Pākehā/Palangi positionality: disentangling power and paralysis

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ABSTRACT

Significant health inequities in Aotearoa present compelling evidence that responsibilities under Te Tiriti o Waitangi have not been upheld. The aim of this paper is to present our experiences as Pākehā/Palangi working in Māori and Pasifika health in Aotearoa. We are interested in what prevents the upholding of responsibilities by tangata Tiriti and in how, as tangata Tiriti, we can do better. In this paper we explore responsibilities of tangata Tiriti by describing the context and evaluating power, paralysis, and positionality. "Power" is identified as a key factor continuing to perpetuate colonisation and systemic racism. "Paralysis" occurs due to individual racism, apathy, guilt and/or a fear of doing wrong. "Positionality" is an internal and external process that involves consciousness of biases, perspectives, values, privileges, beliefs, superiority and identities. Finally, we point to tools of engagement with the aim of serving and creating space for self-determination for Māori and Pasifika peoples.

This paper explores our viewpoint based on experiences as Pākehā/Palangi health practitioners and researchers working in Māori and Pasifika communities. In reflecting on our practice, we noted there was limited literature that explored and critiqued Pākehā/Palangi perspectives in health and health research environments. We acknowledge Te Tiriti o Waitangi as a foundational constitutional document. However, we do not want to assert ourselves as experts in this field instead as early career researchers and mid-career health professionals we recognise a need for further discussion on this. Furthermore, we do not profess to speak for all Pākehā/Palangi and acknowledge others will have differing perspectives and extensions of ideas. We hope this paper will provide a useful contribution to the conversation.

I am Pākehā, part of the dominant settler culture that has been imposed across Aotearoa over the last 200–250 years. My ancestors are from many European countries: the Czech Republic, Switzerland, Prussia, Scotland, Ireland and England. I'm privileged through my ancestors' acquisition of Māori land, and through systems that benefit Pākehā such as myself. I have been raised within an urban, middle-class Pākehā culture and found my way to Māori communities through my work and personal connections over the last 20 years. In my work as a research fellow and clinical psychologist working with pregnant women and parents of young children who experience addiction, I work alongside mana whenua and provide clinical services to many whānau Māori. In this work I have sought to understand my belonging and connection to Aotearoa and tangata whenua and have learnt that I belong here by way of Te Tiriti o Waitangi. I am tangata Tiriti and this comes with responsibilities. – Andi Crawford

I am Pākehā/Palangi with formal and informal exposure to Māori and Pacific worldviews. I spent my childhood years in Papua New Guinea, and this unique experience adds another layer to my Pākehā/Palangi lens. I have worked clinically as a paediatric physiotherapist and a developmental coordinator in the community and the hospital system in Aotearoa. My research is focussed predominantly on Pacific children's health, and it has included work both in the Pacific regions and in Aotearoa. This work is embedded in, and prioritises, Pacific paradigms and leadership and is based on operating principles of service, humility, empathy, respect and trust. – Fiona Langridge

While we work in different contexts, we share common experiences as white women who primarily work within Māori and Pasifika commu-

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nities. In this paper, we reflect on our experiences of being Pākehā/Palangi while working in Māori and Pasifika health in Aotearoa. We do this by 1) describing the context; 2) exploring power mechanisms; 3) examining the concept of paralysis; 4) describing positionality; and 5) suggesting tools of engagement.

In writing these experiences, we are cautious as we understand that conflating and speaking to experiences of Māori and Pasifika peoples is problematic. We are focused on the commonalities for Pākehā/Palangi in how they respond to these communities, and in actions needed when working within these communities. Te Tiriti o Waitangi is the foundation for relationships here, and there is need for an essential shift away from colonising monocultural ways in order to better support Māori and Pasifika peoples. We acknowledge that Māori understandings and the Māori translation take precedence over the Pākehā in interpretations of Te Tiriti o Waitangi.

We are also aware that centring a Pākehā/Palangi voice can be problematic, yet Pākehā/Palangi critique of the mechanisms that uphold structural power is a necessary part of dismantling these systems. This paper aims to encourage other Pākehā/Palangi health practitioners and researchers working with Māori or Pasifika communities, challenging all of us to make individual and systemic changes.

In this paper, we define Pākehā as the dominant settler ethnicity in Aotearoa. Tangata Tiriti include all non-Māori who are people of Aotearoa, and we acknowledge that our reflections as Pākehā women will be different to other tangata Tiriti. Whilst we use "Māori", we recognise hapū and iwi as distinct and diverse authorities. Similarly, in using "Pasifika peoples", we acknowledge the heterogeneous ethnicities and nations within the Pacific Islands that this term encompasses.

Power

This section explores the mechanisms that establish and maintain the power we hold/represent/experience and are trying to mitigate as Pākehā/Palangi. The first is the power of a government based on the colonial Westminster system. This system mandates power via democratic voting rather than a sharing of power and enabling Māori rights to exercise tino rangatiratanga (sovereignty and self-determination) as agreed in Te Tiriti o Waitangi. Pākehā/Palangi also hold the majority within the population, and so are automatically at a power advantage in this system.

Colonisation, in the context of Aotearoa, is the processes of the Crown dominating and asserting power over Indigenous people. The inequities existing in Aotearoa are the result of past, predominantly Pākehā, governments' assertions of power, law and rule over Māori. Significant health inequities provide compelling evidence that we have not upheld our responsibilities under Te Tiriti o Waitangi.[1,2] The Waitangi Tribunal's Hauora Report states colonisation had a severe impact on Māori and *"the Crown's failures prejudicially affect the ability of Māori to sustain their health and wellbeing"* (p.161).[3]

Pasifika peoples in Aotearoa experience the negative impacts of racism that are foundational to colonisation. This includes the targeting of Pasifika peoples via the Dawn Raids in the 1970s, and subsequent legislation rendering children born here as stateless, resulting in many Pasifika peoples being branded "illegal immigrants".[4] These and other experiences for Pasifika peoples have suppressed their citizenship in Aotearoa to the monoculture of colonisation resulting in stigmatisation and inequities in health, education and economic position.[5,6]

Colonisation is not historical, as it is ongoing structures that suit and prioritise Pākehā/Palangi systems which are racist. Rangihau and authors describe institutional racism: "*National structures are evolved which are rooted in the values, systems and viewpoints of one culture only. Participation by minorities is conditional on their subjugating their own values and systems to those of "the system" of the power culture*" (p.19).[7] Māori and Pasifika peoples face inequities due to diverse, historical and ongoing effects of colonisation, trauma and systemic racism. This includes lower life expectancy and higher burden of disease, hardship, mental health and incarceration.[8,9,10] "*Importantly, it is not lack of awareness about 'the culture of other groups' that is driving health care inequities – inequities are primarily due to unequal power relationships, unfair distribution of the social determinants of health, marginalisation, biases, unexamined privilege, and institutional racism*" (p. 2).[1] Furthermore, Borell et al. (2018) argue that to enable systemic change and social justice we must consider the historical and current privileges experienced by colonial settlers.[11] As clinicians, researchers and service providers we may strive to work in a flexible holistic way to improve wellbeing. However, these ways of working that are central to the wellbeing of the communities we work for are obstructed by inflexible, individuals, systems and agendas. Furthermore, society and institutions maintain

systemic racism and inequity by rewarding those people who adhere to the rules of the system and achieve outputs that are valued by society, not necessarily the community they are serving.[12] System and structural change is needed, alongside critical analysis of privilege and mitigating of Pākehā/Palangi practitioners' defensiveness and fragility. There are models and solutions that have been developed which provide a roadmap for societal, systemic and constitutional change.[13,14]

Reflecting on paralysis

In this section, we reflect on paralysis and how white fragility also serves to maintain power and uphold inequitable racist systems. Understanding power structures requires us to understand the system; however, our fragility stops the dialogue and maintains power.[15]

We, Pākehā/Palangi, can think racism is individual, conscious, and intentional with white defensiveness occurring because we might feel our moral character is challenged. What we fail to understand is that individuals are racist, as we uphold racist societies and structures.[15] Despite increased acknowledgement of systemic and/or institutional racism, many Pākehā/Palangi don't see ourselves as key contributors because "we aren't consciously or intentionally racist". Often the human equality or "I don't see colour" argument is used by those purporting to not be racist. This takes race off the table and protects the system. Thus, as Diangelo surmises, white fragility is not a state of vulnerability; instead, it is a powerful place that silences important challenges and maintains white superiority and power.[15] Until Pākehā/Palangi recognise our power is strengthened by racist systems we will continue to look outside of ourselves for solutions rather than within.

We as Pākehā/Palangi people can be fragile to criticism. This may be due to experiencing our dominant culture as always being right or inherently superior. For most Pākehā/Palangi we haven't had to think of our ethnicity, particularly because most of our leaders and public personalities (prime ministers, doctors, teachers, actors) are predominantly white, and also because "European" and whiteness is viewed as status quo while everything that deviates from that is often named or othered. Change is happening, for example, currently approximately 28% of members of parliament are Māori and Pacific peoples;[16] however, whiteness is still the norm. We, as Pākehā/Palangi, may have felt inadequate because of age, gender, or physical ability, but never because of our ethnicity. As Diangelo states: *"The experience of belonging is so natural that I do not have to think about it. The rare moments in which I don't belong racially come as a surprise-a surprise that I can either enjoy for its novelty or easily avoid if I find it unsettling*" (p.53).[15] The privilege that comes with being white is having a choice whether to engage with the racism debate or not. We as Pākehā/Palangi need to move past our defensiveness and think about our ethnicity and race identity, and its effect on the collective of all those living in Aotearoa.

An extension of white fragility is the concept of Pākehā/Palangi paralysis. The posture of doing nothing for fear of doing it wrong. It is a position that renders Pākehā/Palangi to be apathetic, and avoidant of doing anything at all due to the discomfort attached. Hotere-Barnes describes Pākehā paralysis as: *"Emotional and intellectual difficulties that Pākehā can experience when engaging in social, cultural, economic and political relations with Māori because of: a fear of getting it wrong; concern about perpetuating Māori cultural tokenism; negative previous experiences with Māori; a confusion about what the 'right' course of action may be*" (p.41).[17] Kiddle suggests our fragility and paralysis may exist because we are relatively new in our collective community, and we do not have shared values providing security when we disagree.[18] Furthermore, Borell argues that the Pākehā/Palangi culture of stoicism and emphasis on individual autonomy, rather than collective community, contributes to spaces (such as hospitals) being unsafe for Māori/Pasifika peoples who desire, more collective sharing of emotion in their own cultural traditions.[19]

Pākehā/Palangi may experience guilt when understanding the history of Aotearoa. However, to be able to withdraw from personal reflection because of feelings of guilt is an example of our privilege. Remaining in guilt prioritises our egos. Instead, we must hold the history of this country, so rather than being paralysed by guilt we can move forward with acknowledgement and responsibility.

> *"People get caught up in feelings of guilt. White people like to be comfortable and 'right' in their actions and can become immobilised in not knowing what to do. If you are feeling uncomfortable it probably means you are doing the work."*[2]

What is the tangata Tiriti role when it comes to paralysis? For us it is being comfortable with being uncomfortable. Being active as allies, with a

relinquishing of ego. Those of us that acknowledge the history of Aotearoa has not been just, then fight to make it so. However, we often still centre our own voices. Only by relinquishing power, resisting paralysis and working within Māori/Pasifika leadership can the balance start to emerge. Ultimately if we allow our over-protective and hyper cognisance of "doing the right thing" to paralyse us, it could in fact be causing us to do the wrong thing.[21]

How do we move out of paralysis—positionality

To move out of paralysis we must understand and state our position and intentionally act for change. Positionality is a concept that grew in response to people being "othered".[22] Being attentive to power and knowledge imbalances and reflecting on context and insider/outsider positions changes the way we do our work, including in research—what topics we choose, who we engage with, how we engage, how we analyse our data, and what our priorities are for communicating our findings.[23,24,25]

Positioning is the process of placing oneself both internally (personal reflection) and externally (the transparent front facing self). It requires a sense of security in our own cultural identity first.[26] Internally it involves reflecting on the influence of our biases, perspectives, values, privileges, beliefs and identities and how they shape our world view and work. Externally it involves transparently stating our position and place in this world in the work we do. As Pākehā/Palangi clinicians/researchers positionality includes service both to leaders that are Māori/Pasifika, and to mātauranga Māori/Pasifika paradigms. Some of it we do, some of it is aspirational. There are challenges to fully realising this aspiration because of the way the system is, and the individuals in the system are, set up.

If you do not position yourself, you are inviting others to position you instead.[22] A question often asked is "should Pākehā/Palangi be involved in work in Māori/Pasifika spaces?" If the answer is yes, the next question is how can Pākeha/Palangi conduct cross-cultural work after the history, and ongoing perpetuation of exploitation and inequities? Alex Hotere Barnes states there "*will always be suspicion of Pākehā working in Māori spaces. I just need to face the reality and find the most effective way of working with it*" (p.47).[20] We often ask ourselves: "who am I to do this? Should I be here at all? Should I say something or be quiet? Am I contributing and embedding Pākehā/Palangi power structures?" The answer is probably "yes" and "no" to all these questions. However, to stop this work is not right either as we have been invited into the communities we work with. What is required is accountability processes, to the Māori/Pasifika peoples we are working in relationship with.

We need to be clear about our own cultural identity. In our families we were taught to work hard, be kind, help our family and friends, and find solutions ourselves—these are values from our culture that we can apply positively. With a secure identity, we may shift the power away from ourselves.

Alongside understanding our own culture, we need to acknowledge historical and current realities. Moana Jackson gives an inspirational quote from Ben Okri: "*nations and people are largely the stories they feed themselves. If they tell themselves stories that are lies , they will suffer the future consequences of those lies. If they tell themselves stories that face their own truths, they will free their histories for future flowerings*" (p.112).[27] As well as acknowledging the truthful stories of Aotearoa we must disrupt systems and challenge our own biases.

Recently there have been renewed efforts to ensure health care workers are culturally competent. However, the idea of competence can be problematic as it suggests that with a little training, we can learn, understand and be fully fluent in the cultures that are not our own. Although it is our responsibility to be competent when engaging with Te Ao Māori and Pasifika spaces, we, prefer to also adhere to principles and disciplines of cultural safety.[1] *"Health practitioners, healthcare organisations and health systems all need to be engaged in working towards cultural safety and critical consciousness. To do this, they must be prepared to critique the 'taken for granted' power structures and be prepared to challenge their own culture, biases, privilege and power rather than attempt to become 'competent' in the cultures of others"* (pp1).[1] We must reflect on our position and disrupt the systemic power structures that maintain inequity and our own racism.

Tools of engagement

The relationship between power, paralysis and positionality is dynamic. Power is established through colonisation, legislature, population and inequitable access to resources. Pākehā/Palangi paralysis maintains this power through fear and apathy. It is the responsibility of tangata Tiriti to disrupt and disestablish racist power structures. This is not generally comfortable or perfectly

achieved but involves intentional involvement in a different system where Māori/Pasifika have ownership and leadership of projects. As Sharon Shea Co-Chair, Māori Health Authority and Māori Health Authority representative on Health New Zealand Board, says *"I believe in how we treat people, matters; how we think and act matters; what we do, matters and how we serve others, matters. Inherent in this whakaaro, is a belief that implementing Te Tiriti o Waitangi with integrity is a powerful disruptor for positive good."*[28]

In our own experience, this has included:

1. *Centre Māori/Pasifika knowledge frameworks.* In our work in child health, mental health and addiction services it is impossible to silo needs into boxes. What is required are services that form strong relationships, create community and holistically work with whānau. Māori and Pasifika models provide the pathway to do this. However, as Pākehā/Palangi we must seek guidance and partnership without misappropriating knowledge. This is a continual process and not something that happens at the end of projects or initiatives.
2. *Working within Māori/Pasifika led projects*. This includes having strong Māori and Pasifika mentors and advisors who guide and teach. Within academic environments, it also means actively promoting Māori/Pasifika leadership voice and stepping back in media for projects. It also means ensuring Māori/Pasifika involvement is not tokenistic, with Pākehā also taking responsibility and action on Māori/Pasifika led principles frameworks and directions. It includes considering not being first author, primary investigator or primary supervisor even if it means "our career" may be affected. This stepping back provides more benefits than disadvantages, in the building of learning, relationships and collaborations. In all spheres, it is important that representation does not fall to one person and instead has support from a wider group.
3. *Actively resisting existing power and career structures.* This may involve, first, challenging decision making and processes, and second, resigning from professional networks and walking away from research opportunities if relationships have not been established and power is withheld by Pākehā. In addition, pushing back on government initiatives if they haven't involved tangata whenua from the start, advocating for Māori/Pasifika led projects, and producing outputs only if they are meaningful for communities, not for career progression. It has been important to advocate for Te Tiriti o Waitangi honouring project structures and implementation.
4. *Stating position*. Within health and academic systems, we have presented and engaged in conversations with other Pākehā/Palangi people about the importance of understanding the history of Aotearoa and acknowledging our historical and current role that have upheld a racist system. It has also been important in academic papers to position ourselves as authors as writing from a western perspective and acknowledge the need for genuine partnership and cultural critique.

Our conviction is there are four key disciplines which must be engaged in order to dismantle power systems, overcome paralysis and prioritise positioning. These disciplines of 1) Learning, 2) Reflecting, 3) Serving/Acting, and 4) Disrupting, are what facilitate this journey (See Figure 1).[17,20,29,30,31,32]

Learning is listening and understanding the history. A separate Te Tiriti journey must be taken as Pākehā/Palangi before we can collaborate in a shared space. This involves learning about Te Tiriti and listening to the stories of the history of Aotearoa in a non-defensive manner while making space for and upholding indigenous knowledge. It includes acknowledging the politics of utilising Māori and Pasifika languages, knowledge and resources. We must be prepared to make mistakes and be called out. Learning should include an understanding of Pākehā/Palangi culture while continuing to ensure cultural safety in all contexts.

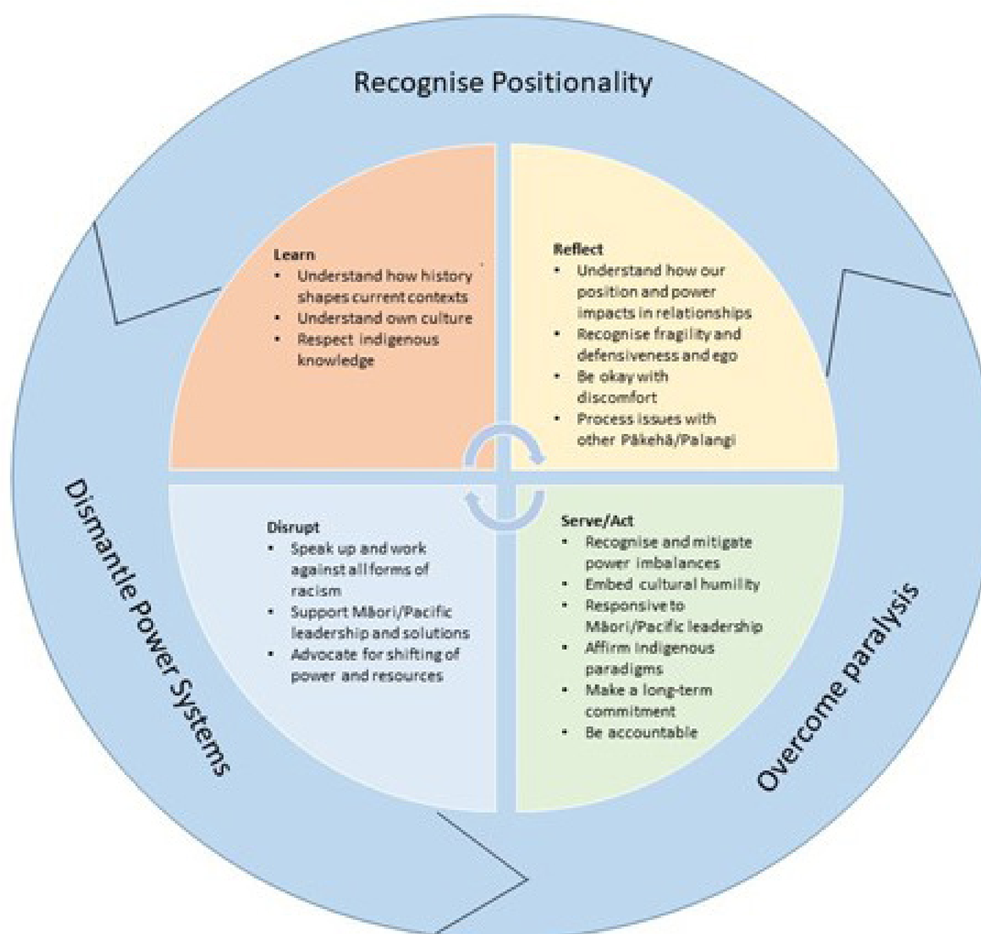
Reflecting involves being conscious of defensiveness and allowing ourselves to sit with the discomfort. Processing of discomfort should occur with other Pākehā /Palangi. There must be reflective internal processing of biases, perspectives, privileges, beliefs, and identities. A useful guide to personal practice and organisational action is outlined in Margaret and Came's chapter "Organizing – What Do White People Need to Know to Be Effective Antiracism Allies Within Public Health".[31]

Serving/Acting demands recognition of power imbalances, knowing when to speak and be quiet, when to step back and step forward. Utilising frameworks such as Came et al.'s Critical Tiriti Analysis

can be useful to measure and monitor responses in accordance with Te Tiriti o Waitangi.32 Indigenous voices must be prioritised. Service will involve responding to invitations to work under Māori/Pasifika leadership while championing mātauranga Māori and Pasifika paradigms. This includes meaningfully being situated within the communities we are allied to. Relationships must be prioritised above the work, which means allowing for the time it will take for these to develop. It is being clear about your position and place in the world and being available to respond to the call from the community, which means you should be in it for the long haul. It will require examining ego and motives and actively embedding cultural humility. It means prioritising acting and speaking out about important developments for example supporting the new Māori Health Authority.

Disrupting is simply working and speaking up against all forms of racism both within yourself and within the institutions and systems. Being an ally is not career enhancing as it contravenes current dominant individualistic hierarchical systems. We must be prepared to put ego aside and replace it with a sense of satisfaction in the work we are doing. At a constitutional level we must also be prepared to disrupt the status quo for constitutional change that honours Te Tiriti o Watangi. Matike Mai Aotearoa developed a model for constitutional transformation that signifies He Whakaputanga o te Rangatiratanga o Niu Tireni of 1835, Te Tiriti o Waitangi of 1840, UN Declaration on the Rights of Indigenous Peoples (UNDRIP) and He Puapua. As allies, our role is to move forward and support constitutional change where in the "rangatiratanga sphere, Māori make decisions for Māori" and similarly Pasifika make decisions for Pasifika. (p.9)[13]

Figure 1: Competencies and actions required to overcome paralysis, recognise positionality and dismantle power systems.



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Summary

Pākehā/Palangi have a responsibility to engage in the work for equity and justice alongside Māori and Pasifika in ways that do not perpetuate harm. Wherever we are right now in the system we have a responsibility to lead change and reposition the control. We acknowledge that we will not get it "right". However, by shifting power, challenging our defensiveness and understanding our position in our country, community and workspaces as well as advocating for constitutional change we may together achieve a more just and equitable society. We expect to be critiqued, both in this paper and in our practice. Being open to this and continuing to act for a Te Tiriti based society in Aotearoa will create positive changes for all of us.

> *"Proactive, mutually supportive, and innovative relationships between Tangata Whenua and Tangata Tiriti are our future. We should embrace the change and reflect it within our new outcome-focused and equitable health system."*[24]

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REFERENCES

1. Curtis E, Jones R, Tipene-Leach D, Walker C, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. International journal for equity in health. 2019;18(1):174. https://doi.org/10.1186/s12939-019-1082-3.
2. Durie M. Mauri ora: The dynamics of Māori health: Oxford University; 2001.
3. Waitangi Tribunal. Hauora: Report on stage one of the health services and outcomes kaupapa inquiry. Lower Hutt, New Zealand: Legislation Direct; 2019. Report No.: 186956331X. [Available at: https://waitangitribunal.govt.nz/news/report-on-stage-one-of-health-services-and-outcomes-released/].
4. Immigration Amendment Act 1968, No 30. Parliament Counsel Office Te Tari Tohutohu Pāremeta. Accessed 15 May 2021. [Available at: http://www.nzlii.org/nz/legis/hist_act/iaa19681968n30245/].
5. Mila K. Deconstructing the Big Brown Tails/Tales: Pasifika Peoples in Aotearoa New Zealand. In: Bell A, Elizabeth V, McIntosh T, Wynyard M, editors. A land of milk and honey?: Making sense of Aotearoa New Zealand Auckland, New Zealand: Auckland University Press;2017.
6. Taufa S. Witness statement of Dr Seini Taufa for Tulou - Our Pacific Voices. Tatala e Pulonga hearing. Abuse in Care Royal Commission Inquiry. 2021. [Avilable at: https://www.abuseincare.org.nz/our-progress/library/v/327/witness-statement-of-dr-seini-taufa-for-tulou-our-pacific-voices-tatala-e-pulonga-hearing].
7. Rangihau J, Manuel E, Hall D, Brennan H, Boag P, Reedy T, et al. Pūao-te-Ata-tū (Daybreak): The Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. Wellington: Department of Social Welfare. 1988. [Available at: https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf].
8. Goodyear-Smith F, Ashton T. New Zealand health system: universalism struggles with persisting inequities. The Lancet. 2019;394(10196):432-42. [Available at: https://doi.org/10.1016/S0140-6736(19)31238-3].
9. McIntosh T, Workman K. Māori and prison. The Palgrave handbook of Australian and New Zealand criminology, crime and justice: Springer; 2017.725-35.
10. Walsh M, Grey C. The contribution of avoidable mortality to the life expectancy gap in Maori and Pacific populations in New Zealand-a decomposition analysis. NZ Med J. 2019;132(1492):46-60. [Available at: https://journal.nzma.org.nz/journal-articles/the-contribution-of-avoidable-mortality-to-the-life-expectancy-gap-in-maori-and-pacific-populations-in-new-zealand-a-decomposition-analysis].
11. Borell, B., H. Moewaka Barnes and T. McCreanor. Conceptualising historical privilege: The flip side of historical trauma, a brief examination." AlterNative: An International Journal of Indigenous Peoples; 2018; **14**(1):25-34. [Available at: https://doi: 10.1177/1177180117742202].
12. McAllister, T. G., J. Kokaua, S. Naepi, J. Kidman and R. Theodore. Glass ceilings in New Zealand universities. MAI Journal; 2020; 9(3): 272-285. [Available at: https://doi: 10.20507/MAIJournal.2020.9.3.8].
13. Matike Mai Aotearoa. He Whakaaro Here Whakaumu Mō Aotearoa: The Report of Matiki Mai Aotearoa–the Independent Working Group on Constitutional

Transformation. New Zealand; 2016. [Available at: https://nwo.org.nz/resources/report-of-matike-mai-aotearoa-the-independent-working-group-on-constitutional-transformation/].
14. Charters, C., K. Kingdon-Bebb, T. Olsen, W. Ormsby, E. Owen, J. Pryor and G. Williams (2019). He Puapua; 2019; New Zealand Parliament.
15. DiAngelo R. White fragility: Why it's so hard for white people to talk about racism: Beacon Press; 2018.
16. Spoonley, P. Does the new Parliament look like us? [press release]. Wellington, New Zealand: Radio New Zealand, 23 October 2020. [Available at: https://www.rnz.co.nz/news/on-the-inside/428985/does-the-new-parliament-look-like-us].
17. Hotere-Barnes A. Generating 'Non-stupid optimism': Addressing Pākehā paralysis in Māori educational research. New Zealand Journal of Educational Studies. 2015;50(1):39-53. [Available at: https://doi.org/10.1007/s40841-015-0007-y].
18. Kiddle R. Colonisation Sucks for Everyone. In: Kiddle R, editor. Imagining Decolonisation. Wellington, NZ: Bridget Williams Books; 2021. p. 83-132.
19. Borell B. The Role of Emotion in Understanding Whiteness. Journal of Bioethical Inquiry. 2020:1-9. [Aviailable at: https://doi.org/10.1007/s11673-020-10074-z].
20. Margaret J. Working as allies. Auckland, NZ: AWEA; 2013.
21. Tolich M. Pakeha" paralysis": Cultural safety for those researching the general population of Aotearoa. Social Policy Journal of New Zealand. 2002:164-78. [Available at: https://msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj19/19-pages164-178.pdf].
22. Fisher KT. Positionality, subjectivity, and race in transnational and transcultural geographical research. Gender, Place & Culture. 2015;22(4):456-73. [Available at: https://doi.org/10.1080/09663 69X.2013.879097].
23. Shaw RM, Howe J, Beazer J, Carr T. Ethics and positionality in qualitative research with vulnerable and marginal groups. Qualitative Research. 2020;20(3):277-93. [Avilable at: https://doi.org/10.1177/1468794119841839].
24. Dwyer SC, Buckle JL. The space between: On being an insider-outsider in qualitative research. International journal of qualitative methods. 2009;8(1):54-63. [Available at: https://doi.org/10.11 77/160940690900800105].
25. Sultana F. Reflexivity, positionality and participatory ethics: Negotiating fieldwork dilemmas in international research. ACME: An international journal for critical geographies. 2007;6(3):374-85. [Available at: https://acme-journal.org/index.php/acme/article/view/786/645].
26. Vaeau T, Trundle C. Decolonising Māori-Pākehā Research Collaborations: Towards an Ethics of Whanaungatanga and Manaakitanga in Cross-Cultural Research Relationships. Indigenous Research Ethics: Claiming Research Sovereignty Beyond Deficit and the Colonial Legacy: Emerald Publishing Limited; 2020. [Available at: https://doi.org/10.1108/S2398-601820200000006014].
27. Jackson M. Where to next? Decolonisation and stories in the land. Bianca Elkington, Moana Jackson, Rebecca Kiddle, Ocean Ripeka Mercier, Mike Ross, Jennie Smeaton and Amanda Thomas Wellington: Bridget Williams Books. 2020.
28. Shea S. Board - interim Māori Health Authority 2022 [cited 2022 25 August]. [Available at: https://www.abetterstart.nz/2021/09/23/major-new-health-role-for-a-better-start-board-member/].
29. Came H, Kidd J, Heke D, McCreanor T. Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa. The New Zealand Medical Journal. 2021;134(1535):35-43.
30. Karena R. Takitoru: From parallel to partnership. Mai Journal. 2012;1(1):61-75. [Available at: http://journal.mai.ac.nz/sites/default/files/MAI_Journal_v1,1_WaretiniKarena_0.pdf]
31. Margaret J, Came H. Organizing-What Do White People Need to Know to Be Effective Antiracism Allies Within Public Health. Racism: Science and Tools for the Public Health Professional. 2019:315-26.
32. Came, H., D. O'Sullivan and T. McCreanor. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. Ethnicities; 2020; 20(3): 434-456. [Available at: https:// DOI: 10.1177/1468796819896466].
33. Nabobo-Baba U. Decolonising framings in Pacific research: Indigenous Fijian Vanua research framework as an organic response. AlterNative: An International Journal of Indigenous Peoples. 2008;4(2):140-54. [Available at: https://doi.org/10.1177/117718010800400210].