



Understanding whānau-centred approaches

Analysis of Phase One Whānau Ora research and monitoring results



Whakatauki

Mā pango mā whero
ka oti ai te mahi.

With red and black
the work will be
complete –
cooperation where
everyone plays
their part.

Contents

Foreword	4
Acknowledgements	6
Executive Summary	7
Report overview	14
<hr/>	
Section 1.	
Introduction	15
1.1 Whānau Ora	15
1.2 Background	17
1.2.1 Development and definitions of Whānau Ora	17
1.2.2 The Taskforce and Whānau Ora	17
1.2.3 Implementation of the Whānau Ora Initiative	20
<hr/>	
Section 2.	
Methodology	23
2.1 Measuring Whānau Ora	23
2.1.1 Action research	23
2.1.2 Monitoring whānau-centred services and whānau impacts	25
2.1.3 Whānau satisfaction and outcome surveys	25
2.2 Analytical methods to inform this report	26
2.2.1 Quantitative analysis of whānau surveys and monitoring reports	26
2.2.2 Qualitative analysis of action research reports and narrative sections of monitoring reports	26
2.3 Data limitations	28
<hr/>	
Section 3.	
Quantitative findings – Impact of whānau-centred approaches on whānau	29
3.1 Overview	29
3.2 Data sources	30
3.3 Whānau engagement, aspirations and goal achievement	32
3.3.1 Whānau engagement	32
3.3.2 Whānau aspirations	33
3.3.3 Whānau goal achievement	35
3.4 Whānau improvements	36

Contents continued...

3.4.1	Intermediary and higher-level outcomes	36
3.5	Other whānau improvements – rangatahi (youth) development	36
3.5.1	Whānau size and number of services	39
3.6	Whānau-centred services, intermediary outcomes and higher-level outcomes	41
3.6.1	Overall relationship between service delivery and progressive benefits to whānau	43
3.6.2	Correlation between related elements of service delivery and improvements	44
3.6.3	Individual correlations	48

Section 4. Qualitative findings: Understanding whānau-centred approaches 49

4.1	Overview	49
4.2	Effective relationships	53
4.2.1	Relationships between providers	54
4.2.2	Designated focus on whānau engagement	56
4.2.3	Whanaungatanga and cultural values	57
4.2.4	Flexibility to meet whānau needs and circumstances	58
4.2.5	Barriers to effective engagement	60
4.3	Whānau rangatiratanga	61
4.3.1	Positive whānau self-direction and leadership	62
4.3.2	Whānau identity and connections to te ao Māori	63
4.3.3	Building whānau capability	65
4.3.4	Barriers to achieving rangatiratanga	66
4.4	A capable workforce	67
4.4.1	Collectives' understanding and commitment to Whānau Ora	69
4.4.2	Cultural competence	70
4.4.3	Holistic focus and responsiveness to whānau	71
4.4.4	Comprehensive skills to support whānau	73
4.4.5	Barriers to workforce capability	74
4.5	Whānau-centred services and programmes	75
4.5.1	Accessible services and programmes	76
4.5.2	Matching whānau needs, priorities and aspirations with relevant programmes	78
4.5.3	Integrated service delivery	79
4.5.4	Flexible approach to services	80

Contents continued...

4.5.5	Barriers to whānau-centred services	81
4.6	Supportive environments	83
4.6.1	Strong leadership for Whānau Ora at all levels	85
4.6.2	Active and dynamic Crown, whānau, hapū, iwi relationships	85
4.6.3	Local services	86
4.6.4	Funding and policy to meet whānau and provider needs	86
4.6.5	Socio-economic opportunities for whānau	88

Section 5. Implications 89

5.1	How effective were whānau-centred approaches?	89
5.2	Factors that enabled whānau-centred approaches	90
5.3	Factors that hindered transformation to whānau-centred approaches	91
5.4	Policy and programme implications	92
5.5	Recommended actions	95
5.5.1	Strengthen iwi and Crown leadership for whānau	95
5.5.2	Apply a whānau-centred lens to health and social services and programmes	96
5.5.3	Shift funding, contracting and reporting of services to align with whānau realities	96
5.5.4	Assess 'matches' between whānau needs, and local and regional services and resources	97
5.5.5	Develop socio-economic policies and programmes to meet whānau needs and realities	98
5.5.6	Develop workforce capability for whānau-centred approaches	98
5.5.7	Generate sustainable funding for Whānau Ora navigators	99
5.6	Research implications	99
5.6.1	Inter-related impacts and whānau benefits	99
5.6.2	Improved research and monitoring for whānau-centred approaches	100
5.6.3	Identifying system changes needed to support whānau-centred practice	100
5.6.4	Whanaungatanga as a resource for whānau	100

Appendix 1: Whānau Ora framework	101
Appendix 2: Provider collectives	103
Appendix 3: Research and Whānau Ora Collectives	105
References	107
Glossary of Māori terms	108



Foreword

The report, *Understanding Whānau-centred Approaches* has been long awaited and provides evidence of change for whānau and providers.

It shows that whānau-centred approaches are effective in improving whānau wellbeing.

Using quantitative and qualitative evidence the report reveals that whānau-centred approaches led to immediate and longer term gains for whānau including amongst whānau previously seen as 'hard to reach'.

Observations are that it may be conventional service delivery itself that is 'hard to reach', rather than whānau.

The report highlights the key enablers and barriers to whānau-centred approaches; the impacts of these on whānau; and the implications of these for Whānau Ora going forward.

Whānau planning and the valuable work of navigators are the two 'stand out' enablers of a Whānau Ora approach. Whilst agency systems i.e. existing funding arrangements, contracts and service pressures continue to present ongoing barriers.

Notably, the evidence highlights the potential that exists to introduce a comprehensive whānau-centred approach to conventional policy, service planning and delivery across sectors.

It's important to remind ourselves that Whānau Ora starts from a position of strength.

Evidence in this report confirms that whānau-centred approaches, if applied correctly, can unleash the potential within whānau to be the best they can be; orientated towards a productive and constructive future built on their own skills and strengths.

Irrespective of size and sector, I commend *Understanding Whānau-centred Approaches* to all agencies and organisations with a responsibility and commitment to improving outcomes for Māori.

I join the authors in acknowledging all the whānau who contributed to this evidence and who, through their own shared experience, have given us a strong foundation on which to continue pioneering innovative change for whānau and families throughout Aotearoa New Zealand.

Hon Te Ururoa Flavell
Te Minita Whānau Ora

Foreword

This report presents the key findings and learnings of whānau-centred approaches used in the first three years of the Whānau Ora initiative.

Much was made of the administrative aspects of Whānau Ora in its first phase of implementation, when the Auditor General released her report in May 2015. While the Auditor General's report emphasised the high cost of administration, a key message from that report stated that "Whānau Ora has been a success for many families who now have a plan to improve their lives."

The research shows that placing whānau at the centre of service design and delivery not only empowers whānau to realise their own solutions; but also demands greater accessibility, integration and coordination amongst services.

Rather than focusing on individuals and single-issue problems, this research shows that whānau-centred approaches have a positive impact with immediate and longer term benefits.

This research concludes that five key factors leading to improvements for whānau are: effective relationships that benefit whānau; whānau rangatiratanga; a culturally competent and technically skilled workforce; services that place whānau at the centre; and funding, contracting and policy arrangements based on whānau priorities.

While there is still much to do in responding to whānau needs and aspirations, the report shows that whānau-centred approaches are a powerful catalyst for creating positive change.

We have been fortunate in having guidance and direction along the Whānau Ora journey from the Whānau Ora Governance Group, the Regional Leadership Groups and the provider collectives who championed many of the efforts captured in this research.

The work of these groups has laid the foundation for phase two of the Whānau Ora journey - the establishment of three Whānau Ora commissioning agencies, Te Pou Matakana for the North Island, Te Pūtahitanga o Te Waipounamu for the South Island, and Pasifika Futures for Pacific families.

I have every confidence that this research evidence will enable further collaboration amongst agencies and providers, to provide greater support for communities, whānau and families across Aotearoa to be powerful drivers of their own destinies.

I would like to acknowledge the whānau, researchers and providers who have made this valuable research possible.

Ngā mihi

Michelle Hippolite
Toihautū / Chief Executive Te Puni Kōkiri



Acknowledgements

Te Puni Kōkiri wishes to acknowledge the significant contributions made by Whānau Ora collectives, action researchers, and especially whānau, who participated in the Whānau Ora Phase One measurement approach.

Despite the complexities of implementing a new and evolving initiative, balanced with 'business as usual' requirements, a total of 34 collectives took part in the measurement approach to bring together evidence of transformational change for providers and whānau. Nine teams of researchers engaged with collectives and whānau to document changes made by collectives and the effects on whānau. This collaboration was achieved through trust, reciprocity, and manaakitanga shown by all who participated.

Te Puni Kōkiri greatly acknowledges the leadership and expertise of Professor Sir Mason Durie to the overall Phase One Whānau Ora measurement approach. His review of the report provided guidance, ensuring rigour and clarity with the analysis and presentation of information.

Finally, Te Puni Kōkiri acknowledges all the whānau who took part in the research programme, by offering their stories and insights into their daily lives. We have been impressed and inspired by your tenacity and resilience, despite adversity, and the humility and passion with which you have told your stories.

Executive summary

The terms 'Whānau Ora approach' and 'whānau-centred approach' refer to a culturally grounded, holistic approach focused on improving the wellbeing of whānau (families) and addressing individual needs within a whānau context.

Government health and social services for Māori have not typically been designed to take a whānau-centred approach, focusing instead on individuals and single-issue problems. As a result, delivery of services to whānau has often been fragmented, lacking integration and coordination across agencies and social service providers, and unable to address complexities where several problems coexist. The Taskforce on Whānau-centred Initiatives (and subsequently the Whānau Ora Initiative) was developed to address these challenges, place whānau at the centre of service design and delivery, and empower whānau as a whole.

There have been two phases of the initiative. The first phase (2010–2015) has focused on strengthening provider capability to design and deliver whānau-centred approaches.¹

Whānau Ora collectives comprised several provider groups that had opted to work together. The first phase included a comprehensive action research and monitoring programme that tracked collectives' development of whānau-centred approaches and subsequent impacts on whānau.

This report presents findings from the research and monitoring programmes undertaken during the first phase to determine:

- which components of whānau-centred approaches were evident during implementation, and the degree to which they aligned with recommendations from the Taskforce on Whānau-centred Initiatives
- the different ways whānau-centred approaches were implemented across Whānau Ora collectives
- main barriers and enablers to these approaches
- the impacts on whānau
- the implications for both Whānau Ora as an initiative and Whānau Ora as a wider social sector approach.

This report is not an evaluation of Whānau Ora. Nor does it identify all outcomes achieved by Whānau Ora collectives.

¹ The second phase of the initiative (2013–present) funded by three non-government commissioning agencies, has focused more directly on whānau capability activities.

Implementation and impacts of whānau-centred approaches

A thematic analysis, based on responses from over 260 research and monitoring reports, was undertaken to better understand the development of whānau-centred approaches and how these led to whānau gains.

The analysis identified five overlapping themes essential to the implementation of a whānau-centred approach. All themes are anchored in te ao Māori (the Māori world) with practices shaped by whanaungatanga (relationship, kinship) as a tool for connecting and building whānau strengths. The five themes are:

- **Effective relationships** – establishing relationships that benefit whānau
- **Whānau rangatiratanga (leadership, autonomy)** – building whānau capability to support whānau self-management, independence and autonomy
- **Capable workforce** – growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau aspirations
- **Whānau-centred services and programmes** – whānau needs and aspirations at the centre with services that are integrated and accessible
- **Supportive environments** – funding, contracting and policy arrangements, as well as effective leadership from government and iwi to support whānau aspirations.

Collectives adopted several strategies to address these themes. Their actions were effective in generating high levels of trust among whānau, whānau engagement with providers, motivation, a positive attitude, cultural and whānau connectedness, new skills and tools, greater awareness of resources and access to services, and participation in relevant courses. These initial impacts paved the way for further gains, and were seen even among whānau in crisis.

The results of a quantitative analysis of provider reporting and 895 whānau surveys reinforced the qualitative findings. The analysis points to the idea of an outcome continuum in which immediate whānau gains around trust, access to services, attitudinal change and skills and knowledge act as stepping stones for achieving higher-level Whānau Ora goals. These initial gains appear to be generated by whānau-centred approaches (service delivery) and are critical for later outcomes to unfold.

The results indicate:

- Almost two-thirds of whānau who were engaged with Whānau Ora received support from navigators and developed whānau plans
- Whānau aspirations were wide ranging and evenly spread across the six high-level outcomes identified by the Taskforce
- The immediate impacts of collective services were extensive. Some gains were in 'intermediary outcomes' (for example, improved service access, motivation) and others were in 'higher-level' outcome areas (for example, increased income, improved employment and so on)
- On average, whānau experienced more than seven intermediary gains and more than three higher-level gains in wellbeing
- The most common intermediary improvements were accessing services, happiness, relationships and leadership, where over 70 percent experienced advances. The most common higher-level improvements were in safety and education/training, where 76 percent and 61 percent of whānau, respectively, made advances
- A moderately strong correlation was noted between whānau-centred approaches and intermediary whānau gains, and between intermediary and higher-level whānau gains; also between seemingly unrelated outcomes (for example, knowledge of whakapapa (genealogy) and reduced rates of smoking).

The wide ranging but inter-related whānau improvements emphasise the importance of holistic and integrated whānau-driven approaches that are underpinned by cultural realities.

Enablers

While collectives developed their own approaches to the implementation of the Whānau Ora Initiative, several enablers were identified across collectives:

- whānau planning greatly helped whānau to move from a crisis focus to a focus on positive development
- navigators working in collectives enabled whānau to come together, identify their aspirations and begin to build capability
- navigators identified and often drove whānau-centred service changes
- the collective entity enabled improved service integration and system changes
- a clear vision, combined with effective governance and management and tangible strategies for change, enabled the translation of theory into practice
- cultural competency, including an emphasis on Whanaungatanga, ensured that changes were focused on whānau wellbeing and grounded in whānau realities
- resources for collectives to better meet whānau needs filled gaps in priority areas
- a flexible approach enabled engagement and service delivery that catered to whānau realities and identified pragmatic solutions.

Barriers

Several barriers to progress were also identified:

- providers were required to report against earlier funding contracts with various government agencies. Earlier arrangements for funding, contracting and reporting structures remained largely unchanged for providers within each collective's services while, at the same time, they attempted to modify practice towards a whānau-centred approach
- the workforce capacity was limited across sectors to readily implement a whānau-centred approach
- traditional tensions, competition and siloes existed between services and providers, which inhibited collaboration
- whānau transience and hardship, including regional gaps in socio-economic opportunities, inhibited whānau engagement and ability to progress.

Policy and programme implications

This report provides evidence that whānau-centred approaches are effective mechanisms for improving whānau wellbeing, because they enable ongoing immediate and high-level outcomes, including among whānau previously seen as 'hard to reach'. This suggests it may be conventional service delivery that is 'hard to reach' rather than whānau themselves. The report also notes that agency systems including existing funding arrangements, contracts with providers and service pressures present ongoing barriers to whānau-centred approaches.

Several government policies and community initiatives are already demonstrating whānau-centred components or are working to overcome systemic barriers associated with conventional service delivery. The main point of difference, based on findings in this report, is that a suite of integrated whānau-centred activities as well as application of the 5 components, is needed to create positive impacts for whānau.

While phase one of Whānau Ora focused strongly on Māori and Pasifika health and social services, the potential exists to introduce a comprehensive whānau-centred approach to conventional services and other settings (for example, education, finance and housing). A series of actions is proposed, some of which are specific to the *Whānau Ora Initiative*, whereas others involve importing a *Whānau Ora approach* into practices within other services and policies. The Whānau Ora Partnership Group, and Whānau Ora Initiative more broadly, are well placed to take leadership on the following actions to expand a Whānau Ora approach.

1. Strengthen iwi and Crown leadership for whānau

The Whānau Ora Partnership Group provides a favourable setting for Crown and iwi (kinship group, tribe) to strengthen their focus on working together to develop policies and programmes to meet the aspirations of whānau.

2. Apply a whānau-centred lens to existing programmes and services to guide the development of whānau-centred approaches

Initiatives and policies that focus on social change are particularly applicable to this lens.

3. Shift funding, contracting and reporting of services to align with whānau realities

Further work is needed to determine specific funding models and service structures that can support whānau-centred approaches while retaining appropriate accountability to funders and taxpayers. The funding and contracting structures that sit behind any solution need to incorporate essential elements to support whānau-centred approaches:

- a. flexible funding that enables practitioners to work with a variety of whānau and allows time to build trusting relationships
- b. contract and service specifications that allow practitioners to work on whānau priorities, not just service priorities, and to have flexible entry criteria
- c. flexible integration of services, when relevant
- d. outcomes-based contracting
- e. sustainable funding.

4. Assess ‘matches’ between whānau needs, local and regional services and resources

In addition to examining the type of health and social services and iwi and community resources in each region, an opportunity exists to develop joint ventures to fill gaps in line with whānau priorities.

5. Develop socio-economic policies and programmes to meet whānau needs and realities

Consideration must be given to developing flexible solutions within education, employment, welfare and housing policies and programmes to meet whānau needs and realities.

6. Develop health and social workforce capability in whānau-centred approaches

Both the ‘core Whānau Ora workforce’ and other related workforce networks need to be trained in whānau-centred approaches, coordinated for the benefit of whānau (rather than services), and attain competencies so they can engage and build trusting relationships with whānau.

7. Generate sustainable funding for Whānau Ora navigators

Sustainable funding and whānau engagement appear essential to whānau-centred approaches. This is particularly important for whānau who may move in and out of crisis and require ongoing support in their journey towards rangatiratanga.

Research implications

This research is important because it adds to the evidence base of what makes up a whānau-centred approach, explores barriers and enablers to this approach and provides quantitative findings of its benefit. However, it is only a starting point. Some areas require further research, which Te Puni Kōkiri, the Social Policy, Evaluation and Research Unit (Superu, formerly Families Commission) and Whānau Ora Commissioning Agencies would be well placed to lead.

8. Understanding the full impacts on whānau of whānau-centred practice

Improving our understanding of the continuum of outcomes for whānau can add evidence to the benefits derived from whānau-centred approaches, including how whānau-driven and culturally grounded elements can lead to socio-economic improvements.

9. Improved research and monitoring around whānau-centred approaches

Different whānau-centred models need to be critically examined, to identify ‘best practice’ in this area.

10. Identifying system changes needed to support whānau-centred practice

A better understanding is needed of the specific funding and contracting models that support whānau-centred approaches. The commissioning model is one aspect of this, but it also includes funding and contracting of conventional health and social services.

11. Understanding whanaungatanga as ‘social capital’ for whānau

The potential exists to gain a better understanding of the specific benefits achieved for whānau through a reliance on whanaungatanga.

Report overview

Section 1: Introduction and background

This provides a brief overview of Whānau Ora approaches and a description of the Whānau Ora Initiative.

Section 2: Methodology

Outlines the phase one measurement approaches and analytical methods used to develop the findings in sections 3 and 4.

Section 3: Quantitative findings: Impact of whānau-centred approaches on whānau

Provides the results of a quantitative analysis using collective monitoring and whānau survey data. It identifies whānau results achieved through Whānau Ora and investigates the statistical connection between whānau-centred approaches and whānau improvements.

Section 4: Qualitative findings: Understanding whānau-centred approaches

Provides the results of a qualitative analysis of the action research and monitoring reports. Includes a summary of the development of whānau-centred approaches during Whānau Ora implementation, as well as the barriers, enablers and impacts of these approaches. Provides case study examples to illustrate change at a collective, service and whānau level.

Section 5: Implications

Considers the policy and programme implications associated with the analysis and its findings.

Section 1. Introduction

1.1 Whānau Ora

Whānau Ora is a philosophy, an outcome, and a model of practice for achieving whānau wellbeing.

A focus on the collective needs of whānau and on Whānau Ora has long been identified as an important component and driver of Māori development. The terms 'Whānau Ora approach' and 'whānau-centred approach' have been used by Māori providers to refer to a culturally grounded, holistic approach focused on improving the wellbeing of whānau as a group, as well as the individuals within the whānau. While Māori and other community providers have tended to concentrate on the needs of whānau, government services for Māori have typically been designed to focus on individuals and single-issue problems. As a result, delivery of services has often been fragmented and lacking in integration and coordination across agencies and service providers.

The Taskforce on Whānau-centred Initiatives (subsequently the Whānau Ora Initiative) was developed to address such challenges. The Whānau Ora Initiative places whānau at the centre of service design and delivery and contributes to better outcomes for whānau by empowering whānau as a whole. Characterised by two phases, the first (2010–2015) focused on strengthening provider capability to design and deliver 'whānau-centred services' and foster whānau-initiated planning through a dedicated fund. The second phase has concentrated more directly on whānau capability activities, funded by three non-government commissioning agencies (2013 onwards).

The first phase of implementation included a research and monitoring programme that tracked provider transformation from conventional service providers to 'provider collectives' focused on whānau-centred services. The research included an action research component, where researchers walked alongside providers during programme implementation to gather data and critically reflect on changes as they were occurring. Monitoring of service changes and whānau impacts occurred through serial reports from providers and surveys completed by whānau. The data sources – totalling over 200 reports and 890 whānau surveys – add fresh dimensions to the relatively new evidence around the development and impact of whānau-centred approaches.

This report is a summary analysis of research and monitoring data on the development and impact of whānau-centred approaches.

This report's primary purpose is to detail findings from the research and monitoring programme. The report analyses research and monitoring data to document the different ways that whānau-centred approaches were interpreted across Whānau Ora providers, the main barriers and enablers, and the identified impacts on whānau. It also considers which components of whānau-centred approaches were aligned to the Whānau Ora framework described by the Taskforce on Whānau-centred Initiatives. The report identifies policy and programme learnings that can be applied both to phase two of Whānau Ora, and other policies and initiatives.

In this report, the terms 'Whānau Ora approach' and 'whānau-centred approach' are used interchangeably.

Key distinctions

Whānau Ora approach/whānau-centred approach:

Synonymous terms that refer to a culturally grounded, holistic approach focused on improving the wellbeing of whānau as a collective, without losing sight of individual needs. Whānau aspirations and challenges are seen through whānau eyes. The whānau-centred approach is not focused on any one programme, sector or initiative.

Whānau Ora Initiative:

The specific government initiative launched in 2010 and led by Te Puni Kōkiri, supported by the Ministry of Social Development and Ministry of Health. The Initiative is based on findings from the Taskforce on Whānau-centred Initiatives. It aims to better serve the needs of whānau by adopting a whānau-centred approach to improving the wellbeing of whānau and addressing individual needs within a whānau context.

This report:

This report attempts to draw learnings from the *Whānau Ora Initiative* data to increase understanding of the *Whānau Ora approach*. It aims specifically to identify barriers, enablers and impacts of the approach on whānau.

This report is not an evaluation of Whānau Ora. Nor is it a conclusive report regarding whānau outcomes achieved through the Whānau Ora Initiative. Nor are the findings proposed as the only relevant aspects of a Whānau Ora approach. This report does not evaluate findings from the Whānau Integration, Innovation and Engagement (WIIE) Fund², the Regional Leadership Groups³ or the Whānau Ora Governance Group⁴ – the three other main elements of phase one implementation.

1.2 Background

1.2.1 Development and definitions of Whānau Ora

Whānau Ora is not a new concept or practice for Māori, but the appearance of the term in social policies and related services is relatively new. Amidst the debates and different perspectives, essentially, **Whānau Ora is based on the whānau unit** and is characterised more by essential elements than a strict definition. As a principal source of connection, strength, support, security and identity, whānau play a central role in the wellbeing of Māori individually and collectively (Ministry of Health, 2002). Whānau Ora assumes that the whānau group has the potential to bring about positive changes for individuals (Families Commission, 2010; Lawson-Te Aho, 2010).

Whānau Ora recognises that whānau wellbeing is closely linked to Māori cultural values, alongside social and economic priorities. It aims to increase whānau wellbeing, including whānau participation in te ao Māori, sport and exercise, financial literacy, and higher education. Whānau-centred approaches support whānau in their current circumstances and incorporate te reo Māori (Māori language), the observation of cultural codes of conduct (tikanga or traditions and values) and protocols to guide interactions within the whānau and beyond kawa (marae potocol), (Boulton, Tamehana & Brannelly, 2013).

Whānau-centred practice is firmly founded on long accepted best practice methodologies derived from holistic Māori models of health and wellbeing. For example, Te Whare Tapa Whā (Durie, 1985), Te Wheke (Pere, 1991), Te Hoe Nuku Roa (Durie, 1995) and Te Pae Māhutonga (Durie, 1999).

1.2.2 The Taskforce and Whānau Ora

The Taskforce for whānau-centred Initiatives was formed to address the problem coined by Minister Hon Tariana Turia⁵ as 'five cars up the drive'. The Minister was concerned that separate providers were delivering uncoordinated and fragmented services for individual whānau members. It was also clear that, while Māori providers were using whānau-centred approaches, they were compromised by fragmented sectoral approaches and an alignment with funder expectations rather than actual whānau needs.

² WIIE Fund was set up to support the Whānau Ora approach where funds were accessible to whānau and families through the completion of a plan or proposal, and under an agreement with a legal entity to implement (for example, whānau/family trust, charitable trust or incorporated society).

³ Regional Leadership Groups were set up in Te Puni Kōkiri regions to provide strategic advice and support to regional priorities related to Whānau Ora. Membership included Te Puni Kōkiri, Ministries of Social Development and Health, district health boards and community and iwi representatives.

⁴ The Whānau Ora Governance Group chaired by Professor Sir Mason Durie, with senior managers from the Ministries of Social Development, Health and Education including Māori representation, had oversight of the design and implementation of the Whānau Ora Initiative.

⁵ Minister for the Community and Voluntary Sector before becoming Minister for Whānau Ora in 2011.

An important role of the Taskforce was to identify the system changes needed to place whānau at the centre of service planning and delivery. The Taskforce was charged with developing an evidence-based, whānau-centred framework that would lead to:

- strengthened whānau capabilities
- an integrated approach to whānau wellbeing
- collaborative relationships between state agencies
- broader relationships between government and communities
- improved cost-effectiveness and value for money.

The Taskforce identified several characteristics that gave definition and distinctiveness to Whānau Ora (Taskforce on Whānau-centred Initiatives, 2010, p 30). It:

- recognises a collective entity (the whānau)
- endorses a group capacity for self-determination
- has an intergenerational dynamic
- is built on a Māori cultural foundation
- asserts a positive role for whānau within society
- can be applied across a range of social and economic sectors.

After extensive consultations with community groups, service providers and government officials, as well as receiving written submissions, the Taskforce created a framework underpinned by seven principles. The Taskforce identified five main operational elements of effective leadership, funding, government, whānau-centred services and whānau action and engagement, which play a pivotal role in whānau-centred service delivery. The framework shows the reciprocal nature of the relationships between these elements and Whānau Ora (Figure 1, detailed in Appendix 1).

The Taskforce identified six major (high-level) outcome goals:

- whānau self-management
- healthy whānau lifestyles
- full whānau participation in society
- confident whānau participation in te ao Māori
- economic security and successful involvement in wealth creation
- whānau cohesion.

Figure 1: Taskforce framework representing the relationship of a set of underpinning principles and five main operational elements



Source: Taskforce on Whānau-centred Initiatives, 2010

Collectives' approaches varied as the Taskforce, and subsequently the Governance Group, endorsed the idea that 'no one size fits all' for Whānau Ora.

1.2.3 Implementation of the Whānau Ora Initiative

The Taskforce report, *Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives*, and Taskforce framework became the backdrop for the implementation of the Whānau Ora Initiative (Hon Tariana Turia, Minister for the Community and Voluntary Sector, 2010). Following Cabinet approval in 2010, \$134 million was allocated to Whānau Ora and Minister Turia established the Whānau Ora Governance Group to oversee implementation. The group comprised chief executives from Te Puni Kōkiri, the Ministry of Health and Ministry of Social Development (and Ministry of Education at a later stage) and three community representatives. Implementation was led by Te Puni Kōkiri and supported by the Ministry of Social Development and Ministry of Health. Ten regional leadership groups were also set up to identify whānau priorities and champion Whānau Ora within their regions.

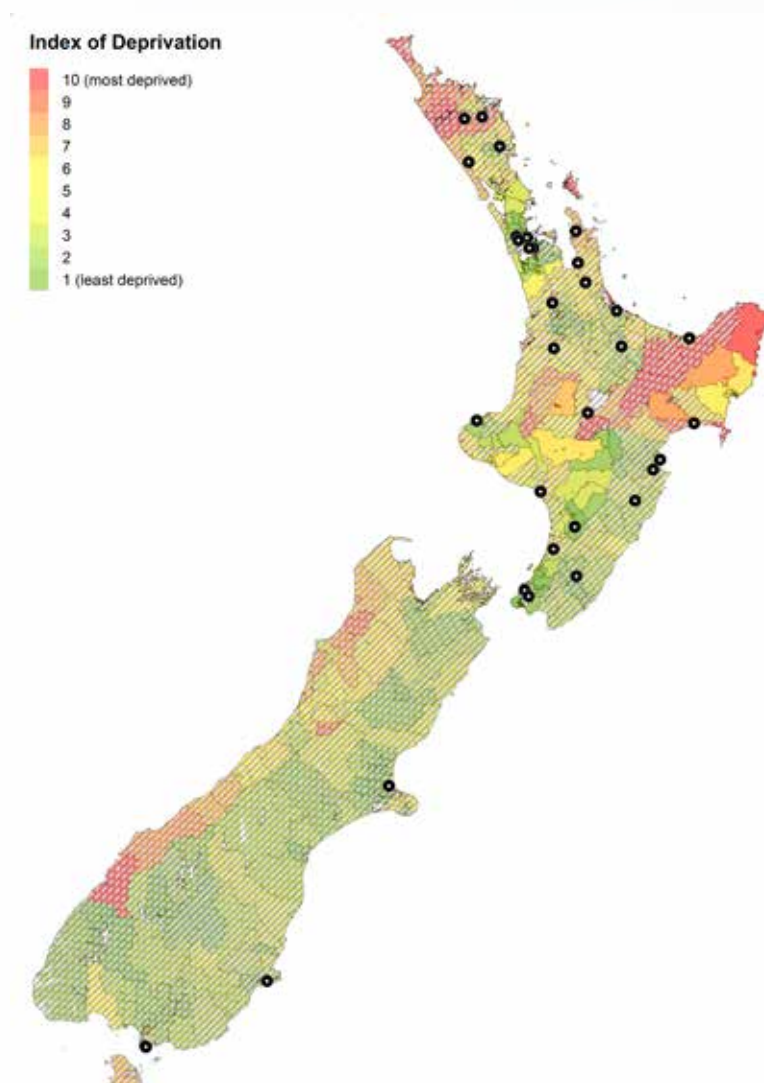
The goal was to achieve the best possible outcomes for whānau by addressing their urgent problems and then helping them identify and actively plan for the realisation of their own aspirations. To meet the goals, a two-pronged approach was adopted: building the capability of relevant services and providing direct whānau support through the WIIE Fund. The assumption underpinning the focus on service capability was that the investment would transform 'traditional' approaches of social service delivery from single problems to a broader focus on inter-related aspects of whānau living.

Although the target group had always been Māori, and the Taskforce had only concerned itself with Māori, the strong cultural dimension underpinning Whānau Ora resonated with other communities, particularly Pasifika, which went on to develop their own Whānau Ora programmes. Later, a Pasifika Whānau Ora Commissioning Agency was established alongside the two Māori agencies.⁶

Meanwhile, Māori, Pasifika and mainstream health and social service providers had responded to an Expression of Interest process run by Te Puni Kōkiri. This required them to form collectives made up of providers that were often operating small-scale operations and competing for funding. The new collectives were asked to demonstrate how they might deliver whānau-centred services. Thirty-four collectives, comprising 180 providers, were selected to participate in this research (Figure 2 and Appendix 2). The collectives were made up primarily of health and social services and, to a lesser extent, education, justice and housing services. The intention was that every collective would adopt a common agenda for meeting whānau needs, so that a greater and integrated range of services would be available to whānau with less fragmentation.

⁶ Three Whānau Ora commissioning agencies exist: Te Pou Matakana (North Island), Te Pūtahitanga o Te Waipounamu (South Island) and Pasifika Futures.

Figure 2. Whānau Ora provider service coverage map



The collectives developed Programmes of Action that outlined the overarching approach and service model each would adopt. The approaches varied according to whānau needs assessment, consultation and provider expertise. The Taskforce, and subsequently the Governance Group, endorsed the idea that 'no one size fits all' for Whānau Ora.

2010

February 2010

Release of report of Taskforce on Whānau-centred Initiatives

April 2010

Establishment of Whānau Ora Governance Group

June 2010

Budget 2010 allocates \$134m to support Whānau Ora providers and WIIE Fund

November 2010

First 25 successful Whānau Ora providers announced

2011

Early 2011

Some Whānau Ora providers trialling the role of Whānau Ora navigators

Early 2011

First Whānau Ora action researchers established

June 2011

Budget 2011 allocates an additional \$30m to support Whānau Ora

2012

Regular Whānau Ora action research reports received

June 2012

First monitoring report of Whānau Ora outcomes completed. Subsequent monitoring occurs quarterly

2013

July 2013

Cabinet approves Whānau Ora commissioning model

2014

March–April 2014

Appointment of three Whānau Ora commissioning agencies

Collectives later developed service capability contracts that detailed specific activities to achieve the Programmes of Action. In general, activities focused on:

1. forming shared governance and management structures
2. integrating back-office functions to become more efficient and consistent
3. workforce development in a range of areas
4. strategies to integrate services and service pathways
5. Whānau Ora navigators working directly with whānau or supporting other practitioners⁷
6. strategies to identify how best to measure outcomes resulting from the services provided to whānau.

Contracts were deliberately short term (that is, three years) so that collectives could make sustainable changes to their delivery approach, based on experiences and results.

Te Puni Kōkiri held contracts for specific aspects of Whānau Ora including ‘service capability development’, the employment of navigators and whānau planning through the WIIE Fund.⁸ The employment of navigators within the collectives (and later with other organisations) was an attempt to facilitate a coordinated approach to whānau development and provide a dedicated resource to help whānau planning. The collectives continued to receive funding from their original sources, primarily the Ministry of Health, district health boards and Ministry of Social Development.

Following a Whānau Ora Working Group report and Cabinet approval, phase two of Whānau Ora was introduced in 2013. This phase established three non-government commissioning agencies, partly to shift the focus away from government departments but also to give greater attention to building capability within whānau and encourage providers to place more emphasis on whānau strengths (as well as whānau needs). Phase two implementation is not part of this report.

⁷ Navigators are practitioners who work with whānau and families to identify their needs and aspirations, and link and coordinate access to a range of other services or programmes. The terms ‘navigator’ and ‘navigation’ were not universally used across all collectives. Collectives usually adopted Māori terms to describe navigator roles as these seemed to fit better with Māori cultural philosophies and practices.

⁸ Whānau planning is holistic goal setting and planning that is whānau driven and based on whānau aspirations and needs.

Section 2. Methodology

2.1 Measuring Whānau Ora

The importance of a research and monitoring approach that captured outcomes for whānau was emphasised by the former Minister for Whānau Ora, Hon Tariana Turia, and the Taskforce on Whānau-centred Initiatives. The aim of the research approach was to determine how whānau outcomes were being affected by whānau-centred services.

Several research and monitoring strategies were developed to meet this commitment and provided the data for this report. The strategies were underpinned by the main principles that outcomes should be strengths-based (rather than deficit-based), the whānau voice should be captured and there is ‘no one size fits all’ approach to measuring change. Research and monitoring tracked broad changes that whānau experienced, rather than measuring change according to highly prescriptive performance targets.

2.1.1 Action research

An action research programme was developed, which included elements of participatory action research (Kemmis & McTaggart, 2007) and kaupapa Māori research (Smith, 1997). Nine research teams were selected through an Expression of Interest process in December 2010. The programme began in 2011 and was completed in 2014.

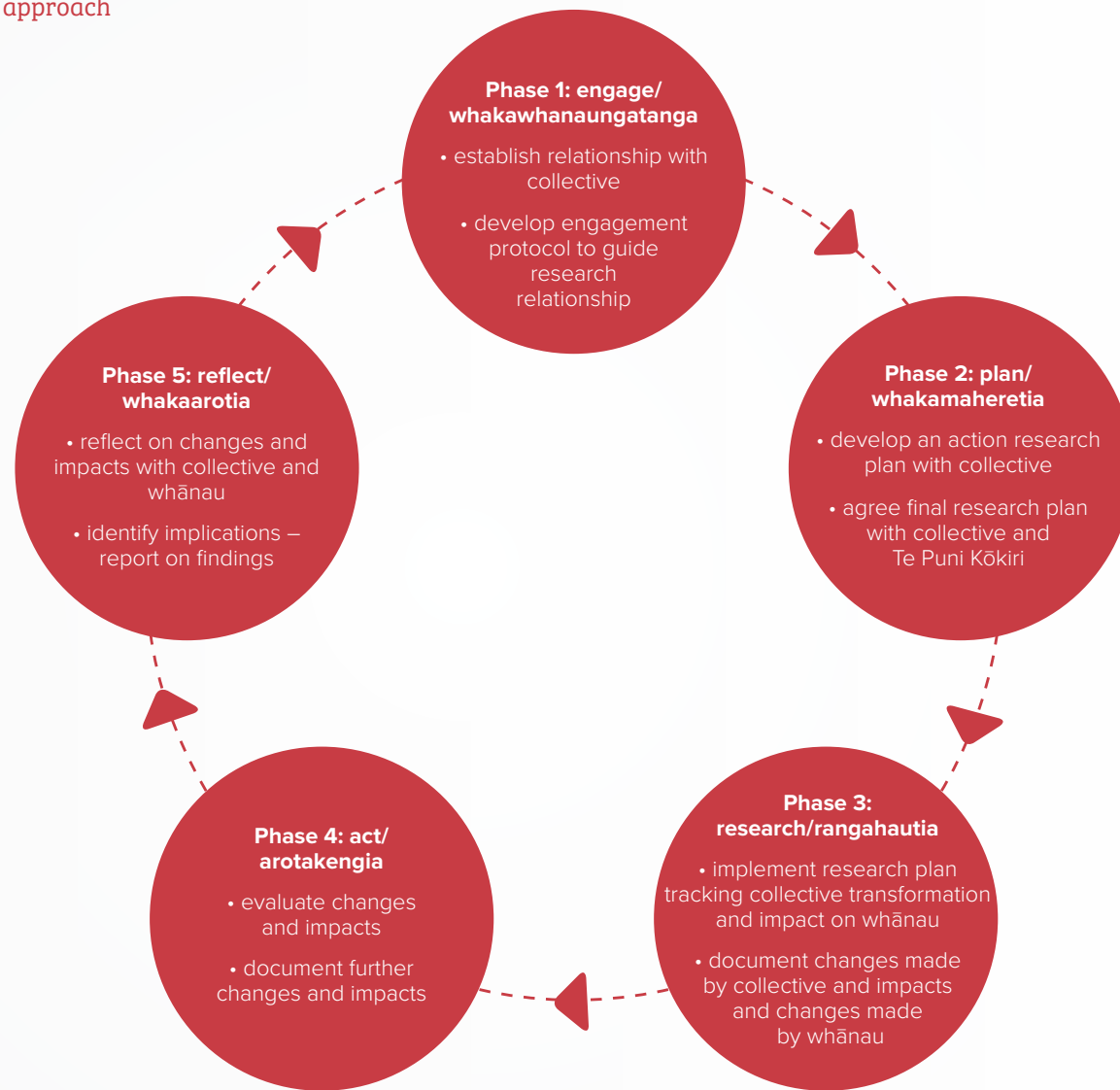
The overarching question that guided the action research enquiry was ‘how could agencies and providers most usefully contribute to best outcomes for whānau?’ Action research tracked the transformation of provider collectives and the impacts on whānau, ensuring the involvement of participants was always explicit. Action researchers worked alongside each collective as they were adapting their infrastructure and modifying and integrating services and programmes.

The research process comprised five phases, based on a cycle of engage, plan, act, observe, reflect (Lewin, 1946), and was designed by Dr Fiona Cram (2011) who provided ongoing advice to Te Puni Kōkiri and action researchers. The first phase included time for researchers and providers to develop engagement protocols that helped guide the research planning and implementation (Figure 3).

⁹ This question was provided to Te Puni Kōkiri in 2010 by Professor Sir Mason Durie, who was a member of the Whānau Ora governance group.

Research and monitoring focused on strengths-based outcomes, capturing the whānau voice and a ‘no one size fits all’ approach to measuring change.

Figure 3. Whānau Ora action research five-phased approach



Source: Cram, 2011

2.1.2 Monitoring whānau-centred services and whānau impacts

Government-funded initiatives often monitor highly prescriptive outcomes that focus on individuals and deficits (for example, smoking prevalence, family violence, obesity). In contrast, phase one of Whānau Ora tracked progress of whānau and relied heavily on strengths-based and culturally grounded measures that were based on whānau aspirations. Provider collectives delivered quarterly reports to Te Puni Kōkiri on whānau engagement, aspirations, achievement and whānau-centred services. Monitoring contained both narrative and quantitative elements. Because providers did not traditionally capture this type of data, monitoring was trialled in 2012 and accompanied by training for collectives.

2.1.3 Whānau satisfaction and outcome surveys

A whānau satisfaction and outcome survey was developed in 2012. The survey's purpose was to identify whānau satisfaction with whānau-centred approaches used by the collectives, and the impacts of those services on whānau. The survey was pre-tested in 2012 and, from 2013, was administered by collectives as a monitoring tool to a cohort of whānau every six months.

Other methods used to measure the progress of Whānau Ora also existed. These included: contract monitoring collectives, WIE Fund performance monitoring and evaluation, monitoring and regional leadership group reports, and research reports on whānau case studies and Whānau Ora workforce development. These sources were not included in the analysis for this report, however, because the focus is on the ways in which the collectives adapted their practice methods to align with the Whānau Ora approach.

2.2 Analytical methods to inform this report

A summary analysis was conducted of the action research, monitoring and survey data collected between 2011 and 2014 to inform this report (Figure 4). Data was analysed in two ways, as discussed below.

2.2.1 Quantitative analysis of whānau surveys and monitoring reports

Quantitative analysis was undertaken of over 200 monitoring reports from 34 collectives and for the 895 whānau surveys (representing 4,965 whānau members). Summary analysis was conducted to determine broad engagement, aspirations and other improvements for whānau. Secondly, a statistical correlation analysis was conducted using data from the whānau surveys, to examine the relationship between whānau-centred approaches and a range of outcomes.

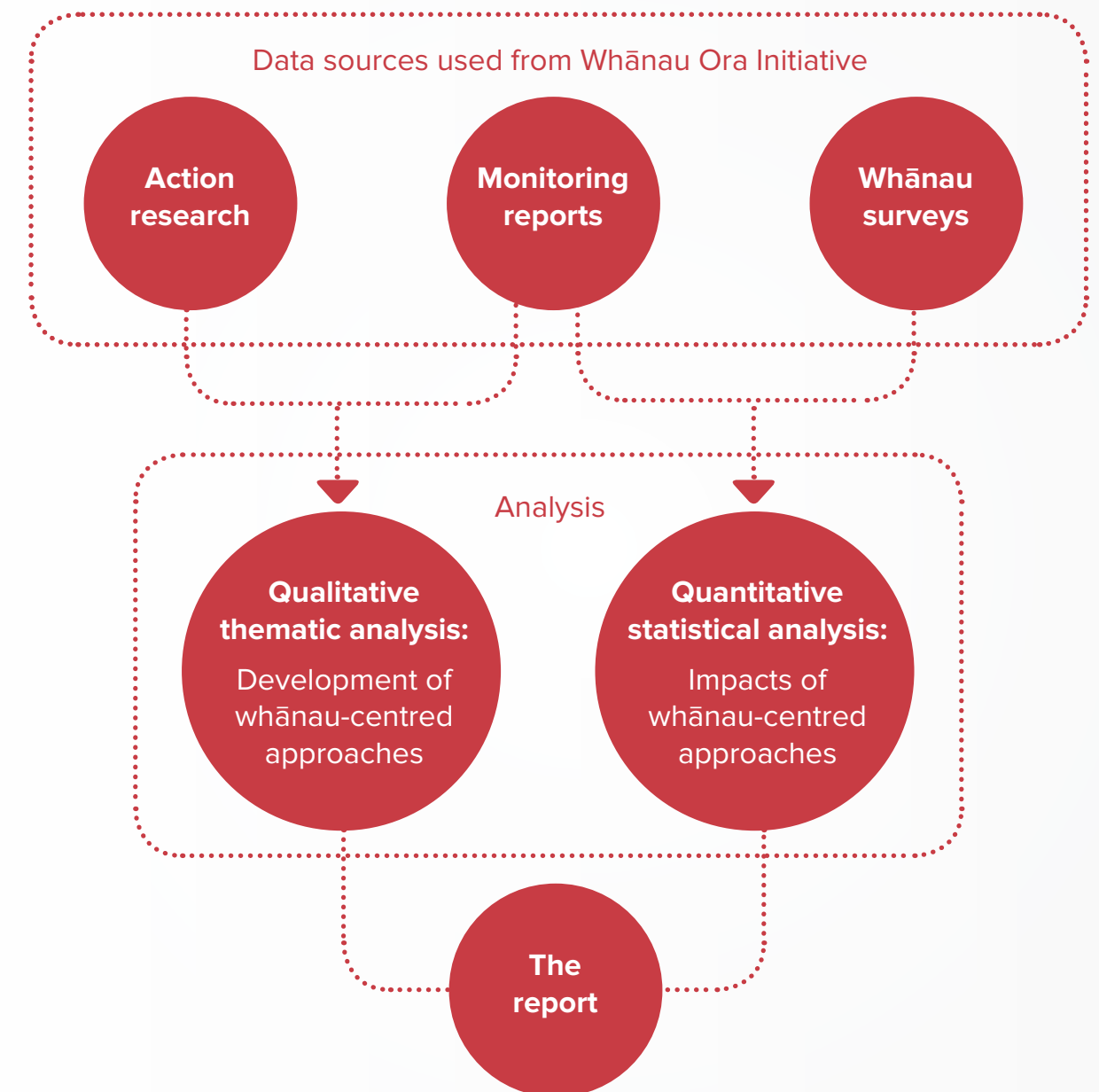
2.2.2 Qualitative analysis of action research reports and narrative sections of monitoring reports

A meta-synthesis of the monitoring reports and over 60 action research reports was conducted. The Taskforce Whānau Ora framework (see Figure 1), which was based on an extensive review of relevant literature and proposed by experts in the field, was used as the 'theory' for the Whānau Ora approach.

The theory was tested against the data gathered from the action research and monitoring reports using thematic analysis. Thematic analysis was considered the most appropriate approach because both the action research and monitoring reports were predominantly narrative. Reports were mined for qualitative data that referred to different elements of whānau-centred approaches. This data was then coded according to themes related to potential aspects of whānau-centred approaches. The codes were integrated and synthesised, from which a new 'theory' of whānau-centred approaches was generated.

This new 'theory' was then tested by quantifying each time the whānau-centred aspect was demonstrated by a collective in either the research or monitoring reports. This determined how prevalent each aspect was across collectives.

Figure 4. Data sources used to inform this report



2.3 Data limitations

As a meta-synthesis of existing data, the research was confined by the documentation. There were gaps in information related to funding, contracting and policies at a national level, in particular. This limited the extent to which changes at this level could be determined. The data was further limited because it did not enable a detailed comparison of the impact of different approaches used between collectives.

In addition, the use of monitoring data submitted by provider collectives may have created a biased perspective on the transformation of providers to deliver whānau-centred services and impacts on whānau. In the whānau survey, there was also potential for selection bias to have affected survey results, because providers were able to select which whānau participated in the survey. To an extent, the use of action research countered these biases because it allowed a triangulation of findings. A mixed-methods approach of provider, whānau and independent research sources also enabled commonalities and themes across data to emerge.

A further limitation is that it was not possible to understand the full nature of whānau improvements. For example, whānau may have experienced improvements in safety, but it was not known what the exact improvement was. Nor was it possible to understand how improvements identified in the whānau survey compared against what whānau set out to achieve. While provider monitoring of whānau goal achievement rates countered this limitation to an extent, it did not provide whānau-level data.

It is also important to note the context in which the data was gathered. The measurement approach was dominated by the pace at which providers worked to transform their entities, services and programmes to become whānau-centred. Second to delivering results for whānau, the transformation was the main priority for providers, one that also needed to be balanced with business as usual.

The complex situation of transforming services and endeavouring to achieve results for whānau, while still meeting other existing contractual requirements, inevitably affected the timing and, in some instances, depth of research enquiry. For example, being able to identify how providers approached the planning and implementation of their Programmes of Action at the same time that they were engaged in implementing and adjusting such a programme was difficult.

Providers were still coming to terms with how to operate as a collective and develop a culture of trust with the several entities now making up the collective. Once providers understood how the research could support this development, however, they became more engaged. Researchers worked on developing protocols of engagement with collectives to ensure an open and safe process for research participation.

Section 3.

Quantitative findings – Impact of whānau-centred approaches on whānau

3.1 Overview

This section explores the quantifiable results achieved by whānau, and whether any connection exists between these results and whānau-centred approaches to service delivery.

The summary analysis indicates:

- Most whānau who were engaged with Whānau Ora received support from navigators and developed whānau plans.
- Alongside support from navigators, whānau were engaged with several other services and programmes, the most common of which were health and social services or programmes.
- Whānau aspirations were wide ranging and evenly spread across the six high-level outcomes identified by the Taskforce.
- The immediate impacts of collective services were extensive, and multiple improvements were noted in several social, economic, cultural and collective areas associated with whānau wellbeing.
- Some gains were in 'intermediary outcomes' (for example, improved service access, motivation) and others were in 'higher-level' outcome areas (for example, increased income, improved employment and so on). The most common intermediary improvements were accessing services, happiness, relationships and leadership. The most common higher-level improvements were in safety and education/training.
- On average, whānau experienced more than seven intermediary gains and more than three higher-level gains in wellbeing.
- A moderately strong correlation was noted between whānau-centred approaches and intermediary whānau gains, and between intermediary and higher-level whānau gains.
- The relationship between whānau-centred approaches and higher-level improvements was weak, and appears to be mediated by shorter-term intermediary gains.
- The correlation between intermediary gains and whānau-centred approaches remained moderately strong across different aspects of service delivery (that is, building rapport and meeting whānau goals and needs).

Whānau have experienced multiple and extensive improvements through Whānau Ora.

Whānau-centred approaches generate an outcome continuum, where immediate whānau gains act as stepping stones for higher-level improvements.

- A moderately strong correlation was noted between seemingly unrelated outcomes (for example, knowledge of whakapapa (genealogy) and reduced rate of smoking).

The results DO NOT tell us about:

- causality – in particular, because analysis was based on reporting data, findings are indicative only rather than conclusive
- the extent of changes over time for the same whānau, namely whether any benefits continued, increased or decreased.

Overall, the analysis points to the idea of an outcome continuum in which immediate whānau gains act as stepping stones for higher-level outcomes. These initial gains are critical for later outcomes to unfold and appear to be generated by whānau-centred approaches.

The wide-ranging but inter-related improvements experienced by whānau also highlight the importance of holistic and integrated whānau-driven approaches. The link between specific cultural, social and educational gains emphasises the importance of an approach that is underpinned by cultural realities.

Further research is needed to explore the attribution of whānau-centred approaches to whānau improvements in more detail.

3.2 Data sources

This section is based on quantitative analysis of data drawn from provider collective performance measures in the monitoring reports and a whānau satisfaction and outcome survey. The overall purpose of the reports and surveys was to capture a broad picture of whānau engagement and improvement, not to quantify each specific whānau improvement. (The latter would have created a higher reporting burden for providers and been contrary to Taskforce recommendations.)

The collective performance measures included items around the number of whānau engaged and types of whānau aspirations set and achieved. A summary analysis was conducted of these performance measures, drawing on reports submitted between December 2012 and June 2014.

The whānau survey was completed by 895 whānau (representing 4,965 whānau members) who engaged with Whānau Ora collectives between March 2013 and December 2014. Whānau were asked to rate various aspects of their experience with Whānau Ora including: types of services they engaged with, level of satisfaction with aspects of whānau-centred service delivery, more intermediary outcomes in specific areas and improvements in higher-level outcome areas (see Figure 5). Some providers supplied aggregated totals of survey responses and others provided individual whānau data, thus affecting the type of analysis possible.

Figure 5

Examples of the 3 questions analysed in the whānau satisfaction and outcome survey

Whānau-centred service delivery

Thinking about the one key Whānau Ora worker/kaimahi you and your whānau have dealt with, to what extent do you agree or disagree with the following statements? (circle one)

She/he has supported our whānau to identify our needs

Strongly agree	Agree	Neither	Disagree	Strongly disagree	Don't know	N/A
1	2	3	4	5	6	7

Intermediary outcomes

What changes have there been for you and your whānau in the following areas as a result of the Whānau Ora service(s) you received? (circle one)

Our knowledge about how to access services

Big improvement	Small improvement	No change	A bit worse	Much worse	Don't know	N/A
1	2	3	4	5	6	7

Higher-level outcomes

What changes have there been for you and your whānau in the following areas as a result of the Whānau Ora service(s) you received? (circle one)

Education/training for the whānau

Big improvement	Small improvement	No change	A bit worse	Much worse	Don't know	N/A
1	2	3	4	5	6	7

5,499

whānau working with navigators

6,933

whānau plans developed and implemented

3.3 Whānau engagement, aspirations and goal achievement

3.3.1 Whānau engagement

Provider collective monitoring reports identified that, as at June 2014, 9,408 whānau comprising 49,625 whānau members, were receiving whānau-centred services. Almost two-thirds of whānau members (64 percent) were Māori, 14 percent Pasifika, 10 percent NZ European and 2 percent were 'other' ethnicities. The whānau survey indicated that, for each whānau, on average, six whānau members were engaged with Whānau Ora.

Of the total number of whānau engaged, 5,499 had worked with navigators and 6,933 whānau plans were developed and implemented. This means 58 percent of whānau who were engaged had worked with navigators (Figure 6). The remainder (42 percent) were engaged with other whānau-centred services, such as health and social services, that had become more focused on the whānau unit, or programmes or courses developed in response to whānau needs.

The whānau survey indicated that, of those whānau who answered a question about whānau planning (721), 92 percent stated they had completed a whānau plan. Because this number is higher than the provider reporting indicates, it suggests most whānau surveyed were working with navigators.

Whānau were also engaged with several different services and programmes alongside whānau planning. Figure 7 shows the most common were health services, followed by education services or programmes, and social services or programmes.

It is interesting to note that income and employment, often an important determinant of economic gains, appeared to be less often addressed than those services addressing health, education and social needs. This could highlight the role of Whānau Ora navigators in linking whānau members with health and social services. It might also reflect on the bias of collectives towards health and social services and the preponderance of health and social workers working in the collectives. Adding other areas of expertise to the collective could broaden the approach to include economic growth for whānau.

Figure 6. Whānau engagement in Whānau Ora

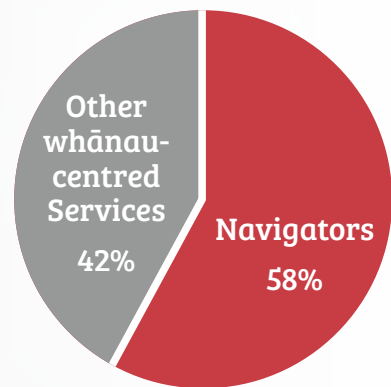
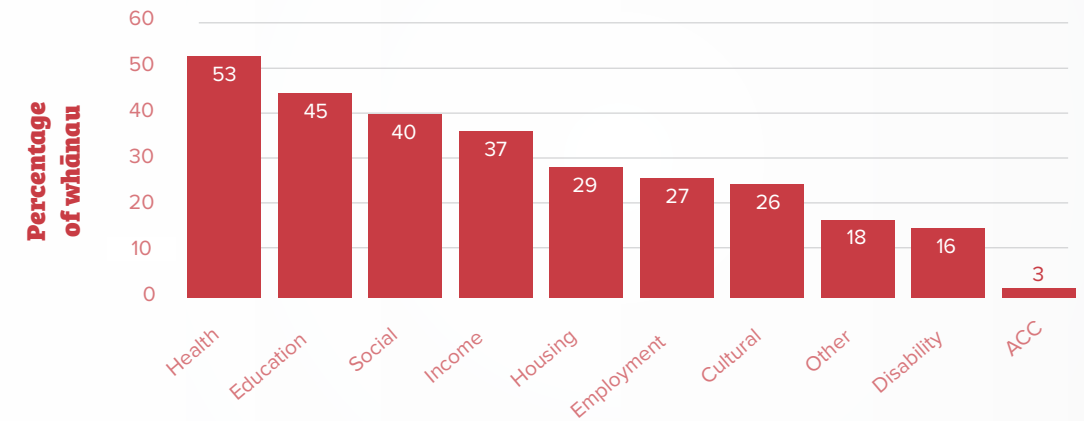


Figure 7: Services engaged by whānau

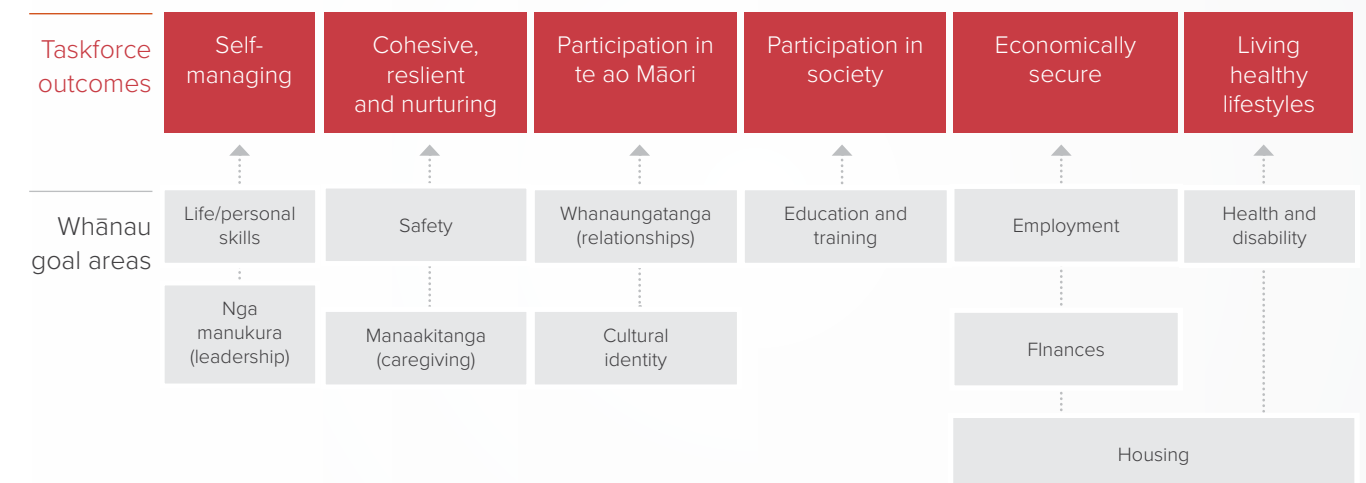


Source: Whānau survey

3.3.2 Whānau aspirations

Providers were asked to record and report on whānau aspirations according to various areas that captured social, economic, cultural and collective gains, as recommended by the Taskforce. Whānau goals fell under the following areas, which are broadly mapped to the six Taskforce whānau outcome goals.

Table 1: Whānau goal areas

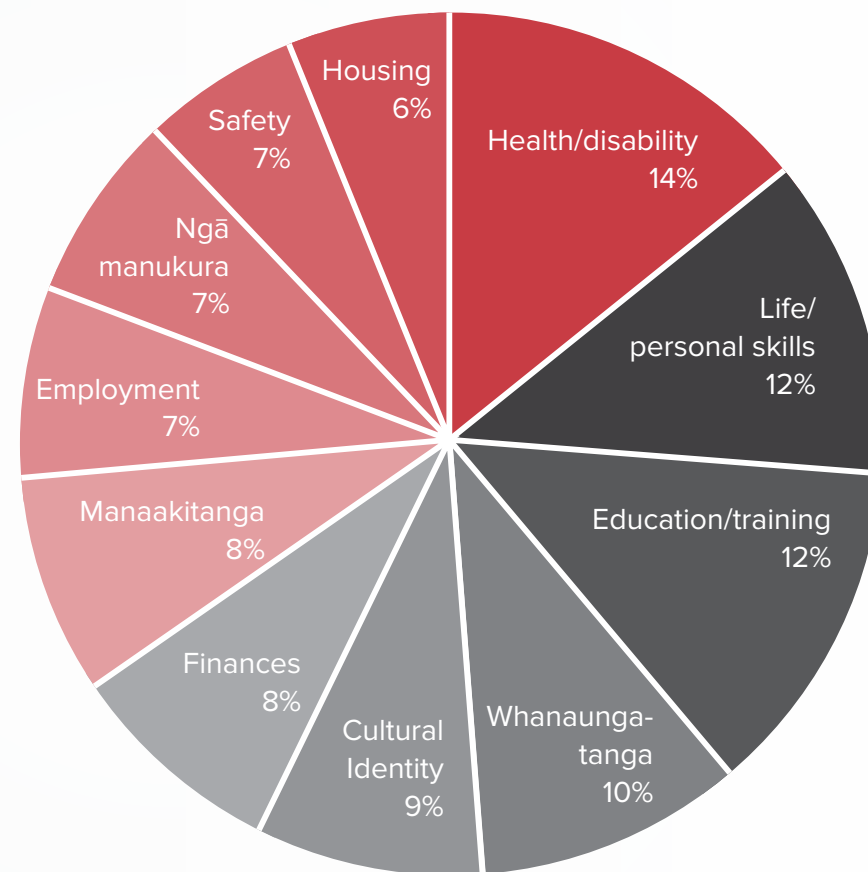


Source: Provider collective reporting

The distribution was relatively even in the range of goals that whānau set. The most common goals set in June 2014 were in health/disability, life/personal skills, education/training and whanaungatanga (Figure 8). These aspirations reflected narrative reports and whānau stories in that:

- whānau commonly had health issues and needed support in managing them (however, most providers were health providers and this may have influenced the types of goals set)
- whānau were often supported by navigators in developing 'life and personal skills' (such as confidence building, goal setting, communicating with others, problem solving and decision making) because they were such widely applicable skills
- education/training were common goals because they were a tangible way to build whānau capability
- relationships (Whanaungatanga) were a priority and an important first step in setting and achieving other goals as a whānau.

Figure 8: Distribution of whānau goals set (2012–2014)

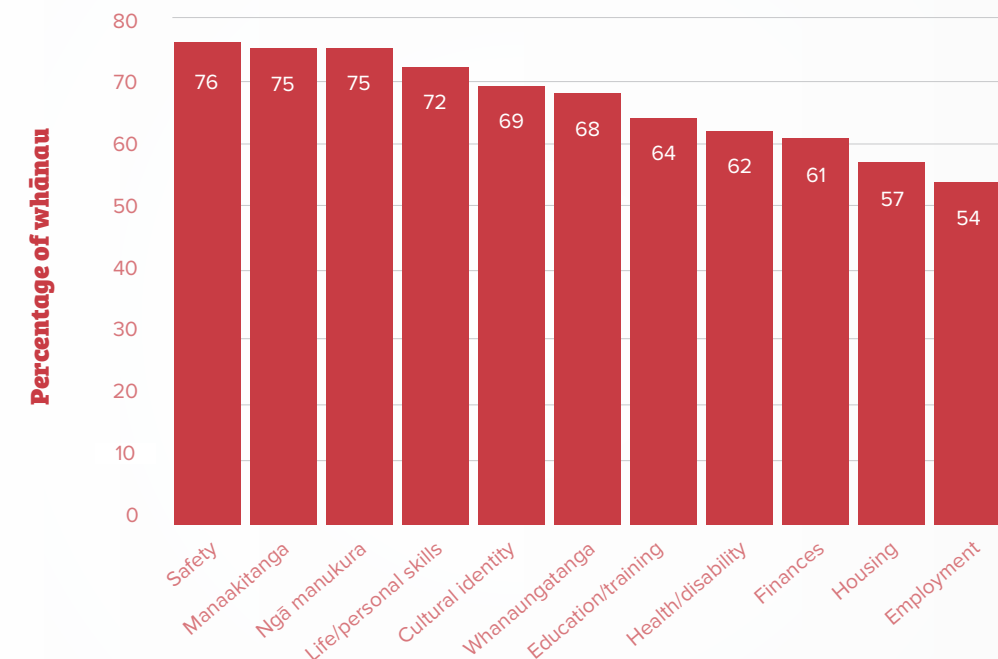


Source: Provider collective reporting cumulative results

3.3.3 Whānau goal achievement

Whānau achieved two-thirds (67 percent) of the goals they set between 2012 and 2014. Interestingly, safety had the highest achievement rate (76 percent), a possible pointer to the necessity of helping whānau stabilise before attempting to address longer-term goals (Figure 9). Other high achievement rates were for goals related to whānau relationships, leadership and capability (manaakitanga (75 percent), ngā manukura (75 percent) and life/personal skills (72 percent)). Goal achievement was lower in socio-economic areas (for example, employment, finances, housing). This could be interpreted as goal achievement being harder in socio-economic areas where changes are slow and subject to outside influences. It could also be interpreted that whānau connectedness and cultural identity are precursors for other whānau improvements.

Figure 9: Whānau achievement by goal domain (2012–2014)



Source: Provider collective reporting

3.4 Whānau improvements

The whānau survey provided another source of evidence for determining the improvements whānau experienced. This included analysis of those improvements by whānau size, and number of services engaged.

3.4.1 Intermediary and higher-level outcomes

The whānau survey asked whānau to rate whether they experienced 'small' or 'big' improvements as a result of Whānau Ora. These were intended to be subjective opinions that allowed whānau to provide a broad picture of improvement. Table 2 outlines the specific areas assessed.

3.5 Other whānau improvements – rangatahi (youth) development

A complexity associated with measuring whānau-identified outcomes is that they do not lend themselves to strictly defined and standard measures across collectives. While collectives provided standard data on goal achievement, they were invited to submit whānau stories and their own outcome measures that were relevant to their client population.

Supplementary measures supplied by providers were related to whānau self-management, education, employment, youth development and incarceration. For example, in Northland, two providers worked successfully with different groups of at-risk rangatahi: Ki A Ora Ngātiwai focused on educational retention and achievement; and He Iwi took a whole whānau approach to supporting young offenders.

- Ki A Ora Ngātiwai worked with over 150 students during 2014/15. Forty students achieved a National Certificate of Educational Achievement (NCEA), and 107 reduced truancy. All achieved other positive outcomes to their wellbeing and whānau as well.
- He Iwi worked intensively with 32 whānau members referred by the courts. The combined sentencing indication for the group was 76 years (at a cost of around \$100,000 per year). The navigator process enabled mostly non-custodial sentences to be imposed, reducing emotional trauma to families and economic hardship. Treatment and rehabilitation programmes were put in place: 12 rangatahi had drug and alcohol treatment and 15 were helped into employment. Reoffending was low: three had minor reoffending and only one major instance of reoffending occurred.

These results indicate that higher-level and extensive outcomes were achieved by whānau even though they were not collected across the board.

Table 2: Percentage of 'big improvements' by outcome area

Intermediary outcomes:
Our knowledge about how to access services
Our confidence in tikanga Māori values/cultural values
Our development of new skills to achieve goals
Our motivation to improve our wellbeing
Our knowledge about our whakapapa
Our confidence in parenting/caregiving
Our feeling of connectedness
Our happiness
Treating each other with respect
Our whānau having a positive and supportive relationship
Higher-level outcomes
Education/training for the whānau
Employment for the whānau
Income of the whānau
Housing situation
Rate of smoking
Healthy eating and exercise
Attendance of pre-school children at early childhood education

Source: Whānau survey

Results generally reflected the goal achievement data, with high improvement in intermediary outcomes and lower rates of achievement in higher-level outcome areas. For intermediary outcomes, whānau most commonly stated that they made 'big' improvements in areas related to accessing services, happiness, motivation and whānau relationship (Table 3). When asked to choose ONE area where they experienced the biggest improvement, gaining knowledge about how to access services was most frequently cited.

Table 3: Percentage of ‘big improvements’ by outcome area

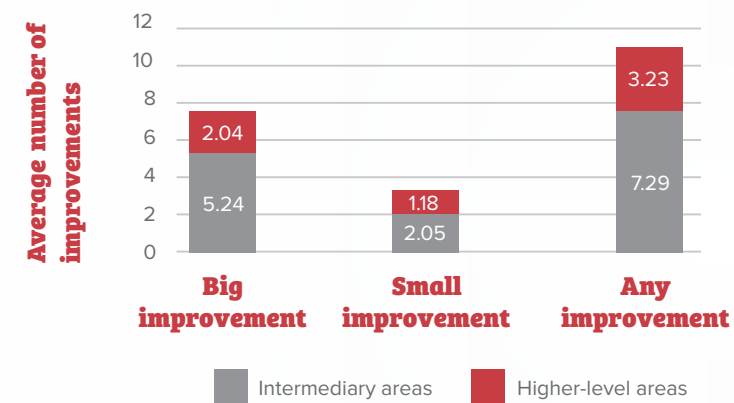
Higher-level outcomes	
Education/training	61
Early education	53
Housing situation	48
Healthy eating/exercise	46
Income	44
Employment	38
Reduced smoking rate	33
Intermediary outcomes	
Accessing services	71
Happiness	71
Motivation	69
Mutual respect	69
Positive whānau relationship	69
Parenting/caregiving confidence	64
Connectedness	63
New skills	62
Cultural confidence	54
Whakapapa knowledge	47

Source: Whānau survey

In the higher-level outcome areas, whānau most commonly experienced ‘big improvements’ in education/training and early childhood education. When whānau were asked however, to identify ONE area where they experienced the greatest improvement, education and healthy eating/exercise were most commonly reported.

On average, whānau stated they experienced ‘big improvements’ in five (5.24) of the maximum 10 intermediary areas (refer Table 2), and an average of two (2.04) of the maximum seven higher-level areas (Figure 10). This is particularly positive, especially when considering that whānau may not have chosen to focus on all the areas in question. Data was not available to allow comparison of the areas whānau chose to focus on against those areas they actually improved on. However, goal data (Figure 9) suggests that whānau generally experienced improvements in two of the three areas they chose to focus on.

Figure 10: Improvements indicated by whānau



Source: Whānau survey

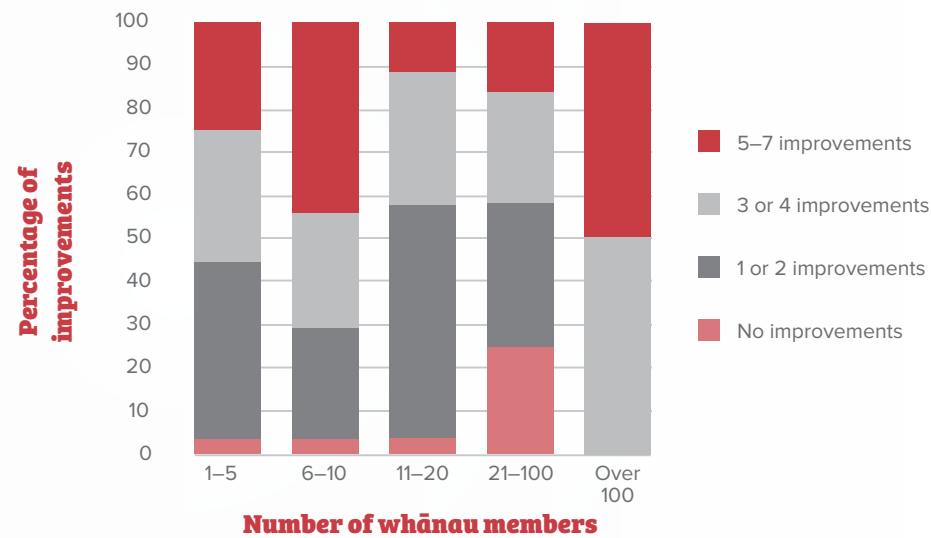
Note: Some whānau did not respond to all questions, making it difficult to exactly assess their total number of improvement areas.

3.5.1 Whānau size and number of services

Those whānau who had 6–10 whānau members engaged experienced the most improvements on average. The few whānau who had 100-plus members engaged with Whānau Ora (usually indirectly through whānau planning) also had a high number of improvements (Figure 11). The results related to 6–10 whānau members are particularly significant and suggest that, while whānau networks are important, engagement also needs to be manageable in terms of whānau size.

Whānau with 6–10 individuals engaged experienced the most improvements.

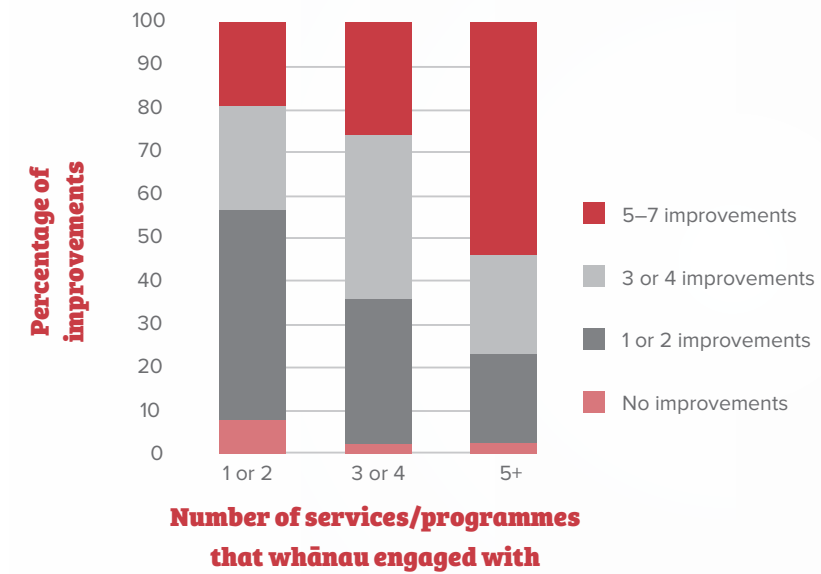
Figure 11: Whānau improvements by whānau size



Source: Whānau survey

In addition, those whānau who were engaged with more services and programmes correspondingly experienced more improvements (Figure 12)¹⁰ This is indicative of the wrap-around services many whānau require to meet their varied and integrated needs and to achieve their specific goals.

Figure 12: Whānau improvements by services engaged



Source: Whānau survey

Those whānau who were engaged with more services and programmes experienced more improvements.

3.6 Whānau-centred services, intermediary outcomes and higher-level outcomes

The survey asked whānau to rate different aspects of engagement with their main Whānau Ora worker. The items the survey focused on (Table 4) were meant to capture elements related to whānau-centred approaches rather than generic service delivery. Whānau were given various responses to choose from and score, from 'strongly agree' through to 'strongly disagree'.

¹⁰ Because some providers only supplied aggregated data, these figures are not based upon the entire survey sample.

Table 4: Components of whānau-centred services in whānau survey

Whānau-centred service
She/he was clear and easy to understand
She/he was able to answer our questions
She/he has respected our cultural beliefs, needs and preferences
She/he has supported our whānau to identify our needs
She/he has supported our whānau to make appointments
She/he has supported our whānau to access all the services we need
She/he has taken into account the needs of my whānau as a whole rather than focusing on a specific issue alone
She/he has supported my whānau in achieving our goals
She/he has provided my whānau with the information and support we need to make decisions

Source: Whānau survey

The scores were used to determine whether any statistical correlation existed between the three survey questions related to whānau-centred service delivery ratings, improvements in intermediary outcomes and improvements in higher-level outcomes (refer Figure 5). ‘Big improvement’ responses, rather than small or big improvements, were selected to identify only the improvements that appeared particularly substantial.

Correlation involved three parameters:

1. overall correlation between whānau-centred service delivery, intermediary outcomes and higher-level outcomes
2. correlation between grouped elements of each question (that is, by grouping the related aspects of service delivery questions and related intermediary outcomes through principle components analysis)
3. correlation between each variable of the three questions.

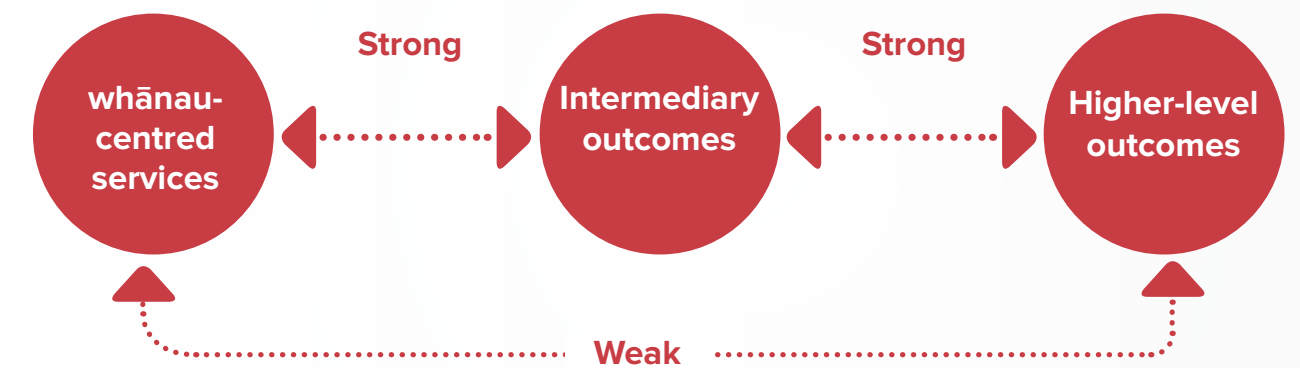
These different forms of analysis were chosen to determine the overall trends and whether the correlation was stronger when examining either specific variables or related or grouped variables. It was hypothesised that there would be a positive correlation between whānau-centred services, and that this correlation would become stronger when examining groups of related variables.

3.6.1 Overall relationship between service delivery and progressive benefits to whānau

To conduct this correlation, average rating scores around service delivery were correlated with average improvement scores around intermediary and higher-level outcomes. Overall, whānau-centred approaches appeared to relate positively to impacts associated with more intermediary improvements.

A moderately strong relationship also existed between intermediary outcomes and longer-term whānau outcomes, where improvements in one were likely to lead to improvements in the other. Progressive improvement appears to be the rule; once whānau stability has been achieved then the higher-level outcome goals described by the Taskforce can be better addressed. These relationships are modelled in Figure 13.

Figure 13: Overall relationship between whānau-centred service delivery and progressive outcomes



The above analysis suggests a two-stage process is at play:

1. Provision of whānau-centred approaches can lead to improvements in areas where more urgent matters need to be addressed and whānau stability has been achieved (intermediary outcomes).
2. The benefits from the early gains can, in turn, lead to improved higher-level whānau outcomes.

Statistical correlation results

Whānau-centred services and intermediary outcomes: $r = 0.465, p \leq .01$

Intermediary outcomes and higher-level outcomes: $r = 0.510, p \leq .01$

Whānau-centred services and higher-level outcomes: $r = 0.223, p \leq .01$

While the relationship above highlights the mediating role of early interventions, the weak correlation between service delivery and higher-level outcomes could also merely be a function of time. Higher-level outcome achievement occurs over years rather than months and, for that reason, the survey had not allowed sufficient time for the longer-term outcomes to emerge. It is also possible that such outcomes are dependent upon a wider range of services, some of which were outside a Whānau Ora provider's control.

3.6.2 Correlation between related elements of service delivery and improvements

The survey questions about service delivery and whānau benefits contained related elements, and it was questioned whether the correlation between elements was stronger when they were grouped together.

A 'principle components analysis' was conducted to identify the related groupings.¹¹ This revealed that the whānau-centred service delivery question could be synthesised into two related groups: 'Building rapport' and 'Focusing on whānau goals and needs' (Table 5).

¹¹ A principle components analysis is a statistical procedure whereby data is analysed to identify if certain variables can be 'grouped' together to identify overarching dimensions underlying the data.

Table 5: Underlying elements of service delivery

Grouped element	Specific survey items related to this element
Building rapport	<ul style="list-style-type: none"> • She/he was clear and easy to understand • She/he was able to answer our questions • She/he has respected our cultural beliefs, needs and preferences
Focusing on whānau goals/needs	<ul style="list-style-type: none"> • She/he has supported our whānau to identify our needs • She/he has supported our whānau to make appointments • She/he has supported our whānau to access all the services we need • She/he has taken into account the needs of my whānau as a whole rather than focusing on a specific issue alone • She/he has supported my whānau in achieving our goals • She/he has provided my whānau with the information and support we need to make decisions

Source: Whānau survey

Principle components analysis of intermediary outcomes suggested three groupings: mana, Whanaungatanga and capability (Table 6).

Table 6: Underlying elements of intermediary whānau outcomes

Underlying grouped element	Specific survey items related to this element
Mana (empowerment and self-efficacy)	<ul style="list-style-type: none"> • Our motivation to improve our wellbeing • Our feeling of connectedness • Our happiness • Treating each other with respect • Our whānau having a positive and supportive relationship
Whanaungatanga (relationships to whānau and culture)	<ul style="list-style-type: none"> • Our confidence in tikanga Māori values/ cultural values • Our knowledge about our whakapapa • Our confidence in parenting/caregiving
Capability (knowledge/ skills)	<ul style="list-style-type: none"> • Our knowledge about how to access services • Our development of new skills to achieve goals

Source: Whānau survey

Analysing the relationships between these underlying components revealed the following:

- The grouped service elements relating to whānau goals and needs showed a positive relationship with all three intermediary groups (mana, whanaungatanga, capability). The correlation was most pronounced for improvements related to mana and capability.
- The grouped element, building rapport, appeared to be most strongly related to improving whānau capability. However, there was also a moderate relationship with helping whānau to improve mana.
- The component whanaungatanga showed a weak relationship with both the components of service delivery.

Statistical correlation results

Focusing on whānau goals:	Building rapport:
Knowledge and skills: $r = 0.427, p \leq .01$	Knowledge and skills: $r = 0.418, p \leq .01$
Mana: $r = 0.417, p \leq .01$	Mana: $r = 0.395, p \leq .01$
Whanaungatanga: $r = 0.316, p \leq .01$	Whanaungatanga: $r = 0.298, p \leq .01$

Results suggest that a focus on both rapport and whānau goals and needs are important aspects of service delivery and will have a direct impact on whānau improvements. This is particularly important considering the wide ranging but inter-related and complex nature of whānau aspirations, goals and needs.

3.6.3 Individual correlations

Correlations were also estimated between every aspect of service delivery and specific outcomes. The results identified a wide range in the strength of the relationships, only some of which were statistically significant. The individual correlations that showed the strongest (and most statistically significant) relationships were the following:

- education/training **and** feelings of connectedness ($r = 0.453, p < .01$)
- attendance of pre-school children at early childhood education **and** confidence in parenting/caregiving ($r = 0.428, p < .01$)
- reduced rate of smoking **and** knowledge of whakapapa ($r = 0.406, p < .01$)
- feelings of connectedness **and** the service worker supporting whānau in achieving their goals ($r = 0.388, p < .01$)
- development of new skills to achieve goals **and** the service worker supporting whānau to make appointments ($r = 0.368, p < .01$).

Some of these relationships are to be expected, such as attendance of pre-school children at early childhood education and whānau confidence in their parenting/caregiving.

However, others are seemingly unrelated, such as reduced rate of smoking and knowledge of whakapapa.

Section 4.

Qualitative findings: Understanding whānau-centred approaches

4.1 Overview

This section outlines the specific features, barriers and enablers of whānau-centred approaches that emerged during the implementation of Whānau Ora. Results of a meta-analysis of the narrative research and monitoring data are presented, with a focus on understanding the changes to collectives' service models and the link to whānau gains.

The summary analysis of the action research, monitoring and survey data identified five overlapping themes necessary for effective practice in a whānau-centred approach (Figure 14):

- **effective relationships** – establishing relationships that benefit whānau
- **whānau rangatiratanga** – building whānau capability to support whānau self-management, independence and autonomy
- **capable workforce** – growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau aspirations
- **whānau-centred services and programmes** – whānau needs and aspirations at the centre with services that are integrated and accessible
- **supportive environments** – funding, contracting and policy arrangements, as well as effective leadership from government and iwi to support whānau aspirations.

Two fundamental aspects of engagement with whānau and practitioners underpinned these five themes:

- culturally anchored practice in **te ao Māori**
- use of **whanaungatanga** as a tool to connect and build whānau capability.

Figure 14: Themes for whānau-centred approaches: qualitative analysis findings



In general, all of the collectives addressed the five themes. The theme requiring the creation of a supportive environment was, however, notable more for its lack of change and the imposition of ongoing barriers than successful provider transformation.

The five themes are similar to those implicit in the Taskforce framework, but place greater emphasis on relationships with other agencies (as well as whānau) and the incorporation of whānau self-determination into service planning and delivery.

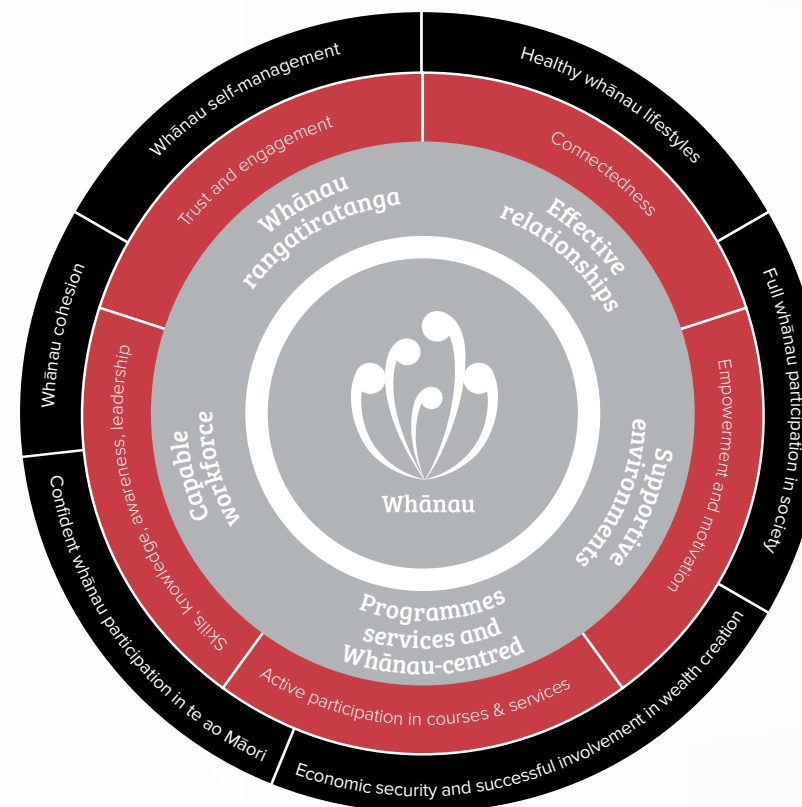
The main drivers of whānau-centred approaches include Whānau Ora navigators, active whānau planning, effective governance and clear management, and a commitment to a flexible service approach.

In contrast, disconnected services, existing service pressures, and strict funding, contracting and service specifications, were among the primary barriers to change.

The indications are that, together, the five themes led to immediate whānau improvements, which were a precursor for higher-level social, cultural and economic gains. These themes were integral to the range of outcomes described in the quantitative findings because they emphasised whānau engagement, trust, self-determination and capability building, which led to increased motivation, participation, connectedness and skills for whānau. As such, the themes merit consideration in implementing a whānau-centred approach.

This analysis does not determine best practice models between collectives. Nor does it provide conclusive evidence of the extent of changes across collectives' services. Moreover, the focus of the findings is on health and social services, because most collectives were health and social service providers. However, the themes are applicable to other settings, such as education, housing and finance.

Figure 15: Whānau outcomes associated with whānau-centred approaches



Whānau planning and navigators as important enablers of whānau-centred approaches

Whānau planning and the establishment of the navigator role were identified as two of the main enablers of whānau-centred approaches during the Whānau Ora Initiative. Both demonstrated how each whānau-centred theme could be progressed and applied to other services.

Whānau planning gave whānau the motivation and inspiration to take control of their situations and seek out ways to make positive changes. It provided a process that whānau could relate to, and support from engagement through to goal setting, skills building, achievement and independence. Many whānau observed that, before whānau planning, they had never contemplated the possibility of deliberately planning for the future, and many providers within the collectives had never worked with whānau beyond a crisis response.

Active planning for the future also encouraged whānau to come together more often and support each other. Whānau were inspired to participate and become involved to improve whole whānau situations, to reconnect with each other for a common purpose, or address a specific development within the whānau.

Navigators built trust with whānau, supported whānau through crises, then helped whānau to develop a plan with realistic and aspirational goals that would build whānau capability to make sustainable changes. Important aspects of the navigator's role were to identify strengths within whānau, facilitate and mentor whānau to identify aspirations and provide 'wrap-around' or multi-disciplinary support by drawing on a range of resources. Navigators reflected the importance of working with all whānau members, of providing advocacy and support in accessing services and helping whānau learn new skills so they could transition from dependency and crisis towards tino rangatiratanga.

Because navigators adopted a holistic approach to their work with whānau, they had a broad understanding of the changes needed to support whānau and the services that would be most useful in bringing about this change. Thus navigators were important drivers of change, not only for whānau but also for encouraging services to become more whānau-centred.

4.2 Effective relationships

Features of effective relationships:

- Emphasise establishing relationships between collectives
- Focus on engagement with whānau
- Are underpinned by whanaungatanga, te ao Māori or other cultural values
- Provide flexibility around whānau needs and circumstances

Impacts:

- Improved trust and engagement in services
- Increased empowerment and motivation
- Improved whānau connectedness

Barriers:

- Whānau who are overwhelmed by crisis or disarray
- Disconnected providers
- Rigid contracting requirements

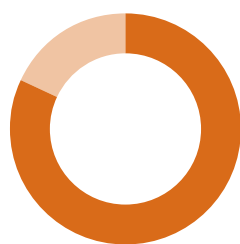
Phase one of Whānau Ora highlighted a consistent and dramatic shift in the way collectives engaged with both whānau and other agencies. Time and energy were spent building enduring relationships that centred on whānau needs and strengths. The purpose of such relationships was to engage whānau with services and resources that would enable them to make positive changes in their lives and to ensure all agencies involved worked from a common agenda.

These relationships were characterised by four features:

- **emphasising establishing relationships between providers**
- **prioritising engagement with whānau**
- **drawing on Whanaungatanga, te ao Māori or other cultural values**
- **providing flexibility around whānau needs and circumstances.**

An emphasis on relationships, not just with whānau, but also with other providers and practitioners.

...without trusting relationships, whānau engagement in services would not have occurred to the extent it did...



82% of collectives shifted their perspective on relationships.

As reflected in its framework and underpinning principles, the Taskforce report endorsed the importance of whānau engagement grounded in te ao Māori (Taskforce on Whānau-centred Initiatives, 2010). However, the relationships the Taskforce did not emphasise were those between providers and practitioners necessary for an integrated approach. This was highlighted as essential in the action research and monitoring reports. Most collectives were generally effective in building relationships with whānau. However, an important variation across collectives was the extent to which this focus was attributed solely to navigators or to other staff as well.

Immediate impacts of effective relationships centred on whānau trusting and actively engaging in services, becoming motivated and empowered to improve their situation, and increasing their connectedness – as a whānau – to their culture and to supporting services. These benefits were seen as paving the way for later improvements. A common thread across the research was that, often, the most significant changes in the lives of whānau were prompted from their being more informed and having the opportunity to be heard. For many whānau, it shifted the focus from feeling marginalised to feeling ready to ‘take control of their own futures’.

Moreover, the research noted that, without trusting relationships, whānau engagement in services would not have occurred to the extent it did, whānau would not have been informed of the options or support available to them, and providers would not have been aware of the underlying causes of whānau concerns. Further, recognising whānau strengths, capacities and aspirations was more likely to lead to a positive relationship with whānau. Effective relationships enabled whānau to be more proactive in developing solutions and taking control over how their needs and aspirations were to be met.

4.2.1 Relationships between providers

Eighty-two percent of provider collectives demonstrated (through action research or monitoring reports) that they shifted their perspective on relationships to recognise that ‘it’s about whānau’. The approach taken by collectives to relationships with other providers was based on the recognition that a coordinated response, built on a common agenda, would be more likely to meet whānau needs than one based on service priorities. This also necessitated strengthening internal relationships.

Collectives were newly formed as a result of Whānau Ora, and relationships were strengthened over time between providers within each collective. Those collectives that successfully developed as a unit were helped by a well-functioning governance and management structure with clear leadership, roles and strategies for developing whānau-centred approaches.

For example, Te Oranganui Iwi Health Authority started implementation with varying understandings of Whānau Ora across its services. It observed a high level of resistance to change from staff. The shift to a common approach was led by strong leadership and coordinated management. Specific strategies

were adopted, including a tikanga Māori training group in response to the limited understanding of how tikanga was applied across an organisation in the context of its core business.

Collectives also spent time creating working relationships with other agencies and organisations that were a major part of whānau lives. This included developing:

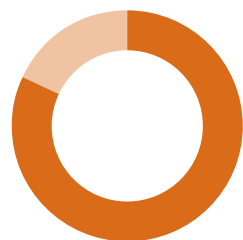
- Memorandum of Understanding with budgeting advice services, parenting programmes or Women’s Refuge (among others)
- close and reciprocal relationships with Work and Income to better support whānau on a benefit or into employment
- working understandings and links with General Practices to support whānau in managing health problems.

An example of relationship building with other services to benefit whānau

Whānau were reporting to [collective] that they often left Work and Income feeling disempowered and judged. The Whānau Ora team at [collective] addressed this issue by strengthening its relationship with Work and Income staff, and learning about services available to whānau. As a result of this relationship:

- the collective receives monthly updates of all available employment opportunities
- the collective receives help from Work and Income staff to support whānau in applying for job vacancies, ‘start to work’ grants or receiving entitlements
- Work and Income provides the collective with the most current entitlement costs, grants and benefit types and criteria available, so staff can inform whānau
- Whānau Ora practitioners attend Work and Income appointments with whānau and provide support in completing relevant forms before attending, which simplifies the work conducted by Work and Income and supports the appointment to run smoothly
- Māori Work and Income staff and Whānau Ora practitioners have developed particular connections, knowing each other by face and name; both parties phone each other directly if they have queries about a shared whānau.

Source: Te Puni Kōkiri, 2011–2015b



82% of collectives highlighted the necessity for meaningful engagement.

4.2.2 Designated focus on whānau engagement

‘Relationships’, rather than ‘transactions’ (Te Puni Kōkiri, 2011–2015a) based on trust and reciprocity enabled engagement with whānau. Eighty-two percent of collectives highlighted the need for meaningful engagement with whānau. Building the trust of whānau was a necessary first step before beginning efforts to help whānau identify their aspirations, receive specialist support from other practitioners and interact effectively with agencies.

A conscious emphasis on engagement with whānau was noted in the research reports as being critical for a collective to become whānau-centred. As already discussed, the most successful mechanisms for developing relationships and engaging whānau were whānau planning and navigators.

The process of whānau planning required whānau to come together to establish or build connections, and navigators and other kaimahi (workers) to spend time building trust and offering guidance to whānau.

Navigators’ ability to build relationships with whānau depended on them having good listening skills, taking time to understand whānau realities and focusing on strengths. Both within whānau planning and other aspects of whānau engagement, kaimahi emphasised the need to work with whānau as they were, rather than rushing into actions before engagement had been realised. This was particularly important for whānau who were viewed as marginalised and had either been let down by earlier providers or were embarrassed by their situation.

Apart from the engagement with navigators, some collectives gave clear examples of effective engagement by Tamariki Ora nurses, community health workers, Family Start workers and social workers. For example, Ngā Mataapuna Oranga Whānau Ora collective adopted a ‘navigational approach’ that emphasised whānau engagement with its community health and social staff.

An example of engagement with marginalised whānau

Navigators accessed marginalised whānau by focusing on establishing rapport and building trust. The following story reflects how whānau transformation can only occur when whānau realities are clearly understood.

A navigator went to the home of a whānau experiencing multiple difficulties, including gang-related issues. The navigator actively offered encouragement and advocacy as well as helping them to access legal advice and counselling. By breaking it down, and explaining information in a coherent way, the navigator helped the whānau to engage appropriately with external agencies. As a result, the whānau learned how to communicate in a way that enabled agencies to gain some understanding of their situation and how they could support the whānau.

The navigator also encouraged the whānau to plan. Although the whānau is still receiving support from the navigator and their children are in the care of Child, Youth and Family, the following impacts have been significant from the whānau perspective:

- they have remained calm and stable even though they were under considerable stress
- they have stayed positive and focused on their future
- the father has learnt how to communicate more effectively and without aggression
- the parents are attending a parenting programme, learning new skills and growing in confidence as parents
- the parents have improved their relationship and communication with each other.

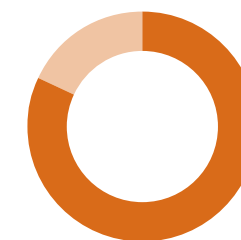
With continued support from the navigator, the father went on to complete a CV and has found full-time employment while his partner is seeking part-time employment.

Source: Te Puni Kōkiri, 2011–2015a

4.2.3 Whanaungatanga and cultural values

The research findings acknowledged that cultural values and processes that support whānau engagement, identity and self-management are at the heart of whānau-centred approaches. Whanaungatanga was particularly emphasised by 79 percent of collectives as an important process for establishing connections and building trust with whānau within a culturally relevant context.

Most collectives were made up of kaupapa Māori organisations and/or iwi providers who had organisational values anchored in te ao Māori. Tikanga was important when working with whānau, and included the use of karakia (incantations, prayer), mihimihi (greeting), manaakitanga (hospitality, care) and te reo Māori.



79% emphasised Whanaungatanga in establishing connections.

“I was brought into a whānau environment and I wasn’t judged – we relate well when we get to ‘our own’ kawa and tikanga and ways of doing things” (Whānau).

Whanaungatanga was used by kaimahi as a way of establishing a sense of belonging through making connections based on whakapapa, shared interests or outcomes. Strong relationships were established when they were based on whanaungatanga. They imparted influence, control and validity (mana) to all involved in the process. Of particular importance was a focus on whanaungatanga between whānau and kaimahi to augment engagement, and between whānau members to rebuild or strengthen whānau connections to enable other improvements. Although the action research and monitoring reports noted whanaungatanga was used by staff, there was a strong suggestion it could also be used as a tool for whānau to build social capital.

Whanaungatanga played an important role with whānau who had previously been seen as ‘hard to reach’; it helped break through mistrust and disbelief of whānau in their ability to make positive changes. Whānau reported they were being ‘valued’, ‘cared for’ and that there was ‘genuine interest’ in their situation and how they could be supported. This suggests it may be conventional service delivery that makes whānau ‘hard to reach’ rather than whānau themselves.

Pasifika collectives working with Pasifika families emphasised the importance of drawing on cultural norms, practices and languages as a way of building trusting relationships. Pasifika families identified several important priorities regarding wellbeing, including strengthening spiritual relationships, maintaining cultural values in their daily lives in New Zealand and building and strengthening relationships with each other.

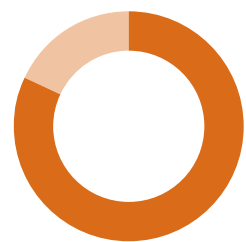
The Pacific Island Safety and Prevention Project actively supported families to strengthen connectedness with their culture by offering all programmes in Samoan, Tongan and English, and by identifying ways to engage with families experiencing family violence using cultural concepts.

4.2.4 Flexibility to meet whānau needs and circumstances

An overarching theme throughout the research and monitoring reports was the need for flexibility in building relationships with whānau to ensure relationships were focused on whānau realities. Flexibility was part of the ‘no one size fits all’ approach to Whānau Ora and was demonstrated by 79 percent of providers.

Collectives exhibited several common aspects of whānau flexibility:

- the constitution of a whānau unit, that is, sometimes two members, sometimes a hapū (sub-tribe)
- the number of whānau members who worked with kaimahi, and the intensity of the engagement
- arrangements for meeting whānau at a suitable time and place (home, office, marae, park)
- communication with whānau in a manner appropriate to them (face to face, text, phone, email)



79% of collectives demonstrated flexibility was part of the ‘no one size fits all’ approach.

- support for whānau on matters that were a whānau priority
- the time required to overcome resistance and build trust
- the readiness of whānau to engage.

Collectives often reported that, even before the Whānau Ora Initiative, they would go above and beyond the services or contract requirements to support whānau as a group. This approach continued during Whānau Ora, and was acknowledged through the research and monitoring reports as being ‘how you work with whānau’. Navigators proved to be the most consistent resource for collectives in continuing or enhancing this approach.

Effective relationships allow for flexibility, ensuring that the relationships are focused on whānau realities.

Flexibility in whānau engagement

In this example, the navigator displayed a flexible and culturally grounded approach to supporting a whānau whose father was in prison.

Grandparents, who were long-term members of a gang, sought to make positive changes in their lives to ensure their grandchildren did not have any contact with gangs. The father of the children was in prison and the mother had substance abuse issues. The long-term goal was to keep the children safe until their parents were able to care for them. The grandparents sought assistance from a Whānau Ora collective and navigator because they weren’t confident that an agency would respond to their needs, given their gang affiliations. The Whānau Ora navigator used an engagement process that drew on whakapapa and shared interests.

Because of the many issues and level of complexity, an innovative approach was required. The determination of the whānau to be better parents and grandparents for their children meant the whole whānau needed to be involved. The first of several hui was held in prison with the father of the children to include him in the planning process and gain his commitment to making positive changes for the future of his children. This move involved working closely with prison staff over time to gain their understanding and support. The hui set the whānau on a path of determination to support each other towards their goal of violence-free and drug/alcohol-free living.

Together with support from the navigator they put together a plan of action. To address issues of violence, the whānau embarked on counselling that:

- used a cultural framework resonating with Māori males and role models
- broke down the ‘warrior’ myth associated with protecting the whānau and being sole provider, to being contributor and shared caregiver of the children
- undertook substance abuse counselling that worked to address underlying issues within a cultural framework that focused on strengths.

The whānau is now learning to identify the triggers to their violent behaviour and how to manage it. The navigator has regular meetings with the whānau to check on progress and levels of support. The grandparents have gained temporary custody of the children with the aim of the parents eventually taking on their custodial role. They are rallying around the mother to support her in her quest to become drug-free and are also supporting other whānau in similar situations.

Source: Te Puni Kōkiri, 2011–2015b

4.2.5 Barriers to effective engagement

The action research and monitoring reports also highlighted barriers to building effective relationships.

Whānau who are overwhelmed by crisis or disarray

Many collectives commented it was difficult to engage with some whānau who had complex social problems, such as high transience, drug/alcohol use or inter-generational abuse. Similarly, some action research reports highlighted a trend where marginalised whānau were less likely to engage because of negative self-perceptions about their ability. These whānau were referred to in the research as ‘passive’, ‘whakamā’ (embarrassed, ashamed) and ‘disempowered’. Collectives also commented on the difficulties associated with building relationships with whānau who had highly fractured relationships, although other collectives emphasised the importance of tikanga and facilitation to alleviate those tensions.

Pressures, such as high unemployment (including a lack of employment opportunities in some areas), lack of appropriate transport (including lack of driver licensing), drug/alcohol abuse and domestic violence (including historic abuse), also hindered engagement.

Disconnected practitioners and services

The action research reports highlighted the ‘siloed’ mentality that existed among certain Whānau Ora practitioners and services. This was partly due to traditional methods of contracting for single issues. It was also due to historic tension arising from providers having to compete for funding. These barriers made it difficult for some collectives and Whānau Ora practitioners to develop meaningful relationships to benefit whānau. High staff turnover, particularly in services such as Work and Income and Child, Youth and Family, also meant the relationships and awareness of whānau realities that were built among these agencies were lost when staff left.

Rigid contracting requirements

A common concern among collectives was that health and social service contract specifications did not recognise the importance of building relationships and allow sufficient time for it. This is discussed further in Section 4.5.

4.3 Whānau rangatiratanga

Features of rangatiratanga:

- Enabling positive whānau self-direction and leadership
- Strengthening whānau identity, including connections to te ao Māori
- Building whānau capability

Impacts:

- Increased motivation, ownership and leadership
- Strengthened whānau and cultural connections
- Improved self-efficacy and worth
- Increased participation in education and training
- Increased capability to set and achieve goals

Barriers:

- Whānau and provider misunderstanding of the Whānau Ora approach

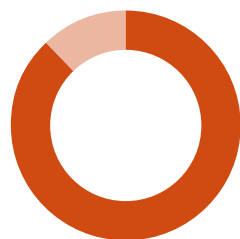
A unique aspect of the Whānau Ora approach was the emphasis of collectives on rangatiratanga, a principle often viewed as an outcome but one that was demonstrated as essential to service planning and delivery.

Rangatiratanga is a shift from the traditional mindset that collectives have all the expertise. It focuses on enabling whānau to become self-managing and independent to a point where they no longer need intensive support from service providers. Rangatiratanga is about whānau driving the change towards social, economic and cultural improvements, and developing the skills and securing the resources to ensure these improvements are sustainable.

The Taskforce emphasised rangatiratanga as an important Whānau Ora goal and the need for its practice to foster self-management and whānau leadership. The action research and monitoring reports highlighted the extent to which rangatiratanga was woven in as a core component of collectives’ engagement with whānau. The focus on rangatiratanga had important features:

- enabling positive whānau self-direction and leadership
- strengthening whānau identity, including connections to te ao Māori
- building whānau capability.

Whānau planning provided the pathway for supporting whānau rangatiratanga...



88% of providers empowered whānau to identify priorities, build confidence and increase leadership.

“It’s bringing the family back together...it lifts us up to look after our own family... we’re the leaders of our whānau... we can’t rely on them.” (Whānau Ora provider)

Active whānau planning provided the path and an important framework for supporting whānau rangatiratanga. It enabled whānau to begin taking ownership and responsibility for their lives through guidance, direction and goal setting. However, the research reports emphasised that, for whānau in crisis and with high needs, the immediate attention was on managing or stopping dependencies (for example, drug and alcohol), violence or other crises before moving on to whānau aspirations and capability.

The emphasis on rangatiratanga prompted significant improvements in whānau empowerment and motivation, connectedness and capability. Whānau demonstrated greater ownership and leadership, strengthened connections, the development of tools and strategies for planning and achieving goals, increased participation in education and training, and various advances to improve outcomes in their lives (for example, managing money, focusing on children’s needs and safety, obtaining employment). One collective emphasised the motivation and empowerment whānau experienced from being able to set and achieve their own goals for the first time.

It is important to note that it was necessary for collectives to establish relationships with whānau first, before being able to focus on rangatiratanga.

4.3.1 Positive whānau self-direction and leadership

Eighty-eight percent of collectives highlighted ways they empowered whānau to identify their own priorities, build their confidence and increase their leadership. A significant feature of this process was a focus on strengths, rather than deficits, and being able to support whānau in considering multiple concerns at the same time.

For most collectives, self-direction occurred through active whānau planning. Kaimahi worked with whānau to look towards the future and identify where they wanted to be, both as a collective and as individuals. Whānau self-direction was hugely varied – some whānau focused on rights and use of their land, others on ending violence and alcohol abuse, and some on achieving educational qualifications or becoming healthy and active.

The kaimahi focus on whānau leadership was used to empower whānau, encourage involvement of wider whānau and enable them to advocate for themselves. It gave ownership of the process to whānau and demonstrated a greater likelihood of whānau taking up services and programmes. Some collectives also saw whānau begin to take leadership roles within their wider communities.

Collectives adopted several strategies to build whānau leadership:

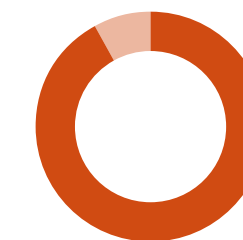
- Most collectives identified whānau leaders during whānau planning to act as a conduit for information and to encourage whānau to take action to achieve goals.
- Some kaimahi identified whānau members who could facilitate whānau planning hui (meeting).
- A few collectives established whānau advisory groups, to make sure the whānau voice was coming through at all levels.
- One collective identified whānau leaders to come together in a joint whānau planning wānanga (gathering for learning purposes).
- One collective identified whānau ‘champions’ to motivate and empower other whānau.

4.3.2 Whānau identity and connections to te ao Māori

A significant element of rangatiratanga is whānau knowing who their people are and what iwi they come from. Ninety-two percent of collectives described the importance of supporting whānau connections to their hapū and iwi, and building whānau understanding of culture and whakapapa.

Collectives and kaimahi supported cultural endorsement through:

- providing access to networks that strengthened cultural identity, such as kapa haka and sporting activities
- providing access to kaumātua (elders) and kaimahi for advice or support in tracing whakapapa
- facilitating connections to marae and holding sessions at marae, for example, on maara kai (gardening), whakapapa, traditional Māori games, mirimiri (massage)
- using te reo and tikanga to empower whānau
- providing access to te ao Māori resources, such as designated scholarships, rūnanga (tribal organisation) and cultural programmes
- using whānau planning to support tūrangawaewae (place where one has rights of belonging and kinship through whakapapa), whānau reconnection, use of whenua tipuna (ancestors linked to land, domain)
- supporting whānau access to Māori tertiary education providers.



92% improved whānau connections to te ao Māori.

Kaimahi at Te Hau Āwhiowhio o Otangarei collective incorporated te reo Māori and tikanga into all their engagement with whānau through karakia, mihimihi, manaakitanga, whanaungatanga, tika (accurate, just) and reciprocity. Whānau started to carry their new learnings into their own environments. For example, some whānau enrolled their pre-school tamariki (children) into kōhanga reo (Māori language nest) as opposed to general childcare establishments and other whānau enrolled in te reo Māori classes.

An illustration of te ao Māori in Whānau Ora practice

All Whānau Ora kaimahi at Te Hau Ā Otangarei collective are expected to practise principles of te ao Māori in their everyday work life and create opportunities for whānau to use these same principles within their own whānau. An example of this in practice is when a whānau is in conflict and a hui is called. A Whānau Ora practitioner will facilitate this hui and begin by offering karakia or prayer. Before moving into resolving the conflict, the practitioner will ask whānau to set tikanga for the hui. This is to provide a safe and open environment for all whānau members throughout the process of the hui. When or if whānau do not follow the tikanga set at the beginning of the hui, the practitioner will bring them back to the tikanga and keep them on track to resolving the conflict.

Source: Te Puni Kōkiri, 2011–2015b

Many collectives emphasised iwi leadership in defining the tikanga and protocols for engagement with whānau. This was especially the case among collectives where multiple iwi and hapū affiliates existed. For example, at Te Hono ki Tararua me Ruahine collective, several collaborative hui were held with the three iwi in the region to establish a common methodology for working with whānau.

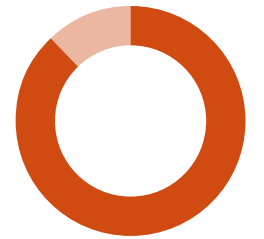
4.3.3 Building whānau capability

Collectives generally agreed that whānau needed support to build their skills and capability to become self-managing. Eighty-eight percent of collectives described strategies for building whānau capability, through mentoring, whānau planning and courses or programmes.

Kaimahi supported whānau with developing life skills, such as goal and action setting, communication skills or conflict resolution. They also provided mentoring, facilitation, information and resources. Other capability building was more formal – supporting whānau into courses such as budgeting, cooking, parenting, driver licensing or rongoā (traditional Māori medicine) production.

Being whānau-driven was an important aspect of capability building. Navigators sought to direct whānau to resources, programmes and services that would enable them to achieve their aspirations. Where resources were unavailable or inappropriate, collectives responded by developing programmes and resources themselves (discussed further in Section 4.5).

Moreover, encouraging whānau into education and training – both formal and informal – was a significant aspect of capability building. This reinforces the quantitative findings from section 3, which showed extensive whānau improvements in education and training. An important aspect was the support offered to whānau by navigators to overcome barriers associated with education and training, including applications, financial assistance and transport.



88% of providers built whānau capability.

Example of whānau capability building

This example shows how a collective's focus on whānau capability building enabled whānau to gain skills in an achievable way. The navigator supported the mother with steps needed to enrol into training, apply for financial assistance and ensure childcare, so that the mother's goal was achievable.

A young mother currently at home with two young daughters had an aspiration to be an architect. Her only qualification was NCEA Level 2. She approached a navigator for support to enrol in a graphics course at polytechnic and improve her maths credits. She enrolled in a course through Correspondence School and received financial assistance through an iwi trust. She also gained support to look after her children while she studied.

Source: Te Puni Kōkiri, 2011–2015b

“We have had great support from ... (our navigator) ... we have been able to get on our feet and do things for ourselves because she has shown us what and how. Without her support, we would not have a home.” (Whānau)

4.3.4 Barriers to achieving rangatiratanga

Misunderstanding the Whānau Ora approach

In some instances, both whānau and collectives misunderstood the Whānau Ora approach, in particular, the centrality of rangatiratanga. Some whānau approached Whānau Ora collectives simply for a ‘fix of immediate issues’ rather than a plan towards increasing their capability and vision setting. Equally, a few collectives reported their engagement with whānau focused on taking them to appointments, giving them food and clothing and advocating for them. While this level of help was certainly required for whānau in hardship or crisis, the Taskforce emphasised the approach to crisis should be specifically expressed alongside strategies to build capability and reduce dependency over time.

4.4 A capable workforce

Features of a capable workforce:

- Cognisant of and committed to Whānau Ora
- Culturally competent
- Holistically focused and responsive to whānau needs
- Equipped with comprehensive skills to support whānau

Impacts:

- Improved trust and engagement with Whānau Ora practitioners
- Greater awareness of available services and resources
- Increased knowledge and support from appropriate service provision

Barriers:

- Existing service pressures
- High demand for navigators

Workforce capability was an important strategy of the Whānau Ora Initiative. While navigators are often seen as the main ‘Whānau Ora workforce’, that role had not been established at the time the Programmes of Action were developed. The navigator role evolved out of the Kaitoko Whānau programme, and by 2012–2013 had become a core focus of the Whānau Ora workforce. However, the Whānau Ora workforce was more extensive than navigators alone and comprised lead practitioners and other primary health, iwi and social service practitioners based in provider collectives and working in whānau-centred service delivery.

The action research and monitoring reports identified the central role of the total workforce in developing whānau-centred approaches – Whānau Ora practitioners were the face of all services and programmes. Overall, it was the way that all practitioners worked with whānau and each other for the benefit of whānau that constituted a large part of a capable workforce. Being outcomes-focused, rather than process or input focused, was seen as important for supporting sustainable change.

While navigators were often the key practitioners, services appeared most effective when others were on board and understood the Whānau Ora approach.

Overall it was the way that all practitioners worked with whānau and with each other for the benefit of whānau that constituted a capable workforce.

In particular, a capable workforce was characterised as being:

- **cognisant of and committed to Whānau Ora**
- **culturally competent**
- **holistically focused and responsive to whānau needs**
- **equipped with comprehensive skills to support whānau.**

These characteristics aligned strongly with the Taskforce report, which recommended that ‘the implementation of Whānau Ora will require expert practitioners’, with experience in whānau settings, Māori communities and multiple provider organisations (Taskforce on Whānau-centred Initiatives, 2010, p 50).

Although ‘expert practitioners’ existed before the Whānau Ora initiative (for example, the whānau worker in the Kaitoko Whānau programme), navigators became the ‘new experts’ in Whānau Ora and were essential in demonstrating and enhancing whānau-centred practice. Whānau Ora navigators were the main contacts and guides for whānau on their journey, and helped identify aspects of services that could be delivered in a whānau-centred approach.

The action research and monitoring reports noted that Whānau Ora demanded a shift in practice for all staff to think longer term with whānau and across a broader range of sectors. It highlighted the need for whole organisations to work in the same way, that is, to take time to build relationships and engage with whānau, work with whānau strengths and capabilities, and work with other sectors and agencies to provide joint solutions to meet whānau needs. Services appeared most effective when other Whānau Ora practitioners were aligned with this approach.

Where there was a capable workforce, whānau had increased trust and engagement with Whānau Ora practitioners, greater connectedness and awareness of appropriate support and services, and increased capability from being able to access information and resources.

For services and practitioners, impacts were identified around increased continuity of care, increased referrals to navigators, improved working relationships and shared casework and training.

4.4.1 Collectives’ understanding and commitment to Whānau Ora

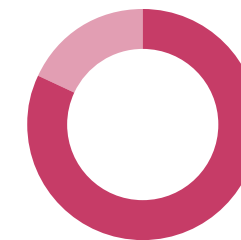
The action research and monitoring reports highlighted the fundamental importance of collective-wide and broader agency understanding in whānau-centred practice. Eighty-two percent of collectives highlighted strategies they used to ensure their workforce understood the Whānau Ora approach.

The collectives developed holistic and kaupapa Māori service models through Programmes of Action. Most collectives initiated training in whānau-centred practice for collective practitioners, and even practitioners in other agencies, to better understand and implement these models. Commonly used training modules included Dynamics of Whanaungatanga, Takarangi Competency Framework and the Whānau Ora Practitioner Training Programme. They focused on:

- staff understanding their role in the Whānau Ora Initiative, Māori concepts of wellbeing and the whānau unit
- increasing staff knowledge of the underlying issues regarding social and health problems for whānau in their region
- building capability for implementing a holistic approach to working with whānau
- strengthening relationships with other providers and agencies to improve outcomes for whānau
- developing standards of practice for those working with whānau.

Collectives used shared workforce development as a tool to improve continuity of care for whānau. The four Whānau Ora collectives in Te Tai Tokerau region organised joint workforce development across their collectives to improve common models and practice. Ngā Mataapuna Oranga collective offered its Whānau Ora practitioner training to providers outside the collective, to ensure they understood whānau realities and how to work in a whānau-centred way.

In addition to workforce development, Whānau Ora navigators were often leaders in expanding whānau-centred practice across collectives. Navigators influenced this practice by participating in teams alongside other provider groups, such as Family Start or community mental health services, or having a coordinating role to socialise Whānau Ora across organisations. The development of shared service pathways between collectives and other agencies also helped to extend a Whānau Ora approach.



82% highlighted strategies to ensure their workforce understood the Whānau Ora approach.

...Whānau Ora navigators were often leaders in demonstrating and expanding whānau-centred practice across collectives.

Example of transformative practice across practitioners

Te Arawa collective identified that one of the largest changes for its community has been the collaborative way providers are working together to gain the best outcome for whānau. The ability to 'hand over' whānau to colleagues in other services who are experts in their fields has enabled a continuity of care that is seamless and without fuss. The change has been with practitioners, who have the interest of whānau as their focus. For practitioners, acting in the best interests of whānau allows a sharing of strengths and skills that every one can contribute to.

Source: Te Puni Kōkiri, 2011–2015b

The importance of cultural competency in meeting whānau needs

One case study noted the importance of staff in understanding families' issues and the context in which they emerge.

A Samoan family immigrated to New Zealand to give their daughter 'a better life'. The mother was well educated and the father had had a plumbing business in Samoa, however he couldn't find work in New Zealand. The violence had been occurring in Samoa and escalated in New Zealand as his inability to find work grew. He blamed his wife for not understanding him and expected her to live by higher standards than they had been used to in Samoa. As a last resort, the mother went to Women's Refuge and took out a protection order against her husband.

Working with a fluent Samoan-speaking family violence practitioner, the husband engaged in a programme where the first step required him to learn about his actions and their consequences on others. This was all done in a cultural exchange that helped him to learn new skills to manage his anger and divert his energy into more positive behaviour. He is now more helpful around the home and he and his wife are talking more and learning to communicate better. His change in attitude has contributed to him seeking assistance to set up a small plumbing business to supplement their family income.

Source: Te Puni Kōkiri, 2011–2015a

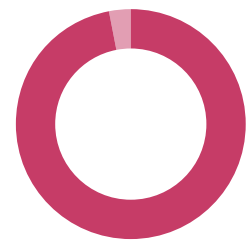
4.4.2 Cultural competence

An important feature of whānau-centred practice by practitioners was cultural competency, and it was clearly displayed by 97 percent of collectives. Cultural competency meant being able to share cultural values when engaging with whānau and extending cultural knowledge to support whānau aspirations and connections to te ao Māori.

Many staff suggested that, by incorporating tikanga within their practice, they had always operated in ways that were inherently Māori. However, there was a view that Whānau Ora prompted the need for provider collectives to examine their cultural capability across the workforce and determine how cultural competence contributed to best outcomes for whānau. Collectives identified cultural competency as a core practitioner capability and encouraged active participation in te ao Māori. For example, at Kotahitanga collective, daily karakia gave staff the confidence and knowledge to tautoko (support) whānau through tikanga processes as required (for example, karakia, hīmene (hymns), mihimihi, when beginning a hui).

Most collectives implemented training in cultural competency that recognised the tikanga of the region. Those tikanga provided a framework for increasing staff understanding of the importance of whakapapa and traditional values to support whānau achievement, and offered a Māori lens to service practice. It also promoted a positive shift in attitude, an increase in knowledge and confidence, an increase in the use of te reo Māori and a 'sense of pride' among staff.

For Pasifika providers, cultural competency, alongside language proficiency, was considered critical, and Pasifika workforce development was emphasised. The Pacific Island Safety and Prevention Project emphasised that it was essential to have speakers who were fluent in the Pacific Island nations, languages to engage with families because 'language is an important entry point to understanding world views'. The Pacific Island Safety and Prevention Project worked in family violence and viewed an understanding of families' cultural norms as critical for getting whānau to respond.



97% of collectives displayed cultural competency.

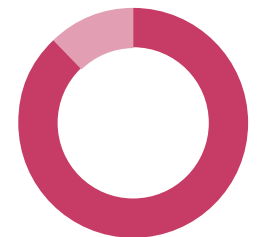
For Pacific providers, cultural competency, alongside language proficiency, was deemed critical...

4.4.3 Holistic focus and responsiveness to whānau

A fundamental aspect of working with whānau was staff understanding that adverse incidents affecting whānau are often connected. Eighty-eight percent of collectives described how their workforce adopted a holistic and responsive focus to whānau needs. The research and monitoring reports showed that community health and social service practitioners often demonstrated a holistic focus, though not always on a consistent basis.

A holistic focus that was centred on whānau needs encompassed:

- addressing various connected concerns in a seamless way, rather than as a series of isolated events (that is, recognising the interconnectedness between health, housing and employment)
- looking beyond a single service or provider for solutions
- understanding the broader impacts on the whole whānau, as well as on an individual whānau member
- allowing whānau to determine how they might be supported
- working closely with whānau to determine their aspirations for sustainable change.



88% of providers described how their workforce adopted a holistic and responsive focus to whānau needs.

Holistic services: a major part of this focus was forming strong linkages with other practitioners and agencies to work more effectively with whānau...

Whānau Ora practitioners formed strong links with other practitioners and agencies to work effectively with whānau, as described in Section 4.2. Te Oranganui and Taranaki Ora collectives both employed 'clinical navigators' to manage the interface between the Whānau Ora team and the General Practices that many whānau visited. These navigators worked closely with clinical staff to develop their knowledge and understanding of priorities for whānau. In the process, navigators developed a better understanding of the health system and supported increased access to health services.

Other practitioners developed a greater awareness of the whole whānau, even when working with individuals. For example, more than one collective supported its Tamariki Ora nurses to identify issues occurring among the whānau as a whole, even though they were primarily focused on mama and pēpi (baby). In the Kotahitanga collective, nurses who conducted school-based throat swabbing for rheumatic fever would also identify any whānau needing intensive socio-economic support (for example, housing, budgeting and employment) and refer them to navigators.

Example of holistic and responsive engagement

This example highlights how whānau improvements were brought about by understanding the full picture of the reality for this whānau and taking a holistic response to it.

A situation involving a mother, father and five children began with the involvement of Child, Youth and Family due to the mother's alcohol and drug dependency. Child, Youth and Family referred the whānau to a Whānau Ora navigator. The navigator encouraged the mother to attend a course and counselling to address her alcohol and drug issues. While talking to the father, the navigator discovered he was struggling to manage day-to-day household expenses and had mounting debt, further hampered by his numeracy and literacy problems. He was introduced to a financial literacy course and began to develop budgeting skills to ensure regular meals were available and manage his debt. He also registered himself and his children with a primary health organisation and enrolled in counselling to manage his aggressive behaviour, developed as a result of abuse.

Source: Te Puni Kōkiri, 2011–2015a

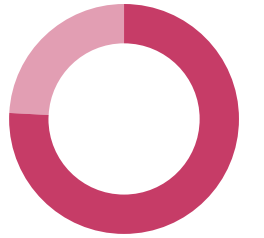
4.4.4 Comprehensive skills to support whānau

Seventy-six percent of provider collectives demonstrated the importance of comprehensive skills across the workforce to provide whānau-centred services, build whānau capability and help whānau access essential resources.

It was expected that together, the core Whānau Ora workforce would have a full complement of skills and knowledge of services and resources to address diverse circumstances and meet whānau needs.

Navigators were often generalists who had a sound understanding of services, networks and other resources in collectives and communities. They drew on kaumātua to support whānau in connecting with their hapū or iwi or in tracing whakapapa. They drew on mental health services and alcohol and drug counselling for specialised support to whānau. Plus they supported whānau in understanding processes around care and protection, justice and Work and Income.

The research reports highlighted the importance of navigators in understanding these networks and resources to broker services for whānau and identify ways whānau could meet their needs and aspirations. The reports also identified the steps collectives took to build workforce skills to address whānau priorities. Across at least seven collectives, navigators became certified in adult numeracy and literacy education, conflict resolution or Incredible Years parenting.



76% of provider collectives demonstrated the importance of comprehensive skills across the workforce

4.4.5 Barriers to workforce capability

Existing service pressures

While section 4.2 noted that sectoral isolation was a barrier to building relationships across practitioners, it was also a barrier to developing a 'capable workforce'.

Added to this was the pressure on existing health and social service practitioners to meet the original contractual demands of their service that had been incorporated into the Whānau Ora space. Multiple research and monitoring reports highlighted the lack of time that existing health and social service practitioners were allocated to build relationships with whānau, and the pressures they faced in meeting highly prescriptive performance targets. This reduced their time and flexibility to work holistically around whānau needs.

Collectives also reported that the emphasis on 'process' among some government agencies came at the expense of a whānau-centred approach.

High demand for navigators

Monitoring reports also highlighted a high demand for navigators to support whānau with complex needs, partly because other services often showed a reluctance to do so and partly because of the additional time required to navigate around the complexities. In many ways, the success of the navigator role had created a demand that could not be met in the short term.

4.5 Whānau-centred services and programmes

Features of effective services & programmes:

- Provide accessible services and programmes
- Match whānau needs, priorities and aspirations with relevant programmes
- Provide integrated service delivery
- Provide a flexible approach to services

Impacts:

- Increased attendance at appointments
- Increased completion of programmes
- Improved continuity of care across services
- Increased ability to deal with overlapping issues at once

Barriers:

- Funding and contracting limitations
- Disconnected reporting and information systems
- Service gaps related to whānau needs and priorities

Alongside workforce development, service integration was another important stream of the Whānau Ora Initiative. Collectives comprised an extensive array of services and programmes that did not necessarily function in a coordinated manner. A primary function of the collective entity was to integrate services across providers so duplication was reduced, consistency was increased and the type of service delivery to whānau was seamless.

Beyond developing the workforce, collectives adopted several strategies to make the design and delivery of their service more whānau-centred. Service design comprised four primary features, it:

- **provided accessible services and programmes**
- **matched whānau needs, priorities and aspirations with relevant programmes**
- **provided integrated service delivery**
- **provided a flexible approach to services.**

These features were in line with the Taskforce framework and detail on services. The Taskforce identified the need for integrated and coherent service delivery that included tikanga-competent design and collectives that could respond to whānau needs, build on strengths and focus on early intervention or preventive measures.

The reality of change proved to be more complex than anticipated and, compared with other aspects of the Whānau Ora approach, fewer collectives managed to achieve extensive changes to services. Collectives were attempting to change the approach to service delivery for existing health and social services, while funding and contracting structures continued to expect the same outputs and the same reporting processes, such as primary performance targets. When changes did occur, they were helped by effective governance and management that had clear strategies.

Where change was achieved, the immediate impacts of whānau-centred service delivery were around improved engagement and attendance in services and programmes, improved knowledge of services and programmes, continuity of care across services and improved ability to deal simultaneously with overlapping issues.

4.5.1 Accessible services and programmes

Seventy-nine percent of providers improved service accessibility for whānau through co-locating services, moving services to more accessible locations, introducing mobile services and improving the cultural appropriateness of services. Accessibility was a particular concern in rural areas, where transport and services were limited.

In many instances, accessibility was improved by changing the location of services:

- To take advantage of Whānau Ora restructuring, some collectives relocated their services by either joining related services in one location or moving to a more central site. Te Oranganui moved seven separate services into one central location.
- Others arranged mobile services to reach whānau in isolated areas that had no or limited services. For example, Te Arawa collective employed designated navigators to reach whānau in two isolated areas (Mangakino and Maketū).

Many collectives went to key settings, such as prisons, schools and women's refuges to provide whānau-centred support to targeted groups.



79% of providers improved service accessibility for whānau.

Accessibility was also improved by increasing whānau participation in culturally focused programmes or events. Almost all collectives used local marae for services. Participation by whānau in events such as 'pa wars', a sports event held by marae and hapū groups, led to more whānau coming together on the marae, particularly rangatahi. Cultural alignment between services and whānau also increased accessibility for Māori and Pasifika whānau.

Cultural competency building service accessibility

This example highlights how a collective developed a service pathway that is underpinned by cultural values and integrated approaches as a way to increase the accessibility of services.

Pacific Trust Canterbury's (PTC's) Ānau Ola (Whānau Ora) model of care is premised on Pasifika concepts of interaction. Aiga (family) can access PTC's services through a clinical pathway (health and social services) or a community pathway (navigators and community programmes and services). A six-step practice guide is used to engage and work with aiga, which fits with Pasifika community dynamics of interacting and endorsing aiga-centred care:

Intake – entry point for aiga facilitated by a process of talanoa (appreciative asking and listening) to identify issues and needs

Team consultation – staff meeting to discuss aiga cases and appropriate services

Assessment – develop a care plan with aiga prioritising needs

Treatment – staff work with aiga involving other aiga members where possible using cultural practices such as prayer, talanoa and fono (meeting)

Review – care plans are reviewed regularly with aiga to track progress and ensure aiga are building capability towards self-management

Exit – aiga will exit from services when the goals of the plan have been met, with follow-up phone calls maintained where necessary.

Source: Te Puni Kōkiri, 2011–2015a



85% of collectives demonstrated efforts to align with whānau needs.

4.5.2 Matching whānau needs, priorities and aspirations with relevant programmes

Ensuring alignment between whānau needs and priorities on the one hand and available services and programmes on the other was an important function of collectives. Eighty-five percent of collectives described strategies to increase the alignment. Whānau Ora funding and a reliance on local intelligence and analysis around whānau needs were central to improving the match.

Collectives responded to gaps in whānau needs and priorities that had become apparent through whānau planning, the action research, surveys and other engagements. In part through Whānau Ora funding, they developed targeted programmes in: youth leadership, computer training, employment, budgeting, men's health and young mothers' support. For example, Te Hau Āwhiowhio o Otangarei collective set up a support group for men grappling with violence issues, after women participating in an action research focus group hui had noted that violence was a prevalent worry for them.

Instruction to obtain a driver's licence was the most common programme introduced. It had been deemed a priority by whānau across regions. The programme was considered highly effective, because it provided an important skill to enable employment and access to education, as well as compliance with the law. It also achieved high attendance and managed to engage whānau not previously working with collectives.

Collectives also responded to whānau needs by running community health checks in easily accessible locations and tasking navigators to focus on specific needs. Hawke's Bay Hauora responded to a gap in service availability by delivering free screening for cardiovascular disease for Pasifika families. Te Oranganui developed targeted support for whānau around chronic care management, employment, education and prisoner reintegration, based on whānau priorities.

Some collectives brought relevant services to their collective. Te Arawa collective brought an employment broker to their General Practice especially for whānau known to the collective.

Example of service changes to match whānau needs and increase accessibility

Kotahitanga collective made several changes to its location and type of services to improve accessibility and better match whānau needs:

- one provider has co-located its district health board-funded alcohol and drug, and mental health services
- one provider has hosted a primary health organisation psychologist (rather than whānau travelling to Auckland City), employed a Māori psychologist and worked with Relationships Aotearoa to offer counselling services
- the collective has developed relationships with Aotearoa Credit Union and Mangere Budgeting Services so they will deliver financial security programmes at one provider
- two providers are hosting on-site pharmacies
- one provider has expanded its service scope to include the Incredible Years Parenting Programme, dedicated to improving rangatahi parenting skills
- one provider is working more closely with Manukau Institute of Technology around NCEA achievement.

Source: Te Puni Kōkiri, 2011–2015b

4.5.3 Integrated service delivery

The Taskforce report recommended that 'whānau-centred services should provide for an integrated multi-service delivery approach that provides a single point of contact for whānau and a pathway to whānau wellbeing' (Taskforce on Whānau-centred Initiatives, 2010, p 39). The formation of collectives enabled the development of comprehensive providers with a range of health, social and community services that could function as a unit. In addition to the formation of collectives, 68 percent of providers described other strategies they had adopted to better integrate service delivery.

Many collectives undertook improvements to their service pathways, so service entry was more consistent and straightforward for whānau. Collectives standardised referrals and needs assessments across services. These were holistic and based around whānau. A first step to service changes for the Taranaki Ora collective was to centralise referrals, ensure quicker responsiveness to clients, centralise client documentation, consolidate the Whānau Ora team and role, and develop Whānau Ora tools.



68% of providers developed strategies to better integrate service delivery.



79% of collectives demonstrated flexibility in working with whānau.

Collectives integrated related services or partnered with other agencies to develop shared models of working with common clients. At Pacific Trust Canterbury, the navigator and mental health worker integrated their service delivery, so when the mental health worker visited patients, the navigator was able to shadow and support the family with any other concerns.

Collectives also adopted multi-disciplinary team approaches, where practitioners across services met regularly and worked together to support whānau needs. Raukawa Maniapoto Alliance rolled out a 'footprint model' that standardised referrals and needs assessment and drew heavily on a multi-disciplinary approach. Practitioners held weekly multi-disciplinary team meetings to develop, case manage and review all whānau plans.

4.5.4 Flexible approach to services

The changes to service delivery were underpinned by the collectives' commitment to a flexible service approach. Section 4.2 described the flexibility collectives demonstrated in building relationships with whānau. Flexibility was also demonstrated by 79 percent of collectives in working with whānau to access services and meet their needs.

What was clear from the research and monitoring reports was the perspective of collectives that, since whānau needs and realities were varied, so too should be the range of appropriate solutions. Collectives showed flexibility by providing transport to those whānau who needed it, brokering services to support whānau needs, bringing other agencies or providers into remote areas and adapting working hours to suit whānau. They also worked with whānau to identify multiple solutions to issues, so whānau could determine what was going to work best for them. Examples included numerous ways to learn about employment and various approaches to whānau planning. For example, Te Ao Marama collective supported a community-based whānau plan to establish a kōhanga reo in its community.

Whānau story illustrating flexible solutions

The following example shows how one collective helped a whānau identify flexible solutions around providing caregiving to an elderly nan (grandmother).

An elderly nan and koro (grandfather) were living in a rurally isolated area. Both had deteriorating health. The whānau tried to visit them but could not afford travel and/or had work and other commitments. The couple's daughter went to doctor's visits with her nan, but both were anxious when visiting clinicians and did not want to question or seek clarity from them.

The whānau became engaged with a Whānau Ora collective. A hui was held with six whānau members and four support services, who agreed that the nan needed home-based care. The nan, however, did not want a stranger as her caregiver. The collective had a disability support service, which decided to employ the nan's daughter as the preferred caregiver for six weeks following hospital discharge.

Since her employment, the daughter has become more confident, including when talking to health and social sector professionals. She is becoming informed about available services and entitlements for her nan and koro. She is more financially able to care for them, supporting them with doctor's visits, blood tests, medication pickups, Work and Income appointments, grocery shopping and whānau activities to prevent isolation. She also has plans to work with whānau members so she can obtain a driver's licence.

The whānau is 'safe proofing' their house for their koro, who has fallen from blackouts. Their koro is receiving specialist care for memory loss, and up to seven other whānau members are actively participating in whānau planning, with regular hui and goals set.

Source: Te Puni Kōkiri, 2011–2015b

4.5.5 Barriers to whānau-centred services

Funding and contracting limitations

Despite numerous strategies designed to improve service delivery to benefit whānau, collectives pointed to ongoing barriers in their ability to provide whānau-centred services. The greatest barrier described was the strict funding, contracting and service entry requirements. While these are expanded on in the next section (4.6), collectives highlighted that funding of individuals (rather than whānau), output-based contracts and strict service entry combined to make it difficult to work with whānau as a whole and in a holistic and strengths-based manner. For example, at Te Taiwhenua o Heretaunga collective, navigators reported on the challenges of having a social worker dedicated to working with the children in a whānau but service criteria prevented them from working with the father.

Disconnected reporting and information systems

Disconnected reporting and information systems were highlighted as a problem for collectives at the beginning of the Whānau Ora Initiative.

Collectives noted that information was held on individual whānau members across a range of systems. These could not be connected and/or aggregated to a whānau level. Similarly, collectives described the multiple reporting requirements occurring across services for the same whānau. Both prevented a comprehensive picture being gained on whānau progress. While some collectives purchased software to enable connection between systems or whānau-level data, this did not solve all problems.

Service gaps related to whānau needs and priorities

Collectives in rural areas highlighted ongoing issues around service gaps. For example, providers in Te Tai Tokerau collective emphasised the need for youth mental health services and alcohol/drug counselling. As a result of these gaps, whānau were less able to address their own perceived needs and work towards their own aspirations. In effect, the services offered by the collectives did not align with whānau priorities. In Hawkes Bay, Te Taiwhenua collective also identified the absence of Māori-based family violence prevention training and counselling.

4.6 Supportive environments

Features of a supportive environment:

- Strong leadership for Whānau Ora
- Responsive funding and policy for whānau and collective needs
- Active and dynamic Crown, whānau, hapū and iwi relationships
- Local government agencies understanding and committing to the Whānau Ora approach
- Existence of socio-economic opportunities for whānau

Impacts:

- Increased ability for other whānau-centred components to occur
- Strong collaboration between Crown and iwi
- Increased access to education and employment opportunities for whānau

Barriers:

- Competing political priorities
- Staff turnover among mainstream agencies
- Funding not matching time required for engagement
- Funding and contracting not matching whānau realities
- Cumbersome reporting processes
- Lack of employment and education opportunities

Underlying the components of whānau-centred approaches was the need for a contracting, funding and policy environment that allowed collectives to operate efficiently and that did not threaten their sustainability.

The Taskforce advocated for several changes to funding and policy to ensure the development of whānau-centred policies and programmes. These included shared responsibility across agencies and dedicated appropriation from existing funds. Some recommendations did not eventuate in Cabinet's decisions around implementation. However, the initiative did include an explicit focus on government working 'smarter', with planned outcomes around inter-agency collaboration and effective policy settings.

The features of a supportive environment were largely seen as ongoing barriers. Changes were few and isolated.

The summary analysis identified strong themes around the profile of a supportive environment. Features include:

- **strong leadership for Whānau Ora at all levels**
- **active and dynamic Crown, whānau, hapū and iwi relationships**
- **responsive funding and policy for whānau and collective needs**
- **local government agencies understanding and are committing to the Whānau Ora approach**
- **existence of socio-economic opportunities for whānau.**

Unlike the other components of whānau-centred approaches, where significant implementation gains could be identified, the features of a supportive environment were largely seen as ongoing barriers. Examples of where changes occurred were few and isolated.

The dominant focus of the action research and monitoring was on whānau and provider transformation, not on funding and policy environments. However, what is clear is the funding, policy and service changes that occurred in recent years at a national level did not create the changes necessary for full implementation of Whānau Ora.

Barriers to a supportive environment were repeated in many of the action research and monitoring reports and included:

- **competing political priorities**
- **staff turnover among mainstream agencies**
- **funding not matching time required for engagement**
- **funding and contracting not matching whānau realities**
- **cumbersome reporting processes**
- **lack of employment or education opportunities.**

The following section describes examples of changes and barriers in relation to each feature of a supportive environment.

4.6.1 Strong leadership for Whānau Ora at all levels

Leadership for Whānau Ora was required at all levels to ensure effective implementation. Leadership among governance and management was required to develop strategies to support the kaupapa and embed service models. Leadership was demonstrated by 32 percent of collectives through their positions in community programmes and networks.¹²

For example, some collectives described that the way they were able to influence approaches outside their collective was by participating at leadership levels in district health boards, primary care and Children's Teams.

Whānau Ora development and implementation was compromised by competing political priorities. Whānau Ora existed alongside various other related initiatives and government priorities, including: Drivers of Crime; the White Paper for Vulnerable Children; Better, Sooner, More Convenient Health Services; Social Sector Trials. These focused on similar outcomes and often worked with the same collectives and whānau. Policy resources required to develop each of them limited the possibility of a concerted cross-government focus on Whānau Ora. It also created confusion and stretched resources for collectives.

4.6.2 Active and dynamic Crown, whānau, hapū, iwi relationships

Because whānau were the explicit focus of Whānau Ora, the role of iwi in supporting whānau-centred services, whānau identity and whānau aspirations was considered highly relevant. Iwi leadership in addressing whānau needs was demonstrated by 50 percent of collectives.¹³

As described in section 4.3, iwi leadership was evident in shaping the tikanga of cultural practice and whānau engagement, and in supporting whānau connections to iwi. The action research and monitoring reports highlighted instances where iwi leadership was apparent, with iwi and the Crown collaborating to meet whānau needs, and some iwi focusing more explicitly on whānau needs. At Te Ope Kōiora, marae clusters were established to inform service delivery, improve connections between whānau and marae, and provide access to cultural leadership.

However, the research and monitoring also showed there was a lesser emphasis on iwi leadership than had been suggested by the Taskforce framework. It is possible that the emphasis within the action research and monitoring on collective and whānau transformation, without a specific focus on iwi, may have contributed to the findings.



32% of providers demonstrated leadership in community programmes and networks.



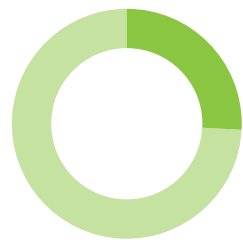
50% of collectives demonstrated iwi leadership.

¹² It is likely this number was far higher as it wasn't an explicit focus of the action research and monitoring reports.

¹³ It is likely this number was far higher as it wasn't an explicit focus of research and monitoring.



34% of collectives described mainstream providers as becoming more responsive to whānau-centred approaches.



26% of collectives had made small changes to funding and contracting to improve service delivery.

4.6.3 Local services

Thirty-four percent of collectives described mainstream providers, including services such as Work and Income and Child, Youth and Family, as becoming more responsive to whānau-centred approaches as a result of Whānau Ora relationship building, joint workforce development and collaboration.

Ngā Mataapuna Oranga collective developed a Memorandum of Understanding with Child, Youth and Family and active relationships with the New Zealand Transport Agency, Inland Revenue and Department of Internal Affairs to support whānau with licensing and legal documents and entitlements. Raukawa Maniapoto Alliance worked with Child, Youth and Family and a local iwi social service to develop a collaborative approach to working with whānau that focused on whānau capability. These agencies and services, as well as other non-Māori and non-Pasifika providers, also approached Whānau Ora collectives for support to collectively engage in working with whānau who they could not reach.

Alongside these improvements, 35 percent of collectives also noted ongoing barriers in generating change among local mainstream services. This may have been due to the fact that most advancements among agencies such as Work and Income were at a staff, rather than organisational, level. High staff turnover further stalled progress in expanding the Whānau Ora approach.

4.6.4 Funding and policy to meet whānau and provider needs

Twenty-six percent of collectives identified that they had made small changes to funding and contracting to improve service delivery and better meet whānau needs.

Most of the examples highlighted in the research and monitoring reports were around integrated contracting. Integrated contracting was a component of the implementation led by the Ministry of Social Development. In these cases, contracts for related services, such as mental health and alcohol and other drugs, were integrated to increase flexibility around service delivery.

Only a few instances occurred where other funding and contracting changes were made to better suit whānau needs. For example, Kotahitanga collective expanded its coverage of maternity services to Papakura when the need for services was identified by whānau. The collective raised the matter with the Ministry of Health, Counties Manukau District Health Board and Te Puni Kōkiri, and it was agreed that it would be well placed to expand its coverage.

For the most part, dominant changes to funding and contracting, as emphasised by the Taskforce, did not occur. Forty-four percent of collectives identified barriers around funding, contracting and policies.

Competing political and service priorities – As noted, Whānau Ora was implemented alongside several related political priorities, such as Better, Sooner, More Convenient Health Services and Social Sector Trials. Collectives

described the confusion that they, other agencies and whānau faced in clarifying the unique focus of each priority. Collectives also faced challenges in reshaping services while strict performance expectations, and targets associated with earlier contracts, were still required to be met.

Funding did not allow time for engagement – Collectives described how they spent many hours building trusting relationships with whānau, but contracts for services like Family Start and community mental health did not necessarily account for this engagement. Yet, without trusting relationships, collectives would not have been able to support whānau. This was a particular issue, because many whānau were high need.

Added to this were examples of staff ‘working beyond the contract’ timeframes and specifications and ‘being there 24/7’. Staff responded to whānau because of the responsibility they felt, and they acted according to a sense of duty and responsibility. As a result, fundamental activity and realistic timeframes for engaging with whānau were not reported, the extent to which collectives responded to whānau, and the resources deployed to meet their needs were not validated.

Funding and contracting did not match whānau realities – Collectives highlighted challenges around funding and contracting; because services did not always match whānau priorities, funding was often short term with little certainty, and contracting was slow and output-based. Even Whānau Ora funding itself was surrounded by uncertainty as to its sustainability. The ‘service capability’ contracts for collectives were not guaranteed to be renewed, whereas navigator contracts were renewed annually with little certainty around future funding.

Cumbersome reporting across contracts – The research also noted the difficulty experienced by provider collectives in reporting on many contracts that conflicted with the broader approach to monitoring and reporting for Whānau Ora contracts. In some cases, it was also seen as ‘duplication of information’ about whānau. The need for single reporting across sectors was highlighted across the research.

For the most part, dominant changes to funding and contracting, as emphasised by the Taskforce, did not occur.



29% of collectives highlighted the ongoing lack of employment or education opportunities for whānau.

4.6.5 Socio-economic opportunities for whānau

While Whānau Ora was focused on supporting whānau aspirations, many of the determinants of socio-economic distress, such as unemployment or educational failure, were beyond the reach of collectives. Collectives highlighted ongoing shortages in these areas and the need for systemic changes that would reduce hardship and ongoing crises for whānau.

The Taskforce did not explicitly mention socio-economic opportunities in the framework. However, it did refer to the need for whānau-centred approaches to support whānau across social, cultural and economic domains.

Despite unfavourable economic environments, at least 10 collectives generated employment and education opportunities for whānau. For example, Te Oranganui collective and Ngāti Whātua collective started employment programmes. Ngā Mataapuna Oranga collective collaborated with the local tertiary education provider to provide a pre-entry nursing programme for students in the rural Tūhoe region who had no previous access to that type of training.

At a socio-economic level, 29 percent of collectives highlighted the ongoing lack of employment or education opportunities that existed for whānau, particularly in rural areas.

These collectives reported trends of increasing financial hardship for whānau, exacerbated by extra costs during winter months, and manifesting in unsatisfactory housing (for example, overcrowded housing or lack of heating, the need for emergency housing), food shortages and the need for emergency food parcels. Collectives responded by supporting whānau around housing, trying to find affordable accommodation for whānau in the private market (as there were few state houses available in some regions) and supporting whānau to receive food parcels. Yet, the issues were larger than collectives could address.

Te Oranganui Iwi Health Authority Ready to Work programme

The example below outlines a comprehensive employment programme developed by a collective to build whānau employability. It highlights how the collective addressed the multiple barriers to employment that existed for whānau.

This was a six- to eight-week programme, primarily for whānau who had been out of a job for a while. The navigator running the programme (certified in Adult Teaching in Literacy and Numeracy) provided training in literacy and numeracy, CV development, job application processes, interviewing techniques and job searching. Te Oranganui also linked with the AFFCO Meat Industry and Assured Quality training providers to deliver a three-week training programme to up to 20 potential employees so they could receive Meat Processing Certificates and qualify for employment.

Source: Te Puni Kōkiri, 2011–2015b

Section 5. Implications

5.1 How effective were whānau-centred approaches?

The findings in this report emphasise the value of an approach that is underpinned by cultural values and whānau engagement, that supports whānau in their cultural identity and prioritises whānau-driven outcomes.

This report provides quantitative and qualitative evidence that the whānau-centred approaches developed by collectives led to positive outcomes with both immediate and longer-term gains for whānau. The efforts of collectives enabled meaningful engagement with whānau (including those who were seen as ‘marginalised’); improved access to services; aligned resources with whānau needs and aspirations; increased the simplicity and ease for whānau in accessing multiple services; placed the emphasis of service engagement on whānau strengths, empowerment and capability; and enabled whānau to work together as a whole.

Quantitative analysis identified immediate benefits to whānau from the implementation of the Whānau Ora Initiative (for example, whānau gaining knowledge of how to access services, and increasing their motivation). The benefits gained were critical ‘stepping stones’ to successful whānau engagement and opened pathways to achieve the high-level outcome goals outlined in the Taskforce report.

The quantitative analysis also highlighted that whānau aspirations and achievements were wide-ranging but inter-related. Improvements in seemingly unrelated areas, such as knowledge of whakapapa and reduced rates of smoking, were significantly related.

The qualitative analysis highlighted the range of strategies that collectives developed to adopt whānau-centred approaches and meet Whānau Ora expectations. The strategies, which were grounded in te ao Māori and Whanaungatanga, emphasised building effective relationships, a focus on whānau rangatiratanga in service planning and delivery, a capable workforce, the development of whānau-centred services and supportive environments.

The focus on whānau relationships, self-determination and capability building, in particular, was critical to whānau achieving both intermediary and higher-level outcomes.

Improvements in one area often led to improvements in other areas, thus emphasising the inter-related nature of whānau needs and highlighting the importance of whānau-driven outcomes.

Engagement and improvements occurred for those whānau who were typically seen as 'hard to reach', suggesting it may be conventional health and social service delivery that is 'hard to reach', rather than whānau themselves.

Mainstream services that are focused on higher-level gains without first establishing whānau trust and providing support to achieve immediate gains fail to engage whānau and help them on an improvement pathway. The research findings highlighted that this issue was exacerbated by the funding arrangements or contracts with providers, which presented ongoing barriers to whānau-centred approaches.

5.2 Factors that enabled whānau-centred approaches

Several factors supported a shift in practice to enable whānau-centred approaches.

- Whānau planning and navigators enabled whānau to come together, identify their aspirations and build their capability:**

the consistent observation across the research and monitoring reports was that navigators were essential for building trust with whānau, and whānau planning was an important process for whānau to strengthen their relationships, enable incremental change and achieve simultaneous improvements across a range of areas.
- Navigators identified and drove whānau-centred service changes:**

navigators supported a multi-disciplinary team approach to service delivery, facilitated improvements in internal communication between practitioners, identified new programmes to respond to whānau-identified need, and built relationships with organisations, agencies and businesses for the benefit of whānau.
- The collective entity enabled improved service integration and system changes:**

collective entities brought together previously disparate services and providers for the purpose of placing whānau at the centre of their service planning and delivery. This entailed critical changes to service integration and holistic approaches to service delivery. However, the formation of collectives by itself was not sufficient to achieve service integration.
- A clear vision, combined with effective governance and management, and tangible strategies for change, enabled the translation of whānau-centred theory into practice:**

those collectives that made the largest changes to their service delivery displayed a clear sequence, from vision setting through to actions. Governance and management worked closely together and were not afraid to take risks.

- Cultural competency, including an emphasis on whanaungatanga, ensured changes were focused on whānau wellbeing and grounded in whānau realities:**

for practitioners, working with whānau within their cultural realities was important for relating to whānau, establishing connections, supporting whānau in their identity and developing appropriate solutions to issues.

- Whānau Ora provided the resources for collectives to fill gaps in whānau needs:**

as collectives shifted their attention to whānau needs and realities, gaps in services and resources quickly appeared. The Whānau Ora Initiative provided a (temporary) solution to these gaps and needs, by fostering new programmes and training navigators to play important roles in relevant areas.

- Whānau Ora practitioners developed a flexible approach to engagement and service delivery that catered to whānau realities and identified pragmatic solutions:**

this flexibility was often the difference between whānau marginalisation and empowerment, and between unmet and met socio-economic gains.

5.3 Factors that hindered transformation to whānau-centred approaches

Many factors contributed to hindering whānau-centred approaches, some of which are discussed below.

- Funding, contracting and reporting structures for health and social services remained largely unchanged:**

while some changes were made to the contracting of non-governmental organisations, collectives identified that funding and contracting of individual and single issues, with strictly defined performance targets, continued to pose barriers to placing whānau at the centre of service planning and delivery.

- Workforce capacity across sectors was limited in understanding and being able to work in a whānau-centred way:**

collectives and researchers identified ongoing barriers with mainstream services, in particular, in understanding how to work in a whānau-centred, rather than service-centred, way.

- Traditional tensions, competition and siloes between services and providers inhibited collaboration:**

in many instances, providers who joined collectives or were working with other providers for whānau benefit were previously competing for contracts or operating in siloes. Many collectives overcame these challenges to work collaboratively, but some did not.

There is potential to expand whānau-centred approaches into mainstream services and systems.

While providers worked smarter to reduce complexities for whānau, agency-related systems did not change considerably.

- **Whānau transience and hardship, including regional gaps in socio-economic opportunities, inhibited whānau engagement and ability to progress:**

collectives found it difficult to engage or achieve major changes with young transient families and whānau in severe crisis. Engagement did occur among many whānau who had previously found services hard to reach, but it is unclear how sustainable their improvements have been.

5.4 Policy and programme implications

This report provides evidence that whānau-centred approaches are effective mechanisms for improving whānau engagement and outcomes, including among whānau who do not usually seek assistance.

At present, agency systems remain a barrier to whānau-centred approaches. One impetus for establishing the Taskforce was to address social service systems so providers worked smarter and whānau were not left to find their way through complex and fragmented services. The subsequent Cabinet paper and outcomes framework also reinforced the principles of agency transformation enabling provider transformation that, in turn, would enable whānau transformation. While collectives did work smarter to reduce complexities for whānau, agency-related systems did not change to the same extent.

Following on from phase one, with its emphasis on collectives' capability building, the focus of phase two of Whānau Ora is on whānau capability building. Commissioning agencies are exploring whānau-centred approaches in settings other than health and social services and with entities such as iwi, businesses, churches and sports clubs. However, the explicit emphasis on systemic changes is less clear. Balancing direct resource allocation to whānau through whānau-centred services will be challenging for commissioning agencies.

Several government policies and community initiatives are already demonstrating whānau-centred components or working to overcome systemic barriers associated with health and social service delivery. These include:

- integrated health and social services: the Productivity Commission inquiry into effective social services, policy work on social sector integration, Better Sooner, More Convenient Health Services
- outcomes-focused monitoring: Ministry for Business, Innovation and Employment's contracting for outcomes, Integrated Data Infrastructure
- community resourcing: Ministry of Social Development's Community Investment Strategy and the Department of Internal Affairs' community-led development approaches
- engagement with and coordination to support hard-to-reach families: Treasury's work on hard-to-reach families, Children's Teams, Well Child/Tamariki Ora framework review
- client-centred programmes: disability support services, Kaitoko and Oranga Whānau from Te Puni Kōkiri, Ministry of Education's whānau education action plans.

All components of whānau-centred practise are necessary to create positive outcomes for whānau.

The main point of difference, based on findings from the summary analysis of the action research, monitoring and survey data collected, is that each whānau-centred theme is needed to create positive outcomes for whānau:

- **relationships without the supporting services to meet whānau needs and aspirations limit whānau engagement**
- **whānau-centred services without a capable workforce are prevented from engaging meaningfully with whānau**
- **a strengths-based approach without an emphasis on rangatiratanga does not generate whānau independence and leadership**
- **inefficient funding and contracting structures make other changes difficult to implement.**

Questions to guide whānau-centred policies and programmes

Listed below are initial questions to guide the development of whānau-centred approaches within policies and programmes. These questions, while not exhaustive, relate to the main components of whānau-centred approaches identified in this report.

Effective relationships

Whānau rangatiratanga

Capable workforce

Whānau-centred services and programmes

Supportive environments

- **Relationships with whānau** – Are they based on whānau realities or service realities? Are relationships based on the individual or the whānau? Is there flexibility as to how relationships are built and with whom? Are practitioners aware of cultural protocols and norms for engagement?
- **Approach to working with whānau** – Is it about achieving a service aim (ie, immunisation, mental health) or is it about supporting whānau with their priorities? Are solutions being identified for whānau or is time being taken to support whānau to build skills and encourage self-sufficiency? How much time is available to work with whānau and support improved outcomes?
- **Skills of the workforce** – Is the workforce drawing on cultural protocols or sources of knowledge? Are they supporting whānau to access essential services and networks? Are they working with other practitioners to make access to services easier for whānau?
- **Service structure** – How cumbersome or strict is service entry? Is it based on service requirements, or is there flexibility to work with different whānau members? Are whānau having to complete multiple assessments? Can these be integrated?
- **Funding, contracting and reporting** – Whose outcomes are being reported on: whānau outcomes or service-specific outcomes? Is there flexibility in funding packages to allow the time and different approaches to work with whānau? How many contracts do providers have? Are they for the same whānau? Is there scope to integrate contracts and services? To what extent does funding or service entry allow flexibility to work with a variety of whānau (self-managing to complex)? What flexibility is there to support whānau to address their own priorities? Is funding sustainable and long-term, to enable changes to be embedded?
- **Policy and planning** – Have government agencies enabled local adaptation of approaches to suit local needs? To what extent are services in the area built around whānau priorities? What gaps remain and how can these be filled? How can funding and/or contracting be integrated and built around whānau needs? When high-level outcomes are developed, is there room to allow for whānau-identified outcomes (ie, are they broad enough)? How are iwi and the Crown working together to plan for whānau needs?

5.5 Recommended actions

The potential exists to expand whānau-centred approaches into mainstream services and systems and other settings outside of government. Further research is required to improve understandings of whānau-centred practice (discussed below). Rather than developing new structures or programmes, several actions could bring a comprehensive whānau-centred approach into existing work. This would avoid duplication and repetition. Some actions will be specific to the **Whānau Ora Initiative**, whereas others will involve importing a **Whānau Ora approach** into practices within other services and policies.

The Whānau Ora Partnership Group¹⁴, which is overseeing phase two of Whānau Ora, and the Whānau Ora Initiative more broadly, is well placed to take leadership on these actions to expand a Whānau Ora approach (Figure 16).

Figure 16. Expansion of a Whānau Ora approach



The Whānau Ora Initiative is well placed to take leadership on actions to expand a Whānau Ora approach.

5.5.1 Strengthen iwi and Crown leadership for whānau

Traditionally, Crown and iwi relationships have been high level, focusing on Treaty of Waitangi settlements and other arrangements. Through the Whānau Ora Initiative, the central unit of whānau has received increased attention from both government and iwi. Yet neither iwi nor government leadership were significantly demonstrated in the summary analysis. The Whānau Ora Partnership Group provides a favourable setting for Crown and iwi to strengthen their focus on working together to develop policies and programmes to meet the aspirations of whānau.

¹⁴ The Partnership Group consists of equal members of iwi leaders and government ministers.

Working together would include developing shared high-level Whānau Ora outcomes across government and iwi that align with whānau priorities. It would also include developing clear strategies and responsibilities, such as driving system changes for Whānau Ora and joint ventures in whānau needs (as discussed below).

5.5.2 Apply a whānau-centred lens to health and social services and programmes

There is increasing recognition that whānau-centred approaches are an effective aspect of health and social policies and programmes. What these approaches look like, however, varies between policies and programmes. A 'whānau-centred' lens can be applied to policies and programmes to guide the development of whānau-centred approaches (see the box 'Questions to guide whānau-centred policies and programmes'). Initiatives and policies that focus on social change are particularly applicable to this lens.

5.5.3 Shift funding, contracting and reporting of services to align with whānau realities

Government is aware of the challenges presented by existing funding, contracting and service structures. The Community Investment Strategy, through the Ministry of Social Development, is focused on strengthening and streamlining its contracting processes with service providers. The Ministry of Business, Innovation and Employment's contracting for outcomes has tried to shift to an outcomes focus for government and non-governmental organisations. Treasury is exploring how government can improve results for vulnerable children and families. The Productivity Commission is exploring ways to enhance the performance and purchasing of social sector purchasing and commissioning of services (and drew on Whānau Ora as an example of an innovative commissioning approach).

Further work is required to determine specific funding models and service structures that can support whānau-centred approaches while retaining appropriate amounts of accountability to funders and taxpayers. Structural change and social service integration are two solutions, but are not necessarily a cure-all. The varying effectiveness of collective entities highlights that integration without strong leadership and clear strategies only goes so far.

The funding and contracting structures that sit behind any solution need to incorporate essential elements to support whānau-centred approaches.

- a. Flexible funding that enables practitioners to work with a variety of whānau (self-managing to complex) and allows time to build trusting relationships: This will enable providers to build trust with whānau, engage with the number of whānau members that whānau determine, and not 'refer on' the complex whānau.
- b. Contract and service specifications that allow practitioners to work on whānau priorities, not just service priorities, and have flexible entry criteria: This means practitioners are not bound to focus on specific health and social issues when they are not a priority for whānau, or they can work with additional whānau members who may not otherwise be part of their service.

- c. Flexibility in integrating services when relevant: Providers may view related services, such as Family Start and Whānau Ora navigators, as being best placed to integrate into a combined service. Flexibility is needed in contract models across services and agencies to enable integration when considered appropriate.
- d. Outcomes-based contracting: In the development of outcomes-based contracts, a tension remains as to whose outcomes are monitored – government-developed outcomes or whānau-driven outcomes. Whānau-centred approaches do not lend themselves to specific targets and highly prescriptive monitoring. Exploring how a broader range of whānau-driven outcomes can be built into outcomes-based contracting is important.
- e. Sustainable funding: Contracts that last at least five years should provide sufficient time to ensure relationships are built and outcomes are achieved, but also enable models to be embedded across organisations.

These changes are particularly relevant for community health and social services (including Well Child/Tamariki Ora, community mental health and Family Start), which are conducive to whānau-centred approaches. However, services like General Practices, Child, Youth and Family and Work and Income require systemic changes to enable service integration and bring the focus of engagement more readily onto whānau needs and realities.

5.5.4 Assess 'matches' between whānau needs, and local and regional services and resources

The summary analysis identified that there is not necessarily a match between the resources and services in an area and whānau priorities. Collectives sought to increase service accessibility and bring in new programmes to respond to whānau priorities. In phase two of the Whānau Ora Initiative, commissioning agencies are responding to whānau priorities in geographic areas by funding local initiatives.

Further examination of services and resources is needed in regions, beyond the relatively small funds attached to Whānau Ora. This includes health and social services, as well as iwi and community resources. An opportunity also exists to develop joint ventures to fill gaps in line with whānau priorities. The potential also exists to link with the Community Investment Strategy.

The Whānau Ora Partnership Group can take the lead on some of this work. This assessment would be supported by comprehensive local and regional data for Crown and iwi about whānau needs and priorities, including Treasury's work to integrate agency datasets.

5.5.5 Develop socio-economic policies and programmes to meet whānau needs and realities

The wider socio-economic environment, and challenges around employment, education and housing, continue to be a considerable barrier to whānau independence and capability building. The summary analysis identified that flexible and innovative solutions are needed to these issues, including employment training that is based in Māori provider organisations, not only with Work and Income. It also identified the need to address the full range of barriers to these issues, such as driver licensing, which is seen as a primary barrier to gaining employment.

Consideration must be given to developing flexible solutions within education, employment, welfare and housing policies and programmes.

5.5.6 Develop workforce capability for whānau-centred approaches

Both the 'core Whānau Ora workforce' and other related workforce networks need to be trained in whānau-centred approaches, coordinated for the benefit of whānau (rather than services) and attain competencies so they can engage and build trusting relationships with whānau. At the same time, the navigator role could make useful workforce development contributions to other sectors, such as child protection. Joint workforce development is needed with mainstream services and in other key initiatives, such as Children's Teams and Social Sector Trials, with the goal of ensuring practitioners can build trust and stabilise whānau, mobilise services and resources in response to whānau realities, build whānau capability and support whānau to plan for sustainable change.

A core aspect of training would be emphasis on cultural competency and rangatiratanga, including whānau direction, leadership, identity and capability. Many social initiatives and practices incorporate strengths-based approaches, but not necessarily the importance of the cultural elements that underpin engagement.

5.5.7 Generate sustainable funding for Whānau Ora navigators

Sustainability of funding and whānau engagement appears essential to whānau-centred approaches. This is particularly important for whānau who may move in and out of crisis, and who require ongoing support in their journeys towards rangatiratanga. The navigator role should be assured of sustainable funding (for at least five years) to maintain long-term relationships with whānau and embed a whānau-centred practice model.

Moreover, as some health and social services continue to pose barriers to whānau in meaningfully engaging them and supporting their needs and aspirations, there is an ongoing need for practitioners who will act as 'navigators' for services, rather than whānau. In some collectives, navigators have acted as bridges between mainstream services and the core Whānau Ora workforce, focusing on ways to reduce service barriers to support whānau-centred practice. This should continue where required.

5.6 Research implications

The research reported on here is important because it adds to the evidence base on whānau-centred approaches, explores the barriers and enablers to this approach and provides quantitative findings of the resulting benefits.

However, this report is only a starting point. It has not looked critically at different models of whānau-centred approaches nor established causality between whānau-centred approaches and whānau socio-economic outcomes. Some areas require further research, and Te Puni Kōkiri, Superu and Whānau Ora Commissioning Agencies are well placed to lead this work.

5.6.1 Inter-related impacts and whānau benefits

This summary analysis has identified the ways that whānau can achieve multiple improvements when working holistically and on their own identified priorities. Improving understanding of the continuum of ongoing outcomes for whānau can add evidence to the benefits derived from whānau-centred approaches, including how whānau-driven and culturally grounded elements can lead to socio-economic improvements.

While the many dimensions of Māori wellbeing have long been a feature of health and social programmes, it is only recently, for example, in this report and those such as Te Kūpenga (Māori Wellbeing Survey, Statistics NZ), that the relationship between these elements has been quantified.

5.6.2 Improved research and monitoring for whānau-centred approaches

The different whānau-centred models need to be critically examined, to identify 'best practice' in this area. For example, have specific whānau-centred strategies adopted by collectives, or whānau-centred initiatives funded by commissioning agencies, led to increased improvements in whānau outcomes? Is there a difference in whānau outcomes between the collective models of whānau-centred practice and the commissioning approach? How do results compare with assessments of social change programmes occurring through the Community Investment Strategy?

Monitoring and evaluation of Whānau Ora commissioning agencies and their funded initiatives should answer some of these questions. However, there is scope for further research and evaluation of other whānau-centred initiatives, including bringing in a whānau-centred assessment to the Community Investment Strategy.

5.6.3 Identifying system changes needed to support whānau-centred practice

As noted above, a better understanding is required of the specific funding and contracting models needed to support whānau-centred approaches. The commissioning model is one aspect of this, but it also includes funding and contracting of conventional health and social services.

5.6.4 Whanaungatanga as a resource for whānau

The action research referred to the idea that whanaungatanga could be used as a tool for whānau to build social capital. Alignment was made to social capital theory, suggesting that whanaungatanga could be used to build social capital on three levels:

- close, intimate whānau level (for example, bonding whānau with whānau)
- positive supportive professional relationships (for example, bridging whānau with kaimahi)
- broader community networks and connections to services and specific support (for example, linking whānau with other providers, local Māori community, broader mainstream community, including public services and institutions, initially facilitated by kaimahi and/or whānau).

This reinforces earlier research on social capital within Māori-specific contexts.¹⁵ However, the potential exists to gain a better understanding of the specific benefits to be achieved for whānau through a reliance on whanaungatanga.

¹⁵ Other references to social capital in a Māori context regarding relationships include: Social Capital-based Partnerships – A Māori Perspective, A Comparative Approach by Tū Williams and David Robinson (2000), A Health Promotion Project for Tamariki Māori – Māori 97 by Druis Barrett, "community-owned development is the key to social capital", Social Capital in Action edited by David Robinson (1999).

Appendix 1: Whānau Ora framework

The following text comes from the Report of the Taskforce on Whānau-centred Initiatives. It describes what is meant by each principle and element in their Whānau Ora framework.

Seven underpinning principles

1. **Ngā Kaupapa Tuku Iho:** the ways in which Māori values, beliefs, obligations and responsibilities are available to guide whānau in their day-to-day lives.
2. **Whānau Opportunity:** all whānau will have chances in life that will enable them to reach new heights, do the best for their people, engage with their communities and foster a strong sense of whanaungatanga – connectedness.
3. **Best Whānau Outcomes:** the success of Whānau Ora interventions is measured by increases in whānau capacities to undertake those functions that are necessary for healthy living, and shared contributions to the wellbeing of the whānau as a whole, as well as the wellbeing of whānau members.
4. **Coherent Service Delivery:** recognises a unified type of intervention so that distinctions between services provided by health, welfare, education and housing, for example, are not allowed to overshadow wider whānau needs.
5. **Whānau Integrity:** acknowledges whānau accountability, whānau innovation and whānau dignity. This principle assumes that a code of responsibility is present in all whānau, though it may sometimes be masked by events or circumstances that propel whānau into survival mode or trigger a defensive reaction.
6. **Effective Resourcing:** underlines two important aspects of services to whānau. First, the level of resourcing should match the size of the task – whānau-centred approaches may initially be time intensive. Second, resourcing should be tied to results. Effective resourcing means allocating resources to attain the best results and an intervention plan should include a set of indicators that can measure successful outcomes.
7. **Competent and Innovative Provision:** recognises a need for skilled practitioners who are able to go beyond crisis intervention to build skills and strategies that will contribute to whānau empowerment and positive outcomes.

Key foundations of effective whānau-centred service delivery

Whānau, hapū and iwi leadership

- Whānau, hapū and iwi have critical and distinct roles to play in facilitating Whānau Ora.
- These roles, relationships and responsibilities are based on whakapapa connections and lie largely outside government interventions.
- Supporting natural leaders within whānau is critical to the success of Whānau Ora.

Whānau action and engagement

- Whānau strengths are acknowledged and endorsed.
- Whānau ownership of solutions and actions is encouraged.
- Partnerships between whānau and providers are the norm.
- Whānau have opportunities to extend their own resources and expertise, while also addressing the needs of individual members.

Whānau-centred design and delivery of services

- Services are designed and delivered in a way that places whānau at the centre of service provision.
- Services build on the strengths and capabilities already present in whānau.
- Services and whānau interventions are underpinned by a focus on building whānau capability so that they are able to prevent crises, manage problems and invest in their future.

Active and responsive government

- Government agencies should be responsive and flexible enough to align with and support whānau, hapū and iwi aspirations.
- Government should invest in whānau aspirations.

Funding

- Funding arrangements should be consistent with a whānau-centred approach to service delivery.
- The focus should be on a relational approach to contracting between providers and government agencies which focuses on best outcomes for whānau.

Appendix 2: Provider collectives

Listed below are the 34 provider collectives that were selected from the Expression of Interest process run by Te Puni Kōkiri.

Te Taitokerau

Te Tai Tokerau Whānau Ora Collective

Te Hau Āwhiowhio o Otangarei

Te Pū o Te Wheke

Kaipara Whānau Ora Collective

Tāmaki Makaurau

Ngāti Whātua o Orakei Māori Trust Board

Kōtahitanga Roopu

National Urban Māori Authority (NUMA)

Pacific Island Safety and Prevention Project

Alliance Health and Primary Health Organisation

Waikato

Waikato-Tainui, Te Ope Kōiora Collective

Hauraki

Raukawa Maniapoto Alliance

Te Moana-a-Toi (Western and Eastern Bay of Plenty)

Ngā Mataapuna Oranga Primary Health Organisation

Te Ao Hou Whānau Ora Network

Te Arawa

Tipu Ora Charitable Trust and Te Arawa Collective

Tuwharetoa Whānau Ora

Te Tairāwhiti (includes Wairoa)

Te Whare Maire o Tapuwae

Horouta Collective

Takitimu

Te Taiwhenua o Heretaunga

Hawke's Bay Hauora Collective

Wairarapa Collective

Te Tai Hauauru

Taranaki Ora Whānau Ora Collective

Te Oranganui Iwi Health Authority Primary Health Organisation

Manawatu Collective

Te Whanganui-a-Tara (including Chatham Islands)

Te Rūnanga o Toa Rangatira Inc

Pacific Care Trust

Tākiri Mai Te Ata

Te Runanganui o Taranaki Whānui ki te Upoko o te Ika a Maui Inc

Ha o Te Ora o Wharekauri Trust

Raukawa a Te Hono ki Tararua me Ruahine

Te Waipounamu

Pacific Trust Canterbury

He Waka Kōtuia o Araiteuru

Te Waipounamu Whānau Ora Collective

Murihiku

Appendix 3:

Researchers and Whānau Ora collectives

RESEARCHERS	WHĀNAU ORA COLLECTIVES
	Te Waipounamu (South Island)
Aimee Koia, Jason Harrison, Sumaria Beaton	Ngā Kete Mātauranga Pounamu Charitable Trust, Awarua Social and Health Services
Dr Pat Shannon, Tracey Potiki	He Waka Kōtuia o Araiteuru
Te Pora Emery, Ramarie Raureti, Te Kapua Hohepa-Wātene, Vivienne Kennedy	Te Waipounamu Whānau Ora Collective
Pale Sauni, Clark Tuagalu	Pacific Trust, Canterbury
	Te Whanganui-ā-Tara (Wellington)
Shaun Akroyd, Laurie Porima, Kellie Spee	Takiri Mai te Ata
Careene Andrews, Naomi Manu	Takiri Mai te Ata
Laurie Porima, Shaun Akroyd, Nan Wehipeihana	Te Rūnanganui o Taranaki Whānui ki te Upoko o te Ika a Maui Inc
Kataraina Pipi	Ha o Te Ora Wharekuri Trust
Careene Andrews, Naomi Manu, Cain Kerehoma	Whānau Ora Wairarapa
Naomi Manu	Te Tihi o Ruahine me Tararua Whānau Ora Collective
Nan Wehipeihana	Te Hono ki Tararua me Ruahine
	Te Tai Hauāuru (Whanganui/Taranaki)
Dr Heather Gifford, Lynley Cvitanovic, Kiri Parata	Taranaki Ora (New Plymouth)
Dr Heather Gifford, Lynley Cvitanovic, Gill Potaka-Osborne	Te Oranganui Iwi Health Authority (Whanganui)
	Takitimu (Hawkes Bay)
Dr Amohia Boulton, Lynley Cvitanovic, Gill Potaka-Osborne, Teresa Taylor	Te Taiwhenua o Heretaunga
Roxanne Smith, Kirimatao Paipa	Hawke's Bay Hauora Collective

	Te Tai Rāwhiti (East Coast)
Roxanne Smith, Kirimatao Paipa	Tuwharetoa
	Te Arawa (Rotorua)
Te Pora Emery, Ramarie Raureti, Te Kapua Hohepa-Wātene	Te Arawa Collective
	Te Moana-ā-Toi (Bay of Plenty)
Kellie Spee, Roxanne Smith	Ngā Mataapuna Oranga Kaupapa Māori Primary Health Organisation
	Waikato (Hamilton)
Sarah-Jane Tiakiwai, Jonathan Kilgour	Te Ope Koiroa o Waikato – Tainui
Jonathan Kilgour, Bryce Turner	Raukawa / Maniapoto Alliance
	Tāmaki Makaurau (Auckland)
Merata Kawharu, Krushil Wātene	Ngāti Whātua o Ōrākei Māori Trust Board
Kataraina Pipi, Vivienne Kennedy	Te Kotahitanga
Laurie Porima, Vivienne Kennedy, Tania Wolfgramm	National Urban Māori Authority (NUMA) Whānau Ora Collective
Pale Sauni, Clark Tuagalua, Kirimatao Paipa	Pacific Island Safety and Prevention Project
	Te Tai Tokerau (Northland)
Wendy Henwood	Te Tai Tokerau Whānau Ora Collective
Terry Dobbs	Te Pū o te Wheke
Georgina Martin	Ngā Ripo – Kaipara Whānau Ora Collective
Stephen Allen	
Moana Eruera	
Helen Moewaka Barnes	
Verne McManus	
Dr Aroha Harris	
Paul White	

References

Boulton, A., Tamehana, J., & Brannelly, T. (2013). Whānau-centred health and social services delivery in New Zealand. *Mai Journal*, 2(1), 18–31.

Cram, F. (2011). Whānau Ora and Action Research. A paper prepared for Te Puni Kōkiri. Auckland, NZ.

Durie, M. H. (1985). Te Whare Tapa Whā: A Māori perspective of health. *Journal of Social Sciences and Medicine*, 20(5), 483–486.

Durie, M. H. (1995). Te Hoe Nuku Roa Framework: A Māori identity measure. *The Journal of the Polynesian Society*, 104(4), 461–470.

Durie, M. H. (1999, December). Te Pae Māhutonga: A model for Māori health promotion. *Health Promotion Forum of NZ Newsletter*.

Families Commission. (2010). *Whānau Strategic Framework: 2009–2012*. Wellington, NZ.

Hon Tariana Turia, Minister for the Community and Voluntary Sector. (2010). *CAB Paper – Whānau Ora: Reponse to Taskforce Report (No. CBC (10) 40)*. Wellington, NZ.

Kemmis, S., & McTaggart, R. (2007). Participatory Action Research: Communicative action and the public sphere. In N. Denzin & Y. Lincoln (eds.), *Strategies of Qualitative Inquiry* (3rd ed., pp. 271–330). London: Sage Publishers.

Lawson-Te Aho, K. (2010). *Definitions of whānau: A review of selected literature*. Wellington, NZ.

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues*, (2), 34–46.

Ministry of Health. (2002). *He korowai oranga: Māori health strategy*. Wellington, NZ. Retrieved from <http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy>.

Pere, R. R. (1991). *Te Wheke: A celebration of infinite wisdom*. Gisborne, NZ: Ao Ako Global Learning.

Smith, L. T. (1997). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, NZ: University of Otago Press.

Taskforce on Whānau-centred Initiatives. (2010). *Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives*. Wellington, NZ.

Te Puni Kōkiri. (2011–2015a). *Whānau Ora Initiative Phase One Action Research Reporting*. Wellington, NZ.

Te Puni Kōkiri. (2011–2015b). *Whānau Ora Initiative Phase One Quarterly Monitoring Reports*. Wellington, NZ.

Social Capital-based Partnerships – A Māori Perspective, A Comparative Approach by Tū Williams and David Robinson (2000).

A Health Promotion Project for Tamariki Māori – Māori 97 by Druis Barrett, “community-owned development is the key to social capital”, *Social Capital in Action* edited by David Robinson (1999).

Glossary of Māori terms

A

arotakengia (to act)

H

hapū (sub-tribe)

hīmene (hymn)

hui (meeting)

I

iwi (kinship group, tribe)

K

kaimahi (worker)

karakia (incantation, prayer)

kaumātua (elder)

kaupapa Māori (Māori approach)

kawa (marae protocol)

kōhanga reo (Māori language nest)

koro (grandfather)

M

maara kai (vegetable garden)

mana (empowerment, validity, authority)

manaakitanga (caregiving, hospitality)

manukura (leadership)

marae (courtyard in front of wharenuī, place of ancestral identity, communal meeting place)

mihimihi (greeting)

mirimiri (massage)

N

nan (grandmother)

P

pēpi (baby)

R

rangahautia (to research)

rangatahi (youth)

rangatiratanga (independence, autonomy, leadership)

rongoā (traditional Māori medicine)

rūnanga (iwi authority, tribal council)

T

tamariki (children)

tautoko (support)

te ao Māori (the Māori world)

te reo Māori (Māori language)

tika (accurate, just)

tikanga (cultural codes of conduct, traditions and values)

tino rangatiratanga (self-determination, autonomy)

tūrangawaewae (place where one has rights of belonging and kinship through whakapapa)

W

wānanga (tribal knowledge, learning, lore)

whakaarotia (to reflect)

whakamā (embarrassed, ashamed)

whakamaheretia (to plan, chart, map)

whakapapa (genealogy)

whakaWhanaungatanga (engage and establish relationships)

whānau (extended family, family group)

Whānau Ora (philosophy, approach, outcome)

Whanaungatanga (relationship, kinship)

whenua tipuna (ancestors linked to land)

DISCLAIMER The information contained in this publication is for general information only. While every effort has been made to ensure the accuracy of the information, because the information is generalised, its accuracy cannot be guaranteed. Readers are advised to seek independent advice on particular matters and not rely on this publication. No liability is assumed by Te Puni Kōkiri for any losses suffered directly or indirectly by any person relying on the information contained in this publication.



This work is licensed under the Creative Commons Attribution 4.0 New Zealand License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/>



Te Puni Kōkiri
REALISING MĀORI POTENTIAL

Te Puni Kōkiri, Te Puni Kōkiri House, 143 Lambton Quay, PO Box 3943, Wellington, New Zealand

PHONE Waea 04 819 6000, **FAX** Waea Whakaahua 04 819 6299, **WEB** tpk.govt.nz

