealand. My research has been approved by the Human Research Ethics Committee, University of Waikato. I have reviewed my research processes with regard to Chapter 9 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.¹

Part A: Information about the research study:

My research examines Maori and Aboriginal² knowledge in state, federal and provincial sexual and reproductive health policy for Maori and Aboriginal peoples in New Zealand, and in Saskatchewan, Canada. My aim is to identify the conditions most likely to support the incorporation of Maori and Aboriginal knowledge, also called traditional knowledge, into state, federal and provincial health policy. My hypothesis is that Maori and Aboriginal knowledge strengthens government health policy and as a consequence, has the potential to improve health outcomes.

The findings of my research, in the form of an executive summary report, will be provided to all research participants once the thesis has been marked and approved. The findings, including preliminary findings, will be presented to gatherings of participants in New Zealand and Canada, and at conferences and published in relevant journals.

¹ Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, December 2010.

² Refers to First Nations, Métis and Inuit peoples

Part B: Declaration to Participants:

Participants will not be named in any material presented or published from my research. All information collected during interviews will remain strictly confidential and will only be viewed by me, or my supervisor if requested. The scope of the research is limited to Māori and Aboriginal traditional knowledge that is 1) published in publically available government policy and strategy documents or 2) it is the subject of discussion and analysis by authors whose publications are in the public domain.

You are welcome to decline to answer any question or withdraw from taking part in the research at any time up until 31 December 2013 after which time interview material will become part of the written thesis. If you have any questions or concerns about the study, please contact me or my supervisors Professor Linda Smith or Dr Tahu Kukutai at The School of Māori and Pacific Development, University of Waikato, Hamilton, New Zealand.

Our contact details are:

Professor Linda Tuhiwai Smith

tuhiwai@waikato.ac.nz

07-839-8899

Dr Tahu Kukutai

tahuk@waikato.ac.nz

07-8384162

Researcher's Name: J. Alison Green



Researcher's Signature: _____

Contact details: 13 Wainamu Road, RD3, Raglan 3297

jalisongreen01@gmail.com

07 8257935

Date: / /

APPENDIX 3 - PARTICIPANT CONSENT FORM

Participant Consent Form

‘Indigenous knowledge in Canadian and New Zealand health policy: A comparative study’

Researcher: Alison Green (Ngāti Awa, Ngāti Ranginui), School of Māori and Pacific Development, University of Waikato, Hamilton, New Zealand

1. I understand that the School of Māori and Pacific Development, University of Waikato, and those conducting this research project, subscribe to the ethical conduct of research and to the protection at all times of my interests, comfort and safety.
2. I also understand that this Consent Form and the information it contains are given to me for my own protection and to indicate that I fully understand the research procedures that will be undertaken with my voluntary participation. My signature on this Consent Form will signify that I understand the procedures, any possible risks, and the benefits of this research project, and that I have received an adequate opportunity to consider my participation, and that I voluntarily agree to participate in this research project.
3. I understand that my identity and / or the identity of the organisations I work for will not be disclosed without my prior approval, and my signature on this Consent Form does not provide approval for disclosure.
4. I understand that all data and other material collected from me will be held in a secure location. I have been informed that the data and material gathered in the course of the research will be held confidential and such data and material will only be released if prior approval for release has been given by me, and by the researcher for this project.
5. I understand that this Consent Form will be stored for six years before it is destroyed, as is required by the University of Waikato. I also understand that the data and other material gathered from me in the course of the interview will be held for a period of five years after completion of the research project. After five years the data and other material will be destroyed.
6. I understand that the transcription of the interview will be done by the researcher involved in this project, and that I will have the opportunity to amend the transcript before it is finalised, and a copy of the transcript will be available to me if I would like one.
7. I have read the Information Sheet for this study and have had details of the study explained to me.
8. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.
9. I understand that I am free to withdraw from the study up to and including 31 December 2013, after which time the report of the findings will be in preparation. I also understand that I can decline to answer any question in the study.

10. I agree to provide information to the researcher under the conditions of confidentiality set out on the information sheet.
11. I understand that the interview will be digitally recorded for transcription purposes.
12. I wish to participate in this study under the conditions set out in the Information Sheet.
13. I would like my information: (circle your option)
 - a) returned to me
 - b) returned to my family
 - c) other (please specify).....
14. I consent / do not consent to the information collected for the purposes of this research study to be used for any other research purposes. (Delete what does not apply)
15. I understand that I may register a complaint I might have about the interview, either with the researcher, the research supervisors, or the Dean of the School of Māori and Pacific Development, University of Waikato or his/her delegate.


Participant's Name: _____

Participant's Signature: _____

Date: 16 / 10 / 2013

Contact details: _____

Researcher's Name: **J. Alison Green**

Researcher's Signature: 

APPENDIX 4 - PARTICIPANT INTERVIEW SCHEDULE

Participant Interview Schedule¹

1. Greetings and introductions
2. Indigenous peoples - Māori, First Nations and Métis peoples
 - a. Participant role and responsibilities;
 - b. Indicate area (s) of expertise
 - i. Indigenous health and well-being;
 - ii. Policy for Indigenous health;
3. Contemporary factors² influencing health policy;
4. Government health policy-making processes for Indigenous peoples;
5. Government understandings of Indigenous knowledges
6. Are Indigenous knowledges part of government-funded health practices? Discussion
7. Are Indigenous knowledges part of government health policy? Discussion
8. Contemporary factors³ influencing Indigenous knowledges in health policy;
9. Are Indigenous knowledges in health policy linked to health outcomes?
10. Benefits and challenges of engaging Indigenous knowledges in health policy and health practice⁴?

A flexible guide to aid discussion

Broad interpretation of situational, structural, cultural and environmental factors etc

Broad interpretation of situational, structural, cultural and environmental factors etc

For example, benefits and challenges for Indigenous knowledges, or Indigenous peoples, or governments, or non-Indigenous peoples

11. Policy-related opportunities and challenges of incorporating Indigenous knowledges into health policy?

What happens next – transcript, analysis, report, dissemination

Farewell