ACCOUNTING FOR DIVERSITY: POLICY DESIGN AND MAORI DEVELOPMENT IN NEW ZEALAND

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Abstract: Several key themes have characterized Maori development policy in New Zealand over the past two decades, including: a desire by Maori to take charge of their own development; interest in self-determination, autonomy, and involvement in the policies and programmes that affect them; a recognition that policy approaches need to consider the history, culture and position of Maori as the indigenous people of New Zealand; and a need to tackle socioeconomic disparities between Maori and non-Maori.

At the level of policy design and service delivery, New Zealand has sought to calibrate the extent to which policies should be universal, mainstreamed, and applicable to the entire society, and the extent to which they should be targeted to specific populations. This report looks at these questions, with a focus on the experience of programmes which have been targeted and tailored to Maori. These policy choices raise basic questions about the role of ethnicity and culture in policy-making. First, is ethnicity a useful indicator for allocating resources and programmes? And, second, how does inclusion of ethnicity and culture in policy design influence outcomes? The report also includes an overview of recent trends in Maori development and policy. These approaches provide a compelling record of experience and innovation for New Zealand and other countries with indigenous and ethnic minority populations.

Keywords: service delivery, inclusion, diversity, Maori, New Zealand

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I. Background and Objectives

Maori are the indigenous people of Aotearoa New Zealand. They make up a relatively small population – of approximately 620,000 – within a relatively small country. However, their contributions at home, and internationally, are substantial. Maori as a whole have made impressive gains and contribute across the economic, cultural and social spectrum of New Zealand. More Maori participate at all levels of education than ever before. Maori unemployment is at a 20-year low, and Maori are working across the economy. There has been a cultural renaissance. Use of the Maori language is thriving.

However, not all Maori are benefiting from these upward trends. Some Maori remain unemployed, or in low or unskilled jobs vulnerable to economic shocks. Maori are disproportionately represented among the poor, especially Maori children. Health is a major concern. Similar to indigenous peoples in other countries, there is a significant gap in life expectancy of 8-9 years between Maori and non-Maori.

Recent Maori development approaches provide a valuable record of experience and innovation for New Zealand and other countries. The past twenty years have seen the emergence and growth of services developed, owned, and provided by Maori, as well as numerous initiatives to make mainstream programmes more inclusive and responsive. This has included formulation of policy strategies, strengthening of Te Puni Kokiri (The Ministry of Maori Development), building capacity within government departments for developing and delivering services, and considerable diversification of service delivery.

A central question in many debates about how to improve human development outcomes for indigenous peoples, ethnic minorities, and vulnerable groups is to what extent policies should be universal, mainstreamed, or ‘colour-blind’, and apply to the whole of society, and to what extent they should be targeted, or tailored, to the needs of the group, by taking into consideration factors such as culture and language.

Public policy in New Zealand has much to offer here. New Zealand has traversed a wide range of approaches, including specific, targeted programmes, efforts to work within mainstream services, as well as a mix in between. This experience raises key questions – what have been the outcomes and results? What has worked and what has not? And what has made the most difference in improving outcomes for Maori in New Zealand?

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2 Aotearoa is the traditional Maori name for the islands that make up New Zealand.
Zealand? This report looks at these questions, with a focus on the experience of programmes which have been targeted and tailored to Maori. These policy choices raise basic questions about the role of ethnicity and culture in policy-making.

II. The State of Maori Development

Maori achievements over the past decades have been notable. More Maori participate and achieve in education, own businesses, and work across all sectors of the economy than ever before. Recent research suggests that more Maori have Maori language skills and use them on a regular basis, than did in the 1970s. There is a national Maori TV station, numerous local Maori radio stations, and a wide range of Maori organisations and service providers. Maori excel across sectors.

But not all Maori are benefiting from these upward trends. Some remain unemployed or in low-wage, unskilled jobs that leave them vulnerable to economic shocks. One third of Maori finish their education without any kind of formal qualifications. Maori remain disproportionately poor, with child poverty a particular concern. Persistent gaps in health status remain. The overall picture shows both increasing diversity and increasing socioeconomic inequality within the Maori population.

A Maori economic development conference, the Hui Taumata, was held in New Zealand in early March 2005. The conference was a follow-up to the first landmark Hui Taumata held in 1984, and convened Maori leaders from across society – politics, business, academia, and the arts – to discuss the state of Maori economic development and to chart a course for future action. The conference celebrated the significant strides taken since 1984 in the economic and human development of Maori.

The Hui Taumata highlighted the assets that Maori have, including human capital, culture, land, and entrepreneurial success, as well as the ways in which Maori are integrated throughout the New Zealand economy. The Hui noted trends in Maori achievement in education, the labour market and culture.

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3 Background papers and proceedings of the Hui Taumata can be found at:
http://www.huitaumata.Maori.nz/
More Maori participate in education, especially preschool and tertiary, than ever before (Ministry of Education 2005).

- Maori enrolments in early childhood education have been increasing steadily over the past decade. By 2003, 88 percent of Maori students entering primary school had attended some form of early childhood education or child care.\(^4\)

- More Maori complete compulsory education (through age 16). In 1986 an estimated 47 percent of Maori 16 year-olds stayed in school, this increased to 63 percent by 2003 – influenced also by an increase in the school-leaving age from 15 to 16 in the early 1990s.

- Fewer Maori leave school without formal qualifications. In 2003 the share of Maori leaving school without qualifications fell to 30 percent, from 38 percent in 1990.\(^5\)

- Tertiary education participation of Maori has expanded exponentially from 7 percent in 1998 to 20 percent in 2003, exceeding the national participation rate of 13 percent.

Maori employment has rebounded from the recession of the early 1990s. More Maori are participating in the labour force and unemployment has reached a record low (Department of Labour 2005; Statistics New Zealand, 2005).

- Maori labour market participation reached 67 percent in 2005, after falling to 45 percent in 1996.

- Maori employment rates recovered from 45 to 61 percent between 1996 and 2005.

- Maori unemployment reached a 20-year low at 8 percent in March 2005.

- Increasing labour market participation has lifted income levels for many Maori. Between 1997/98 and 2003/04 the share of Maori with no, or low, incomes

\(^4\) Note that this figure includes all types of licensed and unlicensed services. In 2004, 84 percent of Maori early childhood enrollments were in licensed kindergartens, education and care services, and kohanga reo.

\(^5\) From 1990-2001 ‘qualifications’ refers to those students who received at least a school certificate; from 2002 it refers to those students receiving at least 14 NCEA credits.
declined, while the share of Maori with incomes above a peak level of $550\textsuperscript{6} per week increased (Dixon and Maré 2004).\textsuperscript{7}

Recent decades have marked a revitalization of Maori culture. This has included increased support for Maori language and increased support to iwi for cultural development.

- Today nearly 42 percent of Maori adults have some level of competency in te reo, the Maori language (Te Puni Kokiri, 2002). Revitalization of Maori language has been recognized as an international success story (Fishman, 2000; Browne, 1996).
- Participation in Maori immersion schools and bilingual programmes has escalated. By 2003 there were 526 kohanga reo (preschools) and 61 kura kaupapa (primary schools).\textsuperscript{8}
- The number of international visitors to New Zealand participating in Maori cultural activities (including cultural performances, marae visits, etc.) increased by 11 percent between 1998 and 2003. Approximately 20 percent of international tourists participate in these activities.

Maori comprise a larger share of the total population than indigenous peoples in other countries in the world. According to Statistics New Zealand’s 2004 estimates, 620,000 individuals identify as Maori, or 15 percent of New Zealand’s population of 4.1 million. Maori make up an increasing share of New Zealand’s population. Projections suggest that Maori will become 17 percent of the total population by 2021 (Statistics New Zealand, 2005).

The Maori population is young compared with the rest of New Zealand. The Maori population is also growing more rapidly. Growth is driven by higher than average fertility, intermarriage, and a younger age structure. While Maori fertility has been

\textsuperscript{6} Unless otherwise specified ‘$’ refers to New Zealand dollars throughout the report.
\textsuperscript{7} Low incomes are defined as $150-200 per week (Dixon and Maré 2004).
\textsuperscript{8} Kohanga reo and kura kaupapa Maori enrollments have declined in the late 1990s and early 2000s.
declining and converging with non-Maori since the 1960s, it remains higher at 2.7 births per woman, in comparison with 1.9 for non-Maori.

High rates of intermarriage underscore the increasingly diverse ethnic composition of the population. Nearly one-quarter of Maori children were born to non-Maori mothers in 2003, and 57 percent of Maori children have a parent who identifies with European ethnicity.\(^9\) The Maori population is also significantly younger than the national average. In 2001, 25 percent of children in New Zealand were Maori. The median age of Maori is 22 compared with 37 for non-Maori (Statistics New Zealand, 2005).

**Economic Recovery and Maori.** Recovery since New Zealand’s recession of the early 1990s has made a difference in the living standards and welfare of all New Zealanders, including Maori. Because Maori are integrated across sectors of the economy, their welfare is connected to overall economic dynamics. A salient theme of the 2005 Hui Taumata was the interdependence of Maori with the New Zealand economy as a whole.

The recovery of the labour market since the economic downturn of the early 1990s has been a key factor driving improved economic performance. While New Zealand’s unemployment rate was 11 percent in 1992, by mid-2005 it had reached 3.9, the lowest rate in the OECD.\(^10\) Labour market expansion has been especially critical for Maori who were most adversely affected by the economic reforms of the late 1980s and early 1990s. Maori unemployment peaked at 27 percent in March 1992, nearly 18 percentage points higher than non-Maori unemployment of 9.5 percent.

Maori employment levels have rebounded since the mid-1990s. Between 1995 and 2004 average Maori employment grew at 3.6 percent per annum, exceeding the non-Maori rate of 2 percent. Initially, Maori employment growth was driven by an increase in part-time employment. However, since December 2000, full-time employment growth has become the main source of employment. Employment rates of Maori women have outpaced those of Maori men over the past decade – at 4.6 percent and 2.8 percent annual growth respectively. This trend held for non-Maori women as well. Rising employment

\(^9\) Note that in the 2001 census respondents were able to identify with multiple ethnic groups.

has improved living standards for all New Zealanders and for Maori in particular. Average incomes of employed Maori increased 8 percent in real terms between 1997/98 and 2002/03, and 16 percent for all working-age Maori (Dixon and Maré, 2005).

Diversity and Disparities. The snapshot presented so far masks considerable diversity and heterogeneity within the Maori population. Understanding this diversity is essential for policy-making. Policies may have different effects on Maori living in different circumstances. Similarly, services need to take into account different types of variation within the Maori population.

Differences within the Maori population emerge along various lines. Traditional Maori society is organized tribally, and is by definition diverse. Maori belong to iwi and hapu (tribes and subtribes), and whanau (families), each with their own distinctive history, traditions and cultural attributes. These tribal distinctions remain, although the extent to which Maori identify with their iwi and hapu varies, especially given intermarriage and increasingly ethnically diverse families. In the 2001 census some 75 percent of Maori identified as being affiliated with one or more of 106 iwi. While some Maori identify strongly with their iwi, hapu, and whanau, others have less active connections. According to the census 19 percent of Maori did not know their iwi.

Maori outcomes diverge based on the type of ethnic identification. A number of datasets allow for the calculation of Maori ethnicity based on different categorizations. Maori can be categorized as ‘sole Maori’ or those who identify only as Maori, as well as ‘mixed Maori’ who identify with more than one ethnic group. Analysis of the labour force survey found significant gaps in outcomes between sole and mixed Maori. Mixed Maori were more likely to have outcomes similar to non-Maori, while sole Maori had lower employment chances (Chapple, 1999).

Diversity is also geographic and regional, based on access to opportunities, services and outcomes. Many of these factors are interrelated. For example, Maori living in rural areas lack access to employment or education opportunities accessible to Maori living in cities (Maani, 2002). There is evidence of deepening inequalities of outcomes along gender lines. Maori men and boys are increasingly falling behind in critical areas. Girls are more likely to stay in school at age 16 and 17 than boys, and at the tertiary level nearly two-thirds of Maori students were women (64 percent), (Ministry of Education,
Maori men are also overrepresented among the prison population – 51 percent of which is estimated to be Maori. In other ways Maori women lag behind. Although the labour market status of Maori women has been improving, unemployment is slightly (3 percentage points) higher and their wages are below those of Maori men and non-Maori (Te Puni Kokiri 2005; Statistics New Zealand, 2004b).

The past two decades have been a remarkable period of economic, social and cultural transformation for Maori. While the reforms and restructuring of the mid-1980s and early 1990s disproportionately affected Maori employment, economic recovery has brought unemployment down and the share of low income families with Maori adults has fallen. Participation in early childhood and tertiary education has escalated and the Maori cultural renaissance, marked by increased knowledge of the Maori language and participation in cultural activities, continues.

The period has also been characterized by increased diversification of Maori. Increasing opportunities for education and labour market opportunities have led to growing differentiation between educated Maori in high-skilled jobs and those who lack qualifications and skills and remain isolated from the labour market. Pockets of disadvantage exist among Maori which are correlated with lack of employment opportunities and regional disparities. Persistent gaps in health outcomes are of critical concern. These developments point to the need for policies which respond to the growing diversity of circumstances that Maori face.

III. Policy Approaches to Maori Development

Recent approaches to Maori development provide a valuable record of experience and experimentation for policy-makers in New Zealand and other countries. Several key themes have characterized policy developments over the past two decades, including: a desire by Maori to take charge of their own development; an on-going interest in self-determination, autonomy, and involvement in the policies and programmes that affect them; a recognition that policy approaches need to consider the history, culture and position of Maori as the indigenous people of New Zealand; and a need to tackle socioeconomic disparities between Maori and non-Maori.
At the level of policy design and service delivery, New Zealand has sought to calibrate the extent to which policies should be universal, mainstreamed, and applicable to the entire society, and the extent to which they should be targeted to specific populations. These central questions are directly relevant for other countries – developed and developing nations alike – that aim to improve the welfare of their own indigenous peoples, ethnic minorities, and vulnerable groups. Increasingly, the results suggest that both are needed: inclusive policies that reach all New Zealanders, and policies that recognize the cultural distinctness and particular needs of Maori.

The Treaty of Waitangi. The Treaty of Waitangi, signed in 1840 by Maori tribal (Iwi) chiefs and representatives of the British Crown, sets a unique backdrop for policy in New Zealand. The Treaty paved the way, and continues to shape, Maori participation in politics and public policy in New Zealand. While debates about the actual meaning and intent of the Treaty continue to this day, the Treaty has provided an important framework for recognition of Maori as the indigenous people of New Zealand and influenced relations between Maori and the Crown. To a greater extent than indigenous and minority policy approaches in other countries, policies in New Zealand have taken into account the history and interests of Maori.

The Treaty, a short document of three articles, provided the framework for further settlement of New Zealand by Britain, through recognition of the respective rights and responsibilities of the Crown and Maori. Discrepancies between the English and Maori language versions of the Treaty have created ambiguities. As an example, under the English version, the Crown assumed ‘sovereignty’ over the territory of New Zealand. In the Maori version, the word ‘rangatiratanga’, often translated as chieftainship or authority, was used. There are also differences in interpretation regarding the extent to which the Crown assumed responsibility for government and protection of Maori assets and resources.

Principles of the Treaty have been incorporated into legislation as mechanisms for recognizing indigenous rights. The Treaty framework has also been important for addressing the injustices of the colonial period. In 1975 the Government established the Waitangi Tribunal. The main functions of the Tribunal were to: (i) hear claims by Maori

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11 See for example, Orange, 1987; King, 2003; and http://www.treatyofwaitangi.govt.nz/.
against the Crown concerning breaches of the principles of the Treaty of Waitangi; (ii)
determine the validity of such claims; and, (iii) make non-binding recommendations to
the Crown on redress for valid claims (Office of Treaty Settlements, 1999).

In 1985, the Tribunal’s jurisdiction was extended back to cover claims from the
signing of the Treaty in 1840. In addition to going through the Tribunal process Maori are
able to negotiate directly with the Crown through the Office of Treaty Settlements. The
Tribunal hears claims brought by Maori individuals and groups. As of 2000, 870 claims
had been registered with the Tribunal, covering issues such as land confiscation, and
claims that Government policy, action, or inaction was in breach of Treaty principles.12

The Tribunal reports on the hearings to the Crown, which then can negotiate a
settlement with Maori claimants through the Office of Treaty Settlements. Settlements
involve a formal apology by the Crown, as well as redress through recognition of the
claimants rights, financial settlement, and/or return of assets.13 The financial settlements
are not intended to compensate fully for losses, but rather to build the asset base of the
claimant group. The settlement process has had an important role in providing a forum
for recognizing, airing, and acknowledging historical breaches of the Treaty.

**Targeting and Tailoring of Services.** For policy discussions it is useful to
distinguish between targeting and tailoring of services. While targeting refers to how
eligibility for services and benefits is determined, tailoring refers to how they are
designed to respond to the needs of specific population groups. Tailoring can make
policies and services more accessible, as well as more effective for ethnic groups, by
involving them in delivery, increasing voice and empowerment, strengthening
accountability, and incorporating culture, including language, values and traditions.

Few policies in New Zealand are actually targeted based on ethnicity, such that
being Maori – or a member of another ethnic group – would affect an individual’s
eligibility to participate in the programme or access the service. Decisions of whether or
not to target should be weighed based on the potential costs and benefits. On the other
hand there has been a wealth of experience of tailoring services based on ethnicity, and
particularly to Maori communities.

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13 Details of the settlements are on the website of the Office of Treaty Settlements: [www.ots.govt.nz](http://www.ots.govt.nz).
The distinction between services that are targeted through eligibility criteria, and those that are tailored to take into account the needs and preferences of beneficiaries is useful for considerations of policy design. Tailoring refers to how services are designed and delivered. Tailored programmes are generally self-targeted rather than exclusive. They are designed such that the intended beneficiaries are most likely to access the programme or service. For example, Maori language education is not restricted to Maori, however Maori are most likely to participate.

Services can be tailored in many ways through the location of delivery (e.g. within the community); the involvement of beneficiaries (e.g. as service providers); and the content (e.g. a school curriculum that incorporates local history and culture). Services in New Zealand have been tailored to ethnic groups, and to Maori in particular, through the devolution and decentralization of service delivery to communities; the participation of Maori in service delivery and governance; strengthened outreach and communication; and incorporation of Maori culture into services.

In New Zealand, tailoring has included the emergence of separate alternative Maori services such as Maori immersion education and Maori health providers. There have also been concerted efforts to tailor ‘mainstream’ services to Maori. In the context of service delivery, ‘mainstream’ is used to refer to services or systems which are intended for the population as a whole. Mainstream education refers to public schools that are not specific to a population group, as with health or other social services. Tailoring of mainstream services is important, as an estimated 80-90 percent of Maori receive health and education from mainstream services.

Because of the high diversification of services, there is no neat division between targeted, tailored and mainstream policies. Targeted and tailored programmes can be delivered within mainstream services – for example bilingual classrooms within mainstream schools, or Maori health units in hospitals. An important distinction is between mainstream services (which may contain aspects of tailoring and targeting), and separate, or parallel services which exist alongside mainstream services. Examples are Maori immersion schools and Maori health providers. Tailoring has the potential to

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14 For some, ‘mainstream’ has negative connotations as it is found to imply a value judgment – e.g. that anything outside of the ‘mainstream’ is abnormal. No such judgment is implied in here.
improve the quality of service delivery and outcomes through a number of channels, summarized below.

**Increasing efficiency and responsiveness**

Many services in New Zealand have been devolved, or decentralized, to iwi providers, community groups and other types of organisations. Devolution has the potential to improve the efficiency of services, by making them more responsive and accessible to local needs and preferences (so called *allocative efficiency*). According to theory, local governments and organisations have more accurate information about the preferences of their constituents, and are therefore better able to respond and tailor services to those needs and preferences. However the efficiency argument for decentralisation based on local needs or preferences may be qualified by a loss of some economies of scale. Some local governments and organisations may simply be too small to deliver services efficiently. For example it may not make sense for every town to have its own secondary school.

Decentralization may also undermine equity, as the provision of public services becomes more dependent on local resources, and there is a risk of increased regional inequality in the level and quality of services provided. Another potential pitfall of decentralization is the risk that governance might substantially worsen at the local level due to either capture by local elites or insufficient capacity for local programme management and service delivery.

**Strengthening accountability**

Devolution and increased participation of beneficiaries in governance and service provision also has the potential to strengthen accountability of services, and eventual outcomes. Public involvement can increase the demand for quality services and strengthen incentives for providers. The World Bank’s 2003/04 World Development Report, *Making Services Work for Poor People*, noted that accountability of services can be strengthened through greater responsiveness of politicians and policy-makers, who in

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15 Devolution is a type of decentralization defined as: “the transfer of real authority over the level and mix of local public services to freely elected and autonomous subnational governments, together with authority to levy the taxes and fees necessary to finance locally determined spending.” (Wetzel and Dunn, 2000). In the case of New Zealand, devolution also includes the transfer to iwi organizations and other autonomous providers. For more on different types of decentralization refer to Litvack, et al., 1998.
turn can influence the policies of service providers. There is also scope for strategies to strengthen the influence of citizens on service providers. The introduction of school and health boards in New Zealand, along with increased choice in service providers are examples of strengthening the short route of accountability.

**Facilitating empowerment**

Improving outcomes depends on well-functioning institutions that are responsive to the needs of the population. Equally essential are mechanisms to ensure that all population groups are able to articulate their interests and participate in decision-making. The World Bank’s 2000/01 World Development Report, *Addressing Poverty*, identified empowerment as a central aspect of wellbeing alongside opportunity and security. Strategies for tackling poverty and exclusion need to involve poor people in the decisions that affect them. Particular efforts are needed to reach out to groups which may be excluded for reasons of gender, ethnicity and social status.

Strategies to promote empowerment include measures to make institutions more effective, as well as those to enable participation and strengthen the ability of individuals and communities to engage with institutions. Building human and social capital are important preconditions. Education can increase the ability of the poor to articulate and their interests and aspirations. Similarly, strong social networks and communities can increase opportunities for the poor to take charge of their own development. Policies for increasing empowerment can range from measures to increase involvement of the poor in governance and delivery of services, to investments in local organisations to increase their ability to engage in their own development.

**Recognizing culture**

Building cultural aspects such as language and traditions into policy and service design can be mechanisms for inclusion and empowerment of groups. There is growing evidence that programmes and policies that do not recognize the culture and perspectives of beneficiaries risk failure. In a new book on culture and development, the Nobel laureate economist Amartya Sen discusses the channels through which culture influences development, including through the behaviour and preferences of individuals and groups which in turn affect economic success; through value formation; and through social and community interactions. He notes that culture can be an end in itself, “[t]he freedom and
opportunity for cultural activities are among the basic freedoms the enhancement of which can be seen to be constitutive of development” (Sen, 2004).

Culture can also affect the opportunities of different groups. The authors of the book introduce the concept of ‘equality of agency’, which recognizes that different groups have different levels of influence due to the different social and cultural contexts in which they live. Groups can differ in their influence for reasons of history, discrimination, and gender. As a result, equality of access to social and cultural capital can be important, in addition to human and physical capital, for overcoming inequality and poverty. This implies a need for policies that consider group, as well as individual agency, and for attention to different cultural perspectives (Rao and Walton, 2004).

IV. Tailoring Services to Maori

How have services in New Zealand been tailored to Maori? They have been designed to be responsive and effective for Maori in a number of ways, including:

- **Expanding Maori participation and ownership.** Growing Maori involvement in policy-making and service delivery has been a major development of the past two decades. Maori are involved in governance and ownership of services as members of school boards, representatives on District Health Boards (DHBs) and Primary Care Organizations (PHOs), as well as numerous trusts and other community organisations. Maori own, manage and deliver education, health, and social services. More Maori work as providers across sectors, and there are many initiatives to involve communities and whanau.

- **Devolving services.** Devolution of responsibility for service delivery to Maori has been a strong theme of the past decades. Iwi, hapu and urban Maori organisations have developed services, and contract with various government departments.

- **Investing in Maori culture and values.** Aspects of Maori culture, values, and practice have been integrated into service delivery across sectors, ranging from education and health to corrections and social services. This has happened both within separate, alternative Maori services, as well as within mainstream services.
• **Strengthening outreach and communications.** Efforts have been made to improve the outreach of services and to tailor information to reach Maori communities. This has involved increased use of te reo and culture within public information campaigns, as well as embedding programmes within local communities, using local settings such as marae to deliver services, and involving community members in delivery.

• **Increasing choice for all population groups.** An outcome of the diversification of service delivery approaches and providers has been increased choice for Maori and non-Maori. Maori, along with the rest of the population, have greater options to send their children to Maori medium schools, and schools with varying levels of language immersion. They can seek health care through Maori health providers, or through mainstream services. A challenge of the increasing diversity of services is ensuring equity of access and quality. Not all services are available in all locations, those in urban centres areas naturally face greater options than those in rural areas.

These trends are evident across sectors. The section discusses aspects of tailoring in education and health. While the details of service delivery in the sectors differ, there have been similar strategic directions. Both have supported the growth of alternative Maori providers owned and managed by Maori, opportunities for Maori participation in governance, integration of Maori culture in services, community involvement, and development of the Maori workforce as education and health professionals.

**Education.** Education in New Zealand has been tailored to Maori students through Maori immersion education, and efforts to improve the quality of education for Maori in mainstream schools. There has been increasing ownership and involvement of Maori in schools, through board membership, iwi partnerships and whanau involvement. There has also been a concerted effort to incorporate language and culture into education. Many Maori parents face increasing choice in schooling options for their children.
Maori students make up over one-fifth of students in primary and secondary schools.\textsuperscript{16} Raising Maori achievement in education has been a priority for policy-makers, Maori parents and students alike. This has included a combination of separate, Maori medium programmes, as well as concerted efforts to make mainstream education programmes work for Maori. Both are included the Ministry of Education’s strategy to ensure that the education system is “far more effective in meeting the needs of all learners”. The Ministry’s mission as stated in its most recent Statement of Intent is to “raise achievement and reduce disparity” (Ministry of Education, 2005a). While New Zealand’s education system performs well by international standards, the gap between high and low achievers is the widest in the OECD.

There have been significant efforts within the education sector to make schools more accessible and responsive to Maori. Maori medium education has allowed for piloting of new approaches, some of which have been integrated into mainstream schools. This transfer of experience is of critical importance, as between 80-96 percent of Maori students study in mainstream schools.\textsuperscript{17}

The boundary between Maori medium and mainstream education is no longer clear-cut. At the compulsory level, a growing number of mainstream schools have immersion and bilingual units. The Ministry of Education defines Maori immersion education, or kaupapa matauranga Maori, as education which is based on matuaranga (traditional knowledge), and tikanga Maori (customs). This includes kohanga reo, kura kaupapa Maori (primary and secondary schools), and bilingual immersion classes in mainstream schools (Ministry of Education, 2005a).

\textit{Maori Immersion Education}

Since the first kohanga reo was set up in 1982, many Maori families have chosen to enrol their children in Maori language immersion schools (Box 1). The size of the Maori immersion education sector has grown, and it is now possible for students in New Zealand to attend Maori language education from preschool, through primary and

\textsuperscript{16} Primary school refers to years 1-8, secondary is years 9-15. This section focuses on preschool through secondary education.
\textsuperscript{17} Depending on the level of education and definition of Maori medium education. Four percent of Maori students in 2004 were studying in kura kaupapa Maori schools.
secondary schools. There are even some limited opportunities for study in the Maori language at the tertiary level. This section gives an overview of the Maori immersion sector and reviews efforts within mainstream schools to tailor education to Maori students. It focuses on preschool through secondary education.

Maori immersion education has multiple objectives. The kohanga reo movement started with the goals of preserving the Maori language, teaching cultural traditions, transferring knowledge across generations, and providing education within a Maori cultural context. Maori schools and classes also aim to strengthen Maori ownership of education, and respond to Maori interest in self-determination, or tino rangatiratanga, as embodied in the Treaty of Waitangi.

There are also important pedagogical rationales. International research suggests that in certain contexts bilingual education, particularly at the early childhood level, can improve children’s language and cognitive development, as well as strengthen their identity and self-confidence (Cooper, et al., 2004). Evidence from Latin America suggests that bilingual education for indigenous children can support school retention (Hall and Patrinos, 2005).

In 2004 there were 513 kohanga reo centres, enrolling over 10,000 students, or 6 percent of children enrolled in early childhood education. Thirty percent of Maori preschoolers were in kohanga reo in 2004. Enrolments have fallen during the 1990s and early 2000s. However the majority of Maori children (80 percent in 2003) in early childhood education are in centres with some form of Maori medium education (Ministry of Social Development, 2003). The kohanga reo movement has catalyzed the establishment of 14 other early childhood centres which integrate te reo and tikanga to various extents. These services use te reo over 80 percent of the time. An additional 63 services use te reo more than 30 percent of the time (Ministry of Education, 2005a).

The majority of children graduating from kohanga reo continue on in mainstream schools. However there are a growing number of kura kaupapa Maori schools and bilingual and immersion classes. Enrolments have fluctuated, along with enrolments in Maori medium early childhood, as age cohorts move through the school system. Four percent of Maori students were enrolled in kura kaupapa Maori schools in 2004 (5,976
students), and approximately 14 percent of Maori students were enrolled in some form of Maori medium education at the compulsory level.\textsuperscript{18} Forty-three percent of these students were in schools or classes teaching in te reo between 81-100 percent of the time, while the remainder were in classes using te reo for more than 31 percent of the time.

A 2002 Education Review Office (ERO) summary of evaluations of 52 kura kaupapa Maori found that some kura were highly effective at combining a focus on kaupapa Maori, effective teaching, governance, leadership, and whanau involvement. On the other hand, many kura still faced challenges in these areas. Most are relatively small, with an average of 84 students, in comparison with 267 students for all New Zealand schools. As a result they faced issues common to other small schools, including isolation and limited capacity to leverage economies of scale. The reviews identified particular weaknesses in administration and governance; teaching practices, especially addressing individual learning needs; staffing and personnel. Many of the schools lacked skilled and experienced staff. While kura are excluded from the requirement of employing only registered teachers, the demands on teachers in these schools can be greater than those on teachers in mainstream schools (Education Review Office, 2002).

The Ministry has been involved in a number of programmes to support Maori immersion schools and classes and to enhance quality of education. Many of these initiatives are undertaken in partnership with iwi organisations and other Maori stakeholders. Initiatives include networking of schools, curriculum development, the creation of assessment tools relevant for bilingual and immersion education, and professional development for teachers.

A significant issue for the growth of Maori education across types of schools, has been the need for teachers with sufficient language skills. The booming labour market has made this a challenge, as skilled te reo speakers are in demand across sectors. The Ministry has intensified its efforts to recruit teachers through scholarships and study awards. In 2003, 205 scholarships were awarded for Maori immersion students and 535 applications were received.

Who attends Maori immersion education? There is limited information on the socio-economic backgrounds of students. A 2004 study of kohanga reo and kura kaupapa

\textsuperscript{18} The majority are at the primary school level.
Maori schools found that about 50 percent of children participating were from low income households. Nineteen percent of students were in homes where neither parent was employed. The majority of parents who were employed were in professional jobs, a higher share than the total Maori population. The profile of families appeared to include a majority of lower income families, as well as professional families on the upper tail of the income distribution (Cooper, et al., 2004).

Because of the newness of the sector there is limited information and research on outcomes of graduates of Maori immersion education in comparison with graduates from mainstream schools. There is evidence that a high share of year 11 and 12 students in immersion schools achieved qualifications above the expected level (Ministry of Education, 2005c). Such analysis is needed to determine whether these trends hold controlling factors such as the students’ and parents’ backgrounds. There is also a need for evaluation of the further education and labour market outcomes of immersion and mainstream school graduates.

**Box 1: Kohanga Reo**

The Kohanga Reo, or ‘language nest’ movement paved the way for Maori language education in New Zealand, and has been cited internationally for its contributions to language revitalization, early childhood education, and Maori development more broadly. The movement’s example of a ‘by Maori, for Maori’ service catalyzed Maori-led initiatives in other areas, including health and social services. In 1987, the then Minister for Maori Affairs, Koro Wetere, cited the importance of the movement for Maori development as a whole:

“The ultimate objective of Te Kohanga Reo is nothing less than the rebirth of the Maori nation as an equal but separate element contributing to the common good of New Zealand society.”

The first kohanga was piloted at Wainuiomata outside of Wellington in 1981. While the primary objective of kohanga reo was to support the retention of te reo by ensuring that children were immersed in the language from an early age, the approach was designed to be comprehensive, involving cultural, social, economic and educational aspects, and supporting the development and involvement of whanau, through their involvement in the programme. The programme had an important employment impact by creating opportunities, in particular for
Maori women who were particularly disadvantaged on the labour market at the time. The approach also had an aim of preserving and transferring traditional Maori knowledge across generations, by having community elders teach children.

The design and philosophy of kohanga is embedded in Maori culture and organisation. Decision-making and administration are modelled on whanau structures. Teachers (kaiko) are assisted by older women (kuia) and parents. The focus on parental involvement has had the effect of bringing many adult Maori back in contact with the language and with education. Many kohanga were set up by iwi and hapu organisations at marae, and were linked with other activities involving the wider whanau.

The kohanga reo movement spread rapidly. The government provided seed funding of $45,000 for five pilot centres. Within 12 months 107 centres had been set up with additional funding of $535,000 from the Department of Maori Affairs and the Maori Education Foundation. Seven years later over 600 kohanga were in operation. In 2004 there were 513 kohanga reo centres, enrolling 10,319 students. The decline in the numbers of kohanga has been due to consolidation of centres, as well as the growth of other types of Maori early childhood programmes. Each centre is set up as an autonomous body, but is accountable to the Kohanga Reo National Trust which sets and manages policy for the organisation.

The kohanga movement has influenced mainstream education through its model of introducing language and culture into curriculum and pedagogy, and its strong emphasis on family and community. Aspects of the kohanga reo curriculum have been picked up by other schools. Since its founding, kohanga reo has inspired the establishment of other models of Maori language preschools responsive to community needs. Many non-Maori have also sent their children to kohanga reo and other Maori-language early childhood programmes.

A challenge for kohanga reo has been managing its relationship with government departments. Because of its multi-sectoral approach, kohanga reo does not fit neatly under the auspices of a single department, and over time has received funding from various departments including Education, Maori Affairs, Social Welfare and Labour. Multiple contracts with multiple departments have meant high administrative costs of audits and other monitoring efforts. The Trust has worked closely with the Department of Education and the Educational Review Office to develop an appropriate method for evaluation of the centres. The participatory approach which was developed has influenced the design of evaluations across the education sector.

Sources: Tawhiwhirangi, et. al, 1988; Tangaere, 1997; Ministry of Education, 2005c.
Education in Mainstream Schools

Over 80 percent of Maori students study in mainstream schools. In recent years, growing effort has gone into raising the performance of Maori in schools by stakeholders at all levels, including the Ministry of Education, individual schools, iwi, and other partners. A 2004 annual review by the Educational Review Office (ERO) found that schools have been increasing their efforts to improve outcomes for Maori students over time (Educational Review Office, 2004).19

This has not always been the case. Focused initiatives to raise the performance of Maori in mainstream schools have accelerated in response to evidence that educational outcomes for Maori students were lagging behind. Maori achievement rates are on average lower than non-Maori children. Maori are also less likely to leave school with completed qualifications, and more likely to be stood-down or suspended than their non-Maori peers (Ministry of Education, 2005b; 2005c).20 Research evidence pointed to the low expectations of teachers of Maori achievement as a primary factor contributing to poor performance of mainstream schools.

In its first review of Maori in mainstream schools in 2001, ERO found that only a minority of schools collected data to assess the achievement of Maori students, or had plans in place for making improvements. By 2004, most schools were collecting and analysing achievement information of Maori and had some form of tailored initiatives focused on Maori students.

The review found that 79 percent of primary schools and 93 percent of secondary schools reported having such programmes, which ranged from incorporation of te reo, tikanga, and local Maori history into the classroom, to efforts to involve whanau in the school. Examples of the latter included training parent and grandparent volunteers as tutors, setting up a homework club, and engaging kaumatua (Maori elders) and other local Maori as role models. In discussions with stakeholders some expressed concerns that while some of these tailored initiatives are considered successful, others are less effective and can amount to tokenism, or window-dressing. Evaluations and on-going

19 The Educational Review Office is a government agency responsible for reviewing and reporting regularly on the performance of New Zealand schools and early childhood centres.
20 A stand-down is the formal removal of a student from a school for a specified period. A suspension is the formal removal of a student from school until the board of trustees decides the outcome at a suspension meeting. Definitions from Ministry of Education glossary of educational terms: www.minedu.govt.nz.
dialogue with communities are important to review programmes and to ensure that they contribute to quality education.

The review found that the large majority of schools (86 percent) were collecting information about Maori student achievement, however fewer schools (70 percent) were making use of the information to inform their decision-making (Education Review Office, 2005). The same review found that while most schools (69 percent of primary and 90 percent of secondary) had put in place evaluations of initiatives to improve educational outcomes of Maori, only a few of these evaluations linked the initiatives to student assessment and achievement.

The Ministry has supported a number of initiatives to improve outcomes for Maori within mainstream schools. These programmes have focused on improving the quality of teaching through professional development. Strengthening community and family participation in schools has been another area of emphasis, through initiatives at the school level to involve parents; as well as growing Maori involvement in school governance, and formal partnerships with iwi organisations.

The Maori immersion sector has influenced the way mainstream schools approach Maori education, by demonstrating that bilingual education can be effective for Maori students, and that Maori values and priorities can be incorporated into school management and teaching practices. However, persistent gaps in educational achievement and attainment of Maori students point to the need for further efforts to reach Maori students and whanau, and to ensure quality of education.

Achievement data that show a wider gap in results within the Maori student population than between Maori and non-Maori underscore the increasingly diverse nature of the Maori student body. There is need for on-going attention to make schools effective for high and low achieving students. Outcome evaluations of the educational and labour market status of Maori students – in both immersion and mainstream schools – are needed for further understanding of what works and what quality improvements can be made.

**Health Services.** Significant and persistent gaps in Maori health status have intensified efforts to improve access and quality of health services for Maori. Similar to education, the health sector has been characterized by increasing choice and
diversification in provider arrangements. A Maori health provider sector has emerged, and there has been greater emphasis on improving Maori health outcomes within mainstream providers – particularly within primary care services, through tailored public health promotion activities, and development of the Maori health workforce.

Improving health outcomes for Maori is a government priority. New Zealand’s Public Health and Disability Act from 2000 was one of the first laws in New Zealand to include details of the responsibilities of the sector according to the Treaty of Waitangi. In 2002 the Ministry launched its Maori Health Strategy: He Korowai Oranga. The overall objective of the strategy is whanau ora, defined as Maori families supported to achieve their maximum health and wellbeing. The strategy includes four main priority pathways (Ministry of Health, 2002):

- **Development of whanau, hapu, iwi, and Maori communities**: to support collaboration to identify what is needed to encourage health, as well as prevent or treat disease;

- **Maori participation in the health and disability sector**: to strengthen active participation of Maori in decision-making, planning, development and delivery of health services;

- **Effective health and disability services**: to ensure that whanau receive timely, high-quality, effective and culturally appropriate health and disability services to improve whanau ora and reduce inequalities; and

- **Working across sectors**: to direct the health and disability sectors to take leadership across the whole of government and its agencies to achieve the aim of whanau ora by addressing the broad determinants of health.

The strategy recognizes that health outcomes are determined by a range of factors beyond simply health services, including socio-economic conditions, environment, social and community influences, diet, risk factors (e.g. smoking), gender, and culture. In response, efforts to improve Maori health and overcome gaps in outcomes include

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21 The Act is available at: http://www.moh.govt.nz/moh.nsf/0/e65f72c8749e91e74c2569620000b7ce?OpenDocument
building the quality and effectiveness of health services, as well as addressing the other determinants of health. This section outlines a number of ways in which health services have been tailored to Maori. The discussion focuses on primary care and public health, and is not comprehensive.

**Maori Health Providers**

Similar to education, health services in New Zealand have been tailored to Maori through the growth of alternative Maori providers, as well as efforts to improve health services for Maori within mainstream services. Maori health providers are defined as “[p]roviders that are contracted to deliver health and disability services that target Maori clients or communities; are led by a Maori governance and management structure and express Maori kaupapa; and consider the wider issues of Maori development and how it might apply to their own organisation”.

Maori providers are variously arranged, set up by iwi and Maori organisations. There are currently around 250 providers, up from 20 in the mid-1990s. Maori health providers constitute a relatively small share of total health services. In 2004 an estimated 3 percent of the total health budget was spent on Maori health providers (Ministry of Health, 2004).

Maori health providers aim to provide services that are appropriate and responsive to Maori health needs. This includes a focus on Maori values and concepts of health and wellness within a kaupapa Maori (philosophy). Service delivery incorporates aspects of Maori customs, including use of te reo in consultation and for health promotion materials. Maori health providers tend to be smaller than other providers and have a strong community-based and not-for-profit philosophy.

Maori providers focus on primary services and public health promotion, as well as mental health and disability. There are no Maori providers in secondary and tertiary care. Providers vary notably in their size and the services that they provide, which include: clinical services; community health programmes, public health campaigns, vaccinations, disability support programmes, mental health services, including residential care,

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22 Definition from the 2005/2006 application form for the Ministry of Health’s Maori Provider Development Scheme.
community support, and traditional Maori healing services. Maori health providers also provide services in multiple geographic sites, and in some cases mobile health units (Crengle, et al., 1999). Most are small in size and scope, but some have broader regional coverage, such as Ngati Porou Hauora on the East Coast.

Because of their limited number and size, Maori health providers only cover a small share of the total population. Geographically they are concentrated in the North Island, where the majority of Maori live. The majority of patients of Maori providers are Maori, however non-Maori also access the services. Nearly 60 percent of patients of the Maori providers included in the NatMedCa survey were Maori themselves, while 22 percent were New Zealand European, and the remainder Pacific (Crengle, et al., 2004).

Maori providers appear to do well in reaching populations with poorer health status and high need. According to the NatMedCa survey the majority of patients were from areas of high socio-economic deprivation (Crampton, et al., 2004). Crengle, et al., found that 77 percent of patients come from poorer areas, where nationally 56 percent of Maori live. Patients were also more likely to have a Community Services Card, a means-tested card which is an indicator of low income. Maori providers charge lower co-payments than other providers.

Because of their greater emphasis on holistic and whanau-based approaches, Maori providers are more likely to provide services which are multi-sectoral and go beyond basic health services, such as physiotherapy and social services. Maori health providers are more likely to involve community health workers, and to provide complementary and alternative services (Crengle et al., 2004).

Most Maori health providers began operations in the mid-1990s. As such, the past decade has focused on organisational capacity building to strengthen the institutions, including workforce development. In field visits Maori health providers described challenges they faced in developing ways of working with the health sector as a whole – including the Ministry, District Health Boards and Primary Health Organizations. These issues may also be common to other community-based health providers.

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23 The deprivation index (NZDep2001) is a small-area measure based on the 2001 census. High deprivation refers to the top two quintiles.
Mainstream Services

The majority of Maori receive care through mainstream providers. The 2004 New Zealand Health Survey found that 14 percent of Maori had sought care from a Maori provider in the year preceding the survey. As a result a major focus of the Maori Health Strategy has been efforts to improve the effectiveness of mainstream services for Maori (Ministry of Health 2002). This encompasses a wide range of activities at all levels of the system, and involving institutions including PHOs, DHBs, Maori providers, iwi organisations, hospitals and other health service organisations.

In particular, the Maori Health Strategy mentions the need for close partnerships between DHBs, iwi, and Maori communities; effective working relationships with Maori providers; and improved collection of ethnicity data. Key areas of focus are workforce development to increase the participation of Maori health professionals across the sector, and public health campaigns tailored to Maori communities.

As with education, Maori health services have become increasingly diversified over the past two decades. While the size of the Maori health provider sector remains small, it has provided an opportunity for experimentation of different approaches to care for Maori, as well as non-Maori. Further efforts are needed to evaluate results to determine lessons for Maori health providers and mainstream services more broadly.

Aspects of Maori health providers, including holistic, multisectoral approaches, community-based orientation, integration of Maori values and culture, and accessibility to low-income populations, have the potential to provide useful lessons for mainstream services. The PHO reform and the new partnerships being formed between Maori and mainstream providers, create a new set of opportunities for such transfer of experience. Tailored health promotion programmes have also demonstrated that they can be more effective at reaching Maori.

V. Conclusions

An important factor behind increased Maori access and participation in education, health, and social services over the past two decades has been the wide range of efforts to tailor services to Maori needs and preferences. The distinction between targeted and tailored programmes which are designed to take into the specific needs of Maori, and
mainstream approaches is no longer clear-cut. Separate tailored services are available to Maori and non-Maori, and mainstream services incorporate aspects of tailoring – for example through inclusion of Maori content and approaches in mainstream schools.

Tailoring has included: (i) increased Maori participation in delivery and governance; (ii) devolution of delivery to iwi and Maori organisations; (iii) incorporation of language and culture into policy design; and (iv) strengthened outreach to Maori communities. This represents a valuable body of experience for thinking about how to design policies for New Zealand, as well as indigenous peoples and ethnic minorities in other countries.

There have been some notable successes. Increased involvement of Maori in education – through school boards; community-based initiatives; and partnerships with iwi and Maori organisations – has motivated demand for quality education among Maori and raised participation levels, particularly in early childhood and tertiary education. Maori leadership and ownership of schools, starting with kohanga reo, is a catalyst for parents’ interest in lifelong learning. Greater involvement of Maori in the health sector has also increased access and awareness of critical health risks.

**Alternative Maori services have influenced mainstream delivery**

The emergence of separate and alternative Maori services, such as Maori immersion education and Maori health providers, has been an important feature of Maori development since the 1984 Hui Taumata. While these services make up only a small share of the total sectors (e.g. 80-90 percent of Maori participate in mainstream education and health services), their impact on policy design has been far-reaching. They have given Maori an unprecedented opportunity to develop approaches based on their own priorities, culture, and traditions. Iwi and Maori organisations have had the space to experiment and pilot with service delivery models which incorporate kaupapa Maori in different ways.

These approaches have provided examples for mainstream services on ways to strengthen consideration of diversity and improve effectiveness for Maori and other population groups. They highlighted shortcomings of mainstream services, demonstrated alternative approaches, and built awareness of the need to do things differently. Maori
immersion education and Maori health providers have also provided experience for mainstream services on how to integrate cultural values and traditions into management and delivery. Another important contribution of Maori services has been to build the capacity and capability of Maori organisations and service professionals.

It is important to recognize that these services still reach only a small share of Maori. They are also new, some still have limited capacity, and there has been very little evaluation of outcomes to assess impact and effectiveness. In this context, there is a risk that alternative Maori services will be relied on too heavily to produce results for Maori. In other words, policy needs to continue to emphasize results for Maori within mainstream services. As an example, one of the reasons cited for low coverage rates of Maori in the current meningococcal b vaccine coverage is the unreasonable expectation that Maori health providers will ensure full coverage of the Maori population – when in practice they reach at most 14 percent of Maori.

**Non-Maori benefit from tailoring**

The diversification of service delivery has increased choice for the population as a whole. In education, the kohanga reo movement opened the door for bilingual education, in which non-Maori also participate. In health, Maori health providers have led the way in community-based care, and have been innovative in provision of holistic care, integrating different types of services. Non-Maori have also benefited from the policy innovations that have been developed within tailored Maori services. There is on-going potential for more lessons from these approaches to be scaled up into mainstream services.

**Quality is important**

Tailoring can improve access by making services more appropriate for Maori and expanding participation. It also has the potential to raise effectiveness and quality. Across sectors there is a growing recognition that the priority for policy-makers, service providers, and Maori communities alike is shifting emphasis from access to quality. Access will remain a concern for some Maori, particularly those who are poor and excluded. However, the major concern is raising quality across services, which in turn
can influence access by increasing demand. The 2005 Hui Taumata called for a shift in focus “from improving access to high achievement and quality of advancement”. There is a recognition that despite gains there is still considerable progress to be made in improving outcomes of Maori.

Improving quality requires greater focus on evaluation to shape policy. There has been scarce outcome evaluation of the long-term impact of Maori immersion education on future education and labour market status of graduates. Similarly, in health, evaluation of outcomes of Maori providers is not readily available.

**Diversity and equity require attention**

Similar to the considerations of targeting discussed above, increasing internal diversity among Maori has implications for policy design. Involvement and participation of Maori in service provision and governance can help ensure that different Maori perspectives are considered. Similarly, devolution to iwi and Maori organisations can help services become more responsive to local preferences and needs. However, increasing diversity can also make ensuring representative participation of Maori more complex. Having a single Maori member on the board of a school or Primary Health Organization may not be sufficient for reflecting the range of different Maori views in a community or locality. Governance arrangements need to be effective to allow for sufficient consultation and integration of varying view points.

Equity issues also require careful consideration in service delivery and policy design. While improved labour market and economic opportunities have increased Maori welfare, not all are benefiting. Some Maori remain left behind and lack access to opportunities. Services need to be designed to ensure that they are inclusive. The ongoing work on Reducing Inequalities can support approaches to address poverty and exclusion. Similarly, while service delivery by iwi and Maori organisations has increased choice and opportunity for some Maori, these services are not evenly distributed and not all are benefiting.
Capacity building is needed to make institutions work

In some respects institutions have grown faster than people. Increased opportunities for Maori to participate on boards including schools, district health boards, trusts, and other entities have been important. However, the pool of Maori who have been able to take up these positions has been small and expectations that people would have the skills, background and knowledge to play important roles unrealistic (Durie, 2005). Capacity-building is essential for these governance and partnership arrangements to work, and to increase accountability and transparency. However building this capacity takes time.

Investing in culture can improve outcomes

Culture can be an outcome in itself, for economic as well as social reasons. In New Zealand, efforts to invest in and ensure the success of the Maori language and Maori culture have an economic value – for example, through tourism – as well as the value Maori bring to New Zealand as the indigenous people. Culture can also be a means for improving other types of outcomes – for example bilingual education can improve educational attainment and achievement. There is a rich body of experience in New Zealand for further research into the interactions between culture and development outcomes.

Political economy issues need managing

Similar to other countries, issues of targeting and tailoring by ethnicity are politically sensitive in New Zealand. Even tailored policies, which are not exclusive to Maori, or other ethnic groups, can be perceived to be targeted and based on ethnic preferences. The debate sparked by opposition leader Dr. Donald Brash’s speech on race-based policies in 2004 has continued, and was an issue in the lead up to the 2005 election. These political debates have the potential to distract from policy discussions regarding what works in improving socio-economic outcomes for Maori and all New Zealanders.

Better information about the actual level of targeted spending, eligibility criteria, and the rationale for targeting and tailoring could improve understanding across the population. There is also a need for greater appreciation of Maori success stories, and
understanding of the particular issues of indigeneity and the role of the Treaty of Waitangi.

Summary

Maori development approaches provide a compelling record of experience and innovation for New Zealand and other countries with indigenous and ethnic minority populations. Among the most resonant themes are the desire of Maori to succeed on their own terms within an increasingly integrated and globalised world, the challenge of making policies inclusive, the importance of weaving diversity and culture into policy design, and the need to build on successes. We have much to gain from further study, analysis, and discussion of these experiences — Maori and non-Maori alike.
Annex 1: Indigenous Peoples in Comparison

How do Maori compare with indigenous peoples in other OECD countries? Issues of data availability and comparability prevent a full comparison. All countries face the challenge of how to define ethnicity and include indigenous peoples in censuses and surveys. A selection of indicators provide a snapshot of indigenous peoples in New Zealand, Canada, Australia, and the United States (Table 1.1).

Perhaps most notably, Maori comprise a much larger share of the total population of New Zealand, at 15 percent, than indigenous peoples in the other countries, where the share ranges from 2 to 4 percent. This underscores the importance of Maori in the public policy framework.

Gaps in life expectancy with non-indigenous peoples are substantial across countries. Australian AboriginaIs and Torres Strait Islanders, in particular, live an average of 17-18 years less than the rest of the population.

Maori labour market status stands out as being more favourable than that of the other countries. A larger share of Maori are in employment and fewer unemployed than the other indigenous groups.

| Table 1.1: Comparison of Indigenous Peoples, selected indicators (latest possible year) |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Total population | Maori (NZ) | First Nations Peoples (Canada) | Aboriginal/Torres Strait Islanders (Australia) | American Indian/Alaska Natives (US)¹ |
| Total population | 620,000 | 1,319,890 | 458,500 | 4,400,000 |
| % of population | 15 | 4.4 | 2.4 | 1.5 |
| Life expectancy | | | | |
| males | 69 | 69 | 59 | 67 |
| females | 73 | 77 | 65 | 68 |
| Life expectancy gap² (years) | | | | |
| males | 9 | 7 | 18 | 7 |
| females | 8 | 5 | 17 | 12 |
| Infant mortality (per 1,000 live births) | | | | |
| males | 7 | 8 | 10 | 9 |
| Employment rate (%) | 59 | 43 | 42 | 53 |
| Unemployment rate (%) | 8 | 19 | 20 | 12 |

Sources: Health Canada, 2005; Goldberg, et al., 2005; Center for Disease Control and Prevention, 2004; Nauenberg, 2005; Department of Labour, 2005; Statistics New Zealand, 2005; Ministry of Health.

Notes: (1) 2000 census data includes those who reported more than one race; (2) difference from non-indigenous population
References


