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Just cause: Investigating Kaupapa Māori determinants of wellbeing

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Abstract

Deepening our understandings of both 'cause and cure' is at the heart of public health efforts to lift population wellbeing, and Indigenous people's pursuit and realisation of self-determination. This focus is also central to social investment, the prevailing policy approach to social services

provision in Aotearoa New Zealand. In the past four decades Māori have promulgated an array of concepts and models to facilitate recovery from the impacts of colonisation and racism, and set the conditions for Māori thriving and wellbeing. Kaupapa Māori has emerged as an orientation with dual structuralist and

culturalist imperatives to achieve these high level outcomes. However, despite the widespread uptake and application of kaupapa Māori initiatives, the underlying causal mechanisms of transformation are yet to be fully elucidated. This is the focus of current research, the conceptual underpinnings of which are discussed in this article. In presenting the rationale for and early observations arising from our research, we contribute thinking which extends upon social and Indigenous determinants of health literature, and will valuably inform social investment policy and practice.¹

Introduction

In 2022 the call was made for a community-derived framework of Indigenous determinants of health to be established, to guide the United Nations and member states in strategy, policy-setting and action related to the Sustainable Development Goals (Redvers et al., 2023). This is significant because despite the commitments made in the United Nations Declaration on the Rights of Indigenous Peoples in 2007, Indigenous peoples' health continues to languish in many parts of the world (Anderson et al.,

2016). The value of health determinants frameworks that speak to Indigenous people's realities lies in aiding understanding and guiding intervention – of what is contributing to poor health and inequities, and what must be established in order that the conditions are created for Indigenous health to flourish.

In Aotearoa New Zealand there is a plethora of Māori concepts and models of health that have been particularly important in encouraging shifts in thinking and practice with regards to health care delivery and policy, in order that Māori health outcomes improve (Pitama, Huria & Lacey, 2014; Wilson, Moloney, Parr, Aspinall & Slark, 2021). The models primarily outline aspects considered to make a positive contribution to Māori health or wellbeing; these are typically broader in scope than mainstream models, centred around a metaphor or symbol to demonstrate the significance and relationships of specific health-promoting elements (such as the meeting house of Te Whare Tapa Whā: Durie, 1998; McNeill et al., 2010). A small number acknowledge elements that impact negatively, for instance, the Meihana model (Pitama, Huria & Lacey, 2014) and the Curtis et al. (2023) Indigenous adaptation of Williams'

the causal mechanisms of kaupapa Māori health transformation (HRC 23/825/A).

¹ This work is part of a four-year Health Research Council-funded project, *Evidencing*

model of ethnic health inequities. However, while each of these models incorporate health determinants, none are structured or present themselves as determinants models per se.

A similarly important development has been the emergence of Kaupapa Māori, the 'by Māori, for Māori, with Māori' orientation underpinning theory, research and practice. Kaupapa Māori aims to do one or both of the following: to validate and legitimise Māori ways of being and doing, and to challenge the oppressive status quo (Smith, 1997; Pihama, Cram & Walker, 2002; Bishop & Glynn, 2003; Mahuika, 2008; Eketone, 2008). The ultimate goal is to uplift Māori people, harnessing the strengths of the Māori world, and/or removing systemic or structural barriers. This approach is utilised and contracted for in a large number of Māori and iwi providers that exist currently to meet Māori health and social need.

In their reflection of Māori culture and values, Māori health models and kaupapa Māori are recognised as culturally concordant, best practice pathways to Māori health transformation, and they are both well utilised by providers (Kara et al., 2011; Rolleston et al., 2020). However, while programme evaluation provides understanding about what is working in terms of effecting desired outcomes, this

has been sporadic rather than systematic (Social Wellbeing Agency, 2023).

Against the current policy backdrop of social investment (Social Investment Agency, 2025), our team is engaged in a publicly-funded study that seeks to illuminate *how* kaupapa Māori initiatives and interventions achieve impact, beyond the documentation of outcomes and to the deeper causal mechanisms at work. In this paper we will outline the underlying philosophy of our study in relation to extant literature, drawing from a recently developed Māori determinants-based framework, He Ara Waiora. We will discuss He Ara Waiora in terms of its distinctions from social determinants approaches and what that means for intervention, and build upon it by explicitly accounting for kaupapa Māori as part of Māori health transformation.

A wellbeing determinants approach: He Ara Waiora

He Ara Waiora (The Treasury, 2024) is a key underpinning framework for our research, comprising upstream and downstream determinants of wellbeing or quality of life. Developed initially by the Tax Working Group in 2018 as a tikanga Māori framework to guide tax policy, He Ara Waiora has been further conceptualised as a mātauranga Māori macro wellbeing framework for Treasury aligned with the

Living Standards Framework (McMeeking, Kururangi & Kahi, 2019).

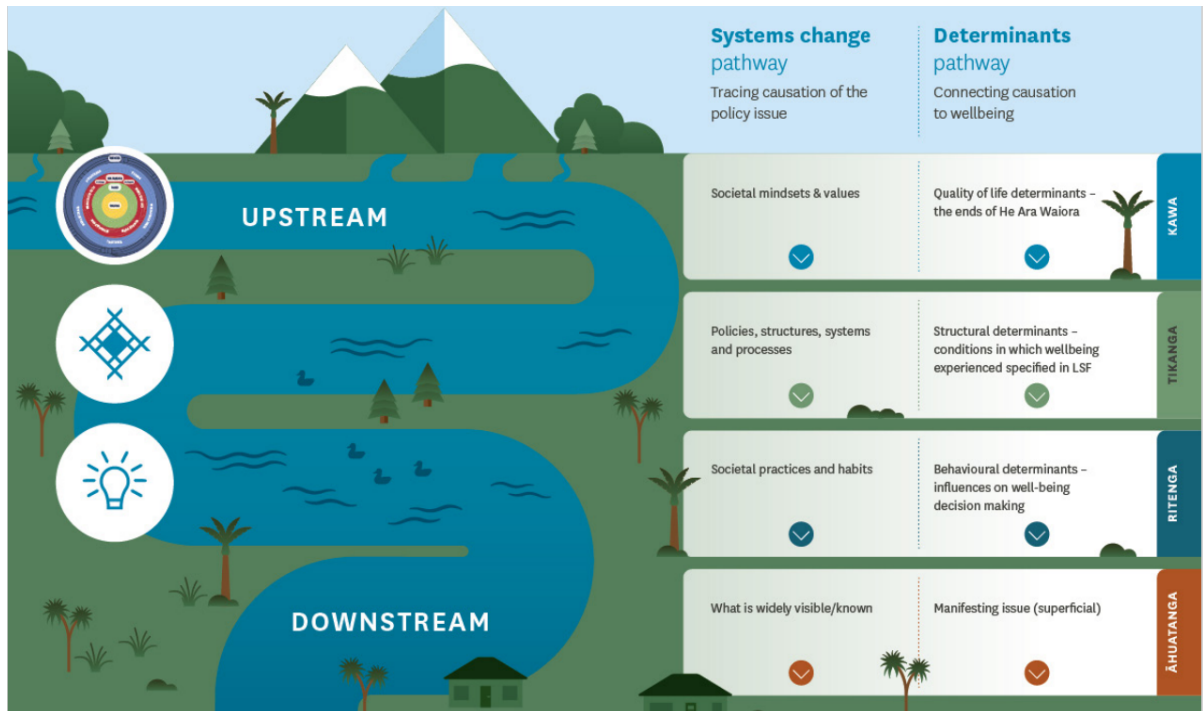


Figure 1: Pathways for thinking about causal determinants of a policy issue (The Treasury, 2024, p. 16)

Figure 1 depicts layers of wellbeing determinants as they relate to causation of a particular issue, ranging from broad context and deep roots at the societal and structural levels to visible and 'superficial' at the manifestation level.

In health the upstream-downstream metaphor (McKinlay, 1979) has been particularly useful in representing the importance of addressing underlying causative factors, the problematic origins of enduring social, economic and health inequities. Of note is the correction to biomedical and neoliberal discourses that promote a narrow conceptualisation of health and a preoccupation with individual

responsibility and behaviour (McMahon, 2022; McMahon, 2021). Without important contextualisation such as the fundamental causes, individual behaviour becomes a deficit lens which, in the case of Māori, attributes inequities to Māori failings and deficiencies (Curtis et al., 2023).

More recently however, the metaphor has been critiqued for presenting societal factors and individual behaviour as a simple dichotomy and encouraging reductionist thinking through focusing on discrete categories of determinants (McMahon, 2022). While the nested hierarchy in models such as Dahlgren and Whitehead's (1992) 'rainbow' depiction of determinants

does entail some relationality between categories/levels, there is an implicit judgement about the relative importance of each. A stream flows in one direction only, with the implication that downstream or individual-level interventions are less impactful.

One characteristic that differentiates He Ara Waiora from other determinants-based frameworks is the foundational factors located at the highest point upstream. 'Kawa' comprises foundational determinants of wellbeing/quality of life, including elements such as spirit (wairua), identity (mana tuku iho) and belonging (mana tauutuutu). This is a departure from their common framing in terms of the experience of the individual and operation at the micro level. Moreover, these determinants are positioned above the structural determinants (tikanga), those systemic factors in the form of laws, policies and institutions that shape the conditions in which people live (Marmot, 2005; Marmot et al., 2008).

This alternative positioning reflects the holistic orientation of Māori thinking and being as well as the principle of interconnectedness. Where all things in the universe are connected through whakapapa, we exist always in relation. We are also bound by the life-giving elements of wairua and mauri (life force/essence),

which are properties of the universe and also of people. Thus, the significance of the kawa determinants is twofold – not only can these, as paradigm, set the vision and underpinnings for a transformed system and structures vis a vis downward causation, but they reinforce the deep mutualities of individuals, collectives and their environments.

A second differentiation is apparent at the level of the most downstream factors in the model, 'āhukatanga'. These are not features of the individual per se, but rather are the observable or tangible dimensions of a social issue manifested and experienced by people. Intervention at this level entails dealing directly with the manifestation, the problems or symptoms that need addressing for the individual or whānau, but without losing sight of their upstream origins.

Indigenous determinants of health

These distinctions indicate a more complex means of causation than unidirectional upward or downward causation (Gehlert, Sohmer, Sacks, Mininger, McClintock & Olopade, 2008), a more "dynamic interplay between causes at different levels" (Curtis et al., 2023, p. 1). Such conceptualisations reflect Indigenous relational ontology and notions of interconnectedness, and health as the outcome of the positive functioning

of the 'web' of relationships that individuals are situated within (Carroll et al., 2022).



Figure 2: He Ara Waiora conceptual framework highlighting ends and means (The Treasury, 2024)

The breadth of determinants in the form of relationships extends to the natural and spiritual worlds, as well as past events, experiences and generations. In the He Ara Waiora conceptual framework (see Figure 2), the dynamic interrelationships between wellbeing elements are depicted in the takarangi pattern, symbolising the continuous and fluctuating spiral or cycle of life (Williams & Henare, 2009).

Similarly to standard determinants models, He Ara Waiora recognises the properties of determinants to either positively promote good health, or to contribute to poor health outcomes (Australian Institute of Health and Welfare, 2024). In keeping with Indigenous determinants models, the positive basic causes constitute the properties of Indigeneity, woven through each of the layers. Importantly, however, in contrast to other models, He Ara Waiora distinguishes between ends and means.

Ends such as wairua, taiao and ira tangata (spirit, nature/environment and the human element) are wellbeing aspirations. Means such as tikanga, kotahitanga, manaakitanga and whanaungatanga (customs/traditions, solidarity, an ethic of care, and relationships) are values to guide how these ends would be achieved. Wellbeing or waiora is the outcome of the culmination of the ends and means – the positive interrelationship between people and the environment, anchored in wairuatanga (spirituality). The basic causes exerting negative effects, including colonialism and systemic/structural racism, land dispossession, historical and intergenerational trauma (WHO, 2022/3, cited in Redvers et al., 2023; Curtis et al., 2023) are not cited explicitly, but are alluded to in the problem definition element of He Ara Waiora's policy development application (The Treasury, 2024).

He Ara Waiora constitutes an Indigenous determinants of health framework, designed specifically with intervention in mind. Thus far, its application has been limited to Treasury and policymakers as part of a more complete macro framework to guide Crown policy (McMeeking, Kururangi & Kahi, 2019). This is commendable and important for its attention upstream, however, some of the most significant Māori health intervention efforts have occurred in the realm of

Kaupapa Māori (Crengle, 2000; Rolleston et al., 2020). Understanding the theory and practice of kaupapa Māori is therefore critical to the 'joining up' of downstream and upstream applications.

Kaupapa Māori

Although the term 'Kaupapa Māori' was coined in the 1990s, as an assertion of self-determination and a response to colonisation and its impacts, this orientation existed in "many forms and articulations" long before (Pihama, 2020; Mahuika, 2008). The Māori language education movements, Te Kōhanga Reo and Kura Kaupapa Māori, offered a focal point of resistance and action (Smith, 1992), from which transformation was theorised (Smith, 2003). As noted in the introduction, the transformative outcomes sought by and through kaupapa Māori can be categorised according to two different orientations: emancipation from an oppressive status quo (structuralist concerns seeking structural change) and upholding Māori philosophy, knowledge, culture, traditions and values (culturalist concerns seeking Māori agency) (Smith, 2003). One is not necessarily entirely separate from the other, and Eketone (2008, p. 6) notes that these have "become so entwined that they are seen as the same thing".

The two orientations do involve distinct approaches however. A structuralist orientation, which Eketone (2008, p. 2) proposes has critical theory underpinnings, requires that the forces creating disparities are understood (i.e. economic, ideological, and power structures) so that they can be “exposed, confronted and challenged”. Following such conscientisation, resistance or oppositional actions, either reactive or proactive, are involved (Smith, 1997).

Conversely, with a culturalist orientation, underpinned by constructivism, oppression is not the primary focus, rather the ways of thinking, being and doing that have been subjugated (Eketone, 2008). Culturalist and structuralist orientations are simultaneously ends and means – pertaining to both the transformative outcomes sought, and the means by which these would be achieved. According to Smith (2003; 2005), there has been a marked transition in the intervention strategies that Māori have applied from the latter, to the former, in accordance with the new and multiple forms of oppression and exploitation that have developed. He cautions that multiple transforming strategies are required, which may be employed simultaneously.

Bringing about transformation – Kaupapa Māori causal mechanisms

The concepts of causation and causality are woven through this article, given the context of our research in understanding and seeking to mitigate the causes of poor Māori health outcomes. As Little (2023) notes, the construction of models enables the description and explanation of causal mechanisms, and this is evident in He Ara Waiora and to a lesser extent, Kaupapa Māori. In He Ara Waiora the language of determinism (determinants) is used, upstream/downstream layers indicate a direction of causation and ends are differentiated from means. In Kaupapa Māori, change is centred in the form of transformation, and the means to achieve that identified as two overarching imperatives.

The common underpinnings of He Ara Waiora and Kaupapa Māori in a Māori worldview/Indigenous ontology informs the perceived relationships between causes and effects. As noted previously, the paramount principle of interconnectedness or whakapapa leads to an appreciation of the world as a web of relationships between all things, in the context of a living, dynamic system. Causation is therefore not uni-directional or linear, but a continuous and reciprocal exchange (Mazzocchi, 2006). Further, all parts of the

system – humans, nature and the spiritual realm – have the potential to produce or generate causative effects (Romm, 2024). Living in a balanced or harmonious way in the world, and enjoying the resultant wellbeing, means “steering life [acting with some agency] while understanding that there are other forces that will, in part, determine the vehicle and the direction of travel [as they too have agency, which must be respected]” (Ngara, 2017, p. 344, cited in Romm, 2024, p. 822).

This understanding of the complexity of causality has implications for the ways that Kaupapa Māori is applied and utilised. Intervention is typically focused across multiple domains simultaneously – for example, education initiatives such as Kōhanga Reo and Kura Kaupapa Māori are not just about curriculum, they are about restoring language and identity, building community leadership and capability, and advocating for structural change in the form of challenging monocultural systems. This comprehensive approach recognises that achieving trajectory change – that is, shifting the expected path of a person, whānau, or community, will require a convergence of protective factors and the active creation of the conditions in which wellbeing can be enabled (McMeeking et al., 2025).

In complex, dynamic systems it is not possible to identify all of the conditions or factors sufficient or necessary to account for transformation. However, the various means and processes by which ‘x causes y’ can be hypothesised via the concept of a causal mechanism (Groff, 2017; Cornelissen & Werner, 2025; Little, 2023). This mediating explanatory element can satisfy the demands of policy-making for understanding the social world and how best to intervene with complex social problems (Little, 2023).

As a research team working alongside kaupapa Māori initiatives, we are observing a suite of recurring impact mechanisms that appear to function as key catalysts of change. These mechanisms are not only commonly present in high-impact initiatives, but they often interact with and reinforce one another, helping individuals and communities to shift life trajectories. Importantly, they appear to operate across multiple layers of the He Ara Waiora continuum, from the intrinsic (*kawa*) to the structural (*tikanga*), the behavioural (*ritenga*), and the visible (*āhuatanga*). Among the most commonly observed mechanisms are:

- **Catalysing responsibility:** Many kaupapa Māori approaches trigger a powerful sense of responsibility—toward whānau, whakapapa, community, or future

generations—that serves as a turning point for change. This emergent sense of obligation often becomes a motivational force that reshapes life decisions and direction.

- **Horizon breaking:** These interventions frequently expand what individuals and whānau perceive as possible, through exposure to new opportunities, contexts, or ways of thinking. This 'breaking open' of imagined futures is central to enabling people to reframe what they might aim for and believe is within reach (see also Mathias, Ahuriri-Driscoll & Mataiti, 2025; Mathias & Ahuriri-Driscoll, 2025).

- **Experiential journeying:** Through purposeful and often demanding experiences, people are supported to achieve tangible accomplishments—such as completing a programme, building something, or fulfilling a role—that create new confidence and trust in their own capabilities (Mathias, Ahuriri-Driscoll & Mataiti, 2025; Mathias & Ahuriri-Driscoll, 2025).

- **Restorying identity:** A critical mechanism is the re-authoring of narratives about self, whānau, or community. This process legitimises and anchors change, enabling people to make sense of their new direction and believe in their right to pursue it.

- **Forging belonging:** Impact is often generated through deliberately cultivated relational networks that create a strong sense of community. These relationships are not incidental—they are structured, nurtured, and maintained in ways that create emotional safety, connection, and mutual accountability (Mathias, Ahuriri-Driscoll & Mataiti, 2025; Mathias & Ahuriri-Driscoll, 2025).

- **Emotional transition rituals:** Many kaupapa Māori initiatives use deliberate emotional transitions—often through karakia, pōwhiri, storytelling, or communal reflection—to build emotional agility and resilience. These rituals help people process change, build collective momentum, and deepen commitment. Taken together, these mechanisms constitute a distinctive impact pathway—one that builds and sustains agency, self-belief, and self-determination. Rather than being supplementary to technical supports or behavioural nudges, these mechanisms often are the change process. They work not only by catalysing agency, but by providing the relational and cultural architecture that sustains it over time.

Implications for social investment in Māori wellbeing

Since 2009, the prevailing approach to social service provision in Aotearoa New Zealand has been that of social investment (O'Brien, 2020). Broadly speaking, this involves the investment of resources in key areas, populations and interventions based on data pertaining to need and evidence of what works, in the expectation that this will lead to measurable improvements in outcomes (Destremau & Wilson, cited in Boston & Gill, 2018). In this context, Kaupapa Māori causal mechanisms are of great significance. They offer an explanatory model for how kaupapa Māori initiatives create transformational impact—even in the absence of tightly bounded interventions or short-term measurable outcomes. While the intangible nature of these mechanisms poses challenges for traditional measurement approaches (Rolleston et al., 2020), they are not unmeasurable. Quantitative indicators can and should be developed over time to capture their effects (Sandham, Roche, Carey, Siegert & Jarden, 2025). In the interim, however, international social science and evaluation literature is clear that well-articulated causal mechanisms provide a legitimate basis for attributing impact—particularly in complex or community-led interventions (Pawson &

Tilley, 1997; Mayne, 2012; Stern et al., 2012).

According to realist evaluation principles, if a plausible, evidence-informed, and contextually appropriate 'causal chain' can be traced from mechanism to outcome, this should be considered sufficient for drawing inferences about impact in complex environments. This approach is widely used in international development, health promotion, and systems innovation contexts, where experimental control is not feasible and where transformation is expected to unfold through non-linear, layered processes (Sanderson, 2000; Patton, 2011).

Moreover, these mechanisms are not new—they resonate strongly with iwi and hapū traditions, appearing consistently in pūrākau, ceremonial practice, and whakapapa-based teachings. Whether through the testing of character in the demigod Māui's journeys (Watene, 2025), the rebuilding of identity through whareniui design (Ratana, 2021), or the forging of belonging through tangihanga (Nikora & Te Awekotuku, 2012), we see evidence that Māori have long understood and employed these mechanisms as tools for social and personal transformation. In this sense, the contemporary articulation of these pathways is not an innovation in values,

but a re-assertion of time-honoured approaches to creating meaningful change. As we move forward, there is both an opportunity and a responsibility to surface, name, and learn from these mechanisms. Doing so would enhance our capacity to understand and invest in kaupapa Māori practice with the same rigour afforded to mainstream models—while respecting the distinctiveness of the worldview, theory, and logic of change that underpin them.

Conclusion

Aotearoa New Zealand stands at a crossroads in the evolution of its social investment approach. The imperative to prevent harm, reduce long-term cost, and build thriving futures is widely shared. Yet, unless the system evolves to accommodate the complexity and depth of transformative practice, it will struggle to deliver on this promise.

Kaupapa Māori approaches offer a compelling pathway forward. These models do not simply intervene earlier; they intervene differently, by engaging the full spectrum of factors that shape wellbeing over time. They work relationally, spiritually, structurally and behaviourally, and they build capacity, connection, and aspiration. Moreover, they embrace the uncertainty, diversity, and interdependence that not only characterise

the complex realities in which we either thrive or languish, but that define real social change.

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Glossary

āhuatanga	way, aspect, likeness, characteristic, property, feature, function, attribute, trait, phenomenon
Aotearoa	Land of the long white cloud, now used as the Māori name for New Zealand
He Ara Waiora	A path to wellbeing, model developed and used to inform macro-level NZ government policy
he tangata	a person
ira tangata	the human element, human genes
iwi	extended kinship group, tribe, nation, people; often refers to a large group of people descended from a common ancestor and associated with a distinct territory
kaupapa	agenda, topic, policy, purpose, theme, issue
Kaupapa Māori	agenda, topic, policy, purpose, theme, issue related to Māori; an approach that is 'for, by and with Māori'
kawa	customs, protocols
kotahitanga	solidarity, oneness
kura kaupapa Māori	a Māori language immersion school
Māui	a revered figure, demigod and trickster from Māori pūrākau
Māori	the Indigenous people of Aotearoa New Zealand
mātauranga	knowledge
mana āheinga	capability, resources and skills
manaakitanga	the ethic of care, hospitality
mana tauutuutu	reciprocity and mutual exchange
mana tuku iho	inherited right or authority, sense of identity and belonging
mana whanake	growth and intergenerational prosperity
mauri	life force, essence
pōwhiri	welcoming process/ceremony

pūrākau	myth, ancient legend, story
taiao	natural resource, natural world
takarangi	double spiral pattern
tangihanga	a traditional funeral rite practised by Māori to mourn the dead
Te Kōhanga Reo	Māori language-immersion education for preschool children; language nest
Te Whare Tapa Whā	The four-sided house; model of health developed by Sir Mason Durie in 1982
tikanga	customs and traditions
waiora	wellness
wairua	spirit
wairuatanga	spirituality
whānau	extended family grouping
whakapapa	genealogy, genealogical table, lineage, descent; to place in layers, lay upon one another
whanaungatanga	relationship, kinship, sense of family connection
whareniui	meeting house, large house, main building of a marae where guests are accommodated

About the authors:

Dr Annabel Ahuriri-Driscoll (Ngāti Porou, Ngāti Kauwhata, Rangitāne, Ngāti Kahungunu) is an Associate Professor (MPH Distinction, PhD) in Māori health at Te Whare Wānanga o Waitaha | University of Canterbury. Her work as a Māori health researcher spans 25 years across a broad range of kaupapa focused on Māori advancement. Annabel's current interests include adoption law reform, redress for survivors of abuse in care, Indigenous reproductive sovereignty, and kaupapa Māori transformation. Annabel

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Sacha McMeeking (Kāi Tahu, Ngāti Mutunga) has traversed academic and service leadership roles within the Iwi Māori community, with responsibilities for complex project delivery as well as synthesising mātauranga Māori into practicable policy solutions, such as her role in the development of He Ara Waiora. Within this project, Sacha leads the overall

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Maxine Graham (Waikato, Hauraki) has extensive experience in national and local government, iwi, tertiary education and community-focused organisations. She is a member of Te Arataura, the Executive Committee responsible for overseeing the day to day operations of Waikato Tainui. Maxine is also an advisor to the Iwi Chairs Forum. She has a Master's degree in Business (1st Class Honours) and a Diploma in Te Reo Māori from Te Wānanga o Takiura. In this research Maxine has a particular responsibility to be the voice for

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Aaron Hāpuku (Ngāti Kahungunu ki Heretaunga, Tainui) has recently transitioned from Māori health promotion into an academic role at the University of Canterbury, bringing with him a commitment to translatable research outputs that uphold the integrity and nuance of mātauranga Māori. Aaron also has local and national leadership roles in Te Whare Tū Taua. Aaron's contribution to this research is in leading case study data collection, managing community relationships and supporting analysis and dissemination. Aaron has a Master's degree in Public Health and is currently a PhD Health Sciences candidate.