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# **Social Deprivation in New Zealand**

A thesis  
submitted in fulfilment  
of the requirements for the degree  
of  
**Doctor of Philosophy in Accounting**  
at  
**The University of Waikato**  
by  
**Brian James Harcourt**



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**WAIKATO**  
*Te Whare Wānanga o Waikato*

**2019**



# Abstract

The purpose of the thesis was to better understand the phenomenon of social deprivation, world-wide and in particular in New Zealand. Social deprivation has been defined in many ways with multiple surrogates used to ‘measure’ its prevalence. The aim of this research was to provide examples of the lived experiences of social deprivation.

Social constructivist and interpretive lenses were used to portray the voices of those living in deprivation, as well as those people tasked to assist them. A narrative case study approach was employed with participants from Whānau Ora. This social and health initiative offered a holistic approach to assistance in contrast to the usual State agencies operating in a silo fashion, with separate agencies providing for different aspects of social deprivation such as housing, employment, mental health and other services. The approach of Whānau Ora is to support clients’ needs holistically and encourage people to develop their own plans for self-improvement. Navigators help people develop their plans and assist in their interactions with the various State agencies whose services they require. This approach allowed a better understanding of ways to overcome people’s feelings of powerlessness and desperation.

The findings from the study lead to suggestions for the application of evidence-based, complementary, integrated assistance programmes rather than having segregated public service agencies acting independently. The recommendations are simple yet require profound changes in public service operations when attempting to ameliorate or prevent social deprivation among citizens.

# Acknowledgements

Tena koutou

I acknowledge Emeritus Professor Stewart Lawrence as my lead supervisor and Dr Mary Low as my second supervisor. Both of you provided invaluable guidance and lessons in academic excellence to realise a PhD worthy of submission for examination. Your ongoing assistance and rapid responses to my drafts were invaluable so thank you.

I acknowledge the research participants whose valued and rich voices shared their life experiences of social deprivation and with a provider of Whānau Ora services. Thank you to the CEOs, managers, and practitioners who provided valuable insights into their own experiences and those of the people they so willing dedicate many unrelenting hours to support. They observe whaanau achieve goals, many of them for the first time.

I dedicate this thesis to Lorna (Nan), who once said to me ‘Don’t ever give up on any of your dreams’.

Ngaa mihi

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# Chapter 1

## Introduction

Poverty is not natural. It is man-made, and can be overcome, and eradicated by the actions of human beings.  
—Nelson Mandela<sup>1</sup>

### Introduction

Brian Pullan's foreword to Geremek's (1994) *Poverty: A History* states:  
with the great economic crises of the sixteenth century, especially those of the 1520s, mass poverty began to be perceived as a threat to the public good. Hence begging had to be restricted or forbidden altogether, as a danger to good order and public health (p. viii).

The irony of the statement above is that, while many nations including advanced economies such as New Zealand report positive results for their economies, begging on their streets continues today (Slade, 2016). In 1865, in response to social deprivation in England, William Booth founded an organisation that became the Salvation Army (Johnson, 2015). This organisation endeavoured—and continues to endeavour today—to deliver a multi-disciplinary response to assist people. The Salvation Army supports people in need across New Zealand with, for example, “food banks, budget advice, addiction rehabilitation, employment training, in-home care, and chaplaincy” (Salvation Army, 2013, p. 4). This not-for-profit organisation also provides support for acute debt, family violence, homelessness or inadequate housing, physical and/or mental health issues, parenting, household management, living a positive lifestyle (including goal setting, stress management, dealing with grief and anger) and developing capabilities including self-esteem. The existence of the Salvation Army suggests it is ‘an ambulance waiting at the bottom of a cliff’. The range of interventions offered by the Salvation Army aims to address the immediate needs of those living in social deprivation and increase their capabilities—such as functional literacy—so they can participate in society. In 1948, acknowledging that people in many nations experience disadvantages, the United

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<sup>1</sup> Retrieved from <http://nzccss.org.nz/work/poverty/the-real-housing-affordability-issues/homelessness-the-invisible-housing-problem/>

nations General Assembly adopted its Universal Declaration of Human Rights (UDHR) as a common standard of citizens' fundamental rights and entitlements, which were to be national targets (United Nations, 2015). In 1984, the New Zealand Government became a signatory (Children's Commissioner, 2010), and thereby dedicated itself to governing in a manner consistent with the United Nations' (2015) UDHR, and its Millennium Development Goals (MDG) (United Nations, 2007). What is pertinent about the declaration to this study is Article 25, which asserts that "Everyone has the right to a standard of living adequate for the health and well-being of himself [sic] and of his [sic] family" (United Nations, 2015).

This chapter provides an overview of this thesis on social deprivation, elaborating on the background of the research issue, this study's importance, the methodology, research methods, research question, research objectives and associated questions, and ethical issues. Also covered is this project's contribution to the study of deprivation in New Zealand.

### **Motivation for the study**

The researcher has spent 21 years participating in the establishment and operation of a large mental health non-government organisation in New Zealand, in order to provide responsive mental health inpatient and community-based services to all ethnic groups. For the researcher, witnessing many years of increased social deprivation has been very unsettling because those experiencing deprivation are often unfairly blamed for their circumstances. Of further concern (to the researcher) is the fact that many people have been deprived for many years, and a significant number are indigenous Maaori people who remain disproportionately over-represented in data for socio-economic ills.

As a part-Maaori person, yet to finalise his genealogy, it is troubling to read that social deprivation has been evident to researchers, policy makers, and parliamentary members for well over 40 years. Trends showing indigenous and non-indigenous people struggling are not new. Programmes attempts to curb increasing social deprivation appear similar world-wide, while a programme such as the Whānau Ora initiative, which may offer new insights into a more effective way of addressing such a phenomenon, seems constrained by public service bureaucracy.

## Research issue

People living in lower socioeconomic communities miss out on opportunities and resources that those with greater means often take for granted, including access to adequate health and dental care, housing, education, employment, and even the most basic of needs as per Maslow's (1943) Hierarchy of Needs—namely adequate income, security, healthy food and leisure. Attempts to determine who or what organisation(s) is/are responsible for those living in deprivation and poverty vary, as does deciding where the responsibility lies in reducing or eliminating social deprivation.

This study evolved out of concern about increasing social deprivation in New Zealand despite increased spending by the successive governments on its public service programmes. Although no widely accepted definition of social deprivation in New Zealand exists, deprivation has been acknowledged as a multi-dimensional concept, with a distinction made between 'material' and 'social' deprivation in both the NZDep2013 Index of Deprivation (Atkinson, Salmond, and Crampton, 2014), and the Child Poverty Monitor Technical report (Duncanson, Oben, Wicken, Morris, McGee, & Simpson, 2017). With social deprivation more difficult to establish and measure, the operational measures of social deprivation are consequently less developed.

Social deprivation is a widely recognised term used in both academic literature and policies in most developed Western countries including the United States of America (Russell Sage Foundation, 2014); Canada (Pampalon, Hamel, Gamache, Philibert, Raymond, & Simpson, 2012); Britain (University of Bristol, 2013); Scotland (The Scottish Government, 2013); Australia (Phillips, Miranti, Vidyattama, & Cassells, 2013), and New Zealand (Controller and Auditor General, 2012; Ministry of Health, 2010; Ministry of Education, 2013; Ministry of Social Development, 2010). Holman (1978) describes the term *deprivation* as meaning something that has been lost, and defines the phrase *social deprivation* as “a condition in which there is a failure to attain certain social norms to which existing social policies are apparently intended to provide access” (p. 32). Holman also suggests that the concept of social deprivation can be absolute or relative, where a person can, for example, be deprived of housing conditions that “are considered too far removed from society's accepted standards”

(p. 32). In general, social deprivation is considered a multi-dimensional absence of opportunities, materials, and lack of access to social norms and social supports (Asian Development Bank, 2004; Geremek, 1994; Holman, 1978; Johnson, 2015; Townsend, 1987, 1993; United Nations, 2007, 2015; World Bank, 2016; World Health Organisation, 2010).

International literature encourages public services to be more effective and efficient, and more integrated and collaborative in governance, management and service purchasing, delivery and monitoring (Hutchinson, 2006; The Government of Ireland, 2008; The Scottish Government, 2008). A public service model detailing the relationship between effective and efficient spending and reduced social deprivation appears warranted.

### **Significance of the research**

Over the years, scholars have developed a number of theories and approaches in an attempt to explain the causes of social deprivation. Examples of theories include two types of aggregate poverty theory, generic and case theory (Srinivas, nd.; The Global Development Research Center, 2010), and also dependency theory (Ferraro, 2008), functional theory (Pope, 1975), and a structural-adaptive approach (Holman, 1978). Generally, however, two types of theoretical approaches appear in the literature—those where the causes of social deprivation are viewed as bound and rooted in individual and/or whaanau<sup>2</sup> deficiencies, and those where it is viewed as rooted in broader social, political, and economic phenomena (Bradshaw, 2009; The Global Development Research Center, 2010; Holman, 1978; Srinivas, nd.; Stark, 2009). Rather than being one or the other, a combination of the two approaches may explain the various contributions to social deprivation. Bradshaw (2009) acknowledges that there are many theoretical approaches and suggests that whatever theory is utilised to explain the cause of social deprivation will be the foundation upon which initiatives are proposed to address it. The researcher accepts that there are numerous theories and that no single theory should be promoted as the one that fully explains the continuation of social deprivation.

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<sup>2</sup> Whaanau—indigenous Maaori term used to define kinship, individual, family, friends.

## **Addressing social deprivation**

There has been a unified call from scholars working on social deprivation in a number of countries for a multi-layered approach—i.e., policy, provider collaboration, and service coordination, which meets people’s diverse needs and eases their social deprivation. The countries where this has been identified include:

- China (Labar & Bresson, 2011; Yu, 2013; Wu & Qi, 2016; Wang, 2007);
- India (Kim, Mohanty, & Subramanian, 2016; Maitra, 2016; Mohanty, Mohapatra, Kastor, Singh, & Mahapatra, 2016; Panagariya & Mukim, 2014);
- Japan (Inaba, 2011; Sutton, Pemberton, Fahmy, & Tamiya, 2014; Tachibanaki, 2006);
- New Zealand (Cavill & Sohail, 2005; English & Ryall, 2011; Hutchinson, 2006; Hughes & Smart, 2012; Jackson & Smolovic Jones, 2012; Paloni & Zanardi, 2006; Ray, 2012; Rennie, 2012; Ryan, 2011; State Services Commission, 2008).

The demand for an all-inclusive approach appears to be because social deprivation is considered to negatively affect the social, cultural, and economic aspects of people’s lives.

## **What is the Government of New Zealand’s position?**

The Government of New Zealand emphasises the importance of having a society that is inclusive of others, and acknowledges its commitment to international treaties (United Nations, 1948, 1989, 2008) and local legislation (Constitution Act 1986, Human Rights Act 1993, The Treaty of Waitangi Act 1975, New Zealand Bill of Rights Act 1990), which promotes the rights of all to live in a fair and just society. With respect to accommodating the diverse realities of indigenous Maaori peoples, the Treaty of Waitangi, a covenant, was signed on 6 February 1840 (see Chapter Three for discussion on the Treaty of Waitangi, and the following references: Durie, 1998; Ministry of Education, 2013; Orange, 1987, 1990, 2013; Walker, 2004). The government of the day gave assurances to the Maaori signatories that both parties (the Crown and Maaori) would, in partnership, participate in conceptualising, constructing, and implementing the infrastructure and associated legislation and policies needed to protect Maaori interests (Durie, 1998; Orange, 1987, 1990, 2013; Walker, 2004). Since 2011 (excluding 2012, when one was not delivered), in his annual address to Parliament, Prime Minister John Key emphasised the importance of meeting the diverse needs of all New Zealanders (Key, 2010a, 2011, 2013, 2014, 2015, 2016).

Despite these governmental assurances, Waitangi reports, research articles, and texts have recorded unlawful actions by successive governments to meet settlers' interests, to the detriment of Maaori socio-economic autonomy, with the effects of these actions reflected in inequities across a variety of social and economic indicators (Durie, 1998; Orange, 1987, 1990, 2013; Walker, 2004). This thesis does not intend to cover these points any further other than to acknowledge their occurrence. They can be explored further in the cited literature (Durie, 1998; Orange, 1987, 1990, 2013; Walker, 2004). The importance of this observation is that, while more non-Maaori are represented in social deprivation, Maaori people still remain disproportionately over-represented in such data.

### **Research question and research objectives**

The following discussion outlines the research question and associated objectives of this study. Primarily this study examines why have efforts world-wide, and particularly those in New Zealand, failed to tackle the perceived prevalence of social deprivation. To gain an improved understanding of people's experiences of social deprivation, this study will explore options that could enable people to begin improving their lives and overcome their social deprivation. One of those options—an approach that is culturally specific to New Zealand, the Whānau Ora initiative—was introduced by the coalition government of the National Party and the Māori Party. In 2009, this coalition government provided funding for a working group to develop a model of engagement with whaanau. The working group supported 'Whānau Ora services and whaanau-centred services'. These phrases are relatively new in New Zealand and are/will be explained in Chapter Six. The Whānau Ora initiative reflects indigenous people's sense of mutual assistance and communal values. It offers a unique way to explore social deprivation, and ways to help people improve their material and social well-being.

In order to answer this study's primary research question, the following research objectives were formulated:

- i) Explore various conceptions and explanations of social deprivation
- ii) Identify social deprivation within a New Zealand context
- iii) Explore measurable evidence of social deprivation
- iv) Understand people's experiences of social deprivation, and also their experiences of agencies established to offer them assistance
- v) Determine initiatives that attempt to alleviate social deprivation

The following section outlines the methodology adopted to collect the information required. In addition to employing secondary sources to achieve the objectives, a case study of people's experiences of social deprivation and also with the Whānau Ora initiative was undertaken as explained below.

## **Methodology**

### **The researcher's background and the research approach**

The study was influenced toward a certain ontological and epistemological position by a combination of the researcher's background in community psychology and business, and experience as a founding member, and board member, of a large organisation that delivers a range of mental health services.

This study employs a social constructivist ontology and interpretive epistemology to elicit participants' views about their world (Crotty, 1998; Flick, von Kardorff, & Steinke, 2004). Scholars indicate that a social constructivist approach with an interpretive lens emphasises that numerous meanings can be perceived about prevailing perspectives and the realities people have constructed when investigating events or experiences (Bryman, 2001, 2008; Crotty, 1998; Gray, 2004, 2009; Flick, von Kardorff, & Steinke, 2004; McNeill & Chapman, 2005). This qualitative methodology is used to study people's experiences of social deprivation, and with the Whānau Ora services. The primary methods employed and people engaged with, were as follows:

- semi-structured interviews with managers and practitioners of service providers
- semi-structured interviews with recipients of services; with the Whānau Ora navigator<sup>3</sup> and sometimes whaanau in attendance
- focus groups with a cohort of single men with kaumatua (Maaori male elder) and whaea (Maaori female elder) in attendance

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<sup>3</sup> Navigator—term used in the Whānau Ora initiative for those who work with whaanau to identify their needs and aspirations through planning and goal setting to access services and supports to address their crisis or crises. Once the crisis or crises are addressed, navigators support whaanau to begin increasing their capabilities and capacity.

Themes were identified through coding recipients' experiences of social deprivation. From this analysis, this study makes observations about social deprivation and its associated aspects, and what supports, if any, the Whānau Ora services offer people.

The study aims to contribute knowledge regarding understandings of social deprivation through a social constructivist paradigm with an interpretive lens; analysing social deprivation; consequences of social deprivation; the Government of New Zealand's efforts to address it; and the Whānau Ora initiative.

## **Thesis outline**

The following is a navigational tool for the reader with a précis of each chapter, followed by clarification of the use of the Maaori language in this thesis.

**Chapter 1—Introduction** outlines the study's background, the research question, objectives, and methods, the study's findings and their international and local significance in terms of contributing to discourses on social deprivation, public policy, and the Whānau Ora initiative. These areas are covered as a precursor to providing a more in-depth explanation of the topics in each of the following eight chapters.

**Chapter 2—Social Deprivation: The Issues** provides an analysis of social deprivation, considerations when attempting to measure it, and understandings of the factors contributing to its persistence, including the role of globalisation and economic structures, people's homes, the schooling process, and the Crown's role. The consequences of social deprivation, and international and local efforts to reduce it are also considered.

**Chapter 3—Social Deprivation in New Zealand** reviews the genesis of social deprivation in a New Zealand context. It covers the Crown's legislation, agencies and governance, public sector reform, and the subsequent contemporary management of the public services. The chapter outlines the commonalities between programmes, which have improved recipients' lives, providing a basis for understanding the rationale for implementing the Whānau Ora initiative.

**Chapter 4—Research Methodology** presents an overview of the methodological issues in answering the research question and the study’s objectives. Specifically, it examines the research process, research methodology, and the theoretical and methodological issues considered when undertaking this study. A rationale is given for the use of a social constructivist ontology and qualitative interpretive epistemology, and the methods and forms of analysis used.

**Chapter 5—Recipients’ Experiences of Social Deprivation** presents narratives of a group of people living in social deprivation. These are analysed using a social constructivist and interpretive theoretical framework, and considered alongside the present literature.

**Chapter 6—The Whānau Ora initiative** examines the genesis of the Maaori-principled initiative’s two-phased implementation and its intent, with a précis of each of the three Commissioning Agencies. The providers of Whānau Ora services are Maaori and Pacifika agencies who offer services including primary health, mental health, addiction counselling, and social and cultural services. The types of funding avenues and initiatives supported by each Commissioning Agency are presented along with examples of their results. An outline of the initiative is provided as a precursor to considering recipients’ experiences in engaging with the initiative’s whaanau-centred approach.

**Chapter 7—Recipients’ Experience with the Whānau Ora Model of Whaanau-Centred Services** are presented from within a social constructivist and an interpretative theoretical framework. These are considered alongside the present literature, including theoretical constructs, in an attempt to understand the initiative’s influence on recipients’ lives.

**Chapter 8—The Experiences of Personnel Providing Whānau Ora Services** are presented. These are considered together with the present literature, to gain an insight into practitioners’ understandings of the impact the initiative has on recipients.

**Chapter 9—Discussion** of social deprivation and recipients’ experiences of it, their encounter with the Whānau Ora initiative, and managers’ and practitioners’ observations about their engagement with it. Discussion also covers the initiative’s advantages, along with areas identified as curbing its effectiveness.

**Chapter 10—Conclusion** summarises the study and its findings. Contributions about social deprivation and the Whānau Ora initiative that may be beneficial at local and international levels are noted. The chapter also includes potential implications of this study to theory, research, and practice, followed by observations about areas for future research.

### **Use of Maaori language**

New Zealand has three official languages: English, Te Reo Maaori, and New Zealand Sign Language (Human Rights Commission, 2008). Te Reo is used where appropriate in this study as part of the normalisation of the Maaori worldview. Maaori words and concepts have been used and are explained briefly within the associated text or in footnotes, but are not to be considered as providing a comprehensive description of the Maaori worldview. For ease of use, and consistent with Ngaati Wairere (Maaori tribe in the Waikato) and this thesis’ approach to using the Maaori language, the double ‘a’ has been used rather than a macronised or non-macronised ‘a’. Again, this approach was adopted for consistency and is in no way intended to undermine other spelling preferences. It is important to note that whaanau is used to define family, while the macron ā is used in Whānau Ora, since that usage is in the title of the initiative.

# Chapter 2

## Social Deprivation: The Issues

“It is salutary to remember that children born into low-income households will have more illness and shorter lives, on average, than those born into high-income households” (Howden-Chapman, P., & Bierre, S., as cited in Dew, K & Matheson, A, 2008 p. 161).

### Introduction

This chapter discusses perceptions of social deprivation and issues that need to be considered when trying to understand the phenomenon. It also considers the entitlements of constituents, and the perceived causes and consequences of social deprivation. Finally, it examines international attempts to alleviate social deprivation. These considerations provide an important context for understanding why people remain in social deprivation and find it difficult to overcome these conditions. This analysis will provide a foundation for interpreting the issues associated with social deprivation.

### Defining social deprivation

With no established universal definition of social deprivation, a standard or an interpretation is required that reflects particular social contexts, which can be used to identify evidence of this multi-dimensional phenomenon. It is the intention of this study to contribute to the dialogue regarding definitions of, and prevailing discourses on social deprivation. Associated social constructs of poverty and child poverty are also considered. The definition employed in the current study and rationale for its use is outlined.

The literature reviewed reveals numerous definitions that have led to somewhat tautological explanations of social deprivation, and of poverty. For instance, Gordon and Spicker (1999) collate more than 200 definitions to explain social deprivation and related phenomena, and claim that “New definitions continue to trickle in, while definitions already established become altered” (p. ix). The authors also acknowledge the presence of a dominant and widespread Western thread throughout the concepts. Most definitions of deprivation appear to

meet absolute criteria—that is, an individual, family, or community’s position being determined by a threshold, a line of deprivation or relative criteria such as societal standards (McKay, 2004). Sen (1983, 1985), however, claims that the differences between absolute and relative definitions are semantic, are based on societal norms and suggest disadvantage in relation to others, and therefore both can be used.

The definitions seem transposable, because an individual’s deprived circumstances, whether judged in absolute or relative terms, require normative standards, which vary between societies, amongst scholars, and over time. Some scholars believe that the terms social deprivation, poverty, and inequality are interchangeable (Holman, 1978; Nyiwul & Tarek, 2006; Sen, 1985). For instance, Holman (1978) described social deprivation as “a failure to attain certain social norms” (p. 32), while Nyiwul and Tarek (2006) suggested that poverty is multi-dimensional, and “can be defined as social deprivation from a decent quality of life” (p. 181). Moreover, the following concepts have been linked with deprivation: socioeconomic status (Maré, Mawson, & Timmins, 2001), socioeconomic status and poverty (Crampton, Salmond, & Sutton, 1997; Gordon, 2005; United Nations, 1995, 2007, 2010, 2013, 2014, 2015; World Bank, 1990, p. 26), and life necessities (Bailey, Flint, Goodlad, Shucksmith, Fitzpatrick, & Pryce, 2003). Lack of choice (Sen, 1976, 1981, 1992, 1999), and its overlap with concepts such as social justice and social exclusion, suggests social deprivation involves an absence of day-to-day functional capabilities (Bossert, D’Ambrosio, & Peragine, 2007).

Despite variation in definitions and perceptions of the interconnection between poverty, deprivation, and social deprivation, these phenomena clearly have economic, social, personal, and cultural implications. These implications can have effect at governmental, societal, and whaanau levels. For example, social exclusion (Humpage, 2006; Lunt, 2006) can affect wellbeing and access to transport (Rose, Witten, & McCreanor, 2009), as well as the quality of whaanau and neighbourhood life (Blackburn, 2008; Neckerman, 2004). Likewise, financial poverty (Boix, 2010; Heller, 1969; Neckerman, 2004) can lead to marginalisation related to levels of credit, social status, social class, freedom of speech, property rights, housing, education, health status, and employment. Costs of healthcare and/or recreation can undermine attempts to minimise childhood obesity, which is prevalent in lower

socioeconomic communities (Walton, Signal, & Thomson, 2009). Moreover, the multi-dimensionality of social deprivation is reflected in its description and potential impact on various facets of people's lives.

Townsend's (1987) definition claimed that social deprivation is, "a state of observable and demonstrable disadvantage relative to the local community or the wider society or nations to which an individual, family or group belongs" (p. 1). In recognition of the way social deprivation restricts functional capabilities, Bailey et al. (2003) successfully recommended to the Scottish Government that it adopt Townsend's (1993, p. 36) definition to define and measure deprivation in Scotland:

People are relatively deprived if they cannot obtain, at all or sufficiently, the conditions of life – that is, the diets, features, standards and services – which allow them to play the roles, participate in the relationships and follow the customary behaviour which is expected of them by virtue of their membership of society. If they lack or are denied resources to obtain access to these conditions of life and so fulfil membership of society, they may be said to be in poverty. (p. ii)

Townsend's (1987, 1993) definitions are relative, multi-dimensional, and similar to those proposed by Bossert et al. (2007), Holman (1978), and Sen (1976, 1981, 1992, 1999). Those definitions acknowledged deprivation as an absence of opportunities, materials, and access to social norms and social supports. This study acknowledges the use of Townsend's (1987, 1993) work, including his definitions, and builds on his 1993 definition. This study employs a definition that provides a basis for measuring social deprivation, with units of measurement to be created, thus enabling the collation of information that falls within the purview of public policies for alleviating social deprivation.

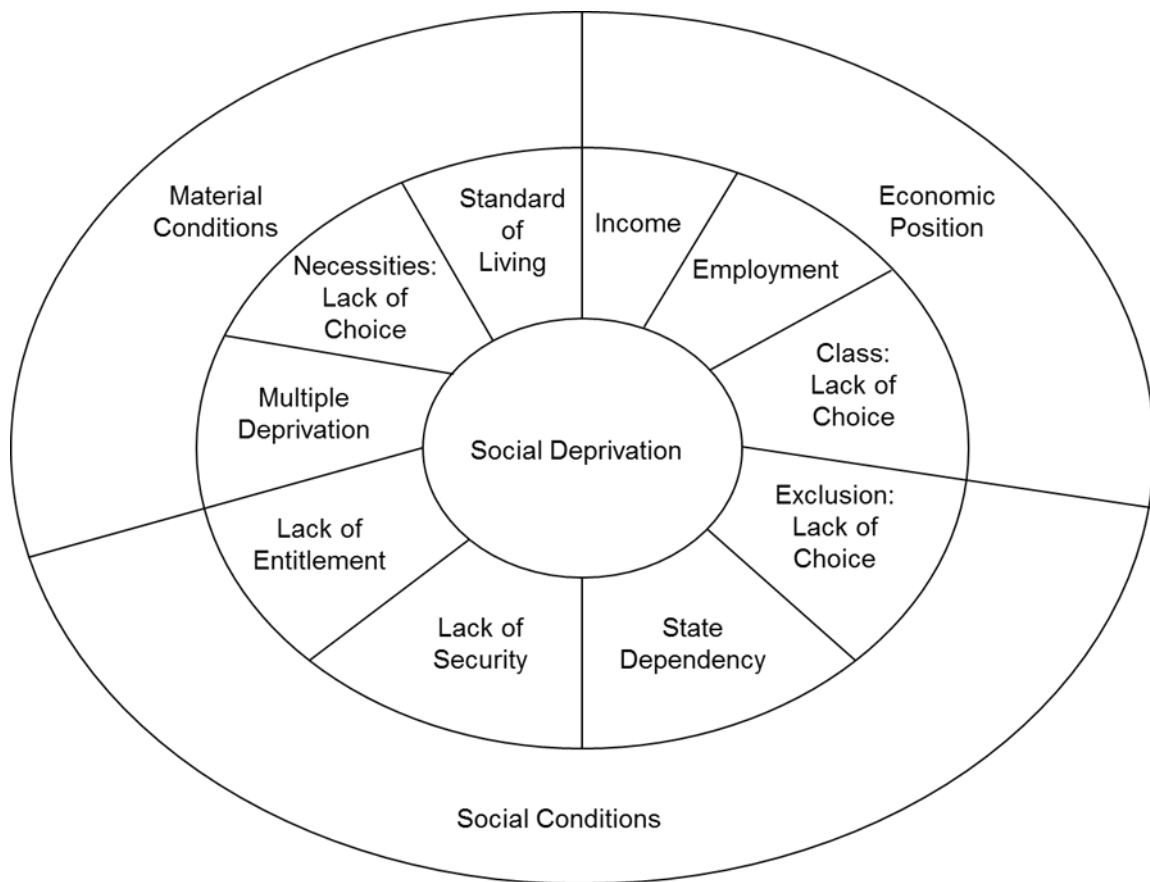
Notwithstanding efforts to define social deprivation and other related social phenomena, the implications for people's lifestyle and attempts to improve it extend far beyond the construct of adequate income and social living conditions. Sen (1985, 1987) acknowledged income as beneficial, but only on the basis that it increases an individual's capabilities and his or her ability to function more freely in society. Those benefits include:

- i) political freedoms [free speech]
- ii) economic facilities [opportunities to participate in producing and trading]
- iii) social opportunities [accessing education and health services]
- iv) transparency guarantees
- v) protective security (Sen, 1999, p. 38)

Based on Sen's (1985, 1987) emphasis on freedoms, it is conceivable that a society's development could be assessed by a capability-based framework that indicates individuals' functional capabilities and therefore their ability to participate in society (Sen, 1999). It is also possible that focusing on improving capabilities (e.g., having an adequate income, or children having support to develop capabilities), at a policy, or even generic, level, could both increase societal participation and people's opportunities to have a fulfilling life (Sen, 1999). Given the multi-layered impact of social deprivation, any programme intending to alleviate this phenomenon—even those that include a capability-enhancing framework—would need to capture the complexity of people's lives. Moreover, the elements contributing to deprivation—social, political, cultural, economic, housing, employment, education, and health and mental health—also deserve consideration.

Figure 2-1 (p. 15) represents social deprivation as multi-dimensional. As a socially-defined concept, it can be illustrated as sets of interrelated socioeconomic constructs (Gordon & Spicker, 1999). Those constructs are grouped under the three domains of economic, social, and material circumstances. However, each construct in Figure 2-1 appears, in the writer's view, to be equally interrelated and applicable to the other listed conditions and circumstances. Furthermore, employing social constructs to determine boundaries that define perceived phenomena is intrinsically problematic, because their application suggests a value judgment on the suitability of one's living circumstances.

The interconnection of social constructs and associated indicators for social deprivation demonstrates society's typifications, such as its material, economic, and social conditions, in the outer wheel domains. As in a spinning wheel, the distinctions (spokes) blur, reflecting the fluidity of the parameters used to define social deprivation, and symbolising how it impacts on people's lives in multiple dimensions.



Adapted from Gordon and Spicker (1999, p. 159)

**Figure 2-1: Model—Social deprivation and its associated social concepts**

In addition to various suggestions about what constitutes social deprivation, commentators suggest it is important to recognise the social and cultural milieu in which a social phenomenon takes place (Drewnowski & Scott, 1966; Zeldenryk & Yalmambirra, 2006). Considering New Zealand’s cultural diversity, it is pivotal that any definition used in this study reflects its societal mix. New Zealand purports to be a democracy that encourages participation in social, political, and cultural life.<sup>4</sup> This idea is consistent with the notion that being able to participate in society as a dignified human being is important (Sen, 1979, 1985, 1987; Zeldenryk & Yalmambirra, 2006). For the purposes of this study, the researcher’s definition of relative social deprivation is as follows:

<sup>4</sup> <https://gg.govt.nz/office-governor-general/roles-and-functions-governor-general/constitutional-role/constitution>

Social deprivation is the absence of opportunity and choice to access services and resources to improve people's income, gain employment, access nutritional food, healthcare, educational opportunities, social and cultural customs, and improve their environment and relationships, relative to others in the nation to which an individual, whaanau or group belongs.

This study clarifies Townsend's (1993, p. 36) definition of deprivation by emphasising the absence of opportunities and choice in numerous areas including social and cultural customs, thus illustrating the importance of customary practices. Having opportunities and choices enables whaanau to increase their capabilities and capacity. While its use in this study does not mean Townsend's (1993) definition is the correct definition to use globally, it has been recognised by international institutions—e.g., the United Nations (1995), and World Bank, (2002), as well as the Scottish Government (Bailey et al., 2003), the Government of Ireland (2008), and New Zealand-based researchers (Crampton et al., 1997; Maré et al., 2001).

### **Challenges to measuring social deprivation**

Given that no commonly accepted definition of social deprivation exists, it follows that there is no standard approach for measuring it. While relative and absolute approaches have been used to define and assess deprivation (McKay, 2004), proxy indicators of social deprivation have included assessments relative to social norms (Townsend, 1993). Some researchers have preferred to use social relationships, social and community participation (Schuurman, Bell, Dunn, & Oliver, 2007), and social living standards (Bailey et al., 2003; Callan & Nolan, 1991; Callan, Nolan, & Whelan, 1993; Nolan & Whelan, 1996) to gauge social deprivation. Individuals and/or those who fall below this level are considered poor (Gordon & Spicker, 1999). Other researchers employed indicators that include qualifications, employment, income, health, and housing, based on the belief that they capture the influences on people's living circumstances (Geremek, 1994; Noland & Whelan, 1996; Scott, 1994).

The concept of social living standards (Oxford Dictionary, 2011) has been adopted by the Treasury (2011) as “the degree of wealth and material comfort available to a person or community” (p. 1). The Treasury (2011) employed a ‘living standards framework’ that aims to achieve the following: recognise material and non-material (i.e., extending beyond income)

determinants; consider individuals' freedoms, rights, and capabilities; provide information on variation across groups; monitor improvements; and, combined with subjective measures of wellbeing, determine what is important to individuals. The Treasury's (2013) Living Standards Framework outlines five dimensions that it considers fundamental to policy content: "economic growth, managing risks, social cohesion, sustainability for the future, and increasing equity" (p. 1). This implies that the assessment of living standards and wellbeing requires considerations beyond a solely economic focus, and which encompasses human, social, cultural, and environmental factors, including people's ability to participate in society (Johnson & Carter, 2015; The Treasury, 2013). Sen's (1999) capabilities approach was reportedly a key focus for the Treasury in relation to the achievement of higher living standards in New Zealand (Johnson & Carter, 2015; The Treasury, 2013). The approach focuses on people's functionalities and provides them with support to have the freedom and opportunities to lead fulfilling lives.

The wide range of methods used by scholars indicates that, historically, there has been no standard measuring device for social deprivation. The following are examples of tools utilised to assess aspects of social deprivation. Considered primary tools in inequality analysis, Lorenz curves (Schluter & Trede, 2002), along with Gini coefficients, measure income inequality (Moyes, 2006), and equivalence ratios have been used to assess household expenditure needs (Pendakur, 2005). Absolute thresholds are also used (Gordon, 2005; Holman, 1978; Schuurman et al, 2007), along with income levels (e.g., less than \$2.00 per day, [The World Bank, 2008]). Employment, education, housing, head count, wealth (Alcock, 2006), service accessibility, and deprivation indices are other considerations. The following countries have adopted deprivation tools: the United States (Singh, 2003), Canada (Schuurman et al., 2007), the United Kingdom (Norman, 2010), France (Havard, Deguen, Bodin, Louis, Laurent & Bard, 2008), Australia (Saunders & Adelman, 2006), and New Zealand (Salmond, Crampton, & Sutton, 1998). Usually these measures have been applied in tandem with census data.

The variation in definition and associated proxy indicators presents difficulties when seeking accurate measurement of a phenomenon like social deprivation. The determination of acceptable social and cultural norms has been viewed as a social construction process with associated value and moral judgments, often with an implication that redress is necessary (Mack & Lansley, 1985). Pre-determined standards do, however, provide a cut-off point (i.e., an absolute measurement) that could determine a standard presumed to measure the existence and prevalence of social deprivation, or other social phenomena. Such standards may also reveal the number of people living in these circumstances. Despite its common usage, Gibson and Olivia (2002) indicated that utilising a head-count measure of poor people and their proportion within the overall population is an inaccurate estimate of poverty. This is because the intensity of poverty is unknown, with head-count initiatives potentially targeting the least poor. Poverty gap measures are also considered imprecise since these estimate the difference between the incomes and expenditure of poor people and the poverty line. One risk with utilising this type of measure is that someone may be labelled 'poor' when they are actually poorer, or their social deprivation may be more intense than the measure suggested (Sen, 1976). Notwithstanding their deficiencies, the head-count and the poverty gap measures have remained the most widely used measures of poverty, because they are concepts that are easily understood and simple to use (Gibson & Olivia, 2002).

The New Zealand Deprivation Index (NZDep) is widely used in New Zealand (Exeter, Browne, Crengle, Lee, & Zhao, 2013). Like other indexes, it is reliant on census data, and researchers are challenged with pinpointing the relationship between a particular proxy used and specific health and/or social outcomes. Exeter et al. (2013) note that the 2013 New Zealand Index of Multiple Deprivation (IMD) was developed in response to concerns related to surveys of census data, and the need for immediate data on deprivation and the availability of such data electronically. Based on 28 indicators of deprivation grouped into seven domains, the IMD covers employment, income, crime, housing, health, education, and access to services (Exeter et al., 2013). While the IMD may provide a more wide-ranging data profile of an area than census-based indices, it does not indicate the nature of the wellbeing of whaanau or individuals. Additionally, a challenge with utilising any norm-based standards

appears to be in identifying the needs of sub-populations, or particular neighbourhood deprivation (Norman, 2010).

Much of the cited research confirms that, because of potential distortions, there is justifiable caution surrounding the accuracy of deprivation indices. Potential limitations in accuracy of data on social deprivation can be due to geographical scaling, unrelated methods for rural versus urban areas, and proxy indicators. The *modifiable areal unit problem* (MAUP) has been cited as a potential error source in spatial studies that employ aggregate data sources (Bailey & Gatrell, 1995). The MAUP is a source of statistical bias and influences results, including illness rates and population density, that are aggregated into a spatial partition, including districts, post codes, police zones, or census areas. According to Dark and Bram (2007), the MAUP is influenced by data variation, as well as by the scale and aggregation of data (e.g., totals, rates, or densities) used in analyses. Accuracy of summations is likewise influenced by the *scale effect*—the total number of areal units incorporated into the scrutiny of specific areas, and the *zonation effect*, which may result from areal units being collated into larger districts, regions, or areas. The *ecological fallacy*, associated with MAUP, may occur when it is assumed that findings from aggregate data can reflect other areas within the zone being analysed (Dark & Bram, 2007; Lancaster & Green, 2002). It has been shown that areal data does not discriminate between data formed from spatial associations or individual data preceding spatial aggregation (Openshaw, 1984). Consequently, there is a risk of statistical bias and invalid results, connected to the inference that current results can be applied to similar areal units, districts, or regions (Dark & Bram, 2007). Conversely, employing large scales with higher resolution appears to minimise the MAUP (Openshaw, 1984).

Various other concerns necessitate caution around the accuracy of area-indices, including partiality influencing the selection of input variables and threshold score selection. That is, there is a possibility that an individual or whaanau may not be socially deprived, and yet be considered to be so simply because they fall fractionally below the deprivation line (Norman, 2010). The presumption that all people and households in deprived areas are deprived should also be avoided (Exeter et al., 2013; Norman, 2010). Likewise, it is important to consider the society's political, social, and cultural contexts (Saunders, 1993). The accuracy of direct

comparisons of deprivation scores relating to the same area, across a census, will be restricted because of changes over time to measurement parameters, group composition, and therefore adjustments to socioeconomic data. This consideration is important due to census boundaries (including both poor and non-poor areas, and both rural and urban areas) in deprivation indices affecting results, and the use of population-based funding formulae for funding services (Schuurman et al., 2007). Moreover, measuring social deprivation and indicators employed can be political due to the outcomes potentially driving policy (Stewart & Roberts, 2018).

To summarise, measuring socially-defined, multi-dimensional phenomena is challenging because of the variability of definitions and the wide range and varying accuracy of measurement options. Relative and absolute approaches, combined with living standards, have been used to measure social deprivation (McKay, 2004), and the presumption that people's lifestyle can be compared spatially appears to underpin the relative approach. Social deprivation, it has been established, has both tangible and intangible aspects. The apparent varied facets of social deprivation is driven by both the social context (e.g., industrialised versus agrarian society), and the contextual analysis, which involves understanding the society's political, economic, social, and cultural characteristics (Saunders, 1993).

### **Constituents' entitlements**

The question of rights plays a role in the discussion on constituents' entitlements. Despite the existence of deprived communities and the potential for prolonged residency in those communities, it has been generally recognised, in law, that constituents have basic rights that governments should be responding to under their duty of care. It is important to understand what individuals are entitled to, even if those affected by social deprivation do not receive these opportunities.

The fundamental rights that constituents are entitled to under international law, but may not be experiencing, include civil, social, political, economic, and cultural rights.<sup>5</sup> The World Bank<sup>6</sup> and the United Nations<sup>7</sup> both endeavour to reduce barriers to improved living standards. The United Nations (1948, 1976, 2008, 2013) asserts that constituents are entitled to civic, cultural, social, political, and economic freedoms. In partnership with the United Nations Development Programme (2014) and the World Bank (2014, 2016a, 2016b), countries make efforts to improve their populations' circumstances by curbing social deprivation, and reducing inequalities and marginalisation through the attainment of Millennium Development Goals (MDGs) (United Nations, 2007). The MDGs intend to improve access to education, housing, employment, and health and welfare services, as well as increasing economic and social growth. The MDGs are to:

- i) Eradicate extreme poverty and hunger
- ii) Achieve universal primary education
- iii) Promote gender equality and empower women
- iv) Reduce child mortality
- v) Improve maternal health
- vi) Combat HIV/AIDS, malaria, and other diseases
- vii) Ensure environmental sustainability
- viii) Develop a global partnership for development (United Nations, 2015, pp. 4-7)

The World Bank aims to establish “a world free of poverty” by providing loans (Gibson & Olivia, 2002, p. 2). The purpose is to facilitate structural, legislative, and policy adjustments in developing countries' capital programmes, and encourage governmental philosophical shifts toward increased economic liberalisation. Open markets have reportedly resulted in increased economic and social growth (United Nations, 2013). This supports social deprivation reduction strategies that include pro-poor spending, thereby increasing the poor people's access to education, housing, employment, health, mental health, and welfare services (World Bank, 2014, 2015, 2016). It is difficult to determine the effectiveness of the World Bank's initiatives and those of the International Monetary Fund (IMF). The extent of collaboration between stakeholders to improve legislation and implement associated policies

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<sup>5</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/InternationalLaw.aspx>

<sup>6</sup> <http://www.worldbank.org/en/about/what-we-do>

<sup>7</sup> <http://www.un.org/en/index.html>

is unknown. Furthermore, it may be difficult to override longstanding government policies and practices even when they are detrimental to some constituents.

In parallel with financial support and advice from the United Nations, the World Bank, and the IMF, the United Nations' declarations and covenants (e.g., the International Bill of Human Rights) promote the elimination of social deprivation. These declarations and covenants promote inclusive, sustainable management and acknowledgement of political, cultural, social, and civil rights. The International Covenant on Economic, Social and Cultural Rights (ICESCR) is a multilateral treaty. The ICESCR committed its parties to authorising social, economic, and cultural rights, and access to labour, health, education, and a reasonable standard of living, and came into effect in 1976. New Zealand signed the ICESCR on 12 November 1968 and ratified it on 28 December 1978. The entitlement of constituents to receive protection from their government for economic, social, and cultural rights was incorporated in the aforementioned international agreements. Article 25(1) of the former covenant (i.e., UDHR) states "everyone has the right to a standard of living adequate for the health and well-being of himself [sic] and of his [sic] family, including food, clothing, housing and medical care and necessary social services". Articles 1, 6, 11, and 12 respectively of the CESCR recognises and asserts the right of everyone to:

. . . self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development (Article 1, p. 49).

. . . work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts and will take appropriate steps to safeguard this right (Article 6, p. 50).

The United Nations anticipates that signatories to its Bill of Human Rights and Covenants will work to support its declarations and other conventions. Realisation of the MDGs will ensure that economic, political, social, and cultural rights are fulfilled and discrimination eliminated. It also encourages the implementation of policies that support economic, social, and cultural development. These policies include training programmes leading to meaningful employment and the protection of individual freedoms.

Ensuring that citizens realise their entitlements is considered a government's responsibility, with the United Nations likely to report on perceived government inactivity. For instance, in 2014 the United Nations criticised the New Zealand Government and provided 155 recommendations to improve its constituents' human rights. Some of these recommendations included reducing child poverty, violence against women and children, minimising disparity between Maaori and other New Zealanders, and improving women's rights (New Zealand Herald, 2014a). The United Nations has expressed its concerns about the conditions existing in New Zealand's prisons, such as inmates taking vitamin D supplements to compensate for lack of sunlight due to being confined to their cells for 19 hours per day (New Zealand Herald, 2014b). It appears that the actions of the New Zealand Government, in response to the UN criticisms, seems to have had little effect on social conditions, in homes or detention centres. Despite the guarantees of basic rights made to all under the conventions and agreements mentioned above, some individuals do not have these rights. Their exclusion results in substantial social deprivation. It is important to understand why some constituents are not receiving their entitlements. The proposed causes of social deprivation are now considered.

## **Understanding causes and consequences of social deprivation**

An understanding of the origins of social deprivation and its effects can contribute to the development of strategies for alleviating it. In this thesis, theoretical analysis is employed in order to interpret the range of perceptions regarding the supposed causes of social deprivation. The views of both proponents and detractors of globalisation and its purported relationship to social deprivation are discussed. The realities of life for some of the poor populations, and the challenges they face in overcoming social deprivation as adults are covered.

### **Causes of social deprivation**

#### **Theoretical rationale**

Various theories of the causes of social deprivation have been proposed. Generic theory proposes that poverty is caused by a set of forces. These economy-wide problems include the poor not benefiting from macro policy and societal structures, and facing diminished employment opportunities and low incomes (The Global Development Research Center,

2010). Functionalists, such as Pope (1975), suggest that society is a system of social structures, perpetuating its social conditions through internalised societal ideology. This in turn reinforces compliance with the social system, thus sustaining the status quo. Holman (1978) argues that a structural-adaptive approach explains the causes of social deprivation where governments tend to govern and manage their structures (e.g., public services) and continue to do so without significant modifications, despite increases in social ills.

In 2010, the Australian Poverty report identified inequality, low income, and being benefit dependent as key factors associated with long-term social deprivation. The report also cites the influence of lack of access to work-related income, education, healthy housing, and affordable health and/or community services (Australian Council of Social Service, 2010). At a more generic level, children's growth seems to be an effect of social deprivation. According to Kaiser and Delaney (1996), "the root causes of developmental problems lie in the economic structure of our society, and it is at that level that effective prevention must begin" (p. 79). Dependency theory reasons that stronger economies' activities ensure that underdeveloped nations become reliant on them. Scott and Marshall (2009) have argued that the world's economic disparities are caused by weaker, poorer states' integration into a globalised economy. Poorer states rely on dominant countries' finance and favourable debt-repayment timeframes, thus poorer states become vulnerable to variations in trade agreements (Vernengo, 2004). Smaller economies tend to remain financially dependent on dominant nations, thereby restricting expansion because of the inability to borrow against their own currencies internationally. Thus, their financial markets remain underdeveloped, particularly considering the United States' practice of controlling the international reserve currency—the US dollar (Vernengo, 2004; Vernengo & Ford, 2014).

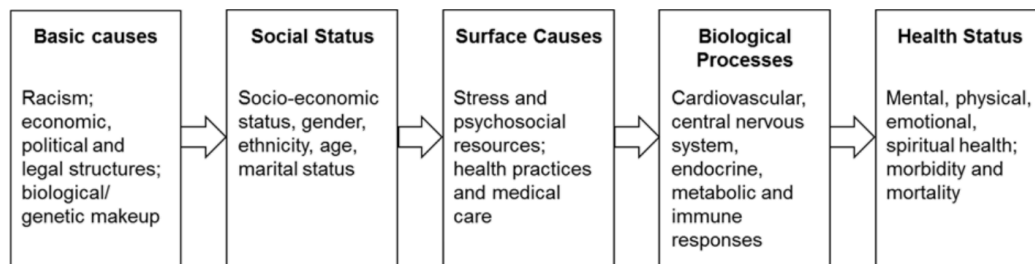
Scott and Marshall (2009) argue that social deprivation can evolve from reliance on foreign direct investment (FDI). The outcome is that profits are returned to foreign investors, capital is retained by a few, and the unskilled are excluded from the labour market—that is, restricted to low wages and/or State dependency. Underdeveloped countries therefore become dependent on developed economies, while many individuals become State dependent. Likewise, dominant economies are viewed as unlikely to support replacement of their extant

capitalistic control with alternate strategies. An auto-centric socialist-development approach, where profits would be more equitably distributed to minimise global social deprivation, social polarisation, and inequality between and within countries, is one option to combatting social deprivation (Scott & Marshall, 2009). This study does not necessarily challenge current structures, but some observations are made about them because they provide a context in which the Whānau Ora initiative operates.

Deficit theory is the opposite to generic theory. It proposes that individuals are responsible for their failings (e.g., lack of qualifications, unemployment) rather than the system (e.g., failings caused by educational deficits, as in instructional approaches, language used, and learning techniques) (Boushey, Bernstein, & Mishel, 2002; Collins, 1988; Compton-Lilly, 2003; Gans, 1995; Wallace, 2009). French sociologist Pierre Bourdieu's (1986) notion of 'cultural capital' offers an educational perspective when describing a systematic process of socialisation, where the education curriculum is couched in the language and values of the dominant class. According to Bourdieu (1986), cultural capital is derived from the process of socialisation and the accreditation of class-based knowledge, and this contributes to actual capital. Grenfell (2012) suggests that Bourdieu's theory implies that the non-financial assets of knowledge and education promote a person to an elevated status in society. Similarly, Bourdieu's notions of cultural capital, the socialisation process, and the non-financial betterment levers of knowledge and education, suggest that those without sufficient capital (whether cultural or financial), are availed of fewer opportunities. Likewise, it becomes difficult for a marginalised class or group to obtain formal qualifications. Bourdieu's theory has commonalities with Marxist thinking, which posits that owning the mode of production, through capitalism, allows the bourgeoisie to hold power. In this theoretical understanding, those in power further legitimise their ideology through determining the education syllabus and shaping mass media content. They also establish employment related income levels, as those having no formal qualifications usually attract only low incomes.

Mills (2010) identifies a number of 'drivers' of social inequities (Figure 2-2), which he defines as "basic causes, social status, surface causes, and biological processes" (p. 54) that contribute to a person's health status. Targeting these factors is necessary to achieve

improvements in population outcomes, and reduce health inequalities (Mills, 2010). Mills further posits that, while these forces perpetuate the inequities, “the inequitable distribution of socioeconomic factors such as income, employment, and education will remain” (p. 55), and ethnic and socioeconomic inequalities in health will continue.



**Figure 2-2: Model—basic causes or “drivers” of inequalities in health**

Weberian theory explains social stratification and capitalism as a relationship between capital, social class, status, and power, wherein one’s education and skill-base influences one’s societal position (Kahan, 2012). This theory posits that a person possessing low skill levels has little to offer to employers. Weber acknowledges the influence of the ruling class over the working class, and the apparent inequalities between both classes. Weberian theory seems unable to fully negate the Marxist assertion that capitalists determine education content, cultivate their ideology as legitimate, and control wealth allocation (Ray & Reed, 1994). The Weberian theory reflects this study’s approach to defining social deprivation in terms of the relationship between factors influencing social stratification. As in Weberian theory, this study holds that people lacking the skills required by industries will likely remain disadvantaged.

In summary, those who favour a more traditional approach support individual responsibility and tend to individualise social problems. Poor people are perceived as behaving irresponsibly and are considered responsible for solving their own problems. On the other hand, the less conventional tend to analyse the causes (real or potential), and problems of social deprivation from a societal perspective. They are inclined to believe that equity for all is prohibited by the structural issues contributing to social deprivation. Those issues include globalisation and interactions between economic, political, social, educational, and cultural

factors at international, national, and/or community levels (Bradshaw, 2009; Holman, 1978; Stark, 2009; The Global Development Research Center, 2010).

It is important to examine globalisation and its effects in relation to social deprivation because no economy operates in a vacuum,—all are affected by global forces. Additionally, because governments and their efforts to ameliorate social deprivation also do not occur in a vacuum, it is important to consider both theoretical positions on social deprivation and the global context in which it is evident. The following section examines the views of both detractors and proponents of globalised economies.

## **Globalisation and social deprivation**

Many stakeholders and commentators have expressed the view that globalisation and its mechanisms provide states with opportunities to improve their living standards (Guttal, 2007; Moore, 2003; Utkin, 2002; World Trade Organisation, 2008, 2013). Globalisation of economies is occurring and, depending on one's perspective, can be viewed positively or negatively in relation to social deprivation. In the ensuing discussion, both sides' views are presented. A definition of globalisation of economies follows:

Merging national economies into a single worldwide system [,] . . . liberalizing the movement of goods and capital [,] . . . the worldwide scientific revolution, international social movements, new kinds of transportation, the implementation of telecommunications technologies, and international education (Utkin, 2002, p. 4).

The World Trade Organisation (WTO) (2008, 2013) claimed that poverty relief could be achieved by facilitating positive growth and development through a quality institutional framework and infrastructure, technological development and education, and robust domestic markets. The WTO (2008) conceded that not everyone benefits from globalisation, but argued that overall, “trade liberalisation tends to reduce poverty rates” (p. 144). In considering the possible benefits of globalisation, Henry and O'Brien (2003) argue that good governance and improved social and economic policies would support the poorest countries to increase their income growth. The WTO expects all governments to be responsible for implementing redistribution policies that improve living standards for all citizens, whether or not those governments have the infrastructure to do so. Unemployment insurance would be included as part of the redistribution policies. Furthermore, Mike Moore (2003)—previous Director

General, WTO, and also a former NZ Prime Minister—states that globalisation creates “a level playing field on which countries . . . at all stages of development can freely exchange goods and services”, and [opportunities to implement the] “drive to spread universal values and solidarity” (pp. 7-8).

Moore (2003) did not state what ‘universal values’ he expected to be spread through globalising economies. Based on the WTO’s (2008, 2013) assertions, capitalism appears to be the central value, because it provides growth opportunities for developed countries. Since low-cost economies offer cheaper production arrangements, that leads to them becoming more developed countries’ outliers, with the developed countries controlling manufacturing and distribution flows. Anticipated benefits from globalised economies, particularly the advantaged countries, include improved wealth, higher income levels, reduced bank interest rates, cheaper products and services, modernised information technologies, and rapid revolution of medical science and research (Guttal, 2007; Utkin, 2002).

Huwart and Verdier (2013) claimed that globalisation has already improved the development of countries, their living standards, finance, peoples’ health and wellbeing, employment, incomes, education, and information technology. This has helped developing countries to ‘catch up’ to affluent countries. Conversely, Stokes (2006, p. 58) claimed there are growing income disparities all over the world. While acknowledging that globalisation has improved lifestyles, Huwart and Verdier (2013, pp. 70-71) also conceded that the gulf between the richest and the poorest fringes of the world population seems to have widened. It is the existence and prevalence of income disparities, the space between the ‘rich people’ and the ‘poor people’ that appears to be a generally accepted phenomenon because it continues to widen (Huwart & Verdier, 2013). Moreover, Midgley and Piachaud (2011) acknowledge that it is primarily Western countries that benefit from trade liberalisation. Trade liberalisation offers less developed economies benefits from them providing cheap labour, including financial gains, increased employment, and reduced social deprivation, but potentially not to the same level as Western countries.

Despite the claims that income disparities have been increasing (Huwart & Verdier, 2013; Stokes, 2006), transitioning to globalised economies continues. Various partnership agreements have ensured countries' trading arrangements. These trading partnership agreements have attracted controversy, with one pro-trade argument challenging those opposed to such arrangements to offer tangible recommendations to counteract "the impact of trade diversion if it [i.e., New Zealand] stays out of the negotiations" (O'Sullivan, 2012, p. 1). Fewer protectionist actions and increased trade liberalisation are said to enhance financial and social benefits and promote a dynamic domestic economy, including in the least developed countries (Love & Lattimore, 2009; World Trade Organisation, 2008, 2013). However, the boundaries of responsibility and accountability for social conditions are likely to remain fluid should transnational corporations (TNCs) significantly influence economic policy, structure, and context in which government agencies purchase, monitor, and audit services.

Conversely, Dunn and Burton (2005) reported Friedman's (1970) contention that businesses do not have obligations to society or the public, but do have a social responsibility, through transparent competition, to increase their profits. Investors expect improved financial returns, so it seems unlikely that transnational corporations and private and multilateral organisations and their shareholders would be willing to accept reduced profits and smaller dividends to meet calls for increased employment. Huwart and Verdier (2013) assert that globalisation is not responsible for the economic ills of most rich countries:

offshoring, de-industrialisation, unemployment, rising income inequality, impoverished remote regions, and standardised lifestyles – and deluding us into believing that if we can reverse the phenomenon, we will solve all these problems . . . The truth is that no simple solution such as "deglobalisation" can respond to such complex phenomena (p. 3).

It would appear that, while Western countries have received the main benefits from trade liberalisation, globalised economies have been touted as potentially beneficial to all participants. The benefits include increased employment levels, higher incomes, improved health and education, and increased living standards (Henry & O'Brien, 2003; Huwart & Verdier, 2013; Midgley & Piachaud, 2011; Moore, 2003; World Trade Organisation, 2008, 2013). Structures including good governance, policies amenable to TNCs' expectations, and a

diversified local economy are necessary if immediate benefits are to be realised (Love & Lattimore, 2009; World Trade Organisation, 2008, 2013). Despite these expectations, an increase in disparities between the richest and the poorest nations exists, with Western countries gaining more benefits than less developed nations (Huwart & Verdier, 2013; Stokes, 2006). Thus, the socio-economic benefits of globalised economies have not been equally shared with less developed nations and individuals.

### **Detractors of globalisation**

Sceptics of globalised free-market economic policy perceive that “economic globalisation is no friend of inequality and poverty—absolute or relative” (Henry & O’Brien, 2003, p. 4). Such policy has been viewed as forcing smaller economies to synchronise their economic policies with those of their neighbours, regardless of adversarial relationships (Utkin, 2002). This process can compromise these countries’ social, political, cultural, environmental, and economic sovereignty, cause economic problems, disparities, and poverty, in favour of meeting the interests of the dominating nations (Guttal, 2007; Henry & O’Brien, 2003; Midgley & Piachaud, 2011; Mittelman, 2001). The effects of globalisation are more diverse than merely its influence on economic issues. The strength of a people rests on the strength of their culture, hence any pressures to break down or denigrate their culture leads to loss of identity and alienation from mainstream society. Participation in a globalised economy can undermine traditional cultures, including their language. When globalisation results in inequality and facilitates cultural homogenisation, efforts to retain language and cultural identity may not be viable (Mittelman, 2001). Language and cultural distinctiveness can only occur if there is support for untangling what Said (1993) has termed the intention of dominant cultures to civilise what are considered primitive cultures (i.e., indigenous peoples).

Legislative measures have been introduced to protect culture and language. In this vein, Canada and some European countries have introduced legal measures to preserve their own primary and secondary languages. Other authors suggested it is the responsibility of the oppressed to reclaim power from those colonising the countries (Fanon, 1967; Freire, 1972, 1974). Yet government inaction potentially enables TNCs to maximise their profits, ignore increased unemployment, and assert cultural dominance over less-developed countries. This

has resulted in the influencing and even undermining of legal and policy frameworks, and their political, economic, social, and ecological structures (Guttal, 2007; Midgley & Piachaud, 2011; Utkin, 2002; World Trade Organisation, 2008, 2013; Zhou, 2010). TNCs have opportunities to influence economic policy through free trade agreements (e.g., the Trans-Pacific Partnership (TPP) and the Trade in Services Agreement (TiSA, a proposed US-European Union treaty)). These agreements were being discussed internationally during the course of this study. The TPP was signed on 4 February 2016, but was not actioned once the United States (U.S.) withdrew its support. The TPP was replaced by the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP), also known as TPP11 or TPP-11, comprised of 11 countries but excluding the U.S.<sup>8</sup> The agreement commences on 30 December 2018, for the initial six countries that ratified it.

Reflecting on the influence of so-called dominant countries, then-President of the United States, Bill Clinton acknowledged that today some groups “can intrude into the lives of their neighbours and paralyze their vital systems. This intrusion can wreck their trade, threaten their wellbeing and prosperity, and weaken their ability to function” (Utkin, 2002, p. 18). Detractors consider globalised free-trade and foreign investment to be a key cause of social deprivation and inequality. Economic and political marginalisation often causes small- and medium-sized local businesses and indigenous communities to lose livelihoods, fosters increases in unemployment, and forces people to relocate to access work (Cuyvers, De Lombaerde, & Rayp, 2011; Guttal, 2007). De Swaan, Manor, Øyen, and Reis (2000) suggested that unemployment in developed countries reminds citizens of the consequences of not conforming to middle-class moral, educational, and social expectations. Economically, it inhibits claims for wage increases, because the unemployed will take the low-paying jobs if current workers reject them. This discussion is important in the context of social deprivation and illustrates the types of challenges people face if they are considered unable to contribute to the features of a global economy. Moreover, those living in social deprivation are unlikely to significantly influence government practices. For instance, as pointed out by Romich, Simmelink, and Holt (2007), the wealthy often shape taxation policy in favour of high-income

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<sup>8</sup> <https://www.mfat.govt.nz/en/trade/free-trade-agreements/free-trade-agreements-concluded-but-not-in-force/cptpp/tpp-and-cptpp-the-differences-explained/>

groups. With regard to people receiving welfare payments, Gans (2012) and Runciman (1966) suggest that social deprivation is likely to continue because payments are often distributed at a marginal rate. These arrangements offer minimal incentive for the socially deprived to demand that the government improve their circumstances, while the wealthy are unlikely to support significant modifications to current payment levels. Moreover, some authors contend that governments tend to claim that the State is doing enough for the poor, irrespective of their circumstances (Guttal, 2007; Holman, 1978; Midgley & Piachaud, 2011; Zhou, 2010).

Consequently, based on the perceived effects of globalisation, with no evidence of an intent to reverse the trend, detractors have contended that hardship seems destined to continue, particularly amongst vulnerable communities (Guttal, 2007; Henry & O'Brien, 2003; Midgley & Piachaud, 2011; Mittelman, 2001). Detractors of globalisation appear sceptical that 'the market' will act morally to improve countries' capability and capacity without undermining their sovereignty. Debate will continue between capitalists and socialists about where the responsibility rests concerning social deprivation. The impact on vulnerable communities, and what efforts, if any, should be made to alleviate social deprivation are other areas of contention. With no clear resolution to the debate about who is responsible or accountable for social deprivation, this study examines what the literature has suggested about some of the challenging environments or contexts of social deprivation. Examples include factors including health, home, schooling, and employment-related circumstances, that lead to social deprivation. Real life examples of the impact of these situations on individuals and/or their whaanau are presented in Chapter Five.

## **The Challenges to overcoming conditions of social deprivation**

The following section considers factors undermining the efforts of the poor to achieve optimal physical and mental health and wellbeing, obtain qualifications, and secure well-paid employment. This exploration helps to understand the dynamics that restrict the poor's ability to improve their living circumstances, and suggests there are elements that could be addressed. Whether people's circumstances can be improved, and how such changes might occur, is the subject of this study.

## **The contexts of the poor**

### **Home environment**

Several studies have concluded that a stable home environment positively influences children's emotional, physiological, physical, and mental health, as well as social, cognitive, and learning development, which in turn informs their subsequent capability (Evans, 2004; Jensen, 2009; Kaiser & Delaney, 1996). Conversely, deprived home environments are likely to be occupied by “parents most likely to be poor, female, unmarried, and members of races and ethnic groups that are the targets of discrimination” (Kaiser & Delaney, 1996, p. 71).

Economic hardship and social disadvantage reportedly socialise parents and their children and shape families' behaviour through the interactions between whaanau, neighbourhood, culture, school, and home contexts. These dynamics mould children's perceptions of the world (Bramley & Karley, 2007; Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000; Evans, 2004; Kaiser & Delaney, 1996), and are believed to be at the heart of restricted social and economic progress, with whaanau who are:

caught in a cycle of social deprivation where multiple challenges – including poverty, family violence, mental and physical ill-health, and unemployment – both reflect, and are compounded by, each other. The quality of life for children raised in these vulnerable families is often poor. Many will struggle to fulfil potential into adulthood. This is particularly so where the parents lack the skills, experiences, and social supports necessary to underpin their children's development.

The consequences can be seen in early school leaving and underachievement, persistent and increasingly violent offending, substandard and unstable living conditions, and poor job prospects. These poor outcomes represent a real lost opportunity for the individuals themselves, their families and whānau, and their communities. They also create successive and avoidable costs to society and act as a drag on economic growth (New Zealand Social Sector Forum, 2008, p. ii).

Similarly, Kaiser and Delaney (1996) argued that poverty undermines childhood health and social and educational development, and that:

there is a strong association between poverty and poor cognitive, social, and academic outcomes for children. Poor children are at greater risk for conduct problems, depression, peer conflict, and low self-confidence. [They are] likely to have measured IQs lower than middle-class children [and] to be slower in developing language and literacy skills. [They are liable] to show poorer performance on academic tests and in school contexts. (p. 67)

Similarly, Pearson (2003) acknowledged that:

poor children of any race or ethnicity are more likely to suffer developmental delays and damage, drop out of school and give birth during their teen years. People raised in a specific class learn certain thought patterns, social interactions and cognitive strategies that often remain with the individual through adulthood. (p. 6)

Multiple stressors from social deprivation and low incomes are viewed as fostering situational constraints (Taylor, 2005). These include overcrowded and materially stressful conditions, which affect overall health and mental health status and contribute to harsher and more punitive parenting, substandard housing, and financial problems (Bramley & Karley, 2007; Epps & Huston, 2007; Evans & English, 2002). Consequently, the cumulative stressors resulting from such whaanau dynamics—including disharmony, unresponsive parenting, and potentially unsafe environments, e.g., low quality housing—have been noted as contributing to a psychological and socioemotional ‘sequel of stress’ that potentially undermines children’s physical health and safety (Dorey, 2010; Evans, 2004; Geremek, 1994; Jensen, 2009; Kaiser & Delaney, 1996; Russell, Harris, & Gockel, 2008). This sequence of stress is said to undermine children’s cognitive ability, socioemotional stability and wellbeing, and language and literacy development, potentially resulting in underachievement in school (Bramley & Karley, 2007; Evans, 2004; Jensen, 2009).

### **Learning environment and schooling**

The components of social deprivation suggest achievements in the classroom are influenced by factors external to the schooling environment. Poor housing, poor or insufficient diet, a violent home environment, school bullying, intermittent school attendance, physical and/or mental health issues, and minimal proficiency in English all contribute to lower achievement levels. Just as a stable home environment supports children’s development and capability, it is also conducive to optimal brain development. Jensen (2009) concluded that, when deficits in

a home and school setting impede the creation and development of new brain cells, it undermines maturity of neural activity and delays emotional and social development. Insufficient or inappropriate food may also impede optimal brain functioning, further undermining children's ability to learn.

Redeaux (2011) and Taylor (2005) noted that achievement may be undermined by teachers who perceive students of a different culture as thinking, feeling, and behaving not just differently but deficiently. Teachers' efforts may be interpreted as attempting to achieve "the cultural whitening of children of color" (Redeaux, 2011, p. 101). While pre-service and in-service courses on cultural diversity have provided teachers with relevant cultural knowledge and respect for linguistically diverse cultures, DeCastro-Ambrosetti and Cho (2005) claimed that parents were still blamed for children's low levels of academic performance. Bishop, Berryman, Cavanagh, and Teddy's (2009) work in Te Kotahitanga ("Raising Maaori Student Achievement") with Maaori students, and Hernandez-Sheets' (2009) work with bilingual students in the United States of America, both highlight the importance of teachers understanding how their teaching practices influence bicultural students' learning. Their attitudes and behaviours could create miscommunication and misunderstanding between the school and the parents, thus disadvantaging bilingual students (Bishop et al., 2009; DeCastro-Ambrosetti & Cho, 2005; Hernandez-Sheets, 2009). Scholars have suggested that a level of cultural competency in teacher preparation may be required for teachers working with diverse cultures.

Unless communication and understanding levels improve between schools, parents, and students, a paradox may occur. This happens when students from poor families are dissuaded, by well-meaning teachers, from studying subjects necessary to access courses that lead to tertiary qualifications. In an attempt to improve the cultural competency of professionals, various professional bodies in New Zealand include 'cultural competency' in working with indigenous Maaori, and other ethnic groups, as part of their competency framework. These include, but are not limited to, nursing (Nursing Council of New Zealand, 2011), social work (Social Workers Registration Board, n.d.), drug and alcohol practitioners, (DAPAANZ—Drug and Alcohol Practitioners Association New Zealand, 2011), occupational therapy,

(Occupational Therapy Board of New Zealand, 2015), and psychologists (New Zealand Psychologists Board, 2015).

Middle-class culture, educational success, and employment are not always accessible to the poor. Some scholars argue that society's middle-class, dominant groups' cultural capital has been 'captured' and credentialed as the 'education system's knowledge'. This process excludes the ideologies of disadvantaged groups (e.g., Maaori) and, as a result, these groups are likely to underachieve (Middleton, Codd, & Jones, 1990; Openshaw, 2010). Without middle-class socialisation, children from poor families often rely on schools to support their educational goals, to provide access to middle-class higher education, and enable them to exit deprived communities. Failure in schools therefore means fewer employment options (Connell, 1994; Taylor, 2005). An absence of progress at school may necessitate that children leave school prematurely to join the workforce and provide income for their whaanau, or to join unemployment lines. Geremek (1994) claimed that the long-term unemployed are susceptible to "de-skilling and de-motivation", and are therefore likely to be "regarded by employers as not employable and, in a sense, may cease to be part of the labour market" (p. 158).

When considering the options whaanau have to remove themselves from social deprivation, Scott (1994) claims that "environmental and cultural conditions of social deprivation" are "self-perpetuating" (p. 162). These conditions generate "patterns of motivation and attitude" that are "inimical to the kinds of educational and economic success that would allow individuals to escape from their poverty" (Scott, 1994, p. 162). Similarly, according to Pearson (2003), people remain in generational poverty, because they "are not aware of behavioural strategies that would open the door to other options, and/or they don't have anyone to help teach them the rules of the middle class so they can access resources" (p. 6). Moreover, Taylor (2005) argued that low levels of academic achievement are often perceived as attributable to "lack of effort or ability on the part of the individual, [and people do] not consider seriously enough the systemic causes and effects of poverty" (p. 54). Wilson (1991) likewise noted that those living in social deprivation remain marginalised in the labour market, and argued that such a position "is uniquely reinforced by their milieu" (p. 12). These

broader influences from the individual's milieu have the potential to undermine that individual's educational achievements and subsequent employment options depending on the supply and demand in a particular industry. Those with premium skills are likely to be paid a superior rate, which reflects the influence of market forces. Paradoxically, it appears that those professions that contribute to social outcomes and are not influenced by market forces have less authority to command higher salaries. Psychologists, teachers, nurses, and social workers are members of this cohort. Ironically, it appears economic forces are contributing to social woes, and yet the salaries of those addressing the social issues in the public service are often significantly lower than those in the private sector.

Thus, multiple contexts influence peoples' achievements. Contexts include one's home environment, the nature of one's primary relationships, and schooling (Connell, 1994; Geremek, 1994; Taylor, 2005). Rather than blaming the education system itself, individuals are often considered responsible for underachievement (Taylor, 2005), even while the environmental and cultural conditions of social deprivation are self-perpetuating (Bramley & Karley, 2007; Evans & English, 2002; Scott, 1994). Children from poor families are regarded as more likely than their middle-class counterparts to experience developmental delays, to exit formal education without achieving qualifications, and to be unsuccessful in seeking employment (Connell, 1994; Geremek, 1994; Taylor, 2005). Schools on their own are viewed as being unable to resolve deprived circumstances, poor housing, inadequate income, or low-quality marital relationships (Evans, 2004). As a result, inequities continue to be observed (English, 2002).

### **International efforts to reduce social deprivation**

With inequities and social deprivation undermining the development of countries, it is appropriate to examine what is taking place internationally to alleviate social deprivation. This examination is significant because it provides insight into strategies that may potentially ease social deprivation in New Zealand. The researcher examined international initiatives in an attempt to determine whether they have been successful in ameliorating social deprivation. While social deprivation may have been reduced in a variety of countries, those strategies may not necessarily work in countries that are significantly different, such as New Zealand.

Successful overseas examples include a comprehensive targeted policy in Rwanda (Musahara, 2004) and an integrated, performance-based public service with accountability regimes assessing outputs and outcomes in Scotland (Hutchinson, 2006), Ireland (The Government of Ireland, 2008), and Australia (Mitchell, 2008). Evidence from countries (notably Scandinavian and Nordic countries) suggests that equitable distribution of wealth improves wellbeing for all (OECD, 2017). In addition, a long-term strategy including early interventions by a highly capable and productive workforce can contribute to reduced crime. New Zealand could benefit from considering such international examples, which would require modifications to the way wealth is distributed.

Hutchinson (2006) considered political, professional, and union support for shared governance of a performance-based public service, with readily accessible management-information systems, to be crucial to reducing social deprivation. The following factors were identified as contributing to international success in achieving costs savings and reducing social deprivation: inter-sectoral collaboration between organisational policy, governance, senior management, and at operational levels—informing policy and practice on early intervention and prevention (Hutchinson, 2006; Musahara, 2004; The Government of Ireland, 2008; The Scottish Government, 2008). Additional strategies at the governance and senior management levels were mentioned in the literature as being important contributors to reducing social deprivation. In Finland (Jalava, 2007), and in the European Union (EU) (Frazer & Marlier, 2007), strategies have included universal child allowances and parental benefits to support a high standard of living, supplemented by free health and day care for children. An integrated, multi-faceted policy targeting the entire population was also adopted. The EU included integrated policies that target employment, adjustment of taxation levels, and implementation of social protections for an adequate income. EU policies also promoted increases in access to childcare, education, health, housing, and employment; curtailment of educational disadvantage; early intervention to promote healthy childhood development; and maximising the impact of pro-poor policies at regional and local levels (Frazer & Marlier, 2007). The systematic monitoring and assessing policy impacts were also included (Frazer & Marlier, 2007).

While reliance on economic growth and increasing incomes did achieve positive gains, the Scottish Government (2008) acknowledged that these factors on their own do not reduce social deprivation. Similar to the EU, the United Nations Development Programme (2014) promoted the use of evaluation, best practices, and pro-poor ideology in all deprivation-related policy and initiatives. Notwithstanding the reported success in reducing social deprivation, Frazer and Marlier (2007) suggested that an absence of political will and urgency potentially undermines accurate data on child poverty reduction. The current study cautions that what initiatives that work in countries like Finland, Ireland, Scotland, Rwanda, or the EU potentially may not succeed in New Zealand. This is related to practices such as a country's governance ethos and its policies and practices, government structures, inequalities, cultural diversity, and social and cultural norms. The researcher comments in Chapter Three on decisions made by the New Zealand Government that have contributed to social deprivation and, conversely, their efforts to reduce child poverty.

While reductions in social deprivation have been reported internationally, commentators have called for targeting poverty, child poverty, and social deprivation through a multidisciplinary approach (Bourguignon, 2010; Dale, O'Brien, & St John, 2008; St John, 2010; United Nations, 2010, 2014). Such an approach would include strong governance and management oversight. In addition to encouraging integrated policies and services, collaborative partnerships among government and non-government organisations increase organisational governance, improve educational opportunities and enhance the skill base of personnel (The Global Development Research Center, 2010). Overall, political support for inter-sectoral initiatives and multi-faceted policy, governance, and management approaches and oversight, integrated with a performance-focused service framework, were considered essential aspects for reducing social deprivation (Bourguignon, 2010; Dale, O'Brien, & St John, 2008; St John, 2010; The Global Development Research Center, 2010; United Nations, 2010, 2014).

## **Chapter summary**

Currently, there is no common definition for social deprivation, nor has there been agreement on how it should be measured. Proxy indicators have been used to assess its prevalence and to indicate its multi-dimensionality, with relative and absolute aspects underscoring society's

political, economic, social, and cultural characteristics and peoples' multi-faceted lives. Despite governments seemingly allowing people to remain in social deprivation, constituents have generally-recognised basic rights, which may or may not be consistent with a government's duty of care to provide certain opportunities to its communities. Notwithstanding that constitutionally, people have basic rights, conservatives have attributed social problems to the failure of individuals to assume personal responsibility. Conversely, liberals consider established systems and structures to be chiefly responsible for impeding the attainment of equity for all citizens.

Some analysts argue that government inaction regarding the way globalisation of economies undermines economic and social policies contributes to social deprivation (Guttal, 2007; Henry & O'Brien, 2003; Midgley & Piachaud, 2011; Mittelman, 2001; Utkin, 2002; World Trade Organisation, 2008, 2013; Zhou, 2010). Another significant contributing factor is the convergence of psychosocial and environmental risks, including unsettled home life, poor schooling, poor physical and mental health and the associated minimising of employment prospects (Connell, 1994; Taylor, 2005; Cuyvers et al., 2011; Evans, 2004; Geremek, 1994; Guttal, 2007; Jensen, 2009; Kaiser & Delaney, 1996; Scott, 1994; Wilson, 1991). Social deprivation reduction strategies included strong governance overseeing an integrated multidisciplinary approach, with a performance-focused service framework (Bourguignon, 2010; Claire Dale et al., 2008; Frazer & Marlier, 2007; Jalava, 2007; St John, 2010; United Nations, 2010, 2014). Other important considerations are policies that build people's capabilities and ensure integrated service delivery and collaborative partnerships amongst governmental and non-governmental organisations (Bourguignon, 2010; Claire Dale et al., 2008; St John, 2010; The Global Development Research Center, 2010; United Nations, 2010, 2014).

Despite reports of reduced social deprivation internationally, comparatively little is known about the situation in New Zealand. Issues related to social deprivation including reduction levels, accountability, and the success of reduction initiatives are discussed in the next chapter.

# Chapter 3

## Social Deprivation in New Zealand

The Child Poverty Monitor: Technical report 2017 indicated that 290,000 (27%) of Kiwi kids live in income poverty, and 80,000 (7%) reside in severe poverty where they reside in low income households and in material hardship (Child Poverty Monitor, 2017)<sup>9</sup>

### Introduction

This chapter considers the governance of New Zealand, and the key agencies and legislation that inform the New Zealand Government's intent to improve the responsiveness of its public services to social deprivation. Figures are presented that illustrate 10-year trends of aspects of social deprivation (Johnson, 2018a). People are identified who experience various negative aspects of social deprivation. People who endured numerous complex aspects of social deprivation and sought support from the Auckland City Mission (2014) in the form of food parcels share their experiences. The issues raised may offer readers insight into the types of challenges confronting many people in these circumstances, including those in the case studies that form the subject of this study. A government income-based initiative that attempted to reduce child poverty is also discussed. The governance of New Zealand is outlined to assist understanding of key responsibilities and accountabilities for decisions made.

### New Zealand's governance

New Zealand has a legal and policy framework, with significant governance, infrastructure, and administration, which informs the efforts of the Prime Minister's department, the Cabinet (DPMC), ministers and their agencies, and serves to evaluate and revise the effectiveness of its policies and initiatives. The State Services Commission oversees the Ministries' Chief Executive Officers (CEOs) with the purpose of improving the public sector's performance. The public sector's standards for organisational and individual practice, including policy

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<sup>9</sup> <http://www.childpoverty.co.nz/> - Child Poverty Monitor: 2017 Technical Report, based on Ministry of Social Development data

formation, implementation, measurement, and evaluation also come under this umbrella (State Services Commission, 2012, 2014a, 2014b, 2015, 2016, 2018, the Treasury, 2012, 2014, 2017; Department of the Prime Minister and Cabinet, n.d., 2017). The DPMC implements New Zealand's Constitution Act 1986, which, according to Boston, Marton, Pallot, & Walsh, (1996, p. 42), evolved from four primary sources, namely:

- i) the Treaty of Waitangi
- ii) parliamentary statutes
- iii) the common law, supporting basic civil liberties, including the Bill of Rights Act
- iv) constitutional conventions, the cabinet, ministerial responsibility, and the impartiality of the Speaker

Acts in New Zealand's legal framework indicate constituents' entitlements (i.e., Bill of Rights Act 1990), in particular the entitlements of Maaori as the indigenous peoples of the land (i.e., Treaty of Waitangi Act 1975).

## **Treaty of Waitangi**

The Treaty of Waitangi is acknowledged as the founding document of New Zealand (Ministry of Education, 2013). On 6 February 1840, the Treaty of Waitangi was signed, at Waitangi, by British representatives and Maaori chiefs. This treaty outlined the terms and conditions of English settlement in New Zealand (Orange, 1987, 1990, 2013). Separate Maaori and British versions of the Treaty of Waitangi have resulted in opposing interpretations and understandings of its content and intent. Maaori believed the text they signed would ensure continued tino rangatiratanga (self-management), joint kāwanatanga (governorship), and guaranteed ōritetanga (equity). They also understood that special rights, as the country's indigenous people, to support their customs and to facilitate their continued existence as indigenous peoples were included in the treaty (Walker, 2004).

The Crown has obligations to the Treaty of Waitangi principles, and to work in partnership with Maaori to achieve Maaori aspirations, yet for many years Maaori have remained disproportionately over-represented in data for social deprivation (Ministry of Health, 2015b). Consequently, a Crown-Maaori governance partnership structure to jointly monitor each other's actions appears more of a theoretical, rather than actual, arrangement. Independent of

their obligations, past governments have implemented reforms under the guise of enabling people to realise self-responsibility and freedom from the State.

### **Government reforms—a contributor to social deprivation**

The Labour Government's taxation reforms (1984-1990) and the National Government's 1991 budget and subsequent monetary and social reforms, were based on an economic ideology of "profit-seeking commercial activities" that would underpin "a better allocation and more efficient use of society's resources" (Lawrence, Alam, & Lowe, 1994, p. 68). The guiding principles of these governments' economic and social reforms were 'freedom' and 'responsibility of the individual', where the chief strategies were "to make individuals, families, and local communities responsible for social well-being rather than the state" (Lunt, O'Brien, & Stephens, 2008, p. 102). To achieve such goals, the Labour Government of 1984-1990 flattened the taxation system, resulting in higher-income individuals paying less, while those on lower incomes paid more in taxation (Lunt et al., 2008).

Income inequalities occurred as a result of the reforms. Rashbrooke (2014) claimed that, based on the Organisation for Economic Co-operation and Development's (OECD) (2014) report, *Focus on Inequality and Growth*, "in the two decades from 1985 onwards, New Zealand had the biggest increase in income gaps of any developed country. Incomes for the richest Kiwis doubled, while those of the poorest stagnated", with "the top fifth receiving about 40% of after-tax income; the bottom fifth get only eight percent" (OECD, 2014, p. 1). The change to a National Government appears to have made little difference to the thinking around taxation advantages for the wealthy at the expense of those whose sole income is from welfare payments. In 1991, Ruth Richardson, former National Party Minister of Finance (1990-1993), restricted eligibility for student allowances, introduced an interest-bearing student loan scheme, and reduced welfare payments. The cuts in health, education, and welfare were to incentivise those receiving welfare benefits to find work, immediately start working harder, become productive and self-sufficient, and achieve their full potential (Dean, 2015). Moreover, people were expected to be liberated automatically once the State was withdrawn from their lives. Notwithstanding the intent of previous governments to incentivise people to achieve autonomy, social deprivation is continually increasing. Despite the best

intentions of these government reforms, Belgrave (in Dew and Matheson, 2008) states that “the reforms [of Labour and National Governments between 1984 and 1993] were directly responsible for greater relative poverty, higher levels of unemployment, and in 1991 dramatic reductions in living standards for beneficiaries” (p. 80).

Rashbrooke (2014) argued that past governments’ cuts in taxation and welfare benefits have been a policy failure, and the decrease in construction of affordable housing has forced “poorer households to spend ever-increasing amounts on rent and mortgages” (p. 1). There is also the Goods and Services Tax (GST), which affects the poor more significantly than the wealthy, whose income is likely to remain considerable, and who can also afford more creative ways to minimise their income tax obligations (e.g., establish legal trusts). This information is an important part of understanding why many remain in poor communities without the financial means or equal opportunities to improve their living standards and/or access private education, obtain qualifications, or secure high-paying employment. Moreover, Rashbrooke (2014) affirmed that for the preceding 20 years, inequality has slowed New Zealand’s growth rate by more than a third, thus hindering economic, political, cultural, and social recovery. Referring to Richard Wilkinson and Kate Pickett’s 2009 thesis in *The Spirit Level: Why More Equal Societies Almost Always Do Better*, Dean (2015) reported these authors’ argument that socioeconomic ills “increase with greater inequality” and social values like “educational attainment and life expectancy decrease with greater inequality” (p. 65). The reforms of past governments appear to have contributed to income inequalities, which suggests their analyses did not reveal the consequences for many whose sole income was a welfare benefit. Examples of views by commentators about the impact of the governments’ reforms in one sector are covered next.

## **Health**

Continuing with the theme of the 1980s and 1990s reforms, it was anticipated that hospitals would “operate as successful and efficient businesses”, and, as a result, the responsiveness of their services to citizens would improve (Doolin & Lawrence, 1998, p. 302). Restructuring of the sector proceeded, despite a general perception that “the [New Zealand] health care sector was considered one of the most satisfactory and economical in the world”, with the 1993

Consumer Institute's survey recording "a high level of satisfaction with public health services" (Doolin & Lawrence, 1998, p. 69) . However, the reforms did not increase empowerment or user involvement in service design (Alam & Lawrence, 2009). Despite the reforms of the 1980s and 1990s, from 2009 onward, State ministers continued to express concerns about the efficacy of public service Ministries in response to citizens' needs.

## **Social deprivation in New Zealand**

Social deprivation in its entirety indicates a plethora of socioeconomic issues confronting communities. Perry (2014) reported that between 400,000 and 800,000 people live in social deprivation. Many whaanau living in stressful milieu struggle to afford quality food, and become reliant on assistance from government agencies and community providers to meet their essential needs. Inevitably, if whaanau have low income and pay high rents they will have to prioritise their rental costs, otherwise they are likely to become homeless. Thus food and heating become secondary. With regard to Maaori and Pacific children, the Children's Commissioner (2016) reported that "one in four Maaori and Pacific children are likely to grow up in poverty. This is almost twice the rate for Pakeha (one in six). However, despite the lower rate, half of the children living in poverty are Pakeha" (p. 4). It is important to note that European people comprise more than half of the population of New Zealand. Of the children living in social deprivation, 63% live in beneficiary households, and 53% live with a sole parent whaanau (Children's Commissioner, 2016). In 2018, social agency KidsCan published a news release outlining the types of assistance the organisation provided to support children:

- assisted 732 primary, intermediate and high schools across New Zealand with food, shoes, socks, raincoats, and health and hygiene items
- sent 1.28 million items of food to schools at the beginning of term three
- fed almost 30,000 children every week (p. 1)

The Save the Children (2018) report—the End of Childhood Report indicates that children from New Zealand's poorest homes are twice as likely to die before the age of five compared to those from the richest homes. In addition, children in the most deprived neighbourhoods are three times more likely to die than those living in the least deprived areas. Moreover, the Child & Youth Mortality Review Committee (2018) reported that social deprivation is a key

driver in child deaths, and that Maaori and Pacific children are more likely to die compared to children from other ethnic backgrounds.

### **Bill of Rights Act 1990**

The New Zealand Bill of Rights Act 1990 is a statute of the Parliament of New Zealand and sets out the rights and fundamental freedoms of anyone subject to New Zealand law. The Ministry of Justice (2013) reported that the Bill of Rights Act 1990 “affirms New Zealand’s commitment to the International Convention on Civil and Political Rights (ICCPR)” and confirmed that it “protect[s] and promote[s] human rights and fundamental freedoms” (p. 1). New Zealand legislation includes the Human Rights Act 1993 (New Zealand Government, 1993a) which is intended to protect human rights (New Zealand Government, 1990).

### **Maaori and non-Maaori disadvantage**

The Ministry of Health data revealed (see Table 3-1 below) that, as of 2013, “non-Maaori are more advantaged than Maaori across all socioeconomic indicators” (Ministry of Health, 2015b, p. 13). Maaori also have lower rates of achievement of school qualifications, and a higher percentage received less than \$10,000 personal income. Maaori are twice as likely as non-Maaori to be reliant on State funded income support, and over three times more likely to live in a home without access to telecommunications, internet, or a motor vehicle.

Furthermore, Maaori are twice as likely to live in crowded households and live in rented accommodation than non-Maaori. Comprehending this data is critical to understanding the extent to which Maaori are not gaining or achieving to the same extent as non-Maaori.

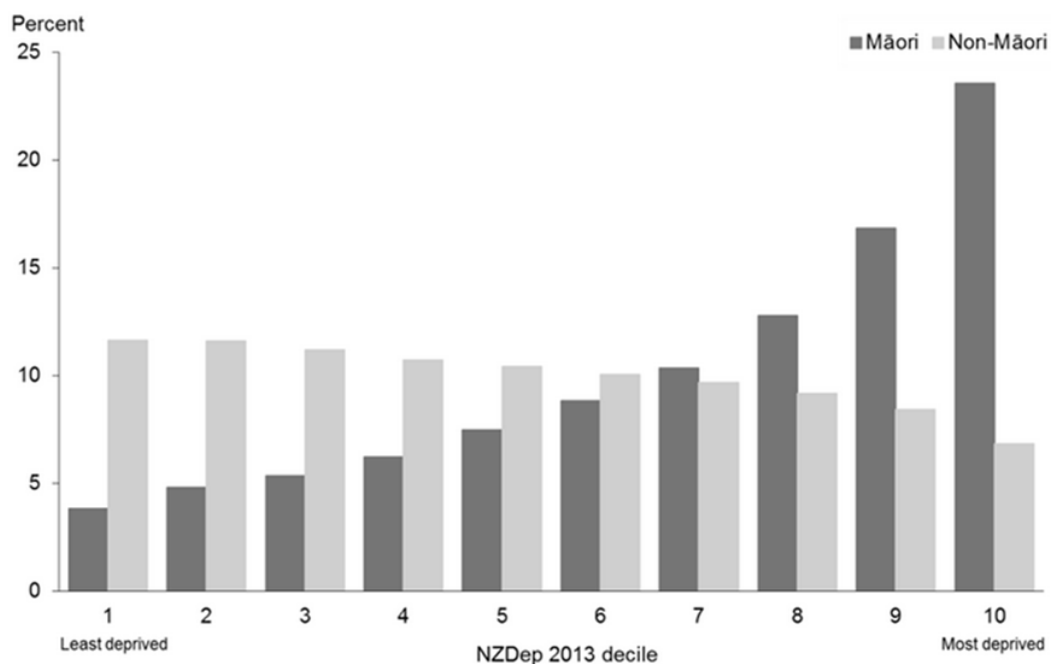
Caution is advised when comparing ethnicities, because while rates may reflect the then-status of each ethnic group, different age distributions were not considered. During the timeframe covered, the non-Maaori population was, and still remains, older than the Maaori population.

**Table 3-1: Socioeconomic indicators, percentage, by gender, Māori and non-Māori, 2013**  
**Extracted from Ministry of Health, 2015b, Table 5, p. 13)**

Indicator	Māori			Non-Māori		
	Males	Females	Total	Males	Females	Total
School completion (Level 2 Certificate or higher), 15+ years	42.1	47.8	45.1	65.2	63.4	64.3
Unemployed, 15+ years	9.8	10.9	10.4	3.9	4.1	4.0
Total personal income less than \$10,000, 15+ years	23.0	25.0	24.1	14.8	21.7	18.4
Receiving income support, 15+ years	23.1	36.7	30.4	10.9	16.4	13.8
Living in household without any telecommunications, all age groups	3.1	2.9	3.0	1.0	0.8	0.9
Living in household with internet access, all age groups	69.4	68.6	69.0	84.3	83.2	83.8
Living in household without motor vehicle access, 15+ years 2006; all age groups, 2013	8.1	9.3	8.7	3.7	5.0	4.4
Living in rented accommodation, all age groups	48.3	50.5	49.5	27.7	27.3	27.5
Household crowding, all age groups	18.3	18.8	18.6	7.8	7.6	7.7
<b>Notes:</b> <ul style="list-style-type: none"> <li>• Crude rates and prioritised ethnicity have been used—see <u>Ngā tapuae me ngā raraunga: Methods and data sources</u> for further information.</li> <li>• Telecommunications include telephone, cell/mobile phone, facsimile, and internet.</li> <li>• The household crowding measure is based on the Canadian National Crowding Index. This calculates a required number of bedrooms for each household (based on the age, sex and number of people living in the dwelling), then compares it with the actual number of bedrooms. A household is considered crowded when there are fewer bedrooms than required.</li> <li>• Source: <a href="http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-awe-o-te-hauora-socioeconomic-determinants-health/socioeconomic-indicators">http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-awe-o-te-hauora-socioeconomic-determinants-health/socioeconomic-indicators</a></li> </ul>						

Māori and Pacific peoples have remained disproportionately over-represented in more deprived neighbourhoods than their European counterparts over the 10-year period from 1986 to 1996 (Maré et al., 2001; Matheson, 2004; Ministry of Health, 2000, 2002a; The Treasury, 2001; Tobias & Howden-Chapman, 2000). As reflected in the following Figure 3-1, as at 2013, higher proportions of Māori live in more deprived areas. “23.5% of Māori lived in

decile 10 areas (compared with 6.8% of non-Maori), while only 3.8% lived in decile 1 areas (compared with 11.6% of non-Maori)” (Ministry of Health, 2015b, p. 12). In short, the aforementioned analysis indicates that, for the 1986-2013 period, Maori have lived in deprived neighbourhoods more disproportionately than their non-Maori contemporaries. Moreover, Easton’s article asserted that “often those at the bottom of the SES [socioeconomic status] scale have a life expectancy of five to ten years shorter than those at the top of the scale” (in Dew & Matheson, 2008, p. 97). Based on this claim, it is not surprising that an eight-year life expectancy gap was identified between Maori men and non-Maori men, or that a nine-year life expectancy gap was observed between Maori women and non-Maori women (Matheson, 2004; Robson & Harris, 2007). The extended time in which Maori remain disproportionately overrepresented in deprived neighbourhoods, suggests policy frameworks have not aligned with the diverse realities of Maori communities.



Source: <http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-awe-o-te-hauora-socioeconomic-determinants-health/neighbourhood-deprivation>

**Figure 3-1: Neighbourhood deprivation distribution (New Zealand Deprivation 2013), Maori and non-Maori, 2013 (adapted from Ministry of Health, 2015b, Figure 4, p. 12)**

The following Figures (i.e., 3-2, 3-3, 3-4) present 10-year trends covering aspects of social deprivation, which challenged the efficacy of past governments' policies and strategies in that area. While not intending to undermine current policies, it is important to consider, while viewing percentages or totals for aspects of social deprivation, that all are likely to be accurate depending on the definitions and proxies applied.

### **Excess drug, gambling, and alcohol use**

There are common links between the types of behaviours occurring as a result of excess drug, gambling, and alcohol use. These behaviours include dishonesty offences, domestic violence, violent offending, whaanau breakdown, alcohol and drug offences related to property damage, vehicle offences, fraud, social isolation, child abuse and neglect, and admissions to hospital (New Zealand Law Commission, 2010; Problem Gambling Foundation of New Zealand, 2011; Wilson & Webber, 2014). A drug issue that is escalating is methamphetamine-linked offences which increased from 18% of drug offences in 2008 to 42% (a total of 4,339 offences) in 2017 (Johnson, 2018a). Of the men interviewed as part of the case studies for this thesis, all except Simon indicated that they had used the illicit drug cannabis, but did not indicate they were regular users.

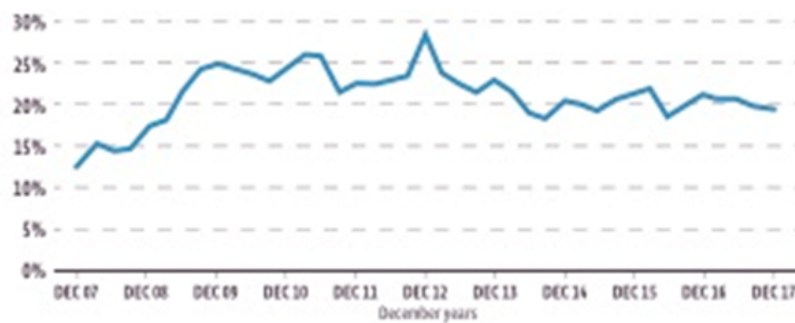
As this study showed, while whaanau may approach a provider, the service is unlikely to be contracted to address the myriad of issues the whaanau are facing. This means they are likely to be referred to other providers to receive the necessary assistance, resulting in a disconnected approach to the issues faced

### **Incomes, growth, and unemployment**

Despite the prevalence of social deprivation, incomes increased during 2007-2017, with most of the growth occurring since 2013. Job numbers also increased and more so since 2012 (Johnson, 2018a). In spite of the increase in incomes and job numbers, child poverty rates did not change significantly between 2007 (22%) and 2016 (20%) (Johnson, 2018a). Moreover, as indicated in

Figure 3-2, unemployment rates for youth (15-19 year-olds) have also remained relatively unchanged since 2013 at 20%. Further, since 2009, around 80,000 15-24 year-olds are recorded as not being in employment, education or training (NEET). Government policies

offering training options to 15-19 year-olds led to a slight decline in the numbers of NEET people, but this decline was offset by an increase in 20-24-year-old NEETs (Johnson, 2018a). Due to their circumstances, all the case studies initially were NEET. The interpretation of these statistics is vital to understanding the situation faced by many people caught in a milieu that is challenging and constantly stressful, and in which significant numbers are unemployed and not in education or training.

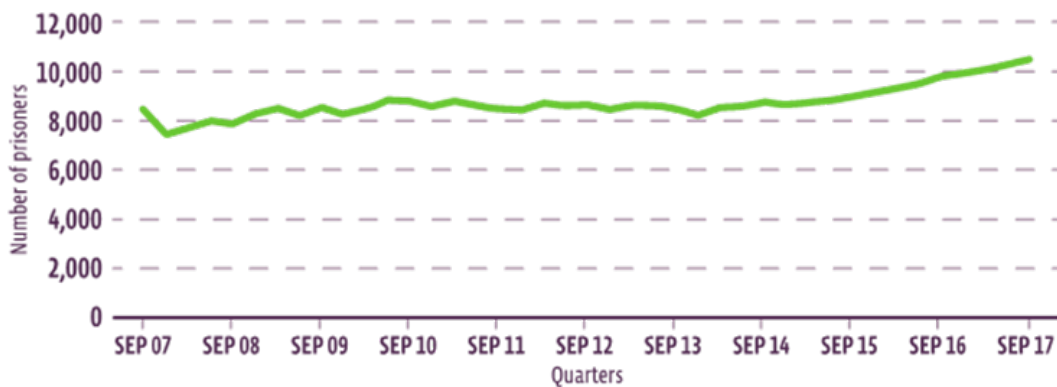


**Figure 3-2: Unemployment rate amongst 15- to 19-year-olds 2007-2017)  
(Extracted from Johnson, 2018a, Figure 8, p. 1).**

### **Crime and prison rates**

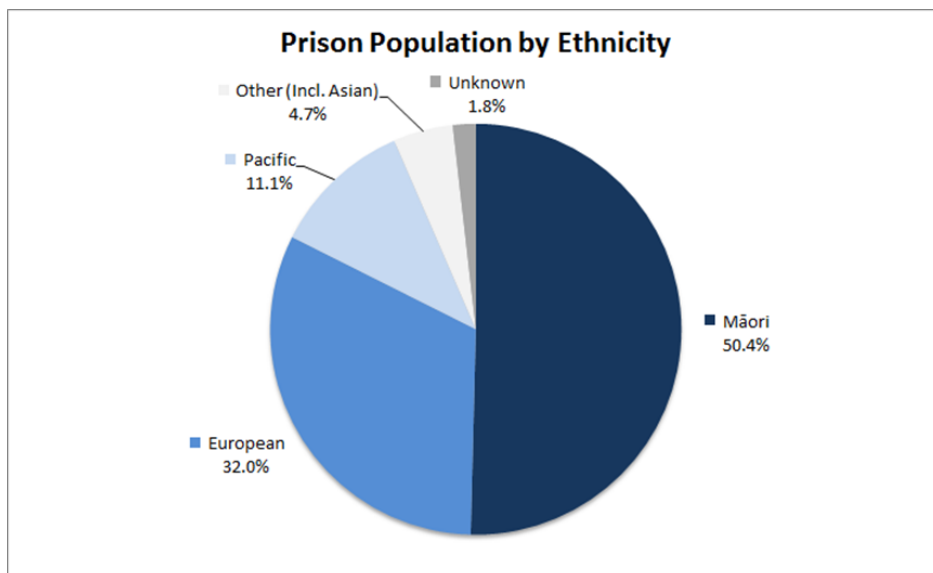
The Department of Corrections (2016)—Briefing to the Incoming Minister—indicated New Zealand has two remand centres and 18 prisons and that, across a year, more than 50,000 people will start a community sentence or order. Despite only about one third of offences reported to Police, and a decline in the numbers of adults convicted of criminal offences (as indicated in Figure 3-3), the prison population continues to increase, “reaching 10,470 at the end of September 2017” (Johnson, 2018b, p, 2). Prison numbers increased to 10,645 at 31 March 2018.<sup>10</sup>

<sup>10</sup> [https://www.corrections.govt.nz/resources/research\\_and\\_statistics/quarterly\\_prison\\_statistics/prison\\_stats\\_march\\_2018.html](https://www.corrections.govt.nz/resources/research_and_statistics/quarterly_prison_statistics/prison_stats_march_2018.html)



**Figure 3-3: Prison population from 2007 to 2017.**  
 (Extracted from Johnson, 2018a, Figure 5, p. 1)

While prison numbers are increasing, Maaori are imprisoned “around 3.5 times” more than the total population (Johnson, 2018a, p. 2). Figure 3-4 shows the ethnicity of inmates as at 30 June 2017. Maaori make up the highest proportion of new intakes of prisoners since records have been available. To understand the disproportionality of Maaori in this data, it is pertinent to consider that Maaori comprise 15.8 % of the population, but over half of the prison population, while Maaori women make up 63% of the female prison population (Department of Corrections, 2017). The Department’s intention to reduce offending by inmates and in the community is not being achieved.



**Figure 3-4: Ethnicity of prisoners in New Zealand (copied from Department of Corrections, 2017)<sup>11</sup>**

<sup>11</sup> [http://www.corrections.govt.nz/resources/research\\_and\\_statistics/quarterly\\_prison\\_statistics/prison\\_stats\\_june\\_2017.html](http://www.corrections.govt.nz/resources/research_and_statistics/quarterly_prison_statistics/prison_stats_june_2017.html)

While not related to the case studies in the current study, youth offending—particularly by Maaori youth—is significant. Specifically, Maaori youth offenders (under 20 years old) comprise 61% of imprisoned youth, and 42% of youth serving community-related sentences (Department of Corrections, 2017). Of all Maaori released from prison, 64.4% “will be reconvicted within two years (53.4% of Europeans)” (Department of Corrections, 2017, p. 15). Johnson (2017) asserts that inmates released into the community must meet two key requirements to reduce their prospects of reoffending: i) having a place to live; and ii) employment, which requires gaining employment related skills.

The burgeoning incarceration and recidivism rates of Maaori—particularly Maaori youth—suggests that the Crown appears unable to fulfil its Treaty of Waitangi obligations, and that its policy framework and initiatives are not reducing imprisonment and/or recidivism rates. Moreover, it appears too many inmates experience multiple issues that potentially impede their habilitation, rehabilitation, and successful reintegration into the community. It may be that prisons should continue to keep communities safe while also focusing on inmates’ habilitation, rehabilitation, learning of socialisation skills, and gaining of vocation capabilities. An indication of the types of issues many inmates experience was reported by David Fisher, Senior Writer, New Zealand Herald, (20 August, 2018). He writes that:

70 percent had literacy difficulties, 62 percent had mental health issues in the past year and 47 percent had addiction problems. Of those in prison, 40 percent of men and 52 percent of women had a lifetime diagnosis of PTSD from abuse and violence, with 53 percent of women inside and 15 percent of men having experienced sexual assault.<sup>12</sup>

The repeated use of the same approaches without significant success suggests that authorities have not comprehended what will enable inmates to be habilitated and/or rehabilitated, gain capabilities to improve their functioning, secure employment and suitable accommodation, and participate in their communities. The Department identifies “risk factors in social, economic and family circumstances” as primary triggers of offending (Department of Corrections, 2017, p. 4).

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<sup>12</sup> [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12110360](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12110360)

While not presenting a full portrait of all the issues experienced by those incarcerated, it is proposed that the data included in this section suggests prisons present merely the downstream outcomes from government decisions. People's absence of knowledge of their capabilities, inability to participate in schooling, and their home milieu appears to also contribute to the myriad of issues those incarcerated experience. The siloed nature of the government's policy framework also seems to be a contributor. Notwithstanding that there are societal consequences for committed crimes, when whaanau members remain in prison this results in their unavailability to assist with income, child rearing, life skills, as well as education, sharing, and modelling of whaanau values and goals.

### **Domestic violence**

Violence in New Zealand is common across all socioeconomic communities. In fact, New Zealand has among the highest reported rates of whaanau violence and sexual violence in the developed world (Wilson & Webber, 2014). In 1982, "the Police received about 15,000 calls relating to domestic violence, a number that is believed to be only the tip of the iceberg" (Waldegrave & Scott, 1987, p. 120). In 2018, Anusha Bradley, a reporter in Hawkes Bay, revealed that the New Zealand Police attended about 121,733 domestic violence related incidents nationally during 2017, with a domestic violence callout every four minutes (Bradley, 2018). It is estimated that "only 20% of incidents of violence within the home [are] being reported in any given year leaving an estimated 80% of domestic abuse remaining hidden" (Frazer, 2014, p. 1). Again, Maaori remain disproportionately over-represented in these statistics as both victims and perpetrators of domestic violence (Dobbs & Eruera, 2014). Nonetheless, it is important to note that, if all incidents of domestic violence were reported, there may be changes in the ethnicity reported of those committing and/or represented in those crimes. For instance, Dr Neville Robertson, a senior lecturer in Psychology at the University of Waikato who specialises in work with the abused, observes with reference to the affluent that wealthy people have resources for managing or hiding their negative behaviours more successfully, and "their partners are less likely to use the services from which statistics of victimisation are collated. Why go to a refuge when you can have time out at your beach house?" (Personal communication, 27 May 2014).

Herbert and Mackenzie (2014) claim that local and international studies have argued that intimate partner violence, child abuse, and neglect have contributed to youth violence, further violent crime, child abuse, intimate partner abuse, sexual violence, re-victimisation, and animal abuse. Children exposed to this violence often develop emotional, cognitive, social, and behavioural problems as adolescents, and do so more frequently than other children, with associated rates of depression and symptoms of trauma as adults, and they may tolerate the use of violence in relationships (the “Roper Report”—Ministerial Committee of Inquiry into Violence, 1987). Referring to young people and violence, Herbert and Mackenzie (2014) quote Principal Youth Court Judge Andrew Becroft, who states that “in the Youth Court, we believe that all roads lead back to the family environment, especially the critical early years. Violence begets violence. As Youth Court Judges we see the consequences of family violence every day” (p. 31).

Understanding the consequences of domestic violence in New Zealand is important since its effects are severe and influence peoples’ perceptions of their world and their engagement with others. These types of actions and experiences may lead to or reinforce social deprivation and its various aspects including homelessness, welfare dependency, unemployment, lack of education or training, and behavioural problems (Herbert & Mackenzie, 2014). The many and varied issues people can experience from domestic violence highlights the need for multi-layered approaches to enable interventions, services, and resources to address them.

### **Child health and child abuse**

In reference to child admissions to hospital, Ensor (2015) reported that “a child is admitted to a New Zealand hospital every second day with injuries arising from either assault, neglect or maltreatment . . . nearly half of them are aged under five. These figures were considered under-reported” (p. 1). In attempting to understand the reasons behind these alarming statistics, it is noted that a primary factor in incidents of child abuse is the “cumulative stress . . . from . . . being chronically short of money”, with “lack of food, lack of money, and constant moving around” also contributing to the situation (Collins, 2011a, p. 1). These data indicate the types of challenges for those dependent on social welfare payments. Further, Collins stated:

Research, conducted by the University of Auckland for the White Paper on Vulnerable Children, found that 13 percent of children in families that went on welfare in the child's first two years were abused or neglected before they turned 5, almost 10 times the rate for children whose parents were never on welfare (1.4 percent). That meant 83 percent of New Zealand children who were abused or neglected in their first five years lived in families that were on welfare in the child's first two years (2012, p. 1).

Despite these statistics indicating the gravity of the trauma inflicted on children by the adults who are meant to care for them, the researcher acknowledges that this type of trauma does not occur in all whaanau, regardless of their hardship or social deprivation. Adding to the complexity of addressing child ill-health and/or welfare related issues, is that health matters are attended to by providers in the health sector, while welfare agencies concentrate on resolving what are considered welfare or safety concerns. Hence, a fragmented approach to delivering services to whaanau is likely.

While this study has not provided a comprehensive synopsis of child deprivation or its various contributory factors, it is a legitimate phenomenon about which numerous reports have been written (Herbert & Mackenzie, 2014; Johnson 2014, 2015, 2016, 2017; Salvation Army, 2013; Expert Advisory Group on Solutions to Child Poverty, 2012a, 2012b; Wilson & Webber, 2014). The Government of New Zealand has acknowledged it as an important issue by the establishment of a Children's Commissioner as an independent Crown entity. The Commissioner is required:

- to operate, according to the Children's Commissioner Act 2003.
- to promote the interests and wellbeing of children and young people, consistent with the United Nations Convention on the Rights of the Child (UNCROC) (United Nations Human Rights, 1989).
- to monitor services provided under the Children, Young Persons and their Families Act 1989 (changed in July 2017, to Oranga Tamariki Act 1989)<sup>13</sup> (New Zealand Government, 1989; Children's Commissioner, 2018).

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<sup>13</sup> <https://www.orangatamariki.govt.nz/news/the-children-young-persons-and-their-families-oranga-tamariki-legislation-bill/>

## **Homelessness**

Amore (2016) reported that homelessness is increasing “in terms of both numbers and as a proportion of the population” and that “this upward trend accelerated between the 2006 and 2013 censuses” (p. 1). One in 130 were homeless in 2001, one in 120 in 2006, and one in 100 in 2013, as indicated by a New Zealand Herald reporter (Davison, 2016). Defining and estimating ‘homelessness’ is complex. For instance, Patterson (2017) reported on a Yale University survey that estimated 40,000 people in New Zealand either live on the street, in emergency housing, or in substandard shelter. Furthermore, Wynsley Wrigley reported for the Gisborne Herald that then-Minister Tolley conceded that, while the 2013 census indicated 4,000 people were homeless, that total would likely have increased (Wrigley, 2017). Despite the significant variance in estimates, the People’s Project— a social agency supporting homeless people into homes— estimates that only five percent of those who claim to be homeless are chronically homeless (People’s Project, 2018). Many people begging on the streets do so due to drug and/or alcohol addictions, mental health issues, and/or debt (People’s Project, 2018; Wrigley, 2017). A reduction in homelessness has occurred via a range of services, collaboration between community providers to offer wrap-around health, social, budgeting, and literacy services, as well as the provision of safe affordable housing (People’s Project, 2018; Richards, 2009; Wrigley, 2017). Notwithstanding estimates and remedies, Maaori are over-represented in homeless populations (Hodgetts, Stolte, Chamberlain, Radley, Nikora, Nabalarua, & Groot, 2008; Hodgetts, Stolte, Nikora, & Groot, 2012; McIntosh, 2005; Richards, 2009). Neighbourhood deprivation can severely affect people’s behaviour, which is reflected in the statistics on suicide, considered next.

## **Suicide**

In relation to deprivation levels, the Ministry of Health (2016) indicated that, in 2013, “the suicide rate increased with each level of neighbourhood deprivation; the rate of suicide in the most deprived areas (quintile five) was twice the rate in the least deprived areas (quintile one)” (p. 2).<sup>14</sup> For youth 15–24 years old, “the number of suicides was four times as high in the most deprived areas compared with the rate in the least deprived areas” (Ministry of

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<sup>14</sup> According to the 2006 New Zealand Deprivation Index (*NZDep2006*)

Health, 2016, p. 2). Maaori are killing themselves more than any other ethnic group (Hurley, 2017). An interpretation of the data is that environments of high deprivation have stressors that lead to people to believe that their situation is hopeless and that suicide is their only option. In one case study, Brenda openly acknowledges that she has on at least one occasion expressed a wish to commit suicide (see Chapter Five, p. 98). National figures indicate there were 564 suicides in New Zealand during 2014/15, 579 in 2015/16 (Carville, 2017), and that this increased for the third year in a row in 2016/17, with 606 people committing suicide (Hurley, 2017). Provisional figures for the 2017/18 year indicated that 668 people died by suicide. In addition, for the past two decades, New Zealand (as reflected in Figure 3-5 below) “has [had] the second worst suicide rate among those aged 25 and under in the developed world”, while “our teen suicide rate—officially those aged 15-19—is the worst” (New Zealand Herald, 2017, p. 1). Moreover, Figure 3-5 indicates that New Zealand’s suicide rate is twice that of the United States and almost five times worse than the United Kingdom. It is noteworthy that a profile is emerging of youth who are over-represented in data on unemployment, prison, and suicide.



**Figure 3-5: New Zealand has the highest rates of youth suicide in the OECD (Extracted from Herbert & Mackenzie, 2014, Figure 12, page 34)**

Commentators report that increased risk of suicide occurs as a result of child abuse, neglect and exposure to whaanau violence, drug and/or alcohol use, gang behaviour, expectations on young people, and “a lack of social skills and face to face interactions” (Walters, 2017, p. 2), and access to and influence from the digital world (Brodsky & Stanley, 2008; Bromfield, 2010; Brown, Cohen, Johnson, & Smailes, 1999; Carville, 2017; Evans, Hawton, & Rodham, 2005; Walters, 2017). Deprived neighbourhoods, low incomes, incarceration, domestic violence, health and mental health issues, hospital admissions, alcohol and drug offences, and

homelessness are other contributing factors (Boston, 2012; Children's Commissioner, 2016; Collins, 2011, 2012; Craig, Reddington, Wicken, Oben, & Simpson, 2013; Ensor, 2015; Ministry of Social Development, 2014; Public Health Advisory Committee, 2010; Television New Zealand, 2012a). The impact, interrelationships, and common links between those issues and their overflow into the many facets of people's lives, offer insight into some people's behaviour, and why many of them struggle to participate in their communities. The issues related to people struggling to participate in their communities, potentially includes antisocial beliefs and behaviour, excess use of alcohol and dependency on illicit drugs, illiteracy, and lack of problem solving skills, and self-management and control, mental health issues, and deficits in employment skills. Until people have sufficient confidence and opportunities to begin resolving their issues, many are likely to remain disengaged, experience mental and physical ill health concerns, be unemployed, inactive, dependent on government assistance to live, and at risk of suicide. Addressing issues requires an approach that is more unified, where the multiple issues can be resolved, particularly considering the associated long-term and potentially disabling impact on many people's social, mental, emotional, spiritual, and physical functioning.

The next section presents some people's experiences with living in social deprivation and the barriers they identify as preventing them from improving their situation. Quotations are included to show the human face of what has so far been presented as a largely statistical or literature-based analysis.

### **Whaanau experiencing social deprivation**

Whaanau experiences dealing with poverty, as long-term users (i.e., for two to five years) of the Auckland City Mission's food bank, were documented across a 12-month period in a study outlined in the Auckland City Mission's July 2014 report, *Speaking for ourselves: The truth about what keeps people in poverty from those who live it*. The participants were representative of long-standing users of the Auckland City Mission's services, and comprised of 40% Maori, 25% Pacific Islander, 22% European, and 13% Asian and other minority groups (Auckland City Mission, 2014). Approximately 80% of participants were female. The

100 whaanau involved reported the following barriers, often in combination, that hindered their circumstances and opportunities to overcome their social deprivation:

- Debt—lack of income, leading to isolation and seeking credit from financial agencies, including “fringe lenders”, often resulting in unmanageable debt.
- The Justice system—having a criminal record, which impedes employment prospects; lack of money causing temptation to offend or reoffend; and lack of knowledge about the Clean Slate Act 2004.
- Housing—lack of suitable healthy housing (many living in cold and damp conditions); overcrowding, with the whaanau having health problems; conversations with multiple phone operators because local [housing agency] offices have closed.
- Employment—lack of student loans and cost-of-course fees; lack of qualifications; lack of means to meet travel costs to attend courses and/or work.
- Health—deterioration in physical and mental health from living in poverty, placing pressure on whaanau and often resulting in missed education and/or employment opportunities.
- Food insecurity—being unable to purchase healthy food, resulting in a reliance on food parcels and borrowing from whaanau, friends or others, including loan sharks.
- Services—having to engage with multiple agencies and to repeatedly explain personal stories and circumstances; being disbelieved by Work and Income New Zealand (WINZ);<sup>15</sup> and being tempted to disengage from agencies, due to not being listened to or perceived as being valued.
- Education—lack of full participation at school, because the whaanau cannot afford to fund stationery, textbooks, uniforms, donations, student loans, transportation, and school lunches. Experiencing difficulty accessing training courses; having no guarantee of employment, even after being instructed by WINZ to attend courses (Auckland City Mission, 2014).

This report highlights the types and interconnectivity of issues experienced by whaanau and the realities they are enduring from as a result of their issues continuing unaddressed.

Resolving such issues requires an approach that enables whaanau to access vital services, otherwise they will continue to experience difficulties. For instance, one interviewee spoke of dependency on aid to meet her expenses, “I am reliant on charity. . . The option here is borrow, which I have done, [I am] heavily in debt [to] friends . . . families . . . no-one wants to be a friend anymore” (Gale) (Auckland City Mission, 2014, p. 4). Another referred to experiencing stress and anxiety:

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<sup>15</sup> Work and Income New Zealand (WINZ) is a government agency that can provide financial assistance to those not working or on a low income, and support people into work and housing <https://www.workandincome.govt.nz/>

Stress and all its effects—the family life, relationships, emotion, all of the effects. You don't eat well, you don't sleep well, you don't look well, you don't look healthy, you're not motivated to work, and then you feel depressed and you feel like committing suicide (Jack) (Auckland City Mission, 2014, p. 27).

In addition to people feeling dependent on aid and experiencing stress and anxiety, one interviewee spoke of being unable to concentrate due to not having enough money, “My mind is all over the place . . . thinking about how we are going to do this, how we are going to do that. It is always money.” (Vicky) (Auckland City Mission, 2014, p. 27). One believed her only option after being declined assistance by WINZ was to borrow from neighbours, pawnbrokers or finance companies, in order to purchase food and things for her children:

And they say to budget your money . . . [but] they don't give you the help and support you really need. And you need go somewhere else where you're gonna pay triple the amount of money back for the little bit of money you need to help with you and your family (Nicole) (Auckland City Mission, 2014, p. 29).

Another spoke of ignoring her own health in order to prioritise her children's:

I don't think of my health, I think of my kids first because they're still young. They need more care and attention with their health—more than what I do. [I neglect] Dentist, smears, depression tablets, inhaler sometimes because I can't afford it. I give it to the kids (Rayleen) (Auckland City Mission, 2014, p. 27).

The above responses, while only snippets of the experiences detailed in the Auckland City Mission's report (2014), suggest there are drivers that are interrelated and operate simultaneously, which prohibit those referenced in the report from improving their living circumstances and/or exiting social deprivation. Based on people's experiences, the drivers appear also to cause psychological and emotional burdens that impede their motivation to participate in social and cultural events, and improve their health and wellbeing. Participants reported having to work “with more than 45 agencies over . . . a fortnight”, and wanting the number of agencies to be reduced (TV3News, 2014, p. 1). The numerous agencies many people require support from are likely to operate in silos, as per their contract requirements, which contributes to people's distress. Recipients will be required to repeatedly justify the nature of their hardship to many agencies in order to receive the assistance they need.

Those who do not receive the assistance they require, will remain in their status quo, and are likely to be perceived as not willing to improve themselves. Moreover, the Auckland City Mission (2014) acknowledged that:

There is no shortage of media attention given to beneficiaries, which often accuses them as being lazy or dependent bludgers, leading many to conclude that people living in financial hardship do so because they lack the initiative to free themselves from it (p. 2).

Viewpoints about what should happen with the welfare benefit system remain contentious (Auckland City Mission, 2014). Nevertheless, understanding the eight drivers listed above may assist decision-makers to improve their responsiveness to the diverse needs of whaanau. The following section presents an example of how one provider responds to the issues of the disadvantaged. This is included as the Salvation Army is one of the most active agencies working with those who are socially deprived.

### **Salvation Army programme**

The barriers noted in the aforementioned section were identified as restricting individuals and whaanau from overcoming their social deprivation, and from an organisation's efforts to address people's issues. It is important to consider how organisations addresses these challenges. The Salvation Army adopts a multi-layered approach, involving case management and mentoring through education and training in budget advice, addiction treatment, and employment training, to support whaanau in assuming self-responsibility and to access the services they require to exit welfare dependency (Johnson 2014, 2015, 2016, 2017; Salvation Army, 2013;). The organisation's Annual Report (2013), presented by Salvation Army Commissioner, Robert Donaldson, states:

During the year, tens of thousands of people in crisis reluctantly sought our assistance. Beyond their initial reasons for seeking help lie harrowing stories of neglect, violence and abuse, material deprivation, hunger and homelessness.

A key reason for the levelling-off of demand [for our services] has been a concerted multi-disciplinary approach to helping individuals and families [in] overcoming their problems, attaining independence from welfare support and realising their full potential. The strategy involves the entire client family working closely with social workers and budget advisors, and they can call on other specialised Army services such as addiction treatment or employment training if need be. (Salvation Army, p. 3)

The Salvation Army's integrated approach mirrors methods employed in an early Healthy Housing programme (Matheson, 2004), and in the Whānau Ora initiative (Te Puni Kokiri, 2011, 2012, 2013a, 2013b, 2013c, 2015a, 2015b, 2016a, 2018a, 2018b; Wehipeihana, Were, Akroyd & Lanumata, 2016). The outcomes reported for each initiative (i.e., Salvation Army, Whānau Ora, Auckland City Mission) suggest there is a level of reliability and trustworthiness in adopting a co-ordinated and multi-layered rather than a single-agency approach to address the complex problems that many whaanau endure.

It is important to know that both the Auckland City Mission and the Salvation Army receive public funding, so the government may argue they contribute to organisations that support people to improve their lives. In 2005, the government intended to reduce poverty and its effects on children through an income-based approach that increased the incomes of whaanau who were working—the Working for Families (WFF) initiative.

### **Working for Families Benefit (WFF)**

Pursuing a similar pathway to that used in the United Kingdom (UK), the Working for Families (WFF) policy was included in the New Zealand Government's 2004 budget and implemented on 1 April 2005. The WFF financial initiative, according to Nolan (2007), was intended to “account for an additional \$1.6 billion of welfare spending per annum” (p. 22). Perry (2004) stated the WFF policy had three primary aims: to make it easier to work and raise a family; to ensure income adequacy; and to support people into work, thereby reducing child poverty. St John and Dale (2012) argued that “the political context for the development of WFF was that the government had vowed to eliminate child poverty” (p. 41).

The Ministry of Social Development had predicted that by 2007 the Family Income Assistance (FIA), as part of the WFF initiative, would reduce child poverty by 70% (Perry, 2004). Subsequent reports however, highlighted that the target of 70% was not achieved, and there was no significant change in hardship rates for beneficiaries (Inland Revenue, and Ministry of Social Development, 2010; St John & Dale, 2012). The evaluative findings suggested the Ministry of Social Development's initial analysis and projections had been inadequate—particularly since, according to St John and Dale (2012):

It was known at the outset that the work incentives were only ever going to affect a small portion of the poorest children in sole-parent households [and that there was] the acknowledgement that most of the gains in employment had been eroded by 2009 (p. 48).

St John (2015) argued that excluding the poorest children increases the depth of their poverty, leading to “more ill-health, parental depression and loss of hope” (p. 1). In 2018, the Coalition Government announced it would reduce child poverty by introducing the Child Poverty Reduction Bill, whereby successive governments set three and 10-year targets on reducing child poverty. Progress reports will be provided in each Budget. Governments can set their own targets but they are required to use 10 measures. Statistics New Zealand will also provide annual reports on the measures. The four primary child poverty measures are:

- Low income before housing costs (below 50% of median income, moving line)
- Low income after housing costs (50% median, fixed line)
- Material hardship (using the EU's standard threshold)
- A persistence measure (for low income, material hardship or both)

The six supplementary child poverty measures are:

- Low income before housing costs (60% of median, moving line)
- Low income after housing costs (60% of median moving line)
- Low income after housing costs (50% of median moving line)
- Low income after housing costs (40% of median moving line)
- Severe material hardship
- Both low income and material hardship (using 60% after housing costs, moving line and the primary material hardship measure) (Burr & Hurley, 30 January, 2018, p. 1)

The Rt Hon. Jacinda Ardern’s (2018, p. 1) press release and Television New Zealand’s (TVNZ) (28 March 2018)<sup>16</sup> report stated that the following outcomes are anticipated from the new measures:

- On the before housing measure - reduce the proportion of children in low income households by six percentage points by 2020/21 - a reduction of around 70,000 children.

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<sup>16</sup> <https://www.tvnz.co.nz/one-news/new-zealand/pm-sets-new-3-year-targets-reduce-child-poverty-our-children-deserve-nothing-less>

- On the after-housing costs measure - reduce the proportion of children in low income households by four percentage points by 2020/21 - a reduction of around 40,000 children.
- On the material hardship measure - reduce the proportion of children in material hardship by three percentage points by 2020/21- a reduction of around 30,000 children.

The targets could be achieved by increasing the income of a whaanau. Employing the measure of 50% of median income appears to enable New Zealand to meet its obligations under the United Nation's Sustainable Development Goals to reduce poverty in half by 2030 (United Nations, 2018). The Organisation for Economic Co-operation and Development (OECD) also use the 50% income measure (OECD, 2018). While the outcomes from this initiative will be reported following submission of the current study, it is unclear what assistance the remaining whaanau who miss out on the additional income will receive. An income-based initiative is likely to be judged as reducing child poverty when the measures employed are income-based and people's income increases. Nonetheless, other aspects of people's lives including their capabilities and capacity are ignored. In March 2018, the Treasury had indicated that 64,000 children would be helped by the Coalition Government's families package commencing July 2018 (Ardern and Roberston, 2018). Despite the targets, the government is yet to outline its long-term strategy to alleviate social deprivation.

## **Improving public services**

The government introduced Performance Improvement Framework (PIF) for Public Service Chief Executive Officers (CEOs) to review and deliver better services and outcomes across the sector (State Services Commission, 2014a). The review assesses the current state of an agency and its capacity to address potential issues. The two critical areas are: i) Results; and ii) Organisational management. Areas under the Results include Delivery of Government Priorities and Delivery of Core Business, while the Organisational Management section comprises four critical areas (State Services Commission, n.d.).<sup>17</sup> Gaps and opportunities are to be identified and followed up on to facilitate improved capability and performance. Reports

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<sup>17</sup> <http://www.ssc.govt.nz/performance-improvement-framework>

on government agencies that have completed a PIF are available on their websites. Despite the PIF reviews, they do not indicate if people's social deprivation has reduced.

Notwithstanding the government's efforts to improve the public service's performance, realigning public service Ministries to improve co-operation and increase collaboration and whole-of-government approaches to meet the multi-faceted needs of whaanau presents a prima facie case for consideration (Ryan, 2011; State Services Commission, 2008, 2014b, 2018). In addition to collaboration, an inter-sectoral governance structure was proposed to address the country's socioeconomic ills (Ryan, 2011). The governance could be underpinned with the principle of value for money and the realisation of outcomes, with increased transparency and accountability in cross-agency arrangements (Cavill & Sohail, 2005; Ray, 2012).

Service integration, collaboration of top-down governance, and leadership with bottom-up adaptive leadership processes have been proposed as a remedy to society's socioeconomic ills (Jackson & Smolovic Jones, 2012). Other approaches involve pooling of resources, and political will (Hutchinson, 2006; Jackson & Smolovic Jones, 2012; Paloni & Zanardi, 2006; State Services Commission, 2008). A multi-sectoral approach offers whaanau opportunities to go beyond their immediate symptoms and associated community problems (Hughes & Smart, 2012). For instance, an integrated coordinated approach to services could increase people's skills, self-confidence, and motivation to accept responsibility for managing their lifestyle. This approach reflects successful strategies employed by the Salvation Army (see earlier in the current chapter) and the Whānau Ora initiative (see Chapters Six, Seven, and Eight). The outcomes realised, mirror those forecast as a result of the socioeconomic reforms of the 1980s and early 1990s. The importance of inter-agency co-operation in decision making and service delivery was emphasised by Gabriel Makhoul, Treasury Secretary and Chief Executive, who stated in his introduction to the Treasury's Statement of Intent (the Treasury, 2015):

The public service is increasingly focused on outcomes that make a real and measurable impact on the quality of life in New Zealand. We cannot achieve those outcomes by operating and making decisions in silos. By working together, the public service is better placed to deliver policy advice, services and outcomes that make a real difference to improving the living standards of New Zealanders (p. 3).

Continuing the theme of supporting strategies that realise an improved quality of life for whaanau, the Treasury's Statement of Intent (the Treasury, 2017) declares:

We need to better understand what Government spends, what spending does and does not achieve, and how to invest to make a difference. We need to . . . enable cross-agency collaboration and delivery. We need an increased focus on outcomes – tracking the value delivered by the Crown's capital and operating expenditure and evaluating the performance of programmes, agencies and projects.

Furthermore, we must continue to strive for better results for populations and individuals, knowing that given the diversity of our people and cultures, one size does not fit all. We need to ensure our resources and practices are more focused on the important and proactive, rather than the urgent and reactive (p. 4).

The Treasury also intended to assess capitals—human, social, natural, financial, including wellbeing indicators—to evaluate the outcomes sought, as well as management of resources. Despite the Treasury's aspirations and while Ministries continue to operate as silos, discussion about inter-ministry, inter-agency and inter-provider collaboration appears to be more of a concept that is discussed than a reality. Nonetheless, political will, collaborative governance, and assertive leadership by the Treasury, State Services Commission, and Ministries is necessary to initiate the institutional changes required to realise inter-ministry policy and collaboration amongst government agencies and providers. Inter-agency collaboration, and/or early intervention, and/or a whole-of-whaanau approach has been proposed to resolve aspects of social deprivation. These approaches recognise the interconnectivity of the personal, familial, cultural, social and economic fallout that many people endure from social deprivation or associated issues—including mental health and/or addiction problems, learning difficulties, or abuse. Early intervention and multi-layered approaches that include treatment and assistance are often required to address aspects of a person's life, whaanau, cultural connections, education, employment skills, financial issues, and/or legal problems. Authorities and commentators have expressed support for an integrated multi-layered approach, including but not limited to:

- Prison inmates (Azuela, 2018; Department of Corrections, 2017, Gluckman, 2018a, 2018b; Johnson, 2018a, 2018b; Love & Rogers, 2018; Salvation Army, 2013; Te Puni Kokiri, 2018a).
- Domestic violence (Herbert & Mackenzie, 2014; Johnson 2014, 2015, 2016, 2017; Salvation Army, 2013; Wilson & Webber, 2014).

- Suicide and associated mental health issues (Johnson 2014, 2015, 2016, 2017; New Zealand Herald, 2017b; Salvation Army, 2013).
- Drugs, gambling, and alcohol (Johnson 2014, 2015, 2016, 2017; Matua Raki, 2012; Richards, 2009; Salvation Army, 2013; The Auckland City Mission, 2014).
- Homelessness (Johnson 2014, 2015, 2016, 2017; Richards, 2009; Salvation Army, 2013; The Auckland City Mission, 2014; The People’s Project, 2018; Wynsley, 2017).
- Child health, wellbeing, and safety: (Child health: Children’s Commissioner, 2014, 2016; Ministry of Health, 2014a, 2014b, 2015a, 2015c, 2016, 2017; The Minister of Health and the Associate Minister of Health, 2008; The Public Health Advisory Committee, 2010); (Child abuse: Ensor, 2015); (Child poverty: Expert Advisory Group on Solutions to Child Poverty, 2012a, 2012b).

Emphasising multisystemic changes to improve child health and wellbeing is not new. Similar changes were proposed earlier by the National Health Committee (1998), and more recently by the Public Health Advisory Committee (2010), which emphasised an integrated approach to address:

Direct requirements (such as the quality of time and care provided by parents, housing conditions and nutrition) to distal needs (such as government policies to ensure families have sufficient income and employment, access to health care, early childhood education, and safe neighbourhoods) (p. 20).

The Children’s Commissioner’s Expert Advisory Group on Solutions to Child Poverty said there was a need for a multilevel approach to include “support and services that invest in children, and build skills and the capacity of their parents and the community where they live, [that] can lift children out of poverty” (2012a, p. 3). Moreover, the Advisory Group on Solutions to Child Poverty (2012) proposed implementing the following initiatives, which appear to be centre-left approaches, to support the government’s efforts to address child deprivation:

- implement the Whānau Ora initiative
- improve participation in early childhood education and educational success for Māori and Pasifika children, and expand the Positive Behaviour for Learning initiative in schools<sup>18</sup>
- provide free primary health care for children under six years of age
- reduce the numbers of young people not in education, employment, and training
- improve the welfare system

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<sup>18</sup> See the Ministry of Education’s website for its Positive Behaviour for Learning initiative - <http://pb4l.tki.org.nz/>

- address child abuse through implementation of the White Paper on Vulnerable Children Action Plan<sup>19</sup>
- reduce rheumatic fever and increase immunisation rates through the Better Public Services targets
- review parenting programmes for disadvantaged parents
- reform alcohol legislation and local community alcohol licensing regulations (2012b, p. 33)

Without detracting from the importance of current government agencies' efforts, in reviewing literature for the current study, the researcher was not able to identify a single government agency that could address the multi-faceted needs of children and/or their whānau. This finding offers insight into why agencies are restricted in the types of assistance they can offer. People's needs and diverse realities are not limited to siloed cultural customs, health, safety, mental health, education, literacy, accommodation, employment, criminal behaviour, and/or income. Nonetheless, personal, familial, social, cultural, employment, and economic costs—all of which are increasing and enduring—will continue until social deprivation and its associated aspects are addressed.

### **Whānau Ora initiative**

The Whānau Ora initiative is a government venture that is included in this research. It evolved in two phases: Phase One (2010–2015) in which providers were selected to establish Whānau Ora services and Navigators were employed to build providers' capabilities and capacity to deliver a whānau-centred approach; and Phase Two (2014–present), government-funded commissioning agencies were established to fund services and resources that realised outcomes for those Māori and non-Māori who accessed Whānau Ora services. Detail on the genesis, phases, and expectations of the Whānau Ora initiative are covered in Chapter Six. Interviews with those who received Whānau Ora services are presented in Chapter Seven, and responses from those who implemented and/or delivered Whānau Ora services are discussed in Chapter Eight. Like the Social Investment Agency (SIA) established in July 2017, the Whānau Ora initiative appears to be an acknowledgement of the need for change from the labyrinth of the government's siloed, sector-specific Ministries, which fail to address the complex multi-faceted issues of whānau. Both the Whānau Ora initiative and the SIA

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<sup>19</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/white-paper-for-vulnerable-children-volume-1.pdf>

purported to employ evidence-based decision making to enable services that are responsive and realise sustainable outcomes for stakeholders including whaanau (Ministry of Social Development, 2010; State Services Commission, 2018). The current research explored what impact, if any, the Whānau Ora initiative had on the lives of those experiencing social deprivation.

## **Chapter summary**

The evidence put forward in this chapter suggests there are aspects of social deprivation impacting on and harming many whaanau. Despite the government's structures, legislation, and policy framework enabling decision-makers to address the situation, social deprivation is increasing and Maaori remain disproportionately over-represented in these conditions. New Zealand Governments have sought to alleviate social deprivation, with mostly limited success, and have exhibited a reliance on a market-oriented economic model, and public services operating in siloed, sector-specific ministries. These outcomes also highlight that changing the status quo of siloed risk management remains a challenging task. As discussed, social deprivation is multi-faceted and therefore not the result of the failures of any single individual or organisation. There is an interrelationship between the many aspects of social deprivation affecting whaanau and their communities.

Based on the data that indicate social deprivation is increasing, improved service responsiveness to the diverse needs of whaanau requires top-level action since a government has a duty of care to its citizens. Assertive evidence-based and sustainable approaches that build people's capabilities are required, thereby allowing them to engage positively in their whaanau and support their communities. Dialogue is particularly important considering non-government organisations reported that they achieved positive outcomes when assisting recipients with accessing services that responded to recipients' multi-faceted needs (Auckland City Mission, 2014; Johnson, 2014, 2015, 2017; Salvation Army, 2013). Finally, examples of both problems and possibilities in addressing social deprivation, including those undertaken by church and social groups as well as by governments have been considered. The next chapter outlines the methodology, data gathering, and rationale for investigation of the Whānau Ora initiative.

# Chapter 4

## Research Methodology

### Introduction

This chapter provides the rationale for using qualitative methodology in this study, explains the particular qualitative methods employed, and outlines the associated theoretical issues. Guba and Lincoln's (1989) definition of methodology is widely accepted: "the overall strategy for resolving the complete set of choices or options available to the inquirer" (p. 183). For the research process, decisions are required regarding ontology [what is—study of being], epistemology [what it means to know—ways of understanding], sociology [perceptions of society], methodology [ways to investigate], and the role of the researcher (Bryman, 2001, 2008; Crotty, 1998; Gray, 2009; Silverman, 2010).

The current study pursued an epistemology of constructivism and a theoretical perspective of interpretivism (Gray, 2009), whereby multiple socially-constructed realities can be considered. Bryman (2008) defines constructivism as "an ontological position (often also referred to as constructivism) that asserts that social phenomena and their meanings are continually being accomplished by social actors" (p. 692). Consequently, people form views about constructions of the social world (i.e., social reality) in which they participate, where social phenomena and categories emerge through social interaction (Gray, 2009). Meanwhile interpretivism is an epistemological position which, according to Bryman (2008), is predicated upon the view that a strategy is required that respects the differences between people and the objects of the natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action" (p. 16). Hence, interpretations are presented that are culturally derived and historically situated, which exist in the context of the interrelationships of perceived patterns, and the ordering of the social world and its narratives (Bryman, 2001, 2008; Crotty, 1998; Gray, 2009).

## **Methodology**

This study intends to understand the experiences, accounts and meanings of social deprivation, and of Whānau Ora services. An interpretive case study, according to Myers (2009) “relies on an underlying interpretive and constructive epistemology; that is the recognition that social reality is socially constructed. Interpretive case studies generally attempt to understand phenomena through the meanings that people assign to them” (p. 77). Additionally, an interpretive paradigm of constructivism (Denzin & Lincoln, 1994) enables the researcher to observe and interpret meaning from people’s engagement with the realities of their world—thus meaning is constructed out of experiences (Crotty, 1998). Hence, through engaging with their world, people continually construct meanings about the objects they engage with. Thus, their varied interpretations form a social construction of realities. People’s perceptions are interpretations of realities, such as “useful . . . liberating . . . oppressive . . . fulfilling and rewarding, [and/or] impoverish[ing] human existence and stunt[ing] human growth” (Crotty, 1998, pp. 47-8). Consequently, the interpretive paradigm of constructivism affords the researcher the opportunity to understand the meanings people ascribe to their experiences of social deprivation, and with a Whānau Ora service.

This methodological approach—interpretivism—is of value as it enables insight into people’s experiences of social deprivation, and a Whānau Ora service, because it “. . . attempts to understand and explain human and social reality . . .” while also seeking “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, pp. 66-7). Such understanding is important because different people construct meaning in different ways, even while experiencing the same phenomenon. In contrast, if a positivist approach was adopted, the researcher would make observations that are value-free and detached, while being able “to identify universal features of humanhood, society, and history that offer explanation and hence control and predictability” (Crotty, 1998, p. 67). Such assertions assume accurate judgments can be made about people’s behaviour while ignoring the influence of values, experiences, and interpretations of events.

## **Methodological framework**

Silverman (2010) argues that a researcher's choice of methods should be based on those that will answer the research question, but notes that the way a research problem is framed may reflect a particular approach and set of philosophical assumptions. This study employs a qualitative methodological approach to investigate the research question: why have efforts world-wide, and in particularly those in New Zealand, failed to tackle the perceived prevalence of social deprivation? The researcher necessarily made assumptions that underpin the research question, which were based on how some commentators view the world, including:

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- that the phenomenon of social deprivation arises out of actions and as it is socially constructed it may be amenable to change (Bossert et al., 2007; Henry & O'Brien, 2003; Holman, 1978; Rashbrooke, 2014; Scott & Marshall, 2009; Sen, 1976, 1981, 1992, 1999; The Global Development Research Center, 2010; Vernengo, 2004);
- that some people have not developed their functional capabilities to participate in society (Bossert et al., 2007; Sen, 1976, 1981, 1985, 1987, 1992, 1999);
- that authorities' strategies claim to address social deprivation (Housing New Zealand, 2017; Ministry of Health, 2017; Ministry of Social Development, 2018; The Treasury, 2017; United Nations, 2013, 2014, 2015; World Bank, 1990).
- that social deprivation continues to increase (New Zealand Law Commission, 2010; Problem Gambling Foundation of New Zealand, 2011, 2012, 2013, 2017; Johnson, 2018b); and
- that some authorities fail to recognise that people living in social deprivation are locked into a context where they feel disempowered and stressed (Collins, 2011; Dean, 2015; Dobbs & Eruera, 2014; Johnson, 2018a, 2018b; Matheson, 2004; Ministry of Health, 2015b; Pearson, 2003; Robson & Harris, 2007; Taylor, 2005; Wilson & Webber, 2014).

The method chosen for the current research was a case study involving participants who have experienced social deprivation and were, at the time of the study, engaging with a Whānau Ora service. Personnel delivering those services were included as secondary participants in this study. Myers (2009) defined case study research as “a qualitative research method that aims to explore or explain contemporary real-life situations” (p. 257). Undertaking a case study of participants has the advantage of eliciting multiple perspectives of experiences (Gray, 2009), with social deprivation, and the Whānau Ora service. A case study approach

also highlights that borders between the phenomenon being studied and its context are often blurred (Yin, 2003). Additionally, the information gained in a case study can “link micro level, or the actions of individuals, to the macro level, or the large scale structures and processes” (Neuman, 2011, p. 42). Moreover, in analysis, case studies may examine why individuals feel, think, or behave in a particular way and/or the processes by which these elements are constructed, and how the elements contribute, if at all, to the phenomena (Gray, 2009; Myers, 2009; Neuman, 2011). Further, integrating the variety of viewpoints can assist a researcher to gain deeper insight into particular contexts that people are experiencing.

Interpretive case studies consider ‘quality’ in terms of the credibility of the story about people’s experiences and circumstances. Assessing for trustworthiness can occur through verification of multiple sources of evidence, and by asking what was done and how it was done, while considering the case study’s consistency of argument, and its representation of a social construction of reality (McNeill & Chapman, 2005; Myers, 2009). Such a focus is on “an individual, a group, an event or an institution” (McNeill & Chapman, 2005, p. 120), or how and why people perceive the world the way they do. The ‘what’ represents real-life situations, with asking how and why: i) decisions are made; and ii) a process operates the way it does (Myers, 2009). These types of questions were asked of participants in this study regarding their experiences of social deprivation, and of the Whānau Ora service, and also from deliverers of such services. Primary information was gathered through interviews and focus groups. Secondary information was sought from government ministries’ strategic plans and budgets, policy reports, and annual reports, which provided both qualitative and quantitative data on social deprivation in New Zealand and on the Whānau Ora initiative. In brief, the Whānau Ora initiative operates in two phases:

#### Phase One

- i) building provider capacity in order to deliver whaanau-centred services; and

#### Phase Two

- ii) three Commissioning Agencies were established to contract providers to deliver Whānau Ora services that facilitate whaanau-centred services, which respond to the immediate needs of whaanau and build their capabilities to begin realising self-management.

The Whānau Ora Partnership Group of Iwi and Crown representatives provided strategic oversight, and informed the Minister for Whānau Ora of matters relevant to the initiative (see Chapter Six for details of the Whānau Ora initiative).

Collating the information required for the current study involved:

- interviews with individuals;
- facilitating focus groups;
- analysis of narratives; and
- analysis of documents.

### **Rationale for interviews and focus groups**

#### **Data gathering—interviews**

An interview provides an opportunity to facilitate a more in-depth collection of information than the use of focus groups, and provides clarification of a person's response, perceptions, feelings, and understandings, their whaanau, their milieu, the natural environment, and/or a phenomenon (Bryman, 2008; Gray, 2004). Conducting interviews with recipients was a key means by which the researcher gained a more in-depth understanding of participants' experiences, as they were able to reveal intimate details about their personal lives. Employing interviews and focus groups allows for differing opinions in the experiences and accounts of the providers and recipients, and yet overlaps occur in these narratives, thereby forming a commonly shared reality.

#### **Data gathering—focus groups**

Focus groups allow a researcher to engage participants in a guided discussion (Myers, 2009). These may involve three to ten people for up to 90 minutes to discuss a topic, with five to six questions (McNeill & Chapman, 2005; Myers, 2009; Neuman, 2011). A collective of participants provides richness of information, and the emergence of a variety of views via questions, debate, and discussion (Bryman, 2008; Gray, 2004). In addition, focus groups allow attendees to express additional viewpoints after being prompted by words and/or ideas they have heard during the discussion; consequently meaning can be interpreted and constructed from people's responses (Bryman, 2008; Gray, 2004) and can reveal their perspectives about a phenomenon or phenomena.

### **Organisations selected for the current study**

The current study did not set out to examine or to measure the impact of the Whānau Ora initiative across New Zealand, as this would have been an impossible task for an individual. Instead, the study focused on six providers delivering Whānau Ora services. The providers participating in the study were Maaori organisations that delivered Whānau Ora services. They also provided a range of services including primary health care, mental health, education, and counselling for addictions (alcohol and drug, gambling, and/or smoking). In addition, despite being Maaori-run organisations, these Whānau Ora services were available to all ethnic groups (English & Turia, 2010; Key, 2010a). The criteria employed to determine which organisations were to be approached initially about participating in the current study were those organisations who are:

- i) delivering a Whānau Ora service. The organisations were to be part of, or to have been part of, the collective of providers in a particular region who participated in the Whānau Ora initiative. The researcher's knowledge of Maaori organisations delivering a Whānau Ora service was useful in identifying each organisation;
- ii) located in rural and urban areas. The current study took place in a region that included organisations delivering Whānau Ora services based in cities and/or small towns in rural and urban areas. As part of collating information from varied sources, an attempt was made to access provider personnel and/or recipients from different providers. This was intended to ensure a variety of voices could be heard from rural and urban communities;
- iii) offering services, including Whānau Ora services to all ethnic groups. This approach allowed for the inclusion of various ethnic representatives; and
- iv) engaging with their Whānau Ora service, and have been doing so for longer than six, but fewer than 12 months. These criteria were based on an assumption that recipients engaged with the service for that period of time were able to form perceptions about the service, the personnel supporting them, and/or the provider itself.

### **Contacting organisations**

Based on the aforementioned criteria, and following ethical clearance by the University of Waikato Ethics Committee, the researcher wrote to nine CEOs of providers of Whānau Ora services in a single region, and one in another region. Obtaining participants (both provider personnel and recipients) from different regions offered multiple perspectives. CEOs and managers' perspectives were sought because they were considered to have managerial

knowledge and insight, and to have responsibility for supervising personnel to deliver services consistent with the aims of Whānau Ora services. Provider personnel, including navigators and other practitioners, are crucial in delivering a service that meets contract requirements, organisational policy and, where appropriate, the iwi (tribal) mandate (i.e., support by an iwi authority to deliver services in and to Maaori communities). In addition, the researcher anticipated that provider personnel could elaborate on their experiences with delivering a Whānau Ora service, and indicate if the approach responded to the diverse realities of their whaanau. Correspondence to CEOs included the following: (see Appendices 2 to 6, from p. 303):

- a letter to CEOs for providers of Whānau Ora services;
- a participant information sheet;
- interview questions for CEOs/managers/practitioners for providers of Whānau Ora services;
- interview questions for recipients of Whānau Ora services; and
- a participant consent form.

### **Organising interviews and focus groups**

Seven of the nine CEOs responded to the researcher's email, and arranged a date and time to be interviewed at their organisation. The two CEOs who did not respond may have held reservations about the study, or been too busy to respond to a request they may have perceived as non-urgent. The organisations that did not respond did not hold service contracts that were significantly different from those held by the organisations that participated in the study. It is unlikely, therefore, that the issues facing whaanau, and the nature of the support offered by those Whānau Ora services that opted out of the study, were significantly different from those organisations who did participate.

Due to time and resource constraints, no further approaches were made to other providers, particularly since the personnel and recipients selected by the CEOs ensured the researcher was working with participants who were willing to be involved in the current study.

### **Sampling approach**

The researcher was aware that the nature of the organisations delivering a Whānau Ora service meant they also delivered other services, thus recipients were likely to access services from more than one provider. Working with each provider ensured there was no doubling up of interviews and/or focus groups involving the same person, which would have caused unnecessary stress to recipients. This process was consistent with this study's approved ethics application, as well as the rights set out in the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (1996).

### **Purposive sampling**

Saunders, Lewis, and Thornhill (2009) suggest that purposive or judgmental sampling requires a selection of cases that will assist in answering research questions. The sampling method for this study enabled information-rich cases to be selected purposively rather than sampling for proportionality or representing a population. Purposive sampling is neither time-consuming nor expensive. Also, the researcher accepted the view that research participants are not identical or interchangeable. Additionally, a randomly chosen sample of recipients was less likely to offer insight into the experiences of those receiving Whānau Ora services, than a sample selected on the basis of having being engaged with a provider of such services for longer than six but fewer than 12 months. The researcher sought a small number of service recipients, in an endeavour to capture a broad range of information about their experiences that was valuable, rich, and insightful. The CEOs, in conjunction with provider personnel, selected the recipients to be approached for the study. Consequently, the current study employed two of the accepted purposive approaches: i) typical case sampling; and ii) extreme case or deviant sampling (Neuman, 2005; Saunders et al., 2009). Both sampling approaches enabled the researcher to develop a portrait of the common types of issues experienced by those enduring social deprivation and engaged with a Whānau Ora service. Extreme case sampling allows for cases that are atypical but nonetheless valuable.

**Typical sampling**

Typical sampling was employed to profile four cases: i) a young couple; ii) a young single mother; iii) a middle-aged couple; and iv) a single father. Provider personnel, including CEOs and navigators, indicated that the multi-faceted issues confronting the recipients they supported and identified in the current study reflected those experienced by many whaanau engaged with their Whānau Ora service. Additionally, reports indicate that many recipients engaged with such services required assistance for various complex issues, including substandard accommodation, homelessness, an insufficient income, domestic violence, health and mental health concerns, and/or inadequate child care (Te Puni Kokiri, 2016, 2017, 2018a, 2018b). While not definitive, this approach enabled the researcher to illustrate the types of issues that ‘typical’ people can face day-to-day while experiencing social deprivation, and the impact, if any, on their circumstances, from engaging with a Whānau Ora service.

Personnel nominated by the CEOs for the interviews and/or focus groups were familiar with delivering a Whānau Ora service. These included managers and practitioners, with some registered with professional bodies including the New Zealand Nursing Council, the New Zealand Social Workers Registration Board, Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ), and the New Zealand Association of Counsellors. As well as their managerial expertise, the researcher considered such personnel able to provide relevant information about their interpretations and observations of delivering a Whānau Ora service for their recipients (see Chapter Six for details of the Whānau Ora initiative).

**Extreme case sampling**

Extreme case sampling allows a focus on atypical cases in order to derive a richness of information about people’s experiences (Saunders et al., 2009). The rationale for selecting such cases was to understand their experiences of social deprivation, and whether a Whānau Ora service could assist people enduring intense hardship. Moreover, individuals were selected who did not live in what may be considered a conventional whaanau situation with their father/mother or a significant other. In addition, their circumstances could include some level of extreme hardship at the personal, whaanau, social, and/or economic levels—so much so they might be considered as living on the fringes of society. It has been suggested that

endeavouring to understand those who are considered extreme cases can assist with the interpretation of people judged as typical cases (Patton 2002; Saunders et al., 2009). As with the typical sampling approach, the CEOs in consultation with their personnel selected recipients for the male-only cohort. The kaumatua and whaea had supported some of the men who were living or had lived at a provider of supported accommodation where the focus groups were to be held. They were therefore accepted by provider personnel and considered suitable to assist with the study. Those considered extreme cases were no doubt once typical cases.

### **Data gathering**

The data-gathering process was designed to allow common themes about the issues facing recipients, and provider personnel, to emerge naturally from the interviews and focus groups. The focus group concentrates on a specific topic, while an interview can span broader topics (Bryman, 2001, 2008).

A semi-structured interview schedule (see Appendices 4 and 5 for the questions used) was used to gather the information required. The benefits of employing this interview guide include the use of general questions, the ability to vary their sequence, and the possibility to ask more probing questions (Bryman, 2001, 2008; Gray, 2009). The schedule also enabled the interviewees and focus groups to relax, laugh, revisit earlier questions, and speak about personal experiences. It also permitted the researcher to ask questions, pursue issues, request an expansion on responses, and thus include additional queries as issues arose (Gray, 2004; Bryman, 2008). Enabling such an approach is an important part of exploring the subjective meanings people attribute to ideas and/or phenomena. While focus groups and interviews offer advantages in accessing a variety of views, participants' responses may be influenced by the researcher who designs and asks the questions, thus potentially influencing the content of responses (Silverman, 2010).

### **Who was interviewed and who participated in focus groups?**

During Phase One and Two of the Whānau Ora initiative, CEOs confirmed dates for interviews and focus groups for themselves, their managers and/or practitioners, including navigators, and/or recipients. CEOs and navigators were interviewed at their organisation of employment, as were those managers and practitioners who participated in focus groups. As indicated in Table 4.1, in Phase One, individual interviews were completed with three CEOs who were all Maaori, two of whom were women and the other male, with all of them indicating they were over 50 years of age. One-off focus groups were held with managers who were also practitioners, and with two groups of three and a single group of four. A single focus group of five practitioners was also held. The managers' and practitioners' focus groups contained both male and female, and Maaori and non-Maaori participants, all of whom were over 40 years old. Provider personnel also participated in focus groups according to their place of work. The personnel wanted to support each other to share their views in response to questions, and/or elaborated on comments made by other attendees. In terms of recipients, three one-off focus groups were held with a men's only groups (extreme group), which were groups of three, four, and eight recipients. The men ranged in age from 24 to 48 years old, of whom 13 were Maaori and two non-Maaori, eight were unemployed, four in part-time employment, and three enrolled in an education course. The two lots of parents were interviewed separately, with the husbands being Maaori, and the wives non-Maaori.

Interviews with recipients were conducted between the researcher and the individuals concerned. Provider personnel advocated for the men's only cohort to be held as focus groups since many knew each other, had participated in groups previously at their residential facilities, and could support each other in a focus group environment. The researcher was aware of four of the male recipients from the all-male cohort, who had previously been resident at the inpatient facility with the organisation in which the researcher had been a senior manager, and with which he was a Trust Board member. He did not have any involvement with the men's activities or care while they were at the organisation. Table 4-1 and Table 4-2 present a breakdown of the participants involved in the current study during each phase.

**Table 4-1: Phase One of the Whānau Ora initiative – interviewees, focus group participants, their age, gender and ethnicity**

Designation	Interview	Focus group	Age group	Gender	Ethnicity	Employment status
CEO	1		50 +	Female	Maaori	Employed
	1		50 +	Female	Maaori	Employed
	1		50 +	Male	Maaori	Employed
Manager/ practitioner		Group One: 4	40 +	2 females 2 males	4 Maaori	Employed
		Group Two: 3		1 Maaori female 2 males: 1 Maaori 1 non-Maaori	2 Maaori 1 European	
		Group Three: 3		1 Maaori female 2 males: 1 Maaori 1 non-Maaori	2 Maaori 1 non-Maaori	
Practitioner		5	40 +	3 Maaori females 2 non-Maaori males	2 Maaori 3 non-Maaori	Employed
Recipients		Group One: 8	24-48	Male	6 Maaori 2 non-Maaori	Recipients: 1 unemployed 4 in part-time work 3 in education
		Group Two: 4	24-48	Male	4 Maaori	Recipients: 4 unemployed
		Group Three: 3	29-36	Male	3 Maaori	Recipients: 3 unemployed
	2 parents		38-43	1 Maaori Male 1 non-Maaori Female	1 Maaori 1 non-Maaori	Unemployed
	2 parents		35-36	1 Male 1 Female	2 Maaori	Male – employed Female – unemployed
<b>Totals</b>	7	30				

In the case of the men’s group (extreme cohort), CEOs, through their personnel and a kaumatua and a whaea, arranged dates and times for the men to participate in one of three single focus groups at a provider of supported accommodation. The kaumatua and whaea had

split them into smaller groups to ensure attendees were able to contribute to the discussion rather than missing out due to large numbers. The men's physical, mental, emotional, and/or spiritual health meant their concentration span was short. Attending meetings in groups did not place excessive pressure on them and thus did not compromise their personal condition. Each recipient had some level of contact with his whaanau. All the men were single and had criminal convictions that had or could have resulted in serving time in prison and/or in a secure psychiatric facility. All 15 recipients received assistance from a Whānau Ora service during the previous 12 months to access a range of services. These services included primary health care, social services, mental health services, alcohol and drug-counselling services, supported-accommodation services, WINZ, and/or participating in programmes that build their personal, cultural, and/or employment skills. All the men resided in rental accommodation. Four of the 15 men worked part-time, eight were unemployed, while three were enrolled in training courses.

Interviewing participants (whether individually or as part of a focus group) in an environment they were familiar with was important since it was possible that they might feel anxious about engaging in an unfamiliar location. The researcher anticipated that this approach may also contribute to minimising recipients' perceptions that they could be harmed by participating in the study (McNeill & Chapman, 2005).

Table 4-2 indicates that during Phase Two, interviews were completed with three female Maaori CEOs over 50 years old. One-off interviews were held with each of the five Maaori female navigators who ranged in age from 40 to over 50 years old. A single focus group was conducted with three Maaori females aged 19-28 years old, all of whom were single mothers and unemployed.

**Table 4-2: Phase Two of the Whānau Ora initiative – interviewees, focus group participants, their age, gender and ethnicity**

Designation	Interview	Focus group	Age group	Gender	Ethnicity	Employment status
CEO	1		50 +	Female	Maaori	Employed
	1		50 +	Female	Maaori	Employed
	1		50 +	Female	Maaori	Employed
Navigators						
	2		40 +	Female	2 Maaori	Employed
	1		40 +	Female	Maaori	Employed
	1		50 +	Female	Maaori	Employed
	1		50 +	Female	Maaori	Employed
Recipients						
		3 Maaori females	19-28	Female	3 Maaori	Unemployed single mothers
Male elder	1		60+	Male	Maaori	Unemployed
Single man	1		38+	Male	Maaori	Unemployed
A woman, her partner, Aunty, and a navigator	1		19	Female	1 Maaori	Unemployed
A single mother, and a navigator	1		21	Female	1 Maaori	Unemployed
A man, his wife and a navigator	1		45	Male	1 Non-Maaori	Unemployed
A father and a navigator	1		32	Male	4 Maaori	Unemployed
<b>Totals</b>	14	3				

In Phases One and Two, interviews with CEOs lasted about 90 minutes. In Phase One, each focus group with provider personnel and with the male cohort took about 60 minutes. The interview with each of the two families lasted about 90 minutes. As indicated in Table 4-1, navigators were not interviewed in Phase One, since they had not yet been appointed to organisations but were assisting providers with developing their services to deliver a whaanau-centred approach. Meanwhile, some practitioners were already assuming roles in assisting whaanau with plans to build their capabilities while brokering their access to services and resources.

During Phase Two, the interview with each navigator lasted 90 minutes. Apart from two navigators being interviewed together, the remaining three navigators attended interviews individually. Table 4.2 indicates that an interview was held with six recipients, accompanied

by their whaanau and/or navigator, to complete a case study about their experiences of social deprivation and receiving a Whānau Ora service. Recipients were interviewed at the premises of the provider supporting them, with their navigator attending. In each instance, the navigator contributed to the discussions about the recipients' experiences. In two of these interviews, partners and/or whaanau members attended and participated in the dialogue. The researcher acknowledges that the navigator's attendance might constitute bias, in that many researchers might be reluctant to appear to be criticising the navigator's input, and thus mediate the interview process unduly. However, the intent of a navigator attending and participating was to cultivate an environment in which respondents felt comfortable and confident replying to questions. Additionally, the navigator added valuable information about the recipients' circumstances, and their efforts to support the recipient and/or their whaanau. The case studies for the male Maaori elder and a single Maaori male are not presented in the current study.

While individuals' circumstances and experiences may be unique to them, recipients' experiences with social deprivation, a Whānau Ora service, and the deliverers of those services began to follow a common pattern, hence further interviews were not necessary. The chief difference between the reported experiences of recipients regarded as typical versus the extreme cases was the latter's illiteracy, low functional capabilities, isolation from community networks, and depression and anxiety. However, some cases in the cohort who were considered to be typical also reported experiencing similar disorders, although at a less extreme level.

### **Research briefing, participant information sheet, and consent form**

Maaori and non-Maaori participants were familiar with customary Maaori practices such as karakia (prayers), mihi (traditional welcome), whanaungatanga (establishing ancestral connections), and waiata (songs). Such protocols guided the processes of greeting, research briefing, engagement with participants, and debriefing for the current study's interviews and focus groups. Maaori commentators emphasised the importance of using appropriate cultural protocols when engaging with Maaori (Barlow, 1998; Durie, 1994, 1998, 2001; Smith, 1999, 2012).

Prior to commencing the interviews and focus groups, the researcher commenced with customary karakia (prayer), and mihi mihi (greeting) and whanaungatanga (ancestral connections) were exchanged. The CEOs determined the process of customary practice for their interview and since the researcher had previously been welcomed formally to their organisation they did not initiate any formal customs. The CEOs expressed their satisfaction with the interview and the content of their contribution. They did not deem it necessary for the researcher to forward to them a typed copy of their responses. Likewise, neither managers, practitioners, nor navigators requested interview transcripts. The kaumatua and whaea checked with the men's cohort to see whether they wanted further information or explanation about their responses. They were satisfied with what they had said and did not consider that they needed to read the responses of the group, which were written on a whiteboard. Recipients welcomed the opportunity to read their case studies (see section on Respondent Validation, p. 92).

#### **Consent forms and collation of information**

Following customary greetings and formal introductions, the researcher outlined to the participants the purpose of the research, the process to be followed in the meeting, the information that would be collated, and the participant's and their organisation's anonymity and confidentiality. Such assurances were in keeping with the principles underlying the Privacy Act 1993 (New Zealand Government, 1993a), in order to ensure the privacy and confidentiality of health information. The researcher followed the same process when interviewing both the recipients, and the male cohort.

In briefing the research participants, the researcher guided recipients and provider personnel through the Participant Information Sheet and the Consent Form line-by-line (see Appendices 3 and 6 for copies of the Participant Information Sheet and the Consent Form). Consent forms were signed after the research briefing but before commencement of formal interviews or focus groups. All recipients and provider personnel agreed to their interviews and/or focus groups being audio-recorded. Participants also gave permission for their statements to be recorded using a pseudonym, thus ensuring their comments remained confidential and not identifiable. The researcher also informed provider personnel, recipients and their whaanau

that their responses would be collated with those of other participants who had reported on their experiences of social deprivation and engagement with Whānau Ora services, or with those delivering such services.

The intent of following the aforementioned processes was to ensure participants were fully informed before they signed the consent forms, and questions were asked of them, i.e., to enable the participants to ask questions about the process and seek clarification. Participants were assured there were no right or wrong answers, and that whatever they said would be appropriate in the context of the research. Participants were able to state ‘next question’, say they did not wish to answer a question, shake their head, or otherwise refuse to respond. They were also informed they could decline to answer any question and could withdraw from their interview or focus group at any time. For personal reasons, two sets of parents withdrew from the study in Phase One while three women withdrew during Phase Two. Their comments are not included in the current study, and new participants were sought. Each of the new participants interviewed in Phase Two approved of their case study being included in this study.

### **Interviews with recipients for case studies in Phase Two**

The navigator attended and contributed to the interview with the recipient, thus their responses were included in the case study (see Chapters Five, Seven, and Eight). Interviews with recipients who had partners were counted as a single interview due to the focus of the capability building being centred on that person, while also including their whaanau members. The following four case studies in which interviews were conducted are:

### **Typical group**

- i) a couple—a 19-year-old Maaori woman and 20-year-old man, with the female’s ‘Nan’, who she considered her mother, arriving midway through the interview. The couple had been employed and were living together, but at the time of the interview, they were homeless, although they were staying at a Marae, with the woman’s three sisters, aged five, nine, and 14, and her brother. Her sisters were not attending school. She had also assumed responsibility for her nine-month-old niece whose mother had neglected her.

- ii) a 21-year-old single mother who had started living on her own with her three children all aged under five years old, following six years of severe domestic violence.
- iii) a 46-year-old non-Maaori male, with severe diabetes and depression, and his 44-year-old non-Maaori wife who was suffering from severe depression. They were both receiving a sickness benefit and were deeply in debt.
- iv) a 32-year-old single Maaori father who had been living with his children's mother. She moved out of their home to escape his severe domestic violence. He commenced raising his five children—a 12-year-old son, a 10-year-old son, a six-year-old daughter and twin three-year-old daughters—on his own.

### **Focus groups with the male cohort in Phase One**

For focus groups with the male cohort, the kaumatua and whaea attended and facilitated appropriate customs including karakia (prayer), and mihimihi (greeting) and whanaungatanga (ancestral connections) were exchanged. Attendance by kaumatua and whaea ensured the researcher's interactions with the cohort was culturally safe for the men and the researcher, particularly since the men were considered to be from a vulnerable population. The male recipients (both Maaori and non-Maaori) were aware of the importance of the role of elders, and thus accepted their presence at the focus group. The men had either been raised in environments where elders were held in high esteem, or they had learnt such knowledge from a provider who supported them, or with whom they resided. As such, they were aware of and respected the role of elders in the organisations they received care from. The inclusion of kaumatua and whaea may have helped recipients to ask questions that other attendees and/or the researcher could answer, and/or the others could expand on the responses provided. Additionally, their input added to the dialogue because many recipients experienced literacy and/or numeracy challenges.

In addition to facilitating focus groups for the men's cohort, the researcher took food to each focus group, which was culturally appropriate for recipients to share after the session. The remaining food was offered to recipients to take home if they wished.

### **Why were only men interviewed in the cohort of extreme cases?**

Feedback from provider personnel suggested the men's multi-faceted needs are generally more extreme than those of females because men often delay seeking access to social, health, and mental health services. Provider personnel agreed that interviewing men who had extreme and multiple needs could provide some important insights into whether a Whānau Ora service could adequately address these needs.

### **Maaori language**

No written information was made available in the Maaori language. Kaumatua and whaea attending the focus groups enabled the customary Maaori protocols to be completed. Apart from the karakia, mihi, and whanaungatanga, the interviews and focus groups were not conducted in Maaori. From time to time, respondents used Maaori terms in the context of the interview/focus group, such as kia ora (hello, yes), ae (yes), tautoko (I support), ka pai (I like that), kei te pai ahau (I am good), ka kite (goodbye). Provider personnel had levels of competency in the Maaori language but recipients, including the men's cohort, were not fluent, and in fact also had low levels of literacy in English.

### **Koha for provider personnel, and recipients**

A koha (gift of \$50.00) was given to each CEO and recipient who participated in the case study after the interview, so they were not aware in advance that they would receive it. The cultural significance of a koha is a token or an offering as part of reciprocity (Barlow, 1998). Providing a koha following the interview ensured the culturally appropriate protocol was adhered to without compromising the information obtained. Gifting a koha before the interview may have led interviewees to feel pressured into making favourable statements about the organisation, provider personnel, and/or the Whānau Ora service. None of the recipients interviewed as part of a case study were working part-time, thus the \$50.00 did not exceed their welfare benefit entitlements.

### **Feedback to participants**

The researcher informed all CEOs and other participants that they would receive an executive summary, based on the key findings, and provided in non-academic language, after the research was complete. The summaries would be sent to the CEOs to distribute to participants, including personnel and recipients. Additionally, all participants were advised that, once they received their summary, they could request to meet with the researcher either individually or in focus groups, to discuss the findings and/or any recommendations. Interviews enable respondents to reconstruct their perspective of events, their lived experiences, their contexts and connection between them, thus revealing their views and highlighting judgments about complexities, culture, milieu, and contradictions (Bryman, 2001, 2008; Gray, 2004). Additionally, the researcher interprets interviewees' responses and remains receptive to all possibilities, which is important due to the researcher's epistemological viewpoints, theoretical and/or analytical interests, which are likely to influence perceptions of phenomena. Diverse interpretations of social deprivation, phenomena associated with it, and people's experiences of such milieu are inevitable. In addition, varied observations are also likely for those receiving assistance from provider personnel, and those attempting to improve people's circumstances, e.g., increase their income, secure employment, or enrol in skills development courses. Bake (cited in Denzin & Lincoln, 2005) argues that it is important to understand the historical background of a case, including groups of people, events, and/or celebrations as they take place within specific cultural, social, ethical, political, and economic contexts.

Scholars (Denzin & Lincoln, 2005; Strauss & Corbin, 1990) suggest that, when reconstructing information into a dialogue participants approve of, analysing qualitative data requires accurately describing what the respondent has said and what the interviewer has understood. Selection and interpretation of information and data are then woven into a narrative. The current thesis employs Strauss and Corbin's (1990) approach of thematic analysis to interpret the evidence gathered from the interviews and focus groups, which recognises that interpretation is necessary during analysis as part of selecting research. The information was to be arranged according to themes about recipients' experiences of social deprivation and of a Whānau Ora service, as part of assuring confidentiality of individual responses. Responses

from the men's cohort were listed on a white board, which acted as a prompt for responses from other recipients, and ensured the confidentiality of their contributions.

During analysis of the interview and focus group information, the researcher sought meanings and connections to experiences of social deprivation, and any reported changes in personal, whaanau and/or community life following experiences with the Whānau Ora service. The legitimacy of a researcher's interpretation is strengthened by receiving information from multiple sources. For example, the kaumatua and whaea sat with the researcher, following the focus groups with the men's only cohort, to discuss what was said, how it was stated, and reasons for the person stating what they had. These discussions provided clarification on the comments received, which was useful because, as commentators suggest, all information can be interpreted in different ways at different times (Bryman, 2001, 2008; Crotty, 1998; Gray, 2009).

### **The Maaori elders' input**

Perspectives from kaumatua and whaea provided valuable insights into what a recipient might mean. The elders also acted as a 'sounding board' for the researcher's perspectives. As trusted individuals, the Maaori elders and provider personnel signed a confidentiality form, and were aware of the need to keep all information divulged by respondents confidential. As an example of the discussions with the kaumatua and whaea, clarification was sought on words used by recipients in two instances, and in both cases, the original interpretation was correct. In the first illustration, one recipient stated that he had "not wanted to get good health," but it had been interpreted that he had meant he actually "wanted to be in good health", which, after clarifying with him, was correct. There were no instances of the kaumatua and whaea disagreeing with the researcher's interpretation of the statements made by respondents.

### **Coding and themes**

Consistent with Braun and Clarke's (2006) and Clarke and Braun's (2017) proposal concerning thematic analysis, following each interview and focus group the researcher transcribed all interviews verbatim, apart from repetitive use of 'ums' and 'ahs'. It was vital for the researcher to complete transcription of the interviews because of the sensitivity of the data to individuals. This minimised unnecessary exposure of participants' situations to 'outsiders'. The researcher reviewed the text against the recording and corrected it if required. The transcripts were used in constructing the narrative in Chapters Five and Seven. Subsequent identification of themes through coding was undertaken for the presentation of a discussion in Chapter Nine. Since there is no one agreed procedure for analysing qualitative data (Denzin & Lincoln, 2005), it was important to adhere to this process.

As part of undertaking qualitative analysis, following each session, transcripts and bullet points from focus groups for provider personnel and recipients were read and annotated according to preliminary themes. The researcher manually undertook a coding process—highlighting themes and segmenting information, to determine which were the most recurrent (Bryman, 2001, 2008). Undertaking coding early enabled the researcher to become familiar with the issues and concerns emerging (Gray, 2004). Initially, the researcher had started coding and entering information into the QSR NVivo—a computer-assisted analysis of qualitative data (CAQDAS) package—but the information became too fragmented, losing the essence of people's responses. The researcher was also concerned that, by filtering people's responses into key words, the context of their responses and also the flow of their narrative was being lost (Bryman, 2001, 2008). Inevitably, analysing the information took longer than it would have had a computer-assisted package been used for qualitative analysis. The coding process involved highlighting the statements, sentences, and themes that were relevant to the question asked.

The second phase of the coding process involved highlighting, in a different colour, key words, names, labels, concepts, and brief phrases that emphasised the responses and observations of provider personnel and recipients in relation to the researcher's questions. Coding of the content gathered, according to Bryman (2008), assists with determining

subjects and themes, a certain disposition with the text, and a range of other predetermined variables (e.g. gender, age, social class, observations). Denzin and Lincoln (2005) suggest that themes should be organised to deepen understanding of the matter being investigated.

Overarching themes, sub-themes, relationships and interconnections between themes were then documented, with notes made where people indicated their experiences of social deprivation, e.g., no qualifications, unemployment, inadequate accommodation, or not enough resources. A similar process was followed with the themes from people's experiences with a Whānau Ora service, enabling the researcher to interpret the information and build concepts and categories. The transcripts were then reread to identify any new emerging themes and insights, to confirm whether the themes and the overarching themes remained the same, and/or if new concepts and/or assumptions had emerged. Each theme was refined which involved defining and naming and renaming themes until patterns emerged about a person's lived experiences of social deprivation and Whānau Ora services, and of provider personnel's experiences with delivering those services. The researcher was aware that the Māori providers delivering a Whānau Ora service also employed indigenous models of care, such as Te Whare Tapa Whāa (Durie, 1994, 1998, 2001); Te Pae Mahutaonga (Durie, 1999); and Te Wheke (Pere, 1991, 1997). These models—including the model employed by early childhood education, Te Whariki (Ministry of Education, 2017)—recognise the multi-faceted nature of people's lives, and that people are affected by multiple forces. Therefore, discussions around experiences need to reflect such perspectives, hence the researcher's reluctance to employ a qualitative analysis package.

### **Respondent validation**

Respondent validation requires the researcher to verify documented findings with participants' statements, experiences, and comments (Bryman, 2001). To ensure respondent validation (Silverman, 2010), the researcher forwarded a typed copy of the case study of recipients' experiences of social deprivation and of a Whānau Ora service to the CEOs. The CEOs requested the navigator visit the recipient and their whānau and go through the typed case study with them. This was done to ensure the material presented was deemed valid by the recipient.

**Chapter summary**

This study employed a qualitative methodological approach, including social constructivism with an interpretive lens, and methods of interviews, focus groups, and analysis of documents and narratives, to develop a deeper understanding of social deprivation in New Zealand, and people's experiences of such milieu. Insight was sought on the impact, if any, of the Whānau Ora initiative's whaanau-centred approach, by understanding the interpretations of recipients and provider personnel in relation to social deprivation and a Whānau Ora service. As well as documentation analysis, interviews and focus groups were the qualitative information-gathering techniques used to collect the information required from participants.

A narrative approach was adopted to capture recipients' comments about their experiences of social deprivation and a Whānau Ora service, with observations made by provider personnel included. Themes were identified from recipients' narratives about social deprivation. Both approaches contributed to a validation of recipients' responses to ensure the quality of analysis, and subsequently, the study's findings.

# Chapter 5

## Recipients' Experiences of Social Deprivation

### Introduction

Macro issues have been discussed to this point in the study; these issues include social deprivation and successive governments' efforts to address the problem through their functions, policies, and initiatives. While individuals are the subject of social deprivation rather than the cause, the government's planning around supporting those identified with issues (i.e., communities, whaanau, and individuals) occurs independently of service recipients. In order to address the lack of information from or about recipients, this chapter covers four service recipients' narratives about their lives in social deprivation. Having them present their experiences in their own words illustrates that recipients undergo myriad interrelated complex concerns. These concerns influence their perceptions about their immediate, day-to-day struggles with social deprivation and curb future planning. By the end of the chapter it is hoped the reader will recognise the human face of the issues covered earlier in the study and hear the voices that have motivated and informed this research.

### Recipients' perceptions of their life

Table 5-1 was compiled from the researcher's interpretations, from reviewing the transcripts and themes from the focus groups held with the men's cohort, which categorised narratives according to their content with common themes emerging across the narratives. The researcher checked the words used by recipients with them in order to ensure the accuracy of what they stated and whether the words corresponded to what they had meant. In all cases they agreed with the researcher's interpretations. Table 5-1 below indicates that, overall, recipients experienced multiple material, economic, emotional, psychological, and social deprivations across a broad range of areas in their lives.

Recipients found that the multi-faceted nature of their problems and their interconnections with other challenges made it near impossible for them to escape their social deprivation, particularly given their limited resources. Recipients also experienced difficulties managing

their many complex problems, which were burdensome and emotionally taxing because they did not have enough resources (e.g., financial) to resolve them; thus, their standard of living remained low. Data from interviews and/or focus groups not included here were consistent with those already stated in the current study, or they did not represent the events confronting all recipients. The perspectives expressed in these case studies are supported by reference to issues experienced by others as indicated in Chapter Three and highlighted in Chapter Two. To assist the reader, Table 5-1 below summarises the types of issues that the cohort, couples, and individuals, reported they were experiencing.

**Table 5-1: A single male, a couple’s, a single mother’s, a single father’s, a single man, and the men’s perceptions of their life before engagement with a Whānau Ora provider.**

Experiences	Brenda and James—couple	Natalie—single mother	Simon and Jackie—couple	Ted—single father	Men’s cohort
Unemployment	✓	✓	✓	✓	✓
Struggling to cope	✓	✓	✓	✓	✓
Stressful lives	✓	✓	✓	✓	✓
Anxious	✓	✓	✓	✓	✓
Depressed	✓	✓	✓	✓	✓
Powerless to improve lifestyle	✓	✓	✓	✓	✓
Not always purchasing healthy food	✓	✓	✓	✓	✓
Substandard or no housing	✓	✓		✓	✓
Financial problems	✓	✓	✓	✓	✓
No qualifications	✓	✓	✓	✓	✓
No Maaori protocols and prayer	✓	✓	✓	✓	✓
No exercise	✓	✓	✓		✓
No car license		✓			✓
Domestic violence		✓		✓	✓
Inadequate transport		✓			✓

The following section presents four in-depth case studies of the life experiences of individuals receiving a Whānau Ora service. Examining the case studies through an interpretive lens enables understanding the social construction of reality, and the complexities and depth of social deprivation some people encounter. Commentators identified some essential needs as healthy diet (Townsend, 1993); adequate income and housing (Taylor, 2005; Wilson, 1991); and satisfactory environmental, social, and cultural conditions (Drewnowski & Scott, 1966; Zeldenryk & Yalmambirra, 2006). Many people do not have choices, fundamental freedoms (Sen, 1982, 1985, 1992, 1999), or life necessities (Bailey et al., 2003) while living in a depressed socioeconomic situation (Maré et al., 2001). The four cases are not an exhaustive representation of the range of issues that recipients of Whānau Ora services face, but indicate the types of struggles some people endure. A Maaori couple, a single Maaori mother, a non-Maaori couple, and a single Maaori father share their experiences.

### **Case studies of recipients' experiences with social deprivation**

As noted in the Methodology Chapter, all interviews for the case studies except for one were held at the premises of the Whānau Ora service they accessed. Apart from the first interview, navigators attended the sessions. Following customary greetings, karakia (prayer), and whanaungatanga (ancestral linkages), recipients were asked to talk about their circumstances and the types of experiences that led them to receive support from a provider of Whānau Ora services. As mentioned in the Methodology Chapter, recipients were given pseudonyms in keeping with the researcher's assurance that their identities would be kept confidential.

#### **Narrative One: Brenda and James (couple)**

Brenda is a 19-year-old Maaori female, and her partner is James, a 20-year-old Maaori male. Both left school without any qualifications. Brenda's younger brother died when he was six weeks old. While Brenda's parents were caring for her three sisters, they were ignoring care for Brenda and her younger brother and, therefore, Brenda's grandmother assumed responsibility for both in order to prevent them being placed in State care. Around the same time, Brenda's cousin, who she now refers to as her brother, started living with them. Brenda has three sisters: Jade, 14 years old; Molly, nine years old; and Cathy, five years old.

Brenda's father had been in prison for the past year but she had not spoken with him, and her mother was also imprisoned. Her whaanau were part of the Black Power gang, while James's whaanau were members of the Mongrel Mob gang. Brenda said her whaanau were hostile to other gangs: *"I did not ever believe I would ever get with someone like him (James) from the Mongrel Mob"*. She said, *"I was 14 and we would say our gang's chant. I don't like the gang stuff anymore because they don't offer people anything. They're a waste of time"*.

### **School, employment, and whaanau**

Brenda missed classes at school as *"I was going to the tinny shop<sup>20</sup> to get drugs and buying more drugs. I didn't know what to do"*. Brenda said she:

*went to Burger King and asked for a job. I told them I was getting into mischief at school and that if I was working I would be a better person. The woman told me 'be here tomorrow on time and you can have a trial'. I was excited. I told my parents 'I just cracked me a job'. Hearing their support for me gave me more confidence and motivation to push on. Good words push you on. Bad words push you down.*

Brenda received four "employee of the month" awards at Burger King. She said:

*they like[d] the way I worked . . . I got asked to train new people because I [was] one of the best workers and had a high standard of work. I was proud of myself that I was asked to train others in how to clean properly.*

Brenda said, *"we [Brenda and James] were both working and saving our money after paying all our expenses. We had dreams. We were going to make sure we achieved them all"*. Brenda had links with her Marae. She and James were both proud of being a Maaori couple planning for their future, working full-time, saving money to buy a home, and aspiring to achieve success. Aside from her dreams, Brenda recently had a stillborn child and was grieving for the loss of her baby daughter, named Ataahua (beautiful). She and James had taken her baby's spirit (kawa mate) to her Marae. Brenda said:

*I didn't have a photo of her [at that time] so I wrote her name in a photo frame instead. I was grieving because they (doctors) told me the baby had to come out of me otherwise we both would die. That was what I wanted. I wanted to die with my*

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<sup>20</sup> Slang term used to define a residential house selling marijuana

*baby Ataahua (beautiful) so I could look after her with my tupuna (ancestors). I kept thinking about suicide. I didn't think there was anything here for me.*

*I can now go to my Marae when I want to see [a photo of] my baby. My nan said 'Don't mind if the photo's been moved. It's not us. It's her (Ataahua's spirit) placing it where it needs to be'.*

Three months after losing her baby, Brenda was informed her mother had been sent to prison for benefit fraud and had been transferred to a local community-based facility. Before Brenda's mother went to prison, Taylor, a navigator, was trying to engage with Brenda's mother and was encouraging her to accept support for herself and her children. Taylor said:

*Her (Brenda's) mum would only talk with us through her door. The children were not at school. Her benefit money wasn't being spent on the children, so they weren't okay. The youngest child was deteriorating. I was taking kai (food) to the mother. It was the best way to try and support the whaanau.*

### **Receiving an eviction notice**

Brenda said that on the day her mother was sentenced to prison, “*the landlord issued [her with] a ninety-day eviction notice. My sisters were not in school. I thought 'what do I do now?' I wanted to get a welfare benefit to care for my sisters*”. Brenda and James had been living together in the community in a small unit, but moved into the house where their mother had lived to care for her sisters. Her brother also moved in with them. Adding to Brenda and James' stressful situation, and their inevitable financial strain, was an Aunt who was not coping with the grief from her parents' deaths and had left her nine-month-old daughter (Tess) with Brenda and James. Brenda said, “*I'm not surprised my cousin (Tess) is staying with us. Sometimes she (Tess's mother) would take off and leave her daughter behind*”. Contributing to Brenda's difficulties was WINZ that had informed her that she was too young to receive welfare payments for caring for her sisters: Jade, Molly, and Cathy. She said:

*They sent me to the youth services who said the money they pay me will not help me with my situation. I would have got \$50.00 for me. The rent goes to the landlord and the rest of the payments go out from the card [card from WINZ]<sup>21</sup>. My partner wasn't getting anything.*

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<sup>21</sup> A payment card from Work and Income New Zealand (WINZ) to purchase approved items

Brenda said she was very distressed and angry with her mother “for causing all this mess”, and because of everything that was happening:

*I lost my baby, my parents were in prison, we were told to get out of our house, I had to look after my sisters, and WINZ weren't giving us any money. I felt completely helpless. I had no idea what to do. I was still thinking about suicide.*

### **Whaanau aspiration—stay together**

Brenda, James, and her brother wanted to remain together as a whaanau and to keep Brenda's sisters with them. Looking after her sisters “was one way of healing my heart from losing my baby. I wanted them to achieve and be independent rather than staying at home and not doing anything”. Brenda declared, “I hope my mother stays where she is because I believe I'm doing [a] better job at looking after my sisters than my mother did”. Brenda accepted that her sisters and cousin could have been placed in State care, which would have enabled her and James to get on with their lives and fulfil their aspirations, but she said, “I couldn't do that because we know what has happened to young girls in care. I didn't want that for my sisters”. In regard to caring for her sisters and cousin, Brenda said that when she and James were staying at the house “my sisters looked forward to going to school and coming home from school. They didn't want to come home because home wasn't a very nice place to be when they were with my mother”. Brenda said that when caring for her sisters and cousin, she had left them on their own some days because “they were treating me like their mother. I was doing everything for them, but I am still grieving for losing my baby daughter”. In relation to caring for the three sisters and baby, James said:

*This is very new to me. I'm looking after a baby and the sisters and everything that goes with that. You have to be part of a tight family to make this work. I feel comfortable being part of this and I enjoy it a lot. I want to make it work.*

### **Disempowerment**

The interconnecting and challenging circumstances faced by Brenda and her whaanau meant they felt extremely vulnerable, were unable to plan their future, and were focused only on immediate needs—“day-to-day surviving”—and finding accommodation. Brenda acknowledged that her whaanau wanted to improve their lives but felt reliant on WINZ to do so. Brenda felt financially deprived, socially isolated, unsupported by the government

agencies, and believed she and her whaanau were powerless to influence the decisions of government agencies that were affecting their lives, *“I was angry at my mother. We had nothing, and no one would listen to us. I wanted my sisters to have what they needed. If they are healthy, it’s easier for them to go to school”*. Despite acknowledging the distress of Brenda and her whaanau, the state’s welfare agency, WINZ, also has funding constraints, of which Brenda and her whaanau may not be aware. Their whaanau situation highlights the complex and multi-faceted issues government agencies can face with many whaanau. Weighed down by worries that she might not have enough money to pay for visits to the doctor and prescriptions for the children, Brenda held fears about the security of her future and that of her whaanau. These fears compounded her feelings of marginalisation and powerlessness. Taylor, the navigator, had visited the whaanau and organised a goal-planning meeting. See Chapter Seven, (p. 152) for their experiences with a Whānau Ora service.

#### **Narrative Two: Natalie (single mother)**

Natalie is a 21-year-old single Maaori mother of three children under four years of age. At age 14 she moved with her sister Gail, 16 years old, and her brothers Gavin, 13 years old, and Andrew, 10 years old, to a bigger city so her mother could earn an income to provide for her children, which she did by working two jobs. Natalie acknowledged that her mother *“paid the bills so we had food on the table, and we had clothes”*. Despite her mother’s efforts to support her children, Natalie said she did not engage at school because *“I didn’t want to learn. I didn’t want to know anything. I just wanted to go and party, drink alcohol, and smoke drugs”*. At 14 years of age she met Tommy (18 years old), whose parents and cousins were *“in a violent gang”*. Natalie added, *“they would go to peoples’ houses with stolen items, share drugs, and be violent”*. Natalie said she and Tommy started *“going to parties, drinking, smoking lots of drugs all the time”*. In addition to her social life, *“my boyfriend, my younger brother, and me did an aggravated robbery. I got worse after doing the robbery. I stopped listening to everyone including my mother and the law”*.

### **Pregnancy, mother leaving, and domestic violence**

Natalie fell pregnant with her first child and Tommy moved in with her and her whaanau. A short time later, her mother and Natalie's younger brother moved to Australia. Natalie said, "*I lost my family support when my mother moved to Australia*". Tommy, Natalie, and her brother and sister moved into a flat but they were evicted shortly after because they contravened the landlord's behaviour bond of "no drugs". According to Natalie, her older brother would smoke drugs with Tommy and say to her "*you should listen to him [Tommy]*" to which she would respond, "*I asked him 'Why don't you stop him punching and kicking me'. He was too scared of him [Tommy] so didn't do anything*". Natalie continued to be violently assaulted by Tommy. Natalie endured six years of severe domestic violence at the hands of Tommy.

Natalie said the welfare benefits she and Tommy received were not enough to pay for rent, food, and clothes so they moved in with Tommy's mother and step-father. Natalie said Tommy's house had "*lots of holes in the walls from the guys getting angry and punching holes in them*". She admitted, "*He was controlling. He stopped me going anywhere. He didn't want anyone coming over. He would take some of the benefit I received*". Tommy stopped Natalie from contacting her friends and managing her own money. "*He told me I had to do everything he said and so I never questioned him. I just did what I was told*", Natalie added. She said that while living at Tommy's parents' house:

*he violently assaulted me all the time. He used to hit me hard all the time for no reason. He would just come up to me and start punching and kicking me. I had to call the police lots of times so that he would stop being violent towards me. Even when the children were born his violence towards me still carried on. He didn't stop it.*

### **Cohabiting, pregnancy, and domestic violence**

Natalie left Tommy and moved into a flat with her children. Eventually, Tommy moved in with Natalie and their relationship restarted. She said, "*I got my own flat when I got pregnant with my second child. I used drugs to cope with what had happened to me with the violence, my fear for my children's safety, and my own family stuff*". Natalie felt tense and struggled to get through each day, feeling like "*I was walking on egg shells all the time. I had to be*

*careful around everything that he would say otherwise he would get angry at me. It was very stressful for me. I had no support". Natalie said, "by now Child Youth and Family services (CYFs) were involved. The police would regularly take him (Tommy) away" but "he would be back on my doorstep hours later and the cycle started again. The house did not have power. It was cold and damp and we lived on takeaways". Natalie said they could not afford electricity so "my babies were very unhealthy. We did not always have clean clothes and we did not always wash ourselves properly". She did not know how to address her substandard living conditions and did not believe she had a choice to do so.*

Natalie believed that Tommy had *"psychologically abused one of our children"* by saying to their son constantly, *"your mother is so dumb and crazy"*. He would also ask their son, *"do you like your mum, or do you hate your mum, where my son would look at his father and look at me and would say I hate my mum"*. Natalie said Tommy would *"make out that I was wrong about everything and that I was causing him to go back to the drugs or to get drunk"*. Their lack of finances forced them to move back in with Tommy's whaanau, who would then tell them to leave the house when they fought. Natalie added, *"Late one rainy night, my [third] baby was two weeks old, and his (Tommy's) mother kicked us out. We slept on the streets for two nights. They were smoking drugs when we went back"*. With her mother living in Australia, Natalie felt as though she did not have any family, social, or cultural support. She said, *"I had my children's father and my partners' parents. They weren't supporting me"*.

Natalie said she found it very stressful and frustrating trying to raise her children in Tommy's parents' house. *"I would tell the children to behave and the children's father would tell the children something else, and the grandparents would say or yell something else"*. Natalie conceded that she thought the children's father, and perhaps his whaanau, hit the children because *"when I got back from being out, if the children were crying they would not say what happened. His family have short tempers and get angry for no reason. Always smoking drugs didn't help them"*.

### **New accommodation**

Natalie recounted that after Tommy's parents kept telling her and Tommy to get out of the house, and having been informed by a navigator about her options, *"I couldn't deal with it anymore. I didn't want that for my children. I got a Housing New Zealand home"*. Tommy moved in with Natalie soon after. Natalie described her two-bedroom home as a *"very comfortable [unit] that is fully fenced so the children can play outside"*. She emphasised, *"we were away from his family and that's all I cared about. I was so relieved for me and my babies"*. Tommy continued to smoke drugs and be physically violent to Natalie while living in the unit, reinforcing Natalie's sense of powerlessness: *"I was depressed and [had] no self-esteem. I didn't have any faith in myself, so I didn't care what he did to me"*.

Natalie did not ask for help because *"I didn't want people to know what I was going through . . . the violence . . . drugs and alcohol. I kept people away"*. Despite feeling isolated and not approaching any social agencies for support, she would tell her mother she was being verbally and physically assaulted by Tommy. Her mother would *"yell at me over the phone and tell me what to do but I ignored her. I felt very isolated and depressed, but I didn't know what to do"*. As a result of Tommy's continued violence toward her, Natalie tried to encourage him to *"get help . . . go on a violence prevention programme. He would say my family try to be strong so we don't do things like that. His family just ignored me"*. Natalie said, *"I felt helpless about everything"*. She aspired to live on her own with their children but did not think she would ever achieve that goal. Her feelings of disempowerment and despondency, and being controlled by Tommy, compounded her belief that she could not change her circumstances. In spite of her aspirations for independence, her beliefs kept her paralysed in her situation.

### **Natalie's breaking point**

Natalie conceded that she wanted to end her relationship with Tommy but accepted she knew she would continue to be abused by him *"I would go back to him even though I knew I would be physically abused all the time. I would let him yell and hit me for no reason. I didn't know why I was doing that"*. However, during a particularly bitter argument, and being aware of her options and responsibilities as a mother and following regular advice from a navigator,

Natalie reached a turning point, *“he started hitting me a lot. I watched my kids watching him hitting me. I walked over and picked up the phone and rang the police and his mother and told them to take him away”*. Natalie’s response to her partner’s mother and the police was *“I was sick of it and I had enough. I don’t want that anymore”*. Natalie wanted Tommy to stop hitting her, to live on her own with her children, increase her capabilities, gain employment, and buy a vehicle. Natalie’s improved self-belief appeared to result from receiving initial support from a navigator, and also a new female friend, who had been through a similar experience, and knowing that she did not have to stay in a violent situation.

### **Narrative Three: Simon and Jackie**

Simon and Jackie are non-Maori, in their mid to late forties, and have been in a generally happy marriage for 10 years. Both are sickness beneficiaries and take medication for depression. Simon has chronic diabetes and is required to attend dialysis for six hours each Monday, Wednesday, and Friday. Jackie is dependent on crutches to walk because of a recent knee operation. She is a registered nurse, but has not worked as one since her father died five years ago. Simon was made redundant by the organisation that contracted him to deliver newspapers. While the case study is about both Jackie and Simon, it was Jackie who spoke the most.

### **Childhood and schooling**

Jackie’s childhood was in a rural town. Jackie said, *“I come from a family of five. My childhood was okay and happy most of the time. I stayed at my aunty’s a lot”*. She said she and her siblings *“worked on the Lands and Survey farm (Government ownership) for our father who couldn’t afford to hire anyone. We always had some meat and potatoes so we often had the basics. There was a house cow.”* Because Jackie’s whaanau had close ties with the Maori community, Jackie recalled that *“We all had a lot of involvement in the local Marae and attended a lot of Maori meetings to support the activities”* Jackie and her whaanau attended a Catholic Church each week and *“at 10 years old I found out not everyone delivers their church service half in Maori and half in English”*. It appears that Jackie had initially grown up believing that everyone experiences this integration/interconnectedness between Maori and European worlds/philosophies/cultures but then came to realise that this is not the

case. Jackie added, *“I have some ingrained prejudices but they have become stronger as I have got older. I use my mixture of Irish [mother’s heritage] and Maaori [learnt] philosophy and my beliefs in my day-to-day decision-making”*. In terms of prejudice, she said, *“I’m not prejudiced to Maaori but I have prejudice towards the Asian people coming into this country”*. Jackie did not elaborate further as to how her prejudice towards people from Asian countries manifests, nor did she indicate the cause of her feelings of antagonism towards them.

Simon and his whaanau lived in a country town. Simon’s childhood was not structured. His parents would let him go to bed when he wanted, which was often after midnight. Consequently, he did not attend school very often. He said, *“I found school too difficult. Maths was too difficult. I was in the special class. I didn’t want to be put into a mainstream classroom because I thought it would be too difficult for me”*. Conversely, Jackie said that at school *“I was one of these kids who didn’t do much but passed everything very well. I was deputy head girl for our school”*. Jackie explained, *“One sister is dyslexic. She is trying to resolve a lot of her issues. A younger brother works on one of the farms the family works on. Another brother is a school principal”*.

### **Leaving school**

Jackie left school to work filling shelves at the local supermarket *“because I didn’t know what I wanted to do”*. She left home and moved into a hostel where *“there were young people. It was safe. Young police officers were there so no problems. We got flagons of beer and enjoyed ourselves”*. Jackie continued to get promoted and eventually *“they promoted me to work in the office, oversee some of the other workers, and complete administration work”*. At 23 years old, Jackie was made redundant after the supermarket was restructured. It was a particularly challenging time for Jackie at a professional and personal level, *“I broke up [finished the relationship] with the [then] love of my life (David). There were other things happening for me at that time but I don’t want to talk about those, so I will just skip over those”*. Simon did not achieve any qualifications, and was subsequently employed in low-paying labouring jobs, painting fences and weeding gardens.

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### **Enrolment in Diploma of Nursing, and depression**

Jackie used her redundancy money from the supermarket to pay off the debt for her vehicle. Through her church she was offered a job in Auckland as a nanny for six months, looking after a couple's three children. The oldest of the children had just completed a Diploma in Nursing qualification at the Manukau Polytechnic. Jackie continued to board with the whaanau as their nanny and *"I enrolled in the same nursing course. Their [two] children returned to school"*.

Jackie's first episode of depression occurred during her nursing course where *"the first love of my life (David) died"*. Jackie acknowledged she missed her first boyfriend and felt very sad he was no longer alive. She had remained close friends with David after their relationship ended. She said that after David's death, *"I dived mentally and emotionally and failed a couple of exams. I got chucked out of the nursing course"*. Despite feeling mentally and emotionally unstable, she had not approached any medical staff for support. Instead:

*I worked long hours, seven days a week. I didn't know how to cope any other way with my feelings, emotions, and my scrambled thoughts. I believed my world had ended. I can't remember anything for that six-month period of what I did or where I went. It is all blank.*

Five other students in Jackie's class had also failed the same two exams but *"It was the first time I had realised how prominent discrimination was. I was the only non-Maori and the other five were Pacific Island and Maori"*. After a year of rest and not involving herself in stressful activities, and consequently feeling better and determined to finish her qualification Jackie said, *"I went to the Polytech and said I wanted to go back on the course and that I should be accepted. They accepted me. I never saw the others again [the students who had also failed papers]. I completed the [Diploma in Nursing] course and became a registered nurse"*. Having passed her course, the nature of Jackie's work—involving home visits as a nurse—did not come as a surprise to her because *"I had seen it all as a kid, houses with hardly any furniture, no food, and house untidy or dirty"*. Jackie had observed the nature of people's homes in the community she grew up in.

Jackie explained that her second episode of depression occurred *“about 10 years ago. I was working as an agency nurse”*. Jackie had struggled mentally and emotionally with David’s death, and had no grief counselling or acquisition of stress management techniques. Her coping strategy was to focus on her work. *“I overworked to cope with things. I got pancreatitis. The specialist said I was an alcoholic, and I worked too many hours. I had my gallbladder removed”*. Soon after the first operation, Jackie was readmitted to the hospital due *“to getting pancreatitis again. I didn’t attend my father’s 70th birthday party because I was still in hospital”*. Jackie left the hospital to stay with her parents who looked after her. She moved back to her flat but *“I couldn’t meet all my bills so asked WINZ for support, who said they would give me \$100 a week as a sickness beneficiary. My rent cost \$200. So, I returned to work too early”*. Jackie was furious with WINZ, *“The situation was too stressful for me. I struggled to cope, ‘cause they weren’t interested in my situation so I crashed mentally again and became depressed again. I was in tears all the time”*. Struggling with her depression, she went to *“the doctors who put me on medication. I wasn’t crying as much as I had been”*. Jackie said, *“I deteriorated emotionally and mentally each time the doctor changed the medication because I had reacted really badly to it. I kept nosediving again and again mentally and emotionally. I got depressed again. Emotionally I was very unstable”*.

In spite of her emotional and mental health struggles, Jackie managed to keep working and used the long hours at work to construct a sense of normality in her life, *“I kept bursting into tears all the time for no reason so working long hours was my normal”*. She added, *“I’ve been on the same medication for the past 10 years. I need it reassessed. I burst into tears for no reason. I can’t cope with things as well as I used to. I probably need some counselling”*. Jackie admitted her father’s death, five years previously, had thrown her into deep depression again because *“we were very close, and I still miss him a lot. He supported me”*. While Jackie admitted her marriage with Simon had been a very positive support for both of them, it was the grief associated with the deaths of her first boyfriend and her father that contributed to her emotional and mental instability. Simultaneously though, she believed her focus must remain on supporting her husband Simon with his chronic diabetes and depression.

In addition to Jackie and Simon's mental health concerns, they both want their medication for depression reassessed. Simon acknowledged that he had always been in low-paying jobs, and that his history of depression had contributed to his frequent low levels of energy and avoidance to begin and complete day-to-day tasks. He said, "*sometimes I can't do much 'cause I'm too tired or just don't want to do anything*". Jackie added, "*yes he gets into a space where I have to push him to do anything*".

### **Jackie's mother and Simon's brother**

While both of Simon's parents had died, Jackie's mother who was 75 had recently been placed in a rest home. Before being moved to a rest home, her mother was often unstable on her feet and had been falling over, thus her need for constant care. She said, "*I worry about my mother's health but at least in the home they should look after her*".

In addition to their worry about Jackie's mother, Jackie and Simon assumed care for Simon's younger brother for about 10 months, due to his deteriorating mental health issues. Jackie disclosed that "*he had an anxiety disorder with schizophrenia. It was always very stressful with him. He needed constant care*". Jackie struggled to support both Simon and his brother and acknowledged "*I was getting burnt out because they both demanded so much energy and assistance from me*". Simon's brother was eventually placed in fulltime care.

### **Debt and financial management**

Jackie and Simon had accumulated more than \$25,000 of debt over the past five years. Jackie said, "*we struggled to manage our money being on sickness benefits. We never knew how or if we're going to repay it*". She said, "*It sucks being on the benefit; everything is going up. Takeaways is the cheaper food. We're used to being in debt all the time. It just goes with being on the benefit*". Simon acknowledged that he and Jackie had accumulated debt and therefore "*we need to be really careful with our money all the time*". They each owned a vehicle but intended to sell one of them because they could not afford both of them.

Jackie said that Simon's sister used to *"dump some of her five children off to us and didn't give us any food or money so we had to pay for everything. It was very difficult"*. According to Jackie, she would attempt to save money so she could pay to feed the pre-teenage children for a week or two weeks during the school holidays. In addition to the financial burden they experienced while looking after the five children, Jackie confided that she and Simon were worried about her family's problems due to *"the money our parents left for all of us."* When pressed for further information about this inheritance that Jackie referred to, she chose not to elaborate except to comment, *"Some of my brothers and sisters think they should have more than the others"*. [The] *family dynamics are still ongoing and it's stressful*", said Jackie.

### **Simon's chronic diabetes and unemployment**

Jackie said that Simon used to self-dialyse at home, but for over 12 months he had been dialysing at the local hospital. Simon said, *"I go [to] the self-care unit. I do the dialysis for six hours . . . three times a week. I used to work but no one will employ me for just Tuesday and Thursday each week"*. Simon added, *"we got financially lost when we lost our job [contract] delivering the newspapers. We were offered a Housing New Zealand place so we moved out of our town and into this city"*. After becoming unemployed, Simon worked with a Maaori man who made and sold hangi (traditional Maaori food) to the public. He said, *"I learnt how to make the hangi and the steamed puddings he made"*. Simon said about 12 months ago he became very frustrated with not being paid regularly. So based on his new knowledge of making hangi and steamed puddings, he decided *"I could make those and sell them. We decided to set up our own business and sell them as a meal [hangi with the steamed puddings]"*. Simon's motivation indicates some degree of entrepreneurial spirit to develop a new business. Advice regarding the new business forms part of the assistance provided by the provider of a Whānau Ora service and is covered in Chapter Seven.

Simon acknowledged that after he and Jackie moved into the city, he needed to have a doctor he could see for his chronic diabetes, and who could support him to manage his depression. He said, *"one of my dialysis friends recommended I come to this organisation [provider of a Whānau Ora service], 'cause there are good doctors here. I made an appointment to come here"*. Having struggled to keep themselves afloat, the service, according to Simon,

effectively threw the couple a lifeline, “*I had just lost my job, we moved from a town, where we had good supports, into this city where we didn't have any supports. The only supports were my dialysis friends*”. He added, “*I came here and Jackie said if it was a good place she would come. We have been coming here for about 10 months*”. Simon and Jackie had sought assistance from a provider of Whānau Ora services—primary health care, budget advice, and support for those experiencing chronic illness. Simon and Jackie’s goals and progress are discussed in Chapter Seven (p. 169).

#### **Narrative Four: Ted (single father)**

Ted is a single 32-year-old Maaori father of five children: 12-year-old son (Terry); 10-year-old son (Jon); six-year-old daughter (Lucy); and twin three-year-old daughters (Lily and Layla). He has been a sole parent for the past 18 months. Ted left school without any qualifications. He was a labourer when employed. Ted experiences literacy issues but has not attempted to address them because of his lack of confidence in discussing his reading difficulties with others.

#### **Cohabiting, children, and domestic violence**

Ted remained in the coastal town he grew up in when his father moved to Australia and his mother moved to a different town. Ted’s coastal town had many labouring jobs. Ted lived about an hour away from his siblings and extended whaanau. Ted’s mother left the home when he was young, which meant he was raised by his father. He said his father always attended church and is “*always about living your life and filling your house with love*”. He met Kelly and they started a family. Ted admitted being physically violent to Kelly, “*There was domestic violence. She wanted to live her life [consume alcohol] but I said we have five kids we have to look after. She wouldn't listen to me . . . so there was domestic violence*”. Ted indicated that it was his ongoing frustration that Kelly would not do what he wanted that caused him to physically assault her—to the extent he believed it was an acceptable practice. Ted appears to perceive Kelly as irresponsible and believes her behaviour triggers him to act violently towards her. In his constructed reality, he is not to blame— Kelly is the villain, the one who is jeopardising his efforts to create a safe and stable haven for himself and his

children. According to Ted, his struggles to control his relationship led him to feel isolated. Although he was not coping, he gave his whaanau and friends a different impression. He said:

*About 18 months ago, I was [still] being violent towards Kelly. She walked out because she wanted the children to be raised without violence in their lives. The violence had [already] gone on for a couple of years. We were into alcohol and drugs which didn't help. I didn't realise how bad the violence was until we stopped living together. I just thought it was normal and her behaviour would change but it didn't.*

### **Single father**

After Kelly's relationship with Ted finished, she remained in the same town as him because her whaanau were also there. Ted had isolated himself from his social and cultural support network. He said, *"I found it very difficult because I was adapting to the new situation of managing kids by myself but wouldn't tell anyone I was finding it hard on my own"*. Ted said he was trying to live a normal life but, due to his struggles with providing care for all five children, he had distanced himself from his friends, his whanau/family, and those of his ex-partner. Ted often felt stressed because he did not believe he could improve any aspect of his life, and did not know what agencies, if any, he could approach for support. He said his routine *"was basically, get the kids to school, and take the kids to sports, take the kids to home . . . on my own"*.

Ted still harboured anger toward Kelly for walking out of their relationship and away from their children. He believed his three older children were also angry with their mother when she visited, while the younger daughters were excited to see her. He said, *"my younger boy is angry at her, but I tell him that he needs to still love his mother. Maybe they thought they need to be like that [be angry to their mother] 'cause I was"*. Ted thought his middle son may require counselling to manage his anger. Ted said that when Kelly left, she *"was into lots of drugs. She had nowhere to go. Her parents wouldn't take her in. She was in a bad way and bad things happened to her while she lived on the streets in Auckland"*. Kelly had been attacked and beaten while living on the streets. Ted wanted to support her but believed that his priority was to look after his children, which meant he was unable to support Kelly in any way. Ted did not have enough confidence in his capabilities, and this contributed to him

believing that he could not pursue opportunities or create choices that would enable him to improve his income and the family's lifestyle.

### **Living in a caravan**

At a funeral for one of his cousins, his whaanau and friends asked him why he had isolated himself and, following an explanation of his new circumstances, they asked him why he had not asked for support or attended whaanau activities. Ted explained his new living situation to his older brother and younger sister, who encouraged him to move to the town they lived in so they could support him to care for his five children. Ted and his five children then moved into a caravan on the property of his younger sister and her partner. In the meantime, Kelly had moved to be with friends in Auckland. Indicating a level of satisfaction with his goal of moving to the town where his older brother and younger sister resided, Ted said, *"our initial goals were to have the children attending school and playing sports. I also wanted to have a three-bedroom house for me and my five children"*. He said he wanted to gain employment, even if it was part-time labouring jobs that could work within the hours his children attended school. Ted added, *"I can't work full-time because I have my kids to look after"*. He would have to purchase the cheapest food because he was relying on a single parent's welfare benefit. Ted tried to ensure his children had food, even if it was takeaways, which took less time to organise and was cheaper. He said, *"my children don't starve because I like my food. I have had to make sure the kids have lunches so they can learn. Might not be much"*.

### **New accommodation**

Ted said he was going to the real estate agencies each day to find a house, but was finding it difficult because other people were being considered before him and his children. He said, *"couples were probably less maintenance and were a more attractive option than a single father with five children"*. Ted said, *"I started getting very frustrated because we were looking at the bad parts of town. The poor areas were cheaper"*. Later, *"Housing New Zealand rang and said they had a house for us. It was not in the bad area or in the poor area"*. Ted's sister assisted him to organise his children to attend school. Ted said, *"I was struggling to stay in a routine. I prepared school lunches most days, and did the washing at night, and tried not to miss days doing the housework. I wasn't getting a break"*. Ted

conceded he was, at times, “*struggling to get through the day with everything I had to do and I was doing it on my own*”. He perceived the role of caring for his children and completing all the housework as an onerous job even though “*I was initially excited about me and the kids being on our own. [But after a while], I was struggling being a parent. After about six months of me looking after the kids by myself an incident happened*”. The incident to which Ted was referring was one night in which Ted had left his children at home by themselves while he went to his friend’s house to watch a sports game on television. Ted explained that he knew his actions were wrong, but that his yearning for respite and social contact had been too strong. He conceded:

*I was finding it difficult to cope with them (children) by myself. I wouldn't ask anyone for help. It's a sign of weakness if I asked for help. I went to my friend's house. I know leaving them on their own was the wrong thing to do. The Police came around and talked to me. The children's family team became involved and asked me why I left the children at home on their own. They said I needed to get someone to help me look after my children.*

Ted said, “*the people from the children's team were worried I might leave my children on their own again. I said I knew it was wrong but I needed a break*”. Ted said he did not know what to do. He believed he did not have the capabilities or the social or cultural support necessary to get ahead in life. He also felt unable to access services that were already available, due to believing that asking for help and/or approaching services for assistance was a sign of weakness. These beliefs existed even though he did not feel empowered to improve his child management skills or his circumstances. Understandably, Ted felt there were many challenges surrounding him, but he was stationary and unable to improve anything. Maaori practices (i.e., Maaori prayers) were not something Ted considered to be an option for improving his situation. Ted’s belief occurred despite being raised in a home environment where his father regularly practiced te ao Maaori customs including karakia and waiata, and would read and share texts from the Bible with him. However, while Ted had regularly attended whaanau and Marae activities, thus embracing his te ao Maaori, he did not practice traditional Maaori customs daily, but did emphasise the importance of whaanau linkages and supports.

Following the incident that Ted referred to, the children's team referred Ted's case to a provider of Whānau Ora services. A navigator contacted him to meet and discuss his immediate needs. Ted's goals and his progress are discussed in Chapter Seven (p. 178).

### **Common threads in the case studies**

Although the four narratives presented in this chapter involve different challenges specific to the individuals recounting them, there are a number of common themes that emerge when the narratives are placed side by side. The following paragraph briefly summarises pertinent points from the case studies of people's experiences of social deprivation. The narratives indicate people are confronted by a range of complex issues, highlighting the multi-faceted nature of social deprivation and the way in which one challenge often overlaps with another. A consequence of social deprivation for many whaanau is that their issues can impede them from meeting their basic physiological, psychological, spiritual, and emotional needs and functionings. The primary focus for many of the interviewees was trying to ensure that their immediate needs were met and that they were overcoming their struggles in the long run. Generic needs included suitable accommodation, food, clothing, supportive social and cultural relationships, education, adequate income, a safe home, and transport. All of these needs support the realisation of positive physical and mental health, welfare and wellbeing. Factors that contributed to their social deprivation and impeded their efforts to fulfil their basic needs included inadequate resources, poor physical and/or mental health, inadequate income, and a lack of suitable accommodation, drug use, and violence. These factors were coupled with overlapping issues such as unemployment, low literacy, low self-confidence, limited access to education or training courses, and inadequate personal, social, and cultural support.

Despite the absence of resources and choices, recipients were motivated to improve their circumstances. However, because they had low confidence in themselves, and believed they did not have the knowledge or skills to improve their circumstances, their hopes for improvement rested entirely on government agencies to resolve their situation. At the same time, the recipients had varied views about the quality of government agency support.

## **Chapter summary**

In summary, five in-depth case studies were presented in this chapter to illustrate the varying and interconnecting issues that cause those living in social deprivation to barely scrape by from one day to another. An additional challenge was that the behaviour of the recipients' family members or partners could discourage them from pursuing opportunities to improve their circumstances. These issues contributed to the variety of complex challenges with which recipients were burdened. Despite wanting to improve their lives, recipients were often unaware of options available to them, and were simply focused on getting through their daily challenges rather than planning their future. Recipients did not feel empowered to improve their lives and did not believe they had the knowledge or skills to improve their circumstances. As a result, they felt entirely reliant on government agencies to help them improve their situation, even if they were hesitant about the intent of these agencies. Each case study revealed how historical circumstances continued to affect the present lives of recipients, and when they were unable to combat the forces they perceived to be disempowering them, they remained trapped in their unsatisfactory situations.

The narratives presented in this chapter highlight the challenges faced by government agencies if they adopt a linear service contracting approach that is silo-focused in nature. Because the issues faced by those living in social deprivation are multi-faceted and inextricably entangled with other challenges, the employment of sector-specific interventions is bound to fail. Even so, providers not contracted to deliver services across sectors continue to refer recipients to siloed organisations with limited success. In this context, the Whānau Ora model of whānau-centred services represents a radically different approach and is the focus of discussion in the next chapter.

# Chapter 6

## The Whānau Ora initiative

### Introduction

This chapter explains the background of the Whānau Ora model, and outlines its goals and outcomes during the two phases of its implementation. The rationale for the model's primary idea of 'whaanau-centred services' is described, including how it promotes whaanau-centred practice, intends to address people's issues, and build the strengths of whaanau.

### The Genesis of Whānau Ora practice

Whaanau-centred practices are promoted by holistic Maaori models of health and wellbeing. The concept of 'whānau ora' is about improving whaanau wellbeing, and originated in the Ministry of Health's (2002a) policy document *He Korowai Oranga: Māori Health Strategy*. To address the immediate needs of whaanau, the Taskforce on Whānau-centred Initiatives sought to reposition the emphasis of the public sector from illness (i.e. a deficit approach), to holistic wellness (i.e., strengths-based and self-management) (Taskforce on Whānau-centred Initiatives, 2010). In whaanau-centred practice, whaanau are central to decision-making about their service requirements and play a pivotal role, both individually and collectively, in improving their wellbeing in the Whānau Ora context (Ministry of Health, 2002b; Taskforce on Whānau-centred Initiatives, 2010; Te Puni Kokiri, 2011, 2015, 2016, 2017). The Whānau Ora approach reflects the following local indigenous models that are underpinned by Maaori philosophy, concepts, knowledge, customs and identity, while promoting whaanau-centred practices to build people's capabilities:

- Te Whare Tapa Whā refers to the four dimensions of life, which represent the four walls of a house. This model recognises that if one wall falls, the house or one's health will fall (Durie, 1994, 1998, 2001). The model includes:
  - *Te taha wairua* – spiritual health and wellbeing
  - *Te taha tinana* – physical health and wellbeing
  - *Te taha hinengaro* – emotional and psychological health and wellbeing
  - *Te taha whānau* – the social environments in which whaanau live and therefore their wellbeing.

- Te Wheke uses the metaphor of an octopus' tentacles to represent a specific dimension to define Maaori family health (Pere, 1991, 1997; Pere & Nicholson, 1994).
- Te Pae Māhutonga uses the Southern Cross star constellation. This model is underpinned by traditional Maaori ethos and realities, confidence in one's cultural identity, and is analogous to the Ottawa Charter framework of health promotion (Durie, 1999).

These models emphasise a holistic approach to address the multi-faceted needs of whaanau. A Whānau Ora approach acknowledges the linkage between the wellbeing and values of whaanau, social support, and economic sustainability (Taskforce on Whānau-centred Initiatives, 2010; Te Puni Kokiri, 2011, 2013c, 2015b, 2016a, 2017, 2018a, 2018b). While the Whānau Ora initiative operates on Maaori principles, it is available to both Maaori and non-Maaori communities.

The Whānau Ora ethos espouses that, if enabled, whaanau, whether they are Maaori or not, have the potential to effect positive change in their lives (Families Commission, 2010; Lawson-Te Aho, 2010; Te Puni Kokiri, 2013c, 2015b, 2016a, 2017, 2018a, 2018b; Taskforce on Whānau-centred Initiatives, 2010). In practice, a Whānau Ora service seeks to address individual needs in the context of the whaanau rather than pursuing the traditional individual-focused approach. While Maaori providers have attempted to offer whaanau-centred services, in the past, they were constrained by the government's siloed sector-specific approaches, incorporating sector-specific contracting and compliance reporting requirements (Taskforce on Whānau-centred Initiatives, 2010; Te Puni Kokiri, 2015b). Nonetheless, scholars in education have found that if education support practices are modified to enhance Maaori participation and achievement, then non-Maaori students also experience the same benefits (Ferguson, 2009; Penetito, 2012). There is no reason to believe that health and social initiatives which are suitable for Maaori might not also improve the lives of non-Maaori.

Implementation of the Whānau Ora initiative occurred in two phases:

i) Phase One (2010 – 2015)

Initially, 34 collectives, comprising 180 providers, primarily of health and social services, were selected to implement a Whānau Ora service framework (Te Puni Kokiri, 2015b). Navigators were appointed to assist providers' capacity to align

their services to deliver a whaanau-centred approach that enabled whaanau goal planning (English & Turia, 2010; Te Puni Kokiri, 2015b, 2016a; Turia, 2010b; Wehipeihana, et al., 2016).

- whaanau planning was promoted through an established fund—the Whānau Integration, Innovation, and Engagement (WIIE) fund. Navigators assisted whaanau to develop a plan with goals, and if necessary, access financial assistance (i.e., the WIIE fund), and/or facilitate access to other services. They could access up to \$5,000 for expenses to complete a plan, and up to \$20,000 for activities to implement it (Controller and Auditor-General, 2015; Ministry of Social Development, 2010b; Te Puni Kokiri, 2015a, 2015b, 2016a, 2017, 2018b; Wehipeihana, et al., 2016).
- a research and monitoring programme tracked providers' transformation from a conventional service delivery approach, addressing a single issue of a whaanau, to offering whaanau-centred services that considered their immediate issues and planned to address these (Te Puni Kokiri, 2015, 2016, 2017, 2018b; Wehipeihana, et al., 2016). The service changes and impacts on whaanau associated with the whaanau-centred approach were included as part of the research programme.

ii) Phase Two (2014 – present day)

Three non-government Commissioning Agencies were established to adopt a 'commission for results' strategy that offered a variety of initiatives enabling whaanau to begin addressing their multi-faceted needs and realise their aspirations (Te Puni Kokiri, 2015a, 2015b, 2016a 2016b, 2017, 2018b; Wehipeihana, et al., 2016).

## Phase One: The Whānau Ora initiative (2010-2015)

### Background

In 2008, the New Zealand National Party and the Māori Party signed a relationship accord and a confidence and supply agreement to support the Māori Party's aim to eliminate poverty through a Whānau Ora project (National Business Review, 2008). In signing the agreement, the Māori Party gave the National Party the necessary support to pass legislation, and the *quid pro quo* was that the government would implement some of the Māori Party's policies. One policy was realised in 2009, when the Taskforce on Whānau-centred Initiatives was established to prepare an evidence-based, whaanau-centred framework facilitating collaboration between State agencies, and among State and community agencies and providers (Ministry of Social Development, 2016). The concern that conventional contracting approaches were continuing to cause providers to offer fragmented and uncoordinated services to whaanau further underscored the support for a Whānau Ora project (Taskforce on Whānau-centred Initiatives, 2010; Te Puni Kokiri, 2015b).

In terms of realising the Whānau Ora Initiative, in April 2010 the Taskforce's report—*Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives (2010)*—was submitted to MP Tariana Turia, Minister for Whānau Ora (English & Turia, 2010). The Taskforce's report presented a Whānau Ora model (see Figure 6-1), along with recommendations covering principles, goals, operational approaches, and outcomes anticipated. The Whānau Ora model depicted in Figure 6-1 is underpinned by Maaori values and key operational elements that collectively promote relationship reciprocity between organisations and achieve whaanau-centred practice (Taskforce on Whānau-centred Initiatives, 2010). The model recognises that in the context of social deprivation, people often have multiple challenging and complex co-existing issues. Therefore, resolving these issues in a whaanau context requires input from multiple providers, and potentially across sectors. Whaanau-centred services involve placing whaanau at the centre of decision-making and planning about the services and resources they require, and then accessing these. Services are therefore challenged in their attempts to resolve prescriptive sector-specific outputs that are individual-focused, such as smoking cessation, domestic violence, obesity, additional counselling, and physical and mental health. Moreover, when considering the Whānau Ora whaanau-centred approach, it appears funders

are not attempting or are constrained from aligning service purchasing, service delivery, and data collation with the multi-faceted needs of whaanau. For instance, a non-Whānau Ora contract usually requires a provider:

“to see, say, X number of babies for an hour a week each. Whānau Ora is not as prescriptive. A navigator may go into the home, see a sick baby, drive the mother and child to hospital, sit with the mother who is anxious, take her to the pharmacy on the way home, and help her administer the medication” (De Boni, 2015, p. 1).



**Figure 6-1: Whānau Ora model, its underpinning principles and five key operational elements<sup>22</sup>**

The Taskforce on Whānau-centred Initiatives (2010) identified the following six high-level outcome goals that would be realised when whaanau are:

- self-managing
- living healthy lifestyles
- participating fully in society

<sup>22</sup> Adapted from Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives, Ministry of Social Development, 2010, p. 21; Te Puni Kokiri, 2015, p. 21.

- confidently participating in te ao Māori (Maaori world view)
- economically secure and successfully involved in wealth creation
- cohesive, resilient, and nurturing.

The report indicated that if the Whānau Ora model was implemented in its entirety, significant health, social, and economic gains for both Maaori and non-Maaori communities would follow, including building the capabilities and capacity of whaanau and the capital of communities (Taskforce on Whānau-centred Initiatives, 2010). One issue with such aspirations is the difficulty of attributing an improvement in behaviour by an individual, whaanau, and/or community directly to a particular service intervention. Evidence of improvements in population health, mental health, housing, and/or engagement with services and/or resources often rely on census data, which is only collected every five years. Increased access to services across sectors was also anticipated, thus building whaanau capabilities, improving cost-effectiveness in service responsiveness, reducing compliance costs, and obtaining value for money (Ministry of Social Development, 2010b; Te Puni Kokiri, 2012, 2015a, 2015b, 2016 2017, 2018a, 2018b; Turia, 2010a; Wehipeihana, et al., 2016). Reduced administrative costs were also predicted. Self-reporting by whaanau was intended to authenticate whether the assistance provided by a Whānau Ora service addressed their issues and increased their capabilities. In 2010, the Cabinet approved \$134 million to implement the Whānau Ora framework, essentially a Maaori-based model, overseen by a governance group that reported to Minister Turia, Minister for Whānau Ora (Turia, 2010b).

In 2015, the Auditor General highlighted that there were considerable administration costs, during the implementation of the Whānau Ora Initiative's first phase. Additionally, De Boni (2015) estimated the initiative had cost about \$140 million over the first four years, with about \$28 million per year allocated to finance around 200 navigators nationwide who supported about 50,000 people—mostly Maaori but also non-Maaori including Pacific people. However, the Auditor General (Controller and Auditor General, 2015) reported that millions of dollars, which was originally targeted at vulnerable whaanau, had been spent on administration, including research and evaluation, with insufficient monitoring and delays in spending meaning some providers and whaanau did not receive funding that had been allocated to them (Wilson & Robson, 2015). The Minister for Whānau Ora and Minister of

Māori Affairs, Hon. Te Ururoa Flavell (2015) reported that “early studies indicate the lives of whānau are improving across a range of critical areas such as education, employment and health. Whānau are taking control of their situations, and planning for the future” (p. 1). The initiative intended to facilitate integrated contracting, regarding which the New Zealand Productivity Commission (2014) reported that “achieving integrated contracting had proven fraught ... [a] reduction in compliance costs had not eventuated, and individual providers within collectives were still accountable to their funding departments for delivery of individual services and contracts” (p. 10). Concern had also been raised regarding the sustainability of system and process changes made by navigators. Funding for the navigator positions was based on the provider collectives’ programmes of action, with most of them not having contractual obligations to Te Puni Kokiri after 30 June 2015 (New Zealand Productivity Commission, 2014). Any intent to collectivise providers and their contracts across all sectors will remain a challenge while the government agencies’ siloed sector-specific contracting approach persists.

Minister Turia, Minister for Whānau Ora, requested an independent review be undertaken that evaluated the effectiveness of the WIIE fund (Te Puni Kokiri, 2013a). Shuttleworth (2012) reported in mid-November 2012, that Te Puni Kokiri had released an evaluation report of the WIIE fund. It was anticipated that insight would be provided into the fund’s impact and what evidence existed of value for money. The following comments from Minister Turia, and the Hon. Bill English—although not unexpected because of their political allegiance to supporting the government’s Whānau Ora initiative—suggested the Whānau Ora initiative was achieving its goals:

Minister Turia, Minister for Whānau Ora stated:

- [having whānau meetings] backed up by good quality facilitation – is transformative in itself (Te Puni Kokiri, 2013a, p. 1)

Hon. Bill English, Finance Minister and Deputy Prime Minister stated:

- [Whānau Ora is] the one programme that does appear to have the ability to reach those families in real deprivation, and their surrounding communities – that is why we have continued to support its rollout and expansion (Te Puni Kokiri, 2013b, p. 1).

Despite the positive comments from Minister Turia and Hon. Bill English (Te Puni Kokiri, 2013a, 2013b), concerns were raised about the expenditure from the WIIE fund. For instance, TV3 News (2012) reported that while the WIIE fund had “distributed \$7.7 million in 2011 and 2012”, Te Puni Kokiri was not able to indicate “the number of whaanau plans that had been implemented or completed” (p. 1). Te Puni Kokiri did indicate in a later statement to Radio New Zealand that, over the two years since the Whānau Ora initiative had been established, 33,000 people across 2,000 whaanau had accessed Whānau Ora services (TV3 News, 2012). Nonetheless, regarding the WIIE fund, the New Zealand Herald (2012) reported there were no results that could be measured for the \$7.7 million allocated to whaanau. However, the evaluation report indicated that “bringing families together was transformative in itself, which was a positive impact” (TV3 News, 2012, p. 1). While whaanau were reportedly assisted by the fund, the scheme’s reliability was to be based on self-reported stories from whaanau, which, according to Shuttleworth (2012), meant there were gaps in “performance, monitoring and reporting” (p. 1). Similarly, New Zealand First leader Rt. Hon. Winston Peters, then a long time detractor of the Whānau Ora initiative, criticised the WIIE fund for subsidising private functions such as a whaanau reunion (2012a, p. 1), “\$60,000 [paid] to an Ōtaki rugby club . . . to research . . . ‘whānau connectedness’ and ‘resilience’ in the community” (2012b, p. 1), and “funding a rugby match”, which Minister Turia said was “about people coming together, connecting” (2012c, p. 1). Peters (2013a) also raised concerns about why Minister Turia:

gave an Iwi leaders group \$3 million so they could apply to become commissioning agents for Whānau Ora funds . . . [and] why she reportedly gave the National Māori Health Coalition \$500,000 and expert assistance to help make a bid for more Whānau Ora money.

Peters (2013b) had previously questioned Minister Turia about paying \$500,000 to the National Māori Health Coalition; she had, according to Peters (2013b), denied doing so. Te Puni Kokiri’s report confirmed the \$500,000 was paid to the coalition (Peters, 2013b). Questions have obviously been raised about why \$3 million was allocated to iwi leaders to apply to become commissioning agents when this was not in the planning rubric. The way the

money was spent is unclear, and the situation reveals that the ongoing progress of establishing the Whānau Ora initiative was, at times, turbulent.

Despite an evaluation report proposing it, Minister Turia did not believe there was a need for increased assessment, monitoring or reporting to measure the scheme's effectiveness and efficiency (Shuttleworth, 2012). However, Finance Minister Hon. Bill English indicated money given to whaanau 'could be better evaluated and monitored', while TV3 News (2012) reported that Te Puni Kokiri had also indicated "gathering a stronger evidence base would be a priority" (Shuttleworth, 2012, p. 1). Despite the claims about what was being observed, further analysis is still required to determine whether or not funding allocation across New Zealand was based on the initiative's intent, where "areas such as Northland [7.7 percent of the Maaori population] received only 7 percent of the funding" (Shuttleworth, 2012, p. 1). Vance (2012), reported that "a quarter of applicants who received Whānau Ora cash were from Te Tai Hauāuru—Minister Turia's own electorate—which only has 8 per cent of the Maaori population" (p. 1).<sup>23</sup> However, Minister Turia's (2014) report indicates that, by June 2014, 530 whaanau plans were progressed for Te Tai Hauauru, while 796 were progressed for Northland. Minister Turia's (2014) report also indicates that from late 2012 to mid-2013 the Whānau Ora initiative was expanded to include increasing whaanau capacity of Pacific peoples.

Notwithstanding the claims made about what has and/or what has not been achieved by a Whānau Ora service, it may be that an independent value for money review is required for the Whānau Ora initiative to determine progress to date. To avoid allegations of bias, the same level of scrutiny would need to be applied to non-Whānau Ora initiatives to ensure they too are providing outcomes that could be shown to be producing value for money. Minister Turia (2011) also suggested cultural dimensions (e.g. mana tuku iho (cultural property, heritage)), could be included in value for money assessments. Mana tuku iho was acknowledged in the Marine and Coastal Area (Takutai Moana) Act 2011 as "an inherited right or authority derived in accordance with tikanga" (New Zealand Government, 2014, p. 16). Because of its

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<sup>23</sup> Te Tai Hauāuru is an Aotearoa New Zealand parliamentary Maaori electorate. See - [tetaihauauru.maori.nz/index.php?pag=cms&id=180&p=about-te-tai-hauauru.html](http://tetaihauauru.maori.nz/index.php?pag=cms&id=180&p=about-te-tai-hauauru.html)

complexity, debate about whether such cultural dimensions could or should be included in a value for money assessment of the Whānau Ora initiative is not covered in the current study.

### **Reporting by provider collectives**

During Phase One, the provider collectives under tribal authority submitted quarterly reports (qualitative and quantitative) to Te Puni Kokiri which documented their progress regarding their implementation of whaanau-centred services, and measurement of whaanau engagement, service utilisation, and achievements (Controller and Auditor-General, 2015). Commencing in 2013, collectives were to administer surveys of whanau every six months. The initiative's progress was also measured through "contract monitoring collectives, WIIIE Fund performance monitoring and evaluation, monitoring and regional leadership group reports, and research reports on whaanau [family] case studies and . . . workforce development" (Te Puni Kokiri, 2015, p. 27).

## **Phase Two: Establishing the three Commissioning Agencies**

### **Joint Crown-Iwi Whānau Ora partnership group**

In 2013, Minister Turia announced the establishment of a joint Crown-Iwi (tribal) Whānau Ora Partnership Group, involving senior ministers, iwi chairs, and experts on Whānau Ora to replace the Whānau Ora Governance Group. In late 2014, six iwi members were also appointed to the group (English & Flavell, 2014). The Te Puni Kokiri (2018b) annual summary report indicated that "until December 2017 [the Whānau Ora Initiative] was supported by the Crown-Iwi Whānau Ora Partnership Group" (p. 13). Wehipeihana et al., (2016) stated that the Commissioning Agencies' efforts were to be consistent with the seven key Whānau Ora outcomes, which reflected and had evolved from outcomes in the report from the Taskforce on Whānau-centred Initiatives where whaanau are:

- self-managing and empowered leaders
- leading healthy lifestyles
- participating fully in society
- confidently participating in te ao Māori (the Māori world)
- economically secure and successfully involved in wealth creation
- cohesive, resilient and nurturing
- responsible stewards of their living and natural environments (Te Puni Kokiri, 2016, p. 7).

### **Commissioning Agencies**

In 2014, three not-for-profit Commissioning Agencies were established to implement their own commissioning models, outcomes framework, data collation procedures, and reporting frameworks with indicators (Te Puni Kokiri, 2015, 2016, 2017, 2018b; Wehipeihana, et al., 2016). These tools were intended to support the agencies to realise the Whānau Ora Outcomes Framework in their respective regions:

- Te Pou Matakana—responsible for the North Island—built on the experience of Te Whānau o Waipareira Trust.
- Te Pūtahitanga o Te Waipounamu (“Te Pūtahitanga”)—responsible for the South Island—a newly formed organisation; partnership of nine iwi (tribe), governed by Te Taumata—representatives from each of the nine iwi.
- Pasifika Futures—responsible for Pacific families across New Zealand—built on the 20-year history of the Pasifika Medical Association.

Participation by Pasifika Futures in the Whānau Ora initiative suggests the Whānau Ora Outcomes Framework was flexible enough to accommodate a non-Maori ethnic group. If this is true, other ethnic groups may also benefit if the needs of whaanau are addressed resulting in sustainable increases in capabilities and self-management. While the range of funding options and initiatives available to assist providers and whaanau continues to expand, each agency’s funding avenues established during 2015 and 2016 (Te Puni Kokiri, 2017, 2018b) were as follows:

Pasifika Futures established:

- Core Commissioning—contracting providers to support families.
- Innovation Funding—investing in the development of projects to support Pacific families in one or more of the key outcome areas of financial freedom; lifelong learning; living longer, living better; and leading and caring for families.
- The Small Grant Fund—supporting small community organisations with a largely volunteer community to support Pacific families.

Te Pūtahitanga o Te Waipounamu established:

- Commissioning Pipeline—comprising an open tender and selective procurement process to support innovative solutions, sustainable enterprise and programmes, whaanau capability and capacity building, and Maaori language and knowledge of customs.
- Whānau Enhancement—assisting whaanau to identify their aspirations, develop plans and apply for funding to realise these plans.
- Capability Development—developing leaders through a leadership programme; employing an accelerator model to grow ideas and support proposals to facilitate change in whaanau, and enable enterprise coaches to support new business ideas
- Te Punanga Haumarū—addressing the impact of whaanau violence.
- Research and evaluation.

Te Pou Matakana established:

- Navigators—assisting whaanau with identifying their needs and aspirations, and brokering access to education, employment, and capability building services
- Whānau Direct—increasing the capabilities of whaanau. Investments of up to \$1000 were available.
- Collective Impact—enabling solutions for whaanau that go beyond a single programme or provider, hence partnerships are formed with organisations to support improvements for whaanau and communities.

Te Pou Matakana and Pasifika Futures prioritised investments in community providers and social and health services, while Te Pūtahitanga o Te Waipounamu invested in whaanau-developed initiatives targeting economic and whaanau development. Te Pou Matakana was also appointed to administer funding for Maaori housing at \$5.7 million per year (Controller and Auditor General, 2015). During 2014 and 2015, the agencies undertook consultation with over 5,000 whaanau in order to understand their priorities. This process informed their strategic initiatives (Te Puni Kokiri, 2016). No indication was given as to how the whaanau were selected.

While the Commissioning Agencies established varied investment streams, they adopted different approaches to defining high-needs or priority whaanau they were to support. Te Pūtahitanga o Te Waipounamu employed the definition of “deprivation of material conditions that adversely affects whaanau wellbeing. The material conditions include: income and wealth; employment and earnings; housing; education and capability; and health [along with]

connectivity [genealogy], language, identity and access to cultural knowledge” (Te Puni Kokiri, 2018b, pp. 8-9). Pasifika Futures meanwhile developed a Measurement Assessment and Scoring Tool (MAST) “to categorise families into high, medium, and low needs” (Te Puni Kokiri, 2018, p. 9). Te Pou Matakana based their assessment of high needs on the information they collated about the whaanau, including their priority of need, their aspirations, and the services they required and engaged in. The variation in definitions employed and the focus of each agency presents challenges when comparing outcomes based on high-needs. These details help to explain the criteria each agency adopted when developing their strategies to address the needs of whaanau and build their capabilities.

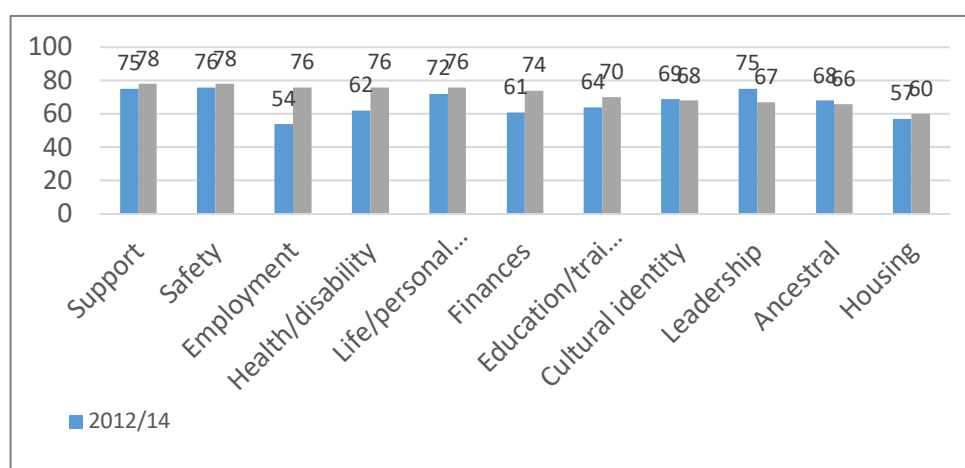
### **Whaanau engagement**

From June 2014 to July 2015, nearly 6,000 whaanau had engaged with collectives and navigators (Te Puni Kokiri, 2016). In addition to this, Commissioning Agencies also began operating during this period. From July 2015 to June 2016, over 11,500 whaanau were reported as engaged, 59% of which were “identified as Maaori, followed by New Zealand European (13%) and Pasifika (5 percent)” (Te Puni Kokiri, 2017, p. 42). There were over 12,500 whaanau engaged with a Whānau Ora service between July 2016 and June 2017 (Te Puni Kokiri, 2018b).

### **Goals achieved by whaanau for the 2012-14 and 2015-16 periods**

The most common goals between 2012 and 2014, and again 2015 and 2016, were related to health improvement, and therefore access to health and disability services was required (Te Puni Kokiri, 2015, 2016, 2017). However, most of the providers in the Whānau Ora collectives were offering health and disability and/or social services, which may or may not have inadvertently contributed to whaanau selecting improvement to health as the most common goal (Te Puni Kokiri, 2015). Additionally, the focus of Commissioning Agencies may have been influential. For instance, and as referred to earlier, Pasifika Futures and Te Pou Matakana invested in supporting health, social, and other community services, while Te Pūtahitanga o Te Waipounamu sought economic and whaanau development.

Figure 6-4 shows higher levels of goal achievement by whaanau in 2012-15 than in 2015-16 for cultural identity, leadership, and ancestral connections. Of note, data available for the 2014-15 period were focussed on the activities of each Commissioning Agency, but only for the April to June 2015 timeframe, thus it was not included in Figure 6-4 (Te Puni Kokiri, 2017). Accessing support, living in a safe environment, and increasing life and personal skills were at the top of the achievement rates across both periods, which suggests that whaanau wanted to establish a level of stability before, and as part of, pursuing other goals. Additionally, improved health, employment, knowledge of budget management, and income were all areas where achievement levels were higher in 2015-16, than in the 2012-14 period (Te Puni Kokiri, 2015, 2016, 2017). Despite variances between the two time periods and across the domains, collectively, higher levels of achievement were reported by whaanau across their cultural, social, relational, educational, and socio-economic realities. Access to navigators and various funding avenues facilitated by the Commissioning Agencies may have contributed to higher achievements for whaanau in 2015-16 than in the 2012-14 period (Te Puni Kokiri, 2017). Notwithstanding the gains reported by whaanau, those managing these initiatives have a vested interest in reporting positive outcomes. As with claims by organisations of improved services based on data and information, caution is advised when interpreting such results.



**Figure 6-2: Goal achievement percentage rate by domain for 2012-14 and 2015-16<sup>24</sup>**

<sup>24</sup> Extracted and combined from Te Puni Kokiri, 2015, Figure 9, p. 37; and Te Puni Kokiri, 2017, Figure 11, p. 43

## Commissioning Agencies

This section presents the data on the gains reported by each Commissioning Agency, and whaanau.

### Te Pou Matakana

Table 6-1 presents the service provision and the numbers engaged with the services, as well as the percentages of those who reported improvements across 2014-15, 2015-16, and 2016-17. The table indicates that the commissioning activities and direct investment with providers enabled whaanau to realise their goals and achieve one of the Whānau Ora outcomes—self-management.

**Table 6-1: Highlights of engagement and progress by domain for 2014-15, 2015-16, and 2016-17<sup>25</sup>**

	2014-15	2015-16	2016-17
People supported through Whānau Direct	2,973	2,965	2,614
People engaged with navigators		3,682	5,420
People supported through Collective Impact	1,143	726	1,333
People who experienced immediate change through Whānau Direct			2,333 (98%)
People who achieved their goals through Collective Impact and support from navigators			2,013 (45%)
Youth who achieved NCEA Level 1 or above			148/233 (64%)
People who developed a financial plan/budget and used the budget to make decisions with support through Collective Impact			270/343 (79%)
People supported by Collective Impact who reported a reduction in domestic violence/violent offences			88/126 (70%)
People who prioritised self-management reported improvements in skills	87%		
People who prioritised education reported improvements	77%		
People who prioritised health reported improvements in managing health	74%		
People who prioritised whaanau cohesiveness reported taking steps to keep the whaanau safe [from violence]	75%		
People making progress towards their goals		70%	
People experiencing positive shifts across more than four outcome areas		223	
People prioritising healthier lifestyles		1,805	

<sup>25</sup> Extracted and combined from Te Puni Kokiri, 2016, Figure 11, p. 31; Te Puni Kokiri, 2017, Figure 12, p. 48; and Te Puni Kokiri, 2018, p. 10

During the 2014-15 period, Te Pou Matakana exceeded its Collective Impact target of 1,000 by 14%. No target was set for the Whānau Direct initiative since it was demand driven. Maaori represented 88% of participants for Whānau Direct and 80% for Collective Impact, with Pacific peoples making up 5 percent and 3 percent of each initiative respectively.

During the 2015-16 period, Te Pou Matakana exceeded its targets for whaanau engagement with Whānau Direct by 21%, by 12% for Collective Impact for whaanau, and by 34% for priority whaanau (Te Puni Kokiri, 2017). Navigators exceeded their target by 38% for engagement with whaanau (Te Puni Kokiri, 2017). It is noteworthy that these percentages were achieved with whaanau who were often not engaged with services and they therefore had high and complex needs, requiring a mix of interventions to address their issues. Examples of the types of support provided under Whānau Direct are covered next.

### **Whānau Direct**

Funding through Whānau Direct was intended to facilitate an immediate improvement and short-term gain to the lives of whaanau. In 2014-15 and in 2016-17, whaanau were more likely to select 'healthy lifestyles' and least likely to select participating in 'te ao Maaori' (Maaori worldview) as their goals, reflecting their priorities, in either Whānau Direct or Collective Impact (Te Puni Kokiri, 2016, 2018b). The higher percentages in Table 6-1 appear to reflect the areas of priority of whaanau. There were 2,965 whaanau in 2015-16, and 2,614 in 2016-17, who received assistance from Whānau Direct. Table 6-2 indicates the 10 main uses of Whānau Direct funds to support whaanau for 2015-16 and 2016-17 (Te Puni Kokiri, 2016, 2018b).

**Table 6-2: The ten main uses of the Whānau Direct funds to support whaanau for 2015-16 and 2016-17<sup>26</sup>**

	2015-16	2016-17
Household appliances	9.6%	10%
Vehicle repairs and maintenance	7.5%	10%
Bedding and linen	7.1%	7%
Other household contents/items		5%
Household furniture		4%
Sports, fitness recreation	5.6%	
Clothing and shoes for children	5.2%	3%
Clothing and shoes for adults		7%
School uniforms	4.1%	3%
Dental treatment	4.0%	3%
Driver licensing and training	3.7%	
Computers for school, training and employment	3.7%	
Rent and accommodation resources	3.4%	
Education support services		3%

In both 2015-16 and 2016-17, the funds assisted whaanau to address their necessities, leading to an improved standard of living and health. Improved whaanau relationships, increased participation in the community, reduced truancy, and increased finances were other outcomes reported by whaanau (Te Puni Kokiri, 2017, 2018b). Moreover, Te Pou Matakana achieved its goal of providing funding in two working days, which occurred for 99% (2,595) of the 2,614 applications (Te Puni Kokiri, 2018b). These details were unavailable in previous reports.

### **Collective Impact**

Collective Impact adopts a cross-sector focus whereby providers collaborate to support whaanau (Te Puni Kokiri, 2016, 2017, 2018b). While Whānau Direct can offer immediate assistance, the Collective Impact adopts a longer-term focus to whaanau planning, access to resources, and the realisation of long-term outcomes.

<sup>26</sup> Extracted and modified from Te Puni Kokiri, 2017, Figure 4, p. 21; and Te Puni Kokiri, 2018b, Figure 7, p. 31

For 2014-15, the self-reported improvement rates of the Collective Impact fund ranged from a 54% reported increase in confidence/knowledge in the Maaori worldview, to 87% in improvement in skills needed to achieve goals (Te Puni Kokiri, 2016). Reflecting the priorities reported for Whānau Direct, as a goal, te ao Maaori was a low priority (Te Puni Kokiri, 2016, 2018b). Improvements in financial literacy (61%), managing health and disability issues (74%), taking steps to keep whaanau safe (75%), and education/training (77%) were also recorded. It is not possible to compare the results for 2015-16 and 2016-17 since different milestones were employed in the indicator framework. Nevertheless, the outcomes suggest many people reported positive outcomes.



**Figure 6-3: Number of whaanau progressing through each Collective Impact milestone<sup>27</sup>**

Figure 6-3 indicates there were 5,420 whaanau (100%) who completed the whanaungatanga (ancestral linkages) process of identifying their tribe (iwi) and subtribe (hapu). There were 5,144 (95%) who identified their strengths, needs, and aspirations, with 4,618 individuals (85%) who had formulated a plan and identified a milestone goal, and 3,180 (59%) who achieved their goal, with 2,389 (44%) realising their priority outcomes. The most prioritised outcomes were improved health (29%) and standards of living (27%), with engagement with te ao Maaori (2%) the lowest priority, which reflects the priority outcomes for 2015-16. Being healthier (29%), enjoying an increased standard of living (27%), gaining knowledge, and being well informed (22%) were the goals with the highest percentages of achieved rates. The lowest achievements were in improved and empowering relationships (10%), active participation in communities (10%), and engagement in te ao Maaori (2%). The higher improvement rates reported by Whānau Direct, as compared with Collective Impact, are not surprising given that the former is a fund dedicated to meeting immediate needs. Delays by

<sup>27</sup> Copied from Figure 12, Te Puni Kokiri, 2018, p. 36

government agencies in responding to requests by those living in social deprivation have been the norm; hence the quick turnaround in Whānau Direct appears innovative.

### **Navigators**

Navigators assisted whaanau to access support from the Whānau Direct and Collective Impact initiatives as part of identifying their needs, developing a capability building plan, and accessing services and resources (Te Puni Kōkiri, 2013a, 2013b, 2013c, 2015a, 2015b).

Navigators assisted whaanau with—or to access services—addressing the following:

- whaanau plans
- savings plan/debt management
- whaanau relationships
- legal aid including domestic violence protection orders and Child, Youth & Family parenting orders
- parenting skills
- health checks and health screening
- mental health services, alcohol and violence counselling
- truancy and behavioural concerns at school
- prevention of youth suicide
- anger management
- driver licensing, warrants and registration
- reconnection with whaanau members
- essential household items
- foundation and employment programmes
- a Curriculum Vitae and applications for employment
- health checks and immunisation appointments
- enrolment in and completion of smoking cessation programmes
- relationships with government agencies
- participation in kapa haka (Maaori action dance)
- sports and recreational programmes
- enrolment in primary and secondary schools, and tertiary institutions
- marae activities
- Maaori language and customs classes
- ancestral history and connections (Te Puni Kōkiri, 2015b, 2016a, 2017, 2018b)

During 2016-17, Te Pou Matakana commenced an initiative to improve people's exercise, and health and wellbeing outcomes—Pou Hākinakina (Te Puni Kōkiri, 2018b). Personnel from the Pou Hākinakina service were to engage with providers, health professionals, and navigators to secure funding through Whānau Direct to purchase equipment and resources as

part of realising increased levels of exercise participation.

### **Ministry of Social Development Contracts transferred to Te Pou Matakana**

In May 2017, the Ministry of Social Development transferred 23 of its contracts to Te Pou Matakana. Over 8,974 people had received services as part of these contracts during 2016/17.

The contracts covered the following areas:

- access to education and/or employment
- family services/counselling
- bolstering of service coordination to improve outcomes for children pre-birth to six years
- parenting sessions
- access to martial arts programmes
- sports for youth
- music groups/playgroups/groups for mothers and their babies
- school holiday programmes
- community events/expos
- whaanau group conferences, court, and legal advice
- prevention/early intervention programmes for child and youth
- relationship management/advice
- financial and budgeting support
- numeracy and literacy education
- pastoral care for youth
- emergency accommodation.

The transfer of contracts to Te Pou Matakana suggests the government gained confidence in the outcomes achieved by the agency and their providers. The additional contracts enabled providers to increase the variety of services on offer to whaanau.

### **Te Pūtahitanga o Te Waipounamu**

The commissioning approach of Te Pūtahitanga o Te Waipounamu is grounded in responding to the emerging needs of whaanau, and building their capabilities and enabling their innovation. During 2014-15, the Te Pūtahitanga o Te Waipounamu ‘Whānau Ora Ecosystem’ established three funding avenues which were Innovation Pipeline (which later became Commissioning Pipeline), Whānau Enterprise Coaches (which became Whānau Enhancement), and Community and Whānau Development (which became Capability Development). Te Punanga Haumarū was added as a commissioning avenue in 2015-16, to

support initiatives that promote safe environments free from suicide, domestic violence, and/or harm, and bullying. Research and evaluation activities commenced in 2015-16 and were reported as a commissioning stream in 2016-17 (Te Puni Kokiri, 2018b).

From 1 July 2016, Te Pūtahitanga o Te Waipounamu commenced managing the five contracts it received from the Ministry of Social Development. These contracts focused on delivering family support services and the employment of community workers, and became active in the second quarter of the 2016-17 period, thus no reporting was available during 2016-17 (Te Puni Kokiri, 2018b). The five pathways and the additional contracts offer various avenues for providers to access support, funding, and resources.

### **Research and evaluation**

Te Pūtahitanga o Te Waipounamu initiated research and evaluation activities in both 2015-16 and 2016-17 (Te Puni Kokiri, 2017, 2018b). The outcomes included:

#### For 2015-16

- development of a results-based accountability framework to assess the performance of the initiatives commissioned
- evaluation of 23 Wave One (first funding round) initiatives
- establishment of a research partnership with the University of Canterbury to undertake research on improving commissioning
- commissioning of a scoping analysis to increase youth capabilities, and their participation with Marae.

#### For 2016-17

- completion of a Data Futures project that included building data systems, data collection, and analysis, related to the Integrated Safety Response pilot (interagency collaboration to reduce whaanau violence). Tū Pono: Te Mana Kaha o Te Whānau undertook the building of community capacity by increasing capabilities of the community workforce and volunteers to foster kaupapa Maaori and Whānau Ora inter-agency responses to family violence.
- establishment of research on Te Pūtahitanga o Te Waipounamu contracts from the Ministry of Social Development to examine if and how the Whānau Ora approach was being applied and what outcomes were achieved by each initiative.

### **Engagement with whaanau**

During 2014-15, Te Pūtahitanga o Te Waipounamu engaged with over 200 whaanau (families). Included in the engagement process were 325 individuals who attended tender application workshops, 201 whaanau who applied for investment funding, 350 individuals who were supported by mentors to develop their proposed initiative, and 122 individuals who were supported by coaches. By the end of 2014-15, 18 whaanau-developed programmes and three community development programmes were funded, and 34 initiatives were yet to be approved. No information was provided regarding what comprised the 18 programmes.

A survey reported that people supported by the coaching indicated they had become more self-managing, and improved their productivity, relationships, people skills, personal development, creativity, motivation, and flexibility to change (Te Puni Kokiri, 2016). The efficacy of self-reported gains is difficult to assess, but increased confidence appears a necessary capability in order for whaanau to begin pursuing goals.

During 2014-15, 2015-16, and 2016-17, Te Pūtahitanga o Te Waipounamu relied on collating qualitative evidence of achievements, while developing a Result-Based Accountability Framework to assess progress against Whānau Ora outcomes. The Te Puni Kōkiri (2018b) report indicated they were assisting Te Pūtahitanga o Te Waipounamu with data efficacy, revision of their framework, and improved reporting on totals for indicators and annual data.

The Commissioning Pipeline activities are diverse. The Commissioning Pipeline investment was established in 2014, and since then 121 initiatives have been active, with 93 of them commencing in 2016-17 (Te Puni Kokiri, 2018b). During 2016-17, 6,421 individuals and 2,288 whaanau engaged with the Commissioning Pipeline activities (Te Puni Kokiri, 2018b). Most of the initiatives funded were not detailed in the Te Puni Kokiri annual summary reports. No quarterly data was available on the outcomes of initiatives due to funding for new initiatives being approved across different phases, and the implementation of a new reporting system. Nonetheless, the principal areas in which whaanau reported improvements during 2016-17 were gains in culture and identity, health and wellbeing, and education and skills (Te Puni Kokiri, 2018b).

One initiative from the Commissioning Pipeline focused on education and skills: He Toki ki te Mahi Trust—a group training scheme supporting pre-trade graduates to complete apprenticeships. Te Pūtahitanga o Te Waipounamu funds a full-time mentor to offer pastoral care to youth at the Trust. This assistance involved organising accommodation, transport to work, financial support, course fees, and tools (Te Puni Kokiri, 2018b). A cost-benefit analysis of He Toki ki te Mahi indicated benefits for those participating in education and gaining skills, with the investment by Te Pūtahitanga o Te Waipounamu returning seven dollars for each one dollar invested.

Health and wellbeing initiatives focused on exercise classes, provision of healthy fruit and vegetables at Marae and homes, businesses selling healthy food, and access to healing and medical practitioners including traditional Maaori healers. Overall, participants indicated they were consuming more fruit and vegetables, knew more about how to garden, felt more connected to their land, and had increased their physical fitness (Te Puni Kokiri, 2018b). Table 6-3 indicates the percentage and number of whaanau who reported that they now exercise regularly.

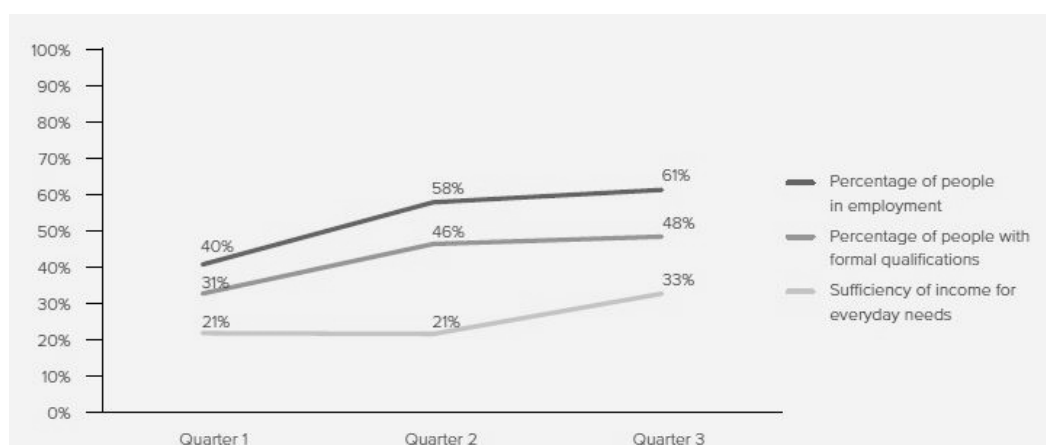
**Table 6-3: Commissioning Pipeline initiatives for 2016-17—Percentage and number of whaanau who report exercising regularly**

Quarter 1	Quarter 2	Quarter 3	Quarter 4
81%	99%	88%	88%
(n=34)	(n=73)	(n=73)	(n=61)

The strengthening of culture and identity was an area of investment. During 2016-17, over 90% of the 700 people engaged with Te Pūtahitanga o Te Waipounamu reported knowing the name of their tribe—slightly higher than the national average of 88% (Te Puni Kokiri, 2018b). Additionally, 100% of the 285 students indicated they gained knowledge and confidence in the Maaori language, Maaori customs, ancestral connections, and felt connected to their land (Te Puni Kokiri, 2018b).

### Whaanau enhancement

There were 31 navigators employed by the services in June 2016, which increased to 57 by June 2017 (Te Puni Kokiri, 2017, 2018). Navigators assist whaanau to develop capability building plans and facilitate access to services, thereby promoting self-management. The top seven areas in which whaanau achieved their goals were financial planning (82%), developing life and personal skills (76%), improving health and/or accessing health and disability services (74%), receiving and providing support (74%), leadership (71%), feeling safe (68%), and securing suitable accommodation (68%) (Te Puni Kokiri, 2017). There were 1,482 individuals, and 1,262 whaanau who developed plans in 2016-17 (Te Puni Kokiri, 2018b). Figure 6-4 indicates that in terms of an economic outcome during 2016-17, there was an increase in the percentage of whaanau who secured employment (40% to 61%), were gaining qualifications (31% to 48%), and who had enough income for everyday needs (from 21% to 33%).



**Figure 6-4: Whaanau progress in achieving economic outcomes during 2016/17 for Te Pūtahitanga o Te Waipounamu <sup>28</sup>**

The Te Puni Kokiri (2017) report indicated the following areas in which navigators supported whaanau with:

- accommodation
- furniture for homes
- healthcare and/or alcohol and drug support
- employment
- social connectedness

<sup>28</sup> Extracted from Figure 26, Te Puni Kokiri, 2018, p. 61

- parenting skills workshops
- budgeting advice
- counselling
- reconnection with marae and tribal support
- knowledge of Maaori ethos and protocols
- training programmes
- petrol vouchers to attend job interviews
- assistance with funding applications
- driver licensing programme
- legal advice and support at court appearances
- reintegration into the community post-release from prison
- walking away from gang affiliations
- promotion of community events such as exercise classes for Maaori elders
- guidance and advocacy
- the building of resilience in whaanau members that has flow-on effects to other members
- bringing multiple generations together to resolve issues.

### **Capability development**

Workshops, coaching, and networking intend to build capabilities and the capacity of potential leaders to access tools to strengthen the self-reliance of whaanau. During 2015-16 and 2016-17, Te Pūtahitanga o Te Waipounamu organised networking meetings for whaanau to increase their connections and share ideas on strategies that realise Whānau Ora outcomes. These included three programmes:

- i) Te Kākano o te Totara—a leadership programme aimed at developing youth leaders in the community. During 2015-16 the workshop had 16 participants, which increased to 35 in 2016-17 and focused on leadership, self-awareness, leaders as change agents, youth as leaders, understanding genealogy, and identifying and applying their strengths (Te Puni Kokiri, 2018b).
- ii) Te Pāpori o Whakatere—an Accelerator Programme that supported the development of social impact initiatives for whaanau. Participants for the programme were selected in 2015-16, with the programme to be implemented in 2016-17. The outcomes from the 10-week programme were that (business types not stated):
  - 60% of the businesses were funded
  - 80% achieved milestones in developing their business
  - 50% derived income from their business
  - 70% increased their market reach
  - 40% employed additional personnel.

- iii) Annual Symposium—a symposium for sharing successful strategies and outcomes including learning. No data was reported on the number of attendees during the 2015-16 period. Over 200 people attended the symposium in June 2017. A similar symposium was held for youth, which covered leadership and leadership skills.

Te Pūtahitanga o Te Waipounamu sponsored initiatives to promote self-determination, and build capabilities and capacity of whaanau. This included a regional kapa haka (customary dance) initiative that promoted cultural revitalisation, Maaori language and identity, and connection. Workshops were delivered that taught customary approaches to harvesting and weaving flax, and funding was provided for a gymnasium that promoted a holistic approach to physical activity, health and wellbeing (Te Puni Kokiri, 2018b).

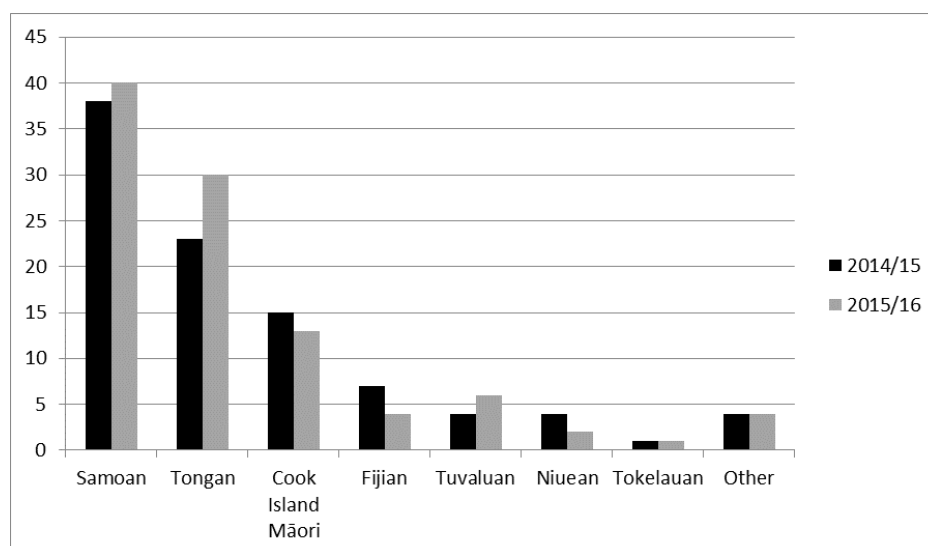
### **Pasifika Futures**

Pasifika Futures uses navigators to assist families to develop a family plan, facilitate goal achievement, investment in community-developed programmes, and offers support for volunteer-driven organisations that assist Pacific families (Te Puni Kokiri, 2016, 2017, 2018b). Research, monitoring, and evaluation were to assist with a performance review and outcome assessment of services delivered to Pacific recipients.

Pasifika Futures funded 30 organisations in 2014-15 and 33 in 2015-16 as part of implementing a collaborative and navigational approach to support families, improve data collection, and assess and measure organisations' activities (Te Puni Kokiri, 2016, 2017). Pasifika Futures has engaged with 10,400 families (56,039 Pacific people), across New Zealand since 2014. The numbers of families engaged with Pasifika Futures in the main corresponded to the proportion of the Pacific population recorded in the 2013 individual Pacific census data. Over three quarters of Pasifika Futures families were living in Auckland, 12% in Wellington, 12% in the Midlands region, and 6% in the South Island (Te Puni Kokiri, 2018b).

As indicated in Figure 6-5 the ethnicities of Pacific families who received services across 2014-15 and 2015-16 were: Samoan (36%), followed by Tongan (25%), Cook Island (22%), Other Pacific (11%), with Fijian (3%) (Te Puni Kokiri, 2018b). These percentages reflect the

greater numbers of Samoans living in New Zealand compared to other ethnicities. Tuvaluans made up the majority of ‘Other Pacific ethnicities’ accounting for 3% of all families engaged with Pasifika Futures. Furthermore, 10% of Pacific families identified with more than one Pacific ethnicity, and 3% also identified as Maaori. The variety of Pacific ethnicities and potential diversity in cultural customs highlights the need for initiatives that respond to those realities. The average size of Pacific families engaged was five members, while 38% consisted of six or more family members. The achievement of financial freedom was reported as the greatest challenge experienced by Pacific families (Te Puni Kokiri, 2018b). The majority of Pacific families indicated they earn less than \$40,000 annually, with only 5% owning their own home. Having a large family presents difficulties in trying to meet generic living costs, essential needs, and living expenses.



**Figure 6-5: Ethnicity of families engaged with Pasifika Futures in 2014-15 and 2015-16<sup>29</sup>**

Table 6-4 shows the number of families engaged with each of the Pasifika Futures’ funding avenues across specific annual periods. During 2014-15, Pasifika Futures supported 2,953 families in Core Commissioning, 1,843 in Innovative Funding, and 542 in the Small Grant Fund. While in 2015-16, Pasifika Futures supported 6,394 families—2,964 families through 17 Core Commissioning partners, 2,857 families through 11 Innovation Funding partners, and

<sup>29</sup> Copied from Te Puni Kokiri, 2017, Figure 9, p. 37.

573 families through 10 community providers who manage the allocation of the small grants to providers. Additional funding contributed to an increase that led to over 1,000 families being supported in Innovation programmes in 2016-17 (Te Puni Kokiri, 2018b).

**Table 6-4: Families engaged with commissioning activities funded by Pasifika Futures for 2015-16 and 2016-17<sup>30</sup>**

<b>Commissioning Activities</b>	<b>2015-16 Number of Families</b>	<b>2016-17 Number of Families</b>	<b>2016-17 Commissioning Partners</b>
Core Commissioning	2,953	2,964	17
Innovation Funding	1,843	2,857	11
Commissioning for Communities / Small Grants	542	573	10
<b>Total</b>	<b>5,338</b>	<b>6,394</b>	<b>38</b>

Table 6-5 indicates the key performance targets and the self-reported outcomes by families for the 2014-15, 2015-16, and 2016-17 periods. Targets were exceeded across the three periods in the areas of starting debt reduction, enrolling children in Early Childhood Education (ECE), and helping families to become smoke-free (Te Puni Kokiri, 2016, 2017, 2018). The goal of opening a bank account was also exceeded in both 2014-15 and 2015-16, but was not a target set in 2016-17. In comparing the results of 2015-16 with 2016-17, improvements occurred across each indicator. Pathways to increased income were not measured in 2016-17.

Additionally, the Te Puni Kokiri (2018) report indicated that employment and increased income enabled the proportion of families who met their basic living costs to rise from 22% (174/803) to 43% (343/803). Similarly, the proportion of families who had improved their lifestyles was reflected in the increase in regular exercise and healthy eating from 8% (64/804) to 24% (196/803). Those with health conditions who were engaging with health professionals rose from 37% (191/519) to 75% (336/446), while families now in a safe environment climbed from 50% (405/805) to 81% (653/805) (Te Puni Kokiri, 2018b).

<sup>30</sup> Extracted from Te Puni Kokiri, 2018b, Table 12, p. 73

While the targets for families knowing about the range of ECE options, and having a health plan were exceeded in 2014-15, there was a 40% and a 36% reduction in their respective targets during 2015-16, and those not achieved in 2016-17. The rationale offered for the reduction in the achievement of targets in 2015-16, was the increase in the number of families engaged with Pasifika Futures from 2,918 in 2014-15, to 5,338 in 2015-16 (Te Puni Kokiri, 2017). Due to an increased demand for support, Pasifika Futures provided additional resources for providers to support families but, because the families were included later in the reporting year, there was not enough time for them to formulate plans and achieve their goals. No rationale was provided for why, in the 2016-2017 period, the target for family knowing about ECE options was not met. Percentages were also not provided for most other targets for the 2016-17 period.

Based on the 15% increase in numbers of 'families whose children were not enrolled in ECE but are now enrolled in ECE', and the 5% increase in numbers of 'families who were smokers are now smoke-free', targets set appeared to have been achieved. Targets that were not achieved related to families completing plans in areas of health, finance, and a plan to enrol children in ECE (Te Puni Kokiri, 2018b). Future reporting may need to provide an explanation as to why such targets were not met.

**Table 6-5: Key performance indicator targets for 2014-15, 2015-16, and 2016-17** <sup>31</sup>

Key Performance Indicator Targets	Target	Result 2014-15	Result 2015-16	Target	Result 2016-17
Families who have prioritised debt reduction and completed a budget/debt assessment	70%	46%	54%	-	56% (857/1530)
Families who have prioritised debt reduction and have started to reduce their debt	5%	29%	23%	-	55% (840/1530)
Families with a goal and pathway to increase their income	-	-	-	-	35% (551/1584)
Families with bank accounts	70%	85%	74%	-	-
Families with children of Early Childhood Education (ECE) age who know about the range of ECE options	80%	90%	50%	-	75% (980/1303)
Families with children of ECE age and who have a plan to enrol children in ECE	60%	37%	38%	-	48% (347/722)
Families whose children were not enrolled in ECE but are now enrolled in ECE	15%	36%	21%	30%	62% 714/1144)
Families who have prioritised health and have a health plan	60%	77%	41%	-	53% (1309/2483)
Families who were smokers and are now smoke-free	10%	27%	10%	15%	31% (407/1317)
Families who have prioritised culture and are participating in cultural and language programmes	60%	33%	33%	-	79% (631/802)
Families who were not connected to their communities but are now connected	50%	25%	31%	-	69% (375/546)

**Pasifika Futures data quality enhancement strategy**

During 2016-17, Pasifika Futures Data Quality Enhancement Strategy focused on strengthening its data systems and analysis to improve capabilities in decision-making, review, performance, and reporting. This project aimed to build on the efforts during 2015-16, as part of improving Pasifika Futures' reporting templates, its tools for data collection, and software training for its providers (Te Puni Kokiri, 2018b).

<sup>31</sup> extracted and combined from Te Puni Kokiri, 2017, Table 2, p. 38; and Te Puni Kokiri, 2018b, Figures 29-32, pp. 75-76

### **Commissioning for Innovation results**

Outcomes reported regarding the Commissioning for Innovation, for both the 2015-16 and 2016-17 periods, indicate the variety of initiatives used to reach different ethnic groups (Te Puni Kokiri, 2017, 2018). The 2015-16 period was the developmental phase for programmes, thus few results were reported. The Cook Islands Development Agency New Zealand (CIDANZ) supported families to establish 10 start-up businesses, and 15 potential leaders who had either enrolled in or had completed management and business training, thereby creating 44 new jobs (Te Puni Kokiri, 2017). Vaka Tautua, a financial literacy programme, supported 113 families, with 60% of families beginning to reduce their debt, and 50% of families having a pathway to increase their income. Four families purchased their own home, with 125 saving to own a home (Te Puni Kokiri, 2017).

During 2016-17, Pasifika Futures contracted 11 providers who engaged with 2,857 families and 16,464 individuals. Seven out of 11 providers met their target number of families they intended to engage with, while the overall number of families involved exceeded the target of 2,651 to 2,857 (Te Puni Kokiri, 2018b). As indicated in Table 6-6, during 2016-17, the outcomes achieved included improved health, cultural engagement, completion of school qualifications, reduced debt, new businesses, increased job creation, and improved housing conditions.

**Table 6-6: Outcomes for students and families from the Pasifika Futures' Commissioning for Innovation fund** <sup>32</sup>

<b>Providers and number of families engaged</b>	<b>Outcomes</b>
Oceania Careers Academy (342 families)	<ul style="list-style-type: none"> <li>• 300 students have successfully completed Level 1, Level 2 or Level 3 NZQA qualification as a result of the programme</li> </ul>
Otahuhu College STEM Leadership Pipeline (748 families)	<ul style="list-style-type: none"> <li>• 33% of STEM students achieved University Entrance in 2016, outperforming the Pacific national benchmark at 29%</li> <li>• 59% of STEM students achieved NCEA Level 1 in 2016</li> <li>• 88% of STEM students achieved NCEA Level 2 in 2016, outperforming the Pacific national benchmark at 77%</li> <li>• 70% of STEM students achieved NCEA Level 3 in 2016, outperforming the Pacific national benchmark at 58%</li> <li>• Participation by students in STEM subjects has increased by 65%</li> </ul>
Vaka Tauua – a financial literacy programme (275 families)	<ul style="list-style-type: none"> <li>• 100% of families that have high debt have prioritised debt reduction</li> <li>• 100% of families that have prioritised debt reduction have completed a debt assessment and financial plans or budgets</li> <li>• 50% of families that have prioritised debt reduction have reduced their debt by 5% or more</li> <li>• 87% of families with a goal and a pathway to increase their income have started on their pathway.</li> </ul>
Cook Island Development Agency New Zealand (CIDANZ): oneCommunity S.H.E.D [Social, Human, and Economic Development] (320 families)	<ul style="list-style-type: none"> <li>• 64 new jobs have now been created across various co-operatives and family start-ups</li> <li>• 22 Business start-ups have been created out of the oneCommunity S.H.E.D.</li> <li>• 29 Emerging leaders have been identified and are on a pathway or have completed further management/business training.</li> </ul>
South Waikato Pacific Islands Community Services Trust (SWIPIC) (279 families)	<ul style="list-style-type: none"> <li>• 100% of families with a goal and a pathway to increase their income have started on their pathway</li> <li>• 100% of families with a health plan have achieved a health goal</li> <li>• 15 families with a long-term condition have a plan to manage their condition.</li> </ul>
Pasifika Foundation Trust (130 families)	<ul style="list-style-type: none"> <li>• 100% of children are engaged in support to achieve age related standards</li> <li>• 100% of families are participating in cultural and language programmes</li> <li>• 100% of families who have produced a song or family story have incorporated elements of their Pacific culture and or language.</li> <li>• 91% of families have achieved an education goal in their plan.</li> </ul>
Wellington Tongan Leaders [Council Trust] (120 families)	<ul style="list-style-type: none"> <li>• 100% of families have started on a goal and a pathway to increase their income</li> <li>• 100% of families have a health plan</li> <li>• 90% of families with a health plan have achieved a health goal</li> <li>• 60% of families have improved their housing conditions (ventilated, warm, dry and not overcrowded).</li> </ul>

<sup>32</sup> Extracted and modified from Te Puni Kokiri, 2018, Table 15, p. 81

<b>Providers and number of families engaged</b>	<b>Outcomes</b>
Epiphany Trust (383 families)	<ul style="list-style-type: none"> <li>• 100% of families are participating in cultural and language programmes</li> <li>• 100% of families are now connected to a community group.</li> </ul>
Whare Ora Trust (200 families)	<ul style="list-style-type: none"> <li>• 100% of families have completed a financial plan or budget</li> <li>• 190 families have reduced debt by 5% or more</li> <li>• 200 families have a savings plan to own their own home</li> <li>• 9 families own their own home.</li> </ul>

### **Commissioning for Communities through small grants**

Pasifika Futures supported 637 families in 2015-16, and 573 families in 2016-17 to improve their health, education, budgeting and financial literacy, cultural knowledge and community engagement, and employment (Te Puni Kokiri, 2017, 2018b). Health-related initiatives represented the greatest number of projects funded across both periods, and included healthy eating, exercise, and growing fresh food. Some participants (no number given), reported that they had lost weight, while others had stopped smoking. Table 6-7 indicates only five out of ten providers achieved targets, and while the target for the total number of families participating was set at 522, the actual total was 573 (Te Puni Kokiri, 2018b). Table 6-7 also indicates initiatives were funded during 2016-17 that supported youth development, increased cultural knowledge, knowledge and skills on boating safely, leadership skills, life skills, access to classes on language and identity, homework centres, and elders sharing knowledge with youth (Te Puni Kokiri, 2018b).

**Table 6-7: Commissioning for Communities / Small Grants description, key performance indicator targets and outcomes for 2016-17<sup>33</sup>**

<b>Provider and description</b>	<b>Target families</b>	<b>Actual families</b>	<b>Outcomes</b>
<i>South Auckland Tongan Seventh Day Adventist Church:</i> this initiative worked with Tongan Families in South Auckland, targeting obesity and establishing lifestyle goals for fitness, healthy eating, and regular health check-ups.	30	23	Weight loss. Lowered blood sugar. Improved management of health issues.
<i>Tuvalu Auckland Community Trust:</i> supported families to celebrate Tuvaluan culture and increase community engagement by Tuvaluan Youth.	120	120	Improved participation of Tuvaluan youth in community decision-making.

<sup>33</sup> Extracted from Te Puni Kokiri, 2018b, Table 16, pp. 84-85

<b>Provider and description</b>	<b>Target families</b>	<b>Actual families</b>	<b>Outcomes</b>
<i>Vinepa Trust:</i> Sa Petaia “As a family”— provided a weekly study hub, learner license classes and identity workshops covering Samoan history, culture and language.	50	35	Improved understanding of Samoan culture. Improved confidence to engage in cultural events.
<i>USO Bike Ride:</i> Power to the People— worked with families to promote and improve health and wellbeing amongst the Pacific community in Aotearoa through cycling.	30	90	Health and fitness checks for Pacific men. Implementation of training and nutrition plans. Increased fitness.
<i>Marlborough Primary Health Organisation:</i> worked with Pacific families in Blenheim and the surrounding area to encourage affordable and healthy diets through the growing of vegetables, exercise, and assisting recovery from injury, illness and surgery.	77	20	Weight loss. Improved health. Smoking cessation – 28 of 48 smokers that set a date to quit smoking have quit.
<i>Pacific Island Advisory and Cultural Trust:</i> worked with Pacific families in Invercargill on multiple services including: governance and leadership with family and community groups; business workshops; budgeting services; programmes for elderly awareness and wellbeing; a homework centre for students; and intergenerational forum for the transfer of knowledge and wisdom between Pacific elders and young people; and support for families for early childhood education.	40	100	Improved computer literacy. Improved nutrition in homes.
<i>Tangata Atumotu Trust:</i> worked to improve the physical, mental and spiritual wellbeing of Pacific Matua (elderly) in Christchurch through exercise.	30	45	Improved physical activity, healthy eating and managing their health.
<i>Tulanga U and Tonga Advisory Council:</i> delivered the Pacific Vaka Haofanga (Safer Boating) programme to build the skills and capacity of Pacific boaties by focusing on key safety messages.	30	30	Improved healthy and safe environments through water safety.
<i>Fanogagalu Project:</i> involved community work with Tokelau families in Porirua to assist parents to navigate better pathways for their children’s educational aspirations.	50	50	Increased the knowledge of Tokelau language and culture. 20-25 students regularly participated in fortnightly classes.
<i>Fotumalaiina o le Taea o’oga Amata:</i> is an early childhood group that ensured children understood and were aware of their cultural background and identity.	65	60	Strengthened cultural capital and sense of belonging. Improvements in healthy eating and physical activity. Increased active participation in the community.
<b>Total</b>	522	573	

Further analysis may need to be undertaken on why some targets were not realised and why others had exceedingly high responses. Such information could be employed to improve rates of engagement by whaanau.

## **Enablers and barriers to whaanau becoming self-managing**

### **Enablers**

Te Puni Kokiri reports identified enablers that contributed to expediting immediate and/or short-term gains for whaanau (Te Puni Kokiri, 2015a, 2015b, 2016a, 2017, 2018b). These enablers included:

- political and governance leadership for a provider collective that collaborates to deliver a holistic integrated service approach to whaanau
- Commissioning Agencies funding initiatives that focus on addressing the diverse realities experienced by whaanau
- Commissioning Agencies contracting providers to offer a Whānau Ora service that was flexible enough to respond to the varied and evolving needs of whaanau, including the access to resources from across sectors
- the employment of navigators to facilitate goal planning to guide whaanau to identify their issues and aspirations, build their capabilities, and support them to begin pursuing their goals
- navigators who had a level of cultural competency that acknowledged customary realities, and supported whaanau to develop and realise goal planning resulting in increased confidence and motivation.

### **Barriers**

Challenges were identified that initially curbed implementation of a fully operational Whānau Ora service. The main issues for providers were limited workforce capacity to deliver services, historical competition and trust issues between providers, and sector-specific service contracting and compliance reporting obligations (Te Puni Kokiri, 2015b). The siloed, sector-specific contracting and entering of compliance data into multiple databases contributed to reduced time being available to support whaanau. Whaanau deprivation, communication issues with government agencies, and an absence of opportunities for whaanau to improve their lifestyle were also considered barriers. In 2015, the Auditor General acknowledged that there were high administration costs during implementation of the Whānau Ora Initiative's first phase. Despite these concerns, the Auditor General recognised that many whaanau have a plan to improve their lives, which they did not have previously (Controller and Auditor General, 2015). Other areas curtailing whaanau goal achievement and/or self-management were:

- whaanau hardship, transience, and the absence of socio-economic opportunities;
- communication barriers between providers and from providers to whaanau;
- lack of transport to access services and appointments, not having enough money for food, and not able to gain employment (Te Puni Kokiri, 2015, 2016, 2017).

## Chapter summary

Indigenous models promoting whaanau-centred practice that empowers whaanau and builds community capacity predate the Ministry of Health’s (2002b) acknowledgement of the importance of these approaches (Durie, 1994, 1998, 1999, 2001; Pere, 1991, 1997). The government funded the Taskforce on Whānau-centred Initiatives (2010), an evidence-based whaanau-centred framework that intended to energise whaanau to address their issues and become confident and motivated to pursue self-management. The Commissioning Agencies offered a variety of funding avenues that allowed providers to facilitate access to services and resources in the areas of health, education, social supports, housing, employment, and community-developed programmes, which is not always possible through conventional silo-based linear service purchasing. The ensuing whaanau-centred services, and facilitation of whaanau goal planning supported by navigators, built capabilities for whaanau—albeit generic ones initially, with higher levels occurring later across both phases of the Whānau Ora initiative (Te Puni Kokiri, 2015b, 2016a, 2017, 2018; Wehipeihana, et al, 2016). Some criticisms of the initiative as it evolved have also been covered.

Finally, Te Puni Kokiri (2015b) proposed that research be undertaken on “the attribution of whaanau-centred approaches to whaanau improvements in more detail” (p. 33). The following chapter presents and discusses the life experiences of those who received assistance from a Whānau Ora service. This information covers the areas in which the Te Puni Kokiri (2015b) report sought information. More specifically, and pertinent to the experiences of recipients of whaanau-centred services, the study aimed to capture the voices of those from phases one and two.

# Chapter 7

## Recipients' Experience with the Whānau Ora Model of Whaanau-Centred Services

### Introduction

This chapter covers the whaanau-centred service interventions received by the individuals who, in Chapter Five, had described their experiences of social deprivation. It examines the impact of the Whānau Ora service's whaanau-centred approach by presenting the accounts of these individuals engaging with a Whānau Ora service provider. As the previous chapter indicated, these providers offered a range of different service interventions. While the primary focus of this chapter is the narratives of the recipients, comments from personnel working with the recipients—including the navigators and/or peer support workers, and other practitioners—supplement these accounts. However, the experiences of the personnel providing services as part of the Whānau Ora initiative are a separate focus and are discussed in Chapter Eight. The case studies are reported in depth, as this reflects the real impact of social deprivation on recipients' lives, and the influence of provider personnel.

In each of the four interviews for the case study, a navigator who had worked closely with the recipient(s) was present. Navigators assisted recipients to identify their immediate needs and develop a plan with goals, thereby building their capabilities. This process included facilitating access to government and non-government agencies, and accompanying recipients to these meetings if needed. In each of the four case studies, navigators or other personnel facilitated and/or attended appointments with recipients at government agencies and/or community providers. The recipients' plans and the outcomes from implementing them are now considered.

## **Narrative One: Brenda and James**

As detailed in Chapter Five, Brenda was a 19-year-old Maaori woman whose parents were incarcerated, leaving her and her partner, James, a 20-year-old Maaori man, to care for her three sisters: Jade, 14 years old; Molly, nine years old; Cathy, five years old, and latterly, her nine-month old niece, Tess. The couple were still grieving for their stillborn baby, delivered three months before they assumed care for Brenda's siblings. Brenda and James had stopped working in order to care for Brenda's sisters and niece. The couple felt overwhelmed by their financial problems, were distraught that the children were not at school, and felt anxious and depressed about their prospects of securing suitable accommodation for all of them. Despite the researcher encouraging James to contribute to the discussion, he would not. Brenda acknowledged that James supported her but often did not talk.

### **A plan for Brenda, James, and their whaanau**

Brenda, James, and their whaanau (including her two brothers) had met with Taylor, their navigator, to develop a plan with goals. Devising approaches for participation by all whaanau members was important because as Amy, a nurse (while not involved with supporting Brenda), said of supporting someone *"the entire family need to be involved. The family collective having responsibility for themselves and each other works better. They generally support each other to go for their goals"*. Brenda acknowledged that her Nan (i.e., her mother's mother) had been a tremendous support to her and James throughout their difficulties *"I don't know where I would be without my mum. I call her my mum because she is more of a mum to me than my real mum"*.

### **Navigator**

The navigator, Taylor, arranged to facilitate a goal planning session with Brenda and her whaanau. Brenda said, *"I told them Taylor was coming around, they cleaned the house, Taylor arrived and Nan arrived to help so we started planning"*. Taylor added that when she was teaching them about planning and goal setting, *"I had not ever seen the kids smile, be happy, participate in discussions, and enjoy themselves so much. The plan was crafted around Brenda as the children's primary caregiver. They (the children) were often depressed with*

*their mother*". As mentioned in Chapter Five, Taylor had been trying to encourage Brenda's mother to care for her children. Moreover, Taylor, said:

*whaanau members need to be included so they can accept ownership of the plan and goals. They often need support with planning and goal setting. Many have not done this before. It increases their confidence to set and achieve more (goals).*

### **Goals set by Brenda, James, and their whaanau**

There were numerous goals initially set by Brenda, her partner, and her whaanau:

#### **Health, cultural, and social wellbeing**

- To keep the whaanau together.
- To take a photo of Brenda and James' baby to Brenda's Marae.

#### **Parenting**

- To accept services from health, social, and other agencies to support the whaanau.

#### **Housing**

- To approach all housing agencies for suitable accommodation.

#### **Education**

- To ensure Brenda's three siblings attend school.
- To enrol Brenda's niece, Tess, in a Kohanga Reo (Maaori Early Childhood Education Centre).

#### **Employment**

- To find employment for James, and for Brenda's brothers.

### **Outcomes from the whaanau-centred services supporting Brenda, James, and their whaanau**

The following indicates the outcomes for Brenda, James, and their whaanau, including Brenda's grandmother, after Taylor assisted them to develop their plan.

#### **Keeping the whaanau together**

The primary goal of keeping everyone together was achieved because they were all—apart from Brenda's grandmother, who had her own home—staying in the same house. This occurred even though they were given three months' notice by their landlord to vacate the house. Brenda said she wanted to care for her sisters because, *"I didn't want my sisters to be*

*put into CYF's care. I don't know how I would have coped if I found out they had been placed in their care. I know what happens to girls in their care".* She added, *"If it hadn't been for Taylor they probably would have all been split up everywhere. Our goal was to keep our family together and we are doing that"*. Brenda said she did not have transportation and, while they lived at the rental house, her Nan's partner had purchased a car to help *"get my sisters to school so I didn't have to depend on her"* to drive them around.

### **Taking a photo of Brenda's still-born baby to her Marae**

Brenda said she achieved her goal of taking their baby's photo to her Marae and putting it on the wall in the wharehau (Maaori customary meeting house). She said, *"we took my baby's photo to my Marae so she can rest there"*. Brenda was no longer having suicidal thoughts because she said caring for her younger siblings was *"helping to heal my own heart from losing my baby"*. Her whaanau from another town had also visited to support her and *"to spend time looking after my sisters and cousin"*.

### **Employment**

Brenda had *"pushed my brothers and my partner to get jobs"*, to ensure that the whaanau had some income. She added, *"with my brothers and partner working there was money"*. She told her brothers and partner, *"we need a five-bedroom house, so we can all live together and support each other"*. Moana, a community worker, said when recipients gain employment *"they get their mana (integrity) back. They have money, their independence and make their own decisions. They want money for them and their kids"*. Employment provided increased income so Brenda and her whaanau could pay their rent, purchase groceries, pay for petrol for the vehicle, provide the sisters with lunches for school, and generally live as a whaanau. Brenda attempted to save so they could improve their economic and social living conditions.

### **No accommodation, no school attendance, and unemployment**

Following their three months of living in the rental home, Taylor visited Brenda and her whaanau to discuss progress with their plan. Taylor acknowledged, *"they were all in a panic. They had to be out [of the house] that weekend. We had to step in because the whaanau were feeling helpless and isolated"*. Brenda knew she had nowhere to go. They had not sought

suitable accommodation even though she knew the landlord had given them three months' notice to vacate her mother's ex-rental unit. Brenda acknowledged they had not saved enough money to pay a bond for high-cost rental accommodation and had no idea about where they could live. She explained:

*I felt helpless and didn't know what to do. Taylor turned up randomly. I said, 'thank you so much. You've just come at the right time. You don't know how much of a relief it is for me to see you. We don't know where to go for help.*

Taylor sat with Brenda and her whaanau to formulate accommodation-related goals. Brenda said, "*all the emergency housing and motels were booked out because of the Masters Games [A large international sporting event]. We had nowhere to go. Our only option seemed to be for me, my partner, and the children to sleep in our car but for how long?*" Her sisters had stopped going to school because the whaanau had become focused on securing accommodation, and they did not know where they would be living. This would influence what school they could attend. James had stopped work to assist with caring for the children and, as Brenda said, "*our only goal was to find a place for us to live*". She was concerned the children would fall behind with their schooling. Researchers have noted the challenges faced by children whose achievement at school is affected by their parents' scarce resources and living in conditions of social deprivation (Dorey, 2010; Evans, 2004; Jensen, 2009; Kaiser & Delaney, 1996; Pearson, 2003; Russell et al., 2008).

Brenda's frustration and despondency about her circumstances were compounded by WINZ's response to her request for support, which Brenda interpreted as, "*you need to grow up and just separate. Let the State look after your sisters or get your family members to look after your sisters*". Brenda said her response to such comments was "*we were not brought up separate. We were raised together*". Taylor added, "*siblings raising siblings under these circumstances, with so many challenges. It was easy to see their achievements and even though these were small they were significant in building their capabilities and capacity*". She added that they wanted to stay together and were achieving that.

### **Living at an urban-based Marae**

Brenda explained that Taylor knew they had nowhere to live so they were invited to stay temporarily at a local Marae. Taylor said they were invited to stay at the Marae because *“we see this whaanau as a whole whaanau so we're not letting them be split up to be shared out to other whaanau, or across different emergency housing units or with agencies”*. While living at the Marae, Brenda said she and James had *“looked at all houses [to rent] but we missed out because there is so many of us. We arrive at a house and others say they will pay more so they get the house”*. Brenda’s frustration was exacerbated by what she perceived as blatant racism in terms of how prospective landlords saw her and her whaanau *“we get treated like we are young and dumb Maaoris (sic) who don't know what we are doing”*. Brenda’s grandmother had relayed the challenges facing the whaanau to Brenda’s mother who had responded *“oh I think they should do this”*. Brenda’s grandmother responded by placing the blame squarely on her daughter’s shoulders, *“No you don't need to be involved because you caused this mess”*. Brenda said she loves her parents *“even though they have put me in this situation with so much pain and heartache. It's been really difficult even just in my 19 years of life”*. Brenda added, *“Taylor has taken a lot of stress off my shoulders and is helping us get what services that are available”*.

Living at the Marae enabled Brenda and her whaanau to complete a Certificate of Attendance for a training programme about Maaori concepts and practices. The Certificate is a precious memento for Brenda, *“We will keep these for our own children so we can say ‘this is what we were doing at this time of our lives’”*. She learned that *“training programmes can be fun. Learning can be fun. It has increased my confidence to achieve because we learnt to speak in front of people”*.

Brenda’s uncle took leave from his job and left his whaanau to live in the same town as his niece to attempt to resolve the dire situation that Brenda and her whaanau were enduring. She acknowledged that *“he gets the benefit for us to help with our food and clothes”*. The assistance Brenda and her whaanau received from her uncle reflects the Maaori customary concept and meaning of 'whaanau' whereby members—particularly senior ones—support junior members until they are able to manage their own circumstances (Reilly, 2010). Brenda

acknowledged that she was pleased her siblings had met their uncle for the first time and said that she appreciated his support for her whaanau, but also said, *“I want him to go home so he can be with his own family. He got here and everything that got shoved onto me has been dumped onto him”*.

### **Achievements and hopes for the future**

Brenda said she believes *“we have come a long way since Taylor’s visit. I lost my baby and was thinking about committing suicide, but suddenly I’m looking after my three sisters without our parents”*. Nan added, *“we want to keep the kids together. It is very hard for all of us”*. Nan started crying and said, *“the past five months have been very hard for all of us. It has been very hard on these ones because they are so young”*. Brenda also became very emotional while stating:

*I don't like seeing her (Nan) sitting here crying like this with all of us today because of all the stress and everything that we are all going through. She's gonna start making me cry as well. As a whaanau group we want to stay together.*

Nan said, *“These kids will get a house to care for the sisters. The cousin can return to her mother. We will take one day at a time and one step at a time. I will help them get there”*.

Taylor added, *“this whaanau is unique because it is siblings raising siblings. Their circumstances make it challenging for services to understand how some whaanau operate”*.

She added, *“with all their issues happening at once, most services are not set up to be able to respond to the multiple and complex needs of a whaanau like this”*. The whaanau believed they would find suitable accommodation for all of them. Nevertheless, as acknowledged by Taylor, the government’s siloed, sector-specific service structures could not ensure Brenda and her whaanau had an adequate income or the resources they required, hence the services were not able to address their complex needs.

Despite being homeless and feeling overwhelmed by their circumstances, Brenda said her whaanau were beginning to feel empowered. She also expressed determination to pave a way forward saying, *“I need to start implementing our goals, so we can enjoy achieving them”*. She wanted to gain employment and stop being dependent on the government’s social welfare

benefit, *“I tell my sisters they have to get a good education to get a good job. We can make our dreams come true. We just need to work hard even [if] it takes longer”*. She envisaged herself and her whaanau living in a warm, clean home. James said he sees his future as *“staying with Brenda. I see myself having a job, having money, and a car or a couple of cars”*. Notwithstanding their challenges, Brenda stated:

*I know we will get somewhere to live so we can stay together as a family. We will get back to being employed and having money . . . be independent and we will all be proud to be Maaori and do well in our lives.*

As a result of her increased confidence, Brenda said she was now inspired to *“help my own people”* and tell other Maaori families *“they must get out of bad situations. I see so many of them going downhill. They have no homes like us and many are wasting their lives on drugs and alcohol”*. She felt that James needed to *“be in training . . . to be a vehicle mechanic or working so he can help pay our bills”*. Brenda continued to encourage her brothers and her partner to secure employment and her sisters to achieve at school. She remained motivated to ensure her whaanau stayed together, increased their autonomy and independence, and lived a healthier lifestyle.

Several days after the interview with the researcher, Brenda, James, and her siblings were moved into a motel as part of emergency housing. Taylor, the navigator, remained in contact with Brenda and reported that *“they are still together and that’s what they wanted. The cousin has gone back to her mother”*. Brenda was enjoying achieving her goals, albeit incrementally, and this contributed to increasing her confidence and motivation to set and achieve further goals. This outcome highlights the importance and effectiveness of the navigator as a facilitator and enabler of recipients pursuing self-management. Also, an unexpected derivative of Brenda’s increased confidence and motivation was her desire to share her newfound confidence and goal-setting skills with other whaanau so that they could also set and pursue goals.

### **Outcomes of the plans made by Brenda and her whaanau**

The whaanau-centred approach supported Brenda and her whaanau to learn goal-planning and to begin pursuing their goals. Brenda's brothers and partner were employed while the whaanau had resided in her mother's rental unit for three months. That arrangement ensured the whaanau had money for food, clothing, and transport, and enabled the sisters' school attendance. While the whaanau achieved only some of their goals, whaanau-centred practice enabled Taylor to assist Brenda and her whaanau to acquire new knowledge, confidence, goal-planning skills, and a certificate while staying at a local Marae. Taylor also supported Brenda and James to attend appointments with property managers and landlords to secure suitable accommodation. The whaanau-centred approach built the capabilities of Brenda and her whaanau, ensuring they had a foundation for realising their aspirations, and cultivating increased confidence and capabilities.

Their move to a motel for emergency housing, as an intact unit, suggests the authorities recognised them as a 'whaanau'. Although they achieved certain goals, the whaanau remained without adequate housing, employment, and a steady source of income to support their daily living needs, and Brenda's siblings were not attending school. Hence, while progress was made in the case of Brenda and James, their ongoing precarious situation exposes the shortcomings that still exist in a siloed, sector-specific system—that is, its inability to recognise and respond immediately to the complex needs of whaanau.

### **Narrative Two: Natalie**

As outlined in Chapter Five, Natalie was a 21-year-old single Maaori mother of three children under five years old, who met 25-year-old Tommy while at school. Both smoked drugs and regularly consumed a lot of alcohol and, along with Natalie's younger brother, had committed an armed robbery. When Natalie fell pregnant, Tommy moved in with her, her mother, and her three siblings. Soon after, Natalie's mother and brother moved to Australia, leaving Natalie without an immediate familial support system. Tommy, Natalie, and her older sister and younger brother moved into a home, but were soon evicted because they could not afford to pay the rent and were caught with drugs. Unable to afford living on their own, Natalie and Tommy moved in with Tommy's parents who were steeped in a gang lifestyle. Feeling

unwelcome and often being instructed to leave the house, the couple eventually moved out. They were forced to live with Tommy's parents again when they were unable to afford the rent at a new home. Throughout this period, Natalie struggled to cope with the aggressive behaviour Tommy's family exhibited towards her. Her unhappiness intensified—both with Tommy's physical violence towards her and, more recently, with her perception that his influence on their son had turned her child against her. As a result, Natalie approached Housing New Zealand, who provided her with a two-bedroom unit.

### **Navigator**

Despite ending her relationship with Tommy, Natalie continued to endure the effects of his presence and violence. Six years of severe domestic abuse had left Natalie feeling depressed, isolated, and alone. She dreamt about *“me and my babies living in a warm home, with power, a safe neighbourhood, and fenced off for the children's safety, and we are happy”*. Natalie met with a General Medical Practitioner (GP), and was subsequently referred to Tracey, a navigator. Natalie recounted:

*I told Tracey what was going on in my life. I was embarrassed, but she did not judge me. I wanted to just cut off the violent relationship, but he is the children's father. I wanted to be sure he would never physically attack me again. I had no family support, no friends, and no contact with any marae.*

Natalie discussed with Tracey *“what I wanted to achieve in my life, and baby steps to get there”*, adding, *“my initial focus was only about getting him (Tommy) out of the house so my babies and I could live on our own”*. Natalie added that, *“I didn't think I would get to the position where I was starting to talk about a plan or goals”*. Natalie's admission reflects her change of mindset—from believing she would remain in her violent relationship, to having an immediate goal of ensuring her and her children's safety and, later, to setting goals for her future.

### **Natalie's plan**

Tracey taught Natalie about planning and setting achievable goals. Tracey helped Natalie to understand the importance of a healthy relationship that did not include violence. Jane, a social worker, said, *“mums on their own need plenty of support with planning and setting goals. More so if they are staying in or are coming out of a violent relationship”*. Natalie said, *“I was relieved Tracey didn't judge me about my problems, what was happening in my life, or what I said I wanted to do”*. Natalie was sceptical that her goals would materialise.

Nevertheless, she wanted to *“get out and stay out of violent relationships. I wanted to improve my literacy so I could do education courses”*. She said, *“I had only stayed at home but I want a job so I can pay my bills. My mother did it . . . the goals may seem quite small to others but they're really important to me”*.

Natalie sat with Tracey to formulate her goals, which were:

- I will stop living in a violent relationship.
- I will get my driver's licence.
- I will have some good friends.
- I will start doing some study.
- I will find out what free courses are available.

Natalie's goals were generic and focused on meeting her and her children's essential needs. Her goals indicate the aspirations she has for her future, which are based on areas in her life she identified, with guidance from Tracey, as needing to be addressed. The importance of the goals is that they are an illustration of capabilities that allow Natalie to pursue autonomy.

### **Outcomes**

The following outcomes are the changes Natalie reported making after she and Tracey had developed a plan with goals.

### **A non-violent home**

One of the goals Natalie achieved was escaping her violent relationship, *“the children's father is no longer my partner. We're not together and I don't see that happening either. He stays with his mother now, which has been a long time coming. Finally, there is no violence in our household”*. After assaulting Natalie in front of the children, Tommy was removed by the police after Natalie asked them to take him away. Tommy's mother supported this action. Natalie acknowledged that, in the past, she and Tommy had resumed their relationship soon after each attempt to end it. However, this time she decided that *“I have had enough. It was then I said to myself ‘the relationship is over’”*. Kim, a social worker, (unrelated to Natalie's case), said, *“some women take time to walk away from a violent relationship”*. Natalie was proud of her decision to walk away; it had resulted in Tommy visiting the children and refraining from violence, *“I didn't think I would get to the position I'm in now because I thought I would just stay with him and his violence”*. When reflecting on what could have occurred had she remained with Tommy, Natalie said, *“he would have worn me down, my babies would not have had any food, I would have felt so lost, and CYFs would have taken my babies because of the violence”*. Natalie's comments illustrate she knew the potential consequences had she not become aware of her responsibilities as a mother with the support from Tracey over the previous 10 months. Natalie made a significant transition from feeling disempowered and in a state of learned helplessness, to believing she could manage her life without Tommy controlling her.

Natalie described her current arrangement with Tommy as 'okay', saying, *“he is off drugs now. He started when he was 16 years old. No aggressive behaviour to me when he sees the kids”*. Natalie said she had set boundaries around Tommy visiting their children in the weekends. With the reduction in Tommy's influence, Natalie's bond with her son had also improved. *“He welcomes me at Kohanga Reo. We cook and clean together”*, she said.

### **Training courses**

Natalie's children were attending a Kohanga Reo (Maaori early childhood education centre) from 8.00am until 4.30pm while she completed foundational courses in literacy, numeracy, and business. Natalie expressed frustration that Tommy had accused her of *"neglecting the kids when they are left with strangers and not family members"*. Natalie did not intend to change the arrangement because *"I want to better myself and get off the benefit. I want to pay the bills with the money I receive"* (Natalie was receiving a government welfare benefit). Natalie said she realised she had matured when she heard the younger students on her course boasting about *"gangs, and going to parties and getting drugs and alcohol. Gosh I used to say that but I'm not interested in any gangs, parties, drugs, or alcohol. I have moved on from all that"*. Natalie believed she could see that *"many of the younger ones are on a similar pathway to where I was"*. Support from Tracey and others increased her confidence and she now believed that *"requesting support to get out of a violent relationship is important"*. She said her increased confidence had made her *"more motivated to do positive things for me and my babies. By the end of next year I would have done three courses"*. Natalie's goals reflected a focus on her immediate safety and her short-term gains, while her comments reflect a dramatic shift in priorities, and demonstrate her ability to work toward long-term goals rather than immediate gratification. She gained insight into opportunities outside those offered by gangs and drug- and alcohol-fuelled parties, with an associated improved attitude and increased sense of self-worth.

Natalie achieved her goal to improve her literacy and numeracy abilities. She said, *"following Tracey's help I was able to go to a free course. I did better than I thought I would"*. This achievement contributed to Natalie's increased confidence in her capability to gain additional skills and motivation to set and pursue other goals. Having increased her literacy skills, she felt confident enough to apply for her driver's licence and stated, *"I got my driver's licence [learners]. I'm pleased and proud of myself. I really studied hard for it. I was really nervous, so nervous, and so scared about if I would pass. I got 35/35 questions correct"*. Having gained her driver's licence, Natalie said she will save for a vehicle to *"give me and my babies more independence. Having my licence improves my chances of doing more education and training which is what I want to do"*. Natalie said she was looking *"only for free courses"*

*because I don't have money to enrol in the ones you have to pay for". Natalie did not want to incur any student debt. She had been a part-time cleaner before having children but did not want to return to that role. She was completing her level two business and retail and service course and found it valuable:*

*because it has made me go and meet people. The course focuses on retail and that is customer services which I enjoy. I want a job where I have to put myself out there so I can be more confident. At the start of the course I was a nervous wreck because I hadn't been out of the house or done anything for myself for years. I didn't think I could do it. Tracey kept encouraging me.*

During the initial course, Natalie worried that her peers would judge her *"because of what I've been through, but they were so supportive of me and my goals"*. The learning environment in which Natalie was based enabled her to build on her self-belief and self-value, and to feel worthy of being in the same class as others. These gains contributed to Natalie's increased confidence and motivation to pursue additional goals. It is noteworthy that, despite Natalie having achieved her goal to begin a training course, Tracey continued to contact and meet with her about her child management and encouraged her to continue with her studies. Natalie wanted to continue with her education, saying *"I want to do another course after I finish this one to increase my skills to get a good job. The hours will have to support my children in school. I don't have access to a computer"*. Support from her navigator, Tracey, and achieving her initial goals built up Natalie's confidence and motivation to set and achieve further, more ambitious goals.

### **Improved whaanau relationships**

Natalie's previously fraught relationship with her mother had improved as a result of Natalie's new-found confidence and improved circumstances. She said her mother *"is a taxi driver in Australia but I haven't seen her for over five years. We have regular contact now. I send her photos of her grandchildren"*. Natalie said, *"she knows the struggles of being a single mother. She says 'go to a food bank' or 'go to Salvation Army'. She had a job and the benefit. I only have the benefit so it's tough financially"*. She added, *"paying for important family events such as birthdays, and Easter and Christmas celebrations was difficult with being on the benefit"*. WINZ gave Natalie a clothing grant to purchase a uniform for her retail

course but she said, *“they told me to start lay-by for the kids’ clothes. I manage my money better now”*, which is a result of the training provided by Tracey.

### **Increased social support**

Natalie is enjoying her new freedom, particularly the fact that she could now have visitors who can *“feel welcome to drop in for a cup of tea without worrying about him [Tommy] being here”*. She has since gained a friend, which was one of her goals. She said, *“my new friend welcomed me when my partner and I had a fight. She didn't ask why I was there. We just had a cup of tea and talked shit and had a few laughs”*. She added, *“we have both survived very violent relationships. I now have a real friend that I have not had before”*.

Natalie and her friend meet regularly. Natalie’s comments indicate she had acquired increased social supports, gained a close friend, felt able to have friends visit her without Tommy’s disapproval, and consequently was able to engage with and participate in the community. The eldest of Natalie’s younger brothers was living with her and looked after the children if she was sick or went out. Natalie added that he *“pays board and I cook his meals and wash his clothes”*. Indicative of her increased confidence and autonomy, Natalie told him that if he did not pay his board, he would have to leave because *“I want to use the benefit money for me and my children”*. Her increased confidence had been derived from the encouragement she received from Tracey, her growing social network, completing her course and gaining her driver’s licence, improving her relationship with her mother, and the recent achievement of her goals.

### **Self-confidence and self-belief**

When considering her achievements to date, Natalie reflected, *“the whole situation seems weird. I'm pleased. I've gone from having no confidence or self-belief to believing in myself. I've got a plan with goals. I set new goals by myself”*. Natalie admitted she was surprised by her increased confidence because *“I was in a very violent relationship and thought I would probably stay in it so I didn't think I would get to where I am today”*. Natalie has begun writing *“poetry that don't make sense to other people, but they do make sense to me . . . they have been part of my healing process”*. Tracey’s guidance assisted Natalie to begin demonstrating her autonomy, from acknowledging her absence of confidence, to gaining self-

worth, to acquiring insight and self-healing after enduring six years of violence and expressing this through her poetry. Natalie stated proudly, *“I didn't realise how happy my children would be living without any violence in our home”*. Natalie credited Tracey as the person who taught her that she needed to be responsible for herself and her children. She added, *“the children are dependent on me so I need to care for them”*. Overall, Natalie believed the past six years had *“been a positive transformation for me! I now know it is possible for me to achieve more. I can set goals to get there”*. She added, *“this organisation [provider of a Whānau Ora service] and another one [provider] really helped me to work to put things in place so I can start achieving my goals”*. Natalie smiled, saying that *“because I'm happy my babies are happy”*. Natalie gained planning skills, and the confidence and motivation to pursue opportunities, and thus her focus shifted from herself to planning a future for her and her children.

#### **Summary of outcomes from Natalie's plan**

Natalie's plan employed a whaanau-centred approach with initial goals that focused on the safety of her and her children, which also supported her to gain insight into her immediate and short-term holistic needs. Natalie took some time to gain the confidence to leave her violent relationship and relocate to a safe home with her children. Tracey's guidance of Natalie continued until she had gained the confidence and motivation necessary to set goals, act on them, and begin building her capabilities, thus increasing her self-belief and sense of self-worth. Hence, the skills Natalie learnt from Tracey enabled her to focus on determining the types of services and resources she required. This process, which involved Tracey teaching Natalie about child management, her responsibilities as a mother, and the opportunities she could access through free courses, contributed to Natalie realising her self-healing and pursuing autonomy regarding how she and her children would live.

### **Narrative Three: Simon and Jackie**

Simon and Jackie are a European couple aged in their mid-forties who are receiving the government's sickness benefit. They both suffer from depression and take medication for this condition. Simon was made redundant from his job delivering newspapers. Jackie was the main responder because of Simon's shyness, despite the plan (Whānau Ora) being focused on him. He is also a chronic diabetic, which requires him to dialyse for six hours every Monday, Wednesday, and Friday. Simon does not believe he is employable because he can only work on Tuesdays and Thursdays. Jackie had not worked as a registered nurse for five years. She was dependent on crutches to walk following a recent knee operation. She acknowledged her excess weight has impeded her mobility. Both experienced difficulties caring for Simon's brother, whose mental illness prevented him from living on his own. Simon's sister would sometimes leave her five children with the couple but would not contribute money towards their care.

Without budgeting for their expenses, they had accumulated over \$25,000 of debt in the past five years, but had reduced the debt to \$22,000 as a result of the skills they had learnt from a navigator and budget advisor. The couple blamed their debt on the failure of their sickness benefit to cover their weekly expenses. Furthermore, they were not sure how they were going to repay their debt. Both were critical of WINZ and what they perceived as WINZ's lack of support in assisting them to pay their expenses. They had learnt to accept their problems as 'normal' and as part of 'being on the benefit'. One of Simon's friends from the dialysing unit referred him to an organisation that delivered a Whānau Ora service because he was pleased with the range of support he received. At the time of their interview, Simon and Jackie had been engaged with the organisation for 10 months. The researcher had encouraged Simon to contribute to the discussion. He would often nod while Jackie was speaking but did not interrupt her.

### **Simon and Jackie's plan**

Following an assessment by a doctor at the provider of a Whānau Ora service, Simon was referred to the chronic illness team, which provides support for those with chronic conditions. Saradee, navigator and budget advisor, observed that, *“Simon is the plan holder. The plan focused on supporting Jackie and Simon with managing his chronic diabetes, his dialysis three days each week, his health, his depression, his medications, and building his business [selling hangi [traditional Maaori food] and steamed puddings as meals]”*. Saradee spent time with Simon developing his plan, and teaching him self-sufficient planning and goal-setting skills. Simon acknowledged that Jackie had been very supportive and had encouraged him to pursue his goals.

### **Navigator**

Saradee said she arranged to meet with Jackie and Simon to discuss the management plan centred on improving Simon's health and to build his business. There was no plan centred on Jackie. She intended to support Simon.

### **Simon's goals**

Simon's goals were:

- To attend dialysis for six hours each Monday, Wednesday, and Friday.
- To take his medications each day.
- To exercise regularly.
- To build the hangi and steamed pudding business.
- To develop a budget to pay off his and Jackie's debt.

Saradee had encouraged goal-setting with other recipients in similar circumstances to Simon. She indicated that the goals set by Simon and Jackie were similar to those of other recipients who were attempting to manage their chronic health issues and medications, while simultaneously striving to build their economic independence. Under Saradee's guidance, Simon's goals focused on attending to his immediate physical and mental health needs, but he also intended to manage his finances and establish economic independence, thus relieving the couple's stress.

## **Outcomes from the whaanau-centred services supporting Simon and Jackie**

The following outcomes occurred for Simon and Jackie after Saradee assisted them with the plan.

### **Attending dialysis and managing medications for depression**

Jackie said, *“I support Simon. He’s got his three lots of six hours a day of dialysis which takes up a lot of time. He often gets depressed around all the demands that go with that”*. As stated earlier, Simon attends dialysis three days each week, which means the rest of his daily and weekly activities and plans are organised around the dialysis. As indicated in Chapter Five, Simon felt that he had a level of control over his dialysis since he could manage his own needles and clean the equipment himself after using it.

Simon and Jackie remind each other to take their daily medications. Simon said he has *“lots of support from the social worker at the dialysis unit. He helped me with some management strategies for my depression and of how I can control it so it doesn't always stop me doing activities during the day”*. However, Simon noted that it had been *“two years since I last discussed my depression and my medication with a doctor. I go into lots of day dreams. I think the medication needs to be looked at again”*. While Simon and Jackie support each other to manage their depression, their medication and management strategies assist them to complete daily activities. Simon’s comment about having his medication reviewed suggests a level of insight into his symptoms of depression, but also a willingness to assert greater control over managing his depression.

### **Exercise**

Simon said Saradee had organised for him to attend the organisation’s gymnasium. Simon attends the gym with John, a physical trainer and team member in the chronic illness team. Simon said, *“he (John) was working with me at the gym so I can start exercising. I come here every Thursday and do some exercise. There is good companionship”*. He added, *“the staff have been very helpful to me. The doctors are good people and helped me with my diabetes”*. The personal training and exercise, along with the increased social support, encouraged improved emotional, mental, physical, and spiritual health, which contributed to Simon’s motivation to continue participating in the exercise programme.

### **Healthy lifestyle programme**

Saradee said that Simon had been attending her organisation's healthy lifestyle programme on Tuesdays. Simon said, *"I enjoy the programme. It has good social support for me. I learn about keeping healthy and keeping a budget"*. Saradee added that her organisation also delivered *"an eight-week community-based programme that addresses healthy lifestyles and both of them have attended it"*. Simon and Jackie's attendance at voluntary programmes demonstrates a level of self-motivation to improve their social support, increase their budgeting skills, and knowledge about living a healthy lifestyle. Saradee explained that, *"It covers all health issues like the respiratory system, the digestive system, and diabetes because they are the three main factors that are of concern for our whaanau [recipients] in our service (i.e., chronic illness service)"*. Saradee said the programme also covered *"social issues such as budgeting and getting financial support. We work alongside our beneficiaries to meet their WINZ and Inland Revenue requirements. We also support them to receive their full entitlements and regain employment to build their income"*. The holistic approach, adopted by the provider of Whānau Ora services, enabled the recognition of multiple challenges that the recipients are grappling with.

### **Building Simon's business**

In an effort to support Simon's aspirations to establish his own business, Saradee said, *"Samantha is our employment advisor who has been working really closely with Simon and Te Puni Kokiri to develop and implement his business strategy to sell hangi and steamed puddings"*. She explained that Simon attended their training on *"conducting interviews and sessions around workforce training"*. WINZ had declined Simon and Jackie's application for funding to pay Simon's council food licence fee, which was essential if he was to sell his meals. Saradee added, *"they said they will only support those going back to work with an employer. They won't support a person to set up their own business and be the employer"*. Simon added that he wanted funding for his application *"to the local council to get my food licence so I can go out into the community and sell to everyone"*. Simon's initial request for funding had not come under the Whānau Direct Fund. Soon after this interview, his application for a food licence was approved. Simon then met with the local council and a

navigator who assisted him with promotional material so he could commence selling hangi and steamed puddings to the local community.

Simon said his social worker at the dialysis unit *“helped me get funding to buy my cookers for the hangi and steamed puddings. He wants to support me to make my business profitable”*.

He added that both *“Saradee and John [his physical trainer] helped me to advertise my business”*. Saradee said, *“John and I worked out a promotional plan with flyers and dropped them to houses in the community to expose Simon’s business to them”*. Simon said he believed *“the fliers were good advertising for our business”* but he had only received a few requests for packs of hangi and steamed puddings following the promotion.

## **Steps forward**

### **Qualification in healthy food safety and Marae-based training**

Simon enrolled in a course recommended by Saradee, *“I completed the four-week Certificate in Healthy Food Safety so I could manage food and sell our hangi and steamed puddings to the public”*. Simon and Jackie (both non-Maori) had stayed at a local Marae during a two-day workshop to learn about planning, goal setting, and expanding his business. He said he learnt a lot and *“my koha (gift) was two steamed puddings for the Marae. Some people who tasted them are still coming to us and buying both the hangi and steamed puddings”*.

### **Selling the hangi and steamed puddings**

Simon said that over the past two months he had sold the hangi and steamed puddings to people he knew and to others in the community. Jackie said, *“we go to a local market and we sell very quickly 10 hangi and steamed puddings [packs of two hangi and two steamed puddings] so that’s 20 puddings. We want to make more and sell more”*. Simon added, *“I think if we organise the hangi and steamed puddings, as well as doing a sausage sizzle, we should be able to make a lot of money”*. Saradee added, *“with Christmas and weddings coming up and birthdays all the time, and barbecues, we can do another advertisement, so people know you are selling hangi and steamed puddings”*. While Simon’s business was developing, their commitment to a local market provided them with a modest profit, with

aspirations to increase their income but not to exceed their entitlements, in addition to their sickness benefit.

### **Making ends meet**

Jackie said, *“our debt was created over the past five years so we have tried to chip away at it. It used to be much higher than the current \$22,000”*. Saradee said, *“Simon and Jackie’s situation required me to coordinate their access to services and organise people from our organisation to support one or both of them. They needed more than just a basic day-to-day budget”*. Jackie said, *“we try to stick to our budget but recently we drove to New Plymouth to see our friend who is not in a good space. We paid our way there and he paid for our travel home”*.

In regard to Simon’s sister, who had been leaving her children under the supervision of the couple for periods of time without paying for their care, Simon indicated that he and Jackie have now negotiated for a fairer arrangement, *“We now get money from my sister to pay for the food and other stuff when we have her kids”*. In an attempt to curb their expenses, Jackie said, *“we are looking at selling my car because it's too expensive to run two vehicles at the same time while we are on the benefit”*. She believed they could manage with just one car so long as they coordinated their plans.

Jackie said that, over the past 10 months, she had become exhausted and began struggling to care for Simon and his brother. She added, *“he doesn’t stay with us anymore. I couldn’t take the stress of it. I was getting too burnt out trying to support him and Simon”*. Jackie explained that, *“he now lives in a supportive living home. It has taken a lot of weight and stress off us with him no longer with us”*. As part of the couple’s self-preservation efforts and new-found assertiveness gained from their engagement with the service, they moved Simon’s brother into supported accommodation.

### **Emerging goals**

While it had not been an initial goal, during the interview Jackie's physical and mental health emerged as discussion points. Jackie indicated that these were issues she had considered attending to. However, although Saradee had contemplated supporting Jackie to develop a plan for herself, *"the focus was on Simon due to Jackie putting her life on hold to give him the support he needs. We can, though, look at what support groups and women's groups are there for Jackie"*. She added, *"We are picking up Jackie tomorrow to attend the start of our eight-week healthy lifestyle programme"*. Jackie currently attends a local group, but said it was mainly for elderly women and *"I want a group with similar age group and similar interests"*. As noted earlier, while both were experiencing depression, the capability building plan was built around Simon due to his chronic illness, with Jackie relying on crutches to aid her mobility following a knee operation.

In addition to Jackie's desire to attend a support group, she said *"I have a couple of good friends who I can ring"*. Jackie did not have friends she could visit regularly. She was still grieving over her father's death and became very emotional as she spoke, saying, *"I used to ring my father because we were always really close. His support was really good for me. I think my father's death has been a real problem for me and still is an issue for me"*. Jackie acknowledged, *"I don't have many good social supports. I try to support Simon and my nephews and nieces before my own care"*. Jackie's expression of feelings of isolation highlights an issue, where the capability building plan is built primarily around empowering Simon, but Jackie also experienced challenges that required attention. However, these issues, while important for Jackie, were not the reason there was a plan built for Simon, whose issues were deemed more severe by Saradee. In a different scenario, a plan that recognises them both as a unit and as separate people with unique needs may be developed, which would be consistent with and appears as one of the strengths of the holistic, whaanau-centred approach. Jackie felt lonely because she was not employed. She said, *"My friends work and are busy in the evenings with their families. Not having friends to visit during the day is a problem for me because then I'm on my own"*. Meanwhile, Simon was either attending dialysis all day, participating in his morning exercise programme, or meeting with his social worker at the

local hospital. To fill the void of often being alone during the day, Jackie said she wanted to return to work as a nurse.

### **Reemployment aspirations**

Jackie had considered returning to work as a nurse but, because she was in her final year of eligibility to renew her nursing practicing certificate before it lapsed, she believed she would be required to complete further training. Ideally, Jackie wanted to re-register without having to retrain. She did not know if she was eligible for a student loan. She had moved house often so she was not aware if the New Zealand Nursing Council had tried to contact her. She said, *“I would like to go back to maybe working at hospice as a nurse. I worked in hospice type work as a nurse for 11 years where I supported people in their homes”*. Jackie believed, *“my health, mental health and my depression is okay. I feel confident to look at re-gaining my nursing registration. I had counselling for myself at hospice a few times, which was really good for me”*. Jackie said she wanted to discuss with Saradee what her options were in regard to maintaining her nursing registration and said, *“I want to know if I have to pay my nursing registration or complete more training and if so how long it would take and how much it would cost”*. Jackie and Saradee intended to discuss these options the next time they met.

Jackie explained, *“I will need to get work that suits my health conditions, including my excess weight, and my mobility being restricted because of the crutches [from her knee operation]”*. She added, *“We’ve got problems. We’ve got debt and suffer from depression. Simon’s got three days of dialysis and we’re trying to build up our business. We want supports and I support Simon, and WINZ doesn’t encourage us with anything”*. At the same time, Jackie also acknowledged the benefits they have received, *“We’re lucky. We only pay \$110 a week rent for a nice two-bedroom unit in a group of flats. There’s no mould. The shower doesn’t cause any problems for me because of my weight and my knee operation”*. Jackie added that her *“doctor is going to operate on my other knee next year after I have fully recovered from the op [operation] I just had”*. Jackie is limited in the support she can provide to Simon. They had decided not to have their nieces and nephews stay with them until Jackie recovered from the knee operation.

### **Limited support from WINZ**

Both Jackie and Simon spoke unfavourably of WINZ because, in their view, *“you ring them and they say yes we will consider that. You go and see them and they cut you down. I often come out asking myself, ‘why did I bother going in there?’”*. Simon added, *“I asked them to pay for me to do a computer course [while dialysing] but they said no because there is no guarantee that I would be employed at the end of that course because of my diabetes”*.

According to Simon and Jackie, the decision made by WINZ to decline his request for funding was determined solely by presumptions about Simon’s lack of potential to make an economic contribution to society. Jackie added, *“We are dictated to by their (WINZ) terms and have to accept what they say. I don’t want to be on a benefit”*. Simon and Jackie are understandably concerned about their immediate financial needs but do not appear to see the larger picture of the financial constraints within which WINZ operates and the complexities of resource allocation. Government agencies such as WINZ are constrained in terms of what they can allocate funding to, and the agency is unlikely to have informed Simon and Jackie about these limitations.

Jackie and Simon shared a determination to become financially independent. Jackie said, *“I’ll try and go back to nursing. We’re building our hangi and steamed pudding business by going to different markets”*. She added, *“Simon’s got his food-handling certificate. We’re submitting the 100-page application to the council for a food license so he can [advertise and] sell the food to the public. We’re searching for funding to pay for the \$560.00 for the licence”*.

Finally, Jackie said, *“thank you for giving us the opportunity to tell you about our stressful situation and how difficult it is for us to manage our lives. We wouldn’t have got to this stage if it wasn’t for Saradee’s [navigator and budget advisor] support”*. Simon added, *“She [Saradee] keeps us involved in activities. We’re learning about living a healthy life”*. Jackie and Simon said, *“we want to share our difficulties because, if we don’t, then things stay the same. We’re on the sickness benefit but we are still people. Our experiences are important. We want support to build our business to improve our lives”*.

### **Summary of the outcomes from Simon’s plan**

This narrative suggests that a whaanau-centred approach supported Simon—along with Jackie—with a capability building plan to broker access to services and resources to stabilise his health, engage in exercise, and establish a business with the aim of ultimately attaining economic independence. Following assistance from Saradee and her colleagues, Simon and Jackie began managing their health, medications, depression, and activities connected to building their own business. Despite making progress, Simon and Jackie believed they still required support to improve their lives and gain their independence. They attributed their increased confidence, motivation, and insights to the assistance and support provided by Saradee.

### **Narrative Four: Ted**

As detailed in Chapter Five, Ted was a 32-year-old Maaori father who was struggling to raise his five children on his own. He had regularly physically assaulted the children’s mother, Kelly, and was still angry that she had walked away from their relationship. He had tried to care of the children on his own, but had not told his family and friends just how much he was struggling. At the suggestion of his brother and sister, Ted moved to the town in which they lived with the aim of gaining some help with childcare from his siblings. Even so, Ted continued to struggle and had been referred to a navigator following a visit from the police after he had left his children on their own for one evening. Ted wanted to be a good father, provide for his children, and support his ex-partner, all at the same time. However, he lacked confidence in his capabilities. Having left school early, Ted struggled with literacy and, despite participating in a rugby league club, he had limited social and cultural support. He shared his struggles with Janice, the navigator, assigned to assist him:

*Whaea [Maaori female elder] Janice came around to see me. We discussed my family situation and the problems, what I needed, some goals for my life and some small steps that I needed to think about to get there. I was stressed, frustrated, and lonely with trying to care for my five children on my own. I didn’t have any social supports because I had to care for them [children] first. My brother and sister had their own families. It was very hard.*

Ted said he and his children were living “*in a basic home and we were living a basic life*”. As well as setting goals with Janice, he wanted to ensure he had the basic necessities such as clothes and healthy food for himself and his children.

### **Ted’s plan**

Ted and Janice worked to identify his and his children’s goals. Janice suggested that a good first step for Ted was learning to plan and set realistic goals; achieving them would then develop his confidence and motivation to set and pursue more goals. Having learnt planning and goal setting skills, Ted relayed what he had learnt to his children, and encouraged them to begin setting goals, which they did. He also shared what he had learnt with his older brother, younger sister, and their families. While Ted’s plan was centred on him and supporting his children, he encouraged his children to be responsible for achieving their own goals—for example, getting ready for school on time. Ted’s involvement of other whaanau members in goal planning is, according to Melanie (a social worker not involved in Ted’s case), “*an important step in empowering everyone to be responsible for goal setting and working, with encouragement from us, to achieve them*”.

Ted set his initial goals with assistance from Janice and, following a meeting with a budget advisor, those goals were recorded in the Whānau Ora database (see Appendix 1, p.302 for a copy of his original plan). The goals from the original plan are included below. Ted continued to set goals to improve his circumstances.

#### **To organise financial obligations to build financial security**

- complete a budget with budgeting services.
- explore options for a savings account for unexpected financial issues/holidays and/or a whaanau tangi.

#### **To have children equipped and organised for school with correct uniforms and clothing**

- ensure the children are suitably prepared for school/day-care.
- explore options for school clothing and resources.
- explore whaanau networks/second-hand clothing/uniforms.
- apply to WINZ for financial support.

Ted identified the following goals as important for him and his children:

### **Parenting**

- be a good father to my children.

### **Safe home**

- no violence in our household.

### **Health, cultural, and social wellbeing**

- support the children with their sports each weekend.
- keep playing league each weekend.

### **Employment**

- gain part-time employment.

Janice's guidance and support contributed to Ted expressing his aspirations for "*a career and a good job and [to] be healthy, and support my children to be positive, get a good education and have a career, and [teach] the boys [to] respect their partners*". Ted's statement reflects his transition from believing he was justified in physically assaulting his ex-partner, to aspiring to teaching his sons to respect women. At the time of the interview he had yet to submit an application to WINZ for financial support.

Ted and Janice met to finalise Ted's budget, to arrange second-hand clothing, including school uniforms, for his children, and to access housing resources. Janice took Ted to the various community outlets to purchase the second-hand clothing, and to source suitable second-hand household furniture. This reduced some of Ted's stress and worry about clothing his children and finding suitable furniture.

### **Goal setting and progress**

The nature of Ted's relationship with the children's mother varied. He said that Kelly would agree on tasks to support the children but often she did not follow through on them, which contributed to him and the children struggling to achieve their goals. According to Dave, a psychologist, slow progress is not unusual, "*they [whaanau] take time to do the tasks. They have been living a particular way and then they are expected to change their mind-set and behaviours immediately. They get there but it takes time*". Ted had included his whaanau in

discussions about the goals he had set. Ted said he spent time “*setting goals with the children who were also setting their own goals. An important goal to them is getting to school before the bell goes. We have been working hard for that to happen*”. However, Ted said their lives changed when their mother and her girlfriend suddenly returned to the fold:

*In the past six months, the children’s mother and her girlfriend partner came back to be involved in the kids’ lives. I was fine about her having a girlfriend, but I was more happy she was off the streets, away from the drugs, including ‘P’ [methamphetamine], and was alive.*

### **A major change**

After 18 months apart, Ted invited his ex-partner, Kelly, and her girlfriend to move into his house in an attempt to manage the children collectively. He had been aware that Kelly was depressed and struggling with personal problems, but he had not realised the full extent of these issues. They included her battle with alcohol, the abuse she suffered while living on the streets, and difficulties fitting into a new living situation with the children. He acknowledged, “*I was not prepared for what she was going through*”. Consistent with one of his goals, Ted tried to provide advice and moral support to Kelly because he wanted her to participate in a positive way in their children’s lives. Ted expected Kelly and her partner to manage the cooking and cleaning while he worked part-time, but they did neither. Consequently, Ted was forced to take on the burden of managing his home and children, while juggling a part-time job.

Ted admitted that he had become violent to Kelly again. However, he suggested that the cause of his violence stemmed from Kelly’s heavy drinking, which fuelled bitter arguments between them. Moreover, Ted suspected that Kelly deliberately undermined arrangements they had agreed on, and failed to discuss anything with him. Following a discussion with Janice, Ted refocused on his goal of creating a violence-free home, and seeking resolutions to arguments with Kelly through discussion rather than aggression. By this point, Ted had stopped work in order to care for his children, as he had been concerned about their health and safety while they were under their mother’s watch. After four months of living with Ted and the children, Kelly and her partner moved out, after which Ted said, “*I was relieved when she moved out*”.

### **Co-parenting with Kelly and her partner**

After moving out, Kelly still wanted to be involved in her children's lives. Ted agreed to co-parent with Kelly because *"it was too stressful parenting on my own"*. Initially, Ted found co-parenting frustrating because Kelly would frequently change the living arrangements for the children, and she and her partner often argued. The most recent change in living arrangements with the children seemed to be more palatable for both Ted, and Kelly and her partner. Ted explained, *"she [Kelly] has my older boy and the twins. My boy helps with the chores. I look after the 10-year-old son and six-year-old daughter"*. Despite ongoing stress, Ted said, *"the latest childcare arrangement . . . looks like it's working better for the children, their mother and me"*. He said, *"Her and I are less confrontational. She's more positive in her own house (house). Yeah, a new beginning for them. Co-parenting is a challenge but she (Kelly) is happier. I wanted that"*.

Ted acknowledged, *"the alcohol may be the reason for the domestic violence from me. I would get angry about her having the alcohol most days and all day and not doing anything positive for herself"*. Ted identified Kelly's excessive use of alcohol and resulting inability to assist with the children as the rationale for his violence to her. Nevertheless, he added, *"I just want her to be happy. I would rather she stayed away from the alcohol and concentrate on the kids and not just think about herself"*. Ted appears philosophical about how things have worked out, despite his turbulent relationship with Kelly, *"that's life sometimes. The kids are fine if her and I are okay, so I try to support her"*. The two children he now looks after stay with their mother some nights, which, according to Ted, has been positive for them. Ted conceded that he still blames himself for the circumstances he and his children are in. He added that *"sometimes the goal for me is just getting through the day without any problems"*. Ted believed his physical violence to Kelly, and their excessive use of alcohol and drugs, was a factor in the collapse of their relationship. Moreover, Kelly ended her relationship with Ted due to the violence she suffered from him. Nevertheless, Ted had become goal-oriented and was using this new perspective to complete his daily routine to support his children and Kelly.

### **The value of support from Janice, navigator**

Ted's interactions with Janice taught him *"that it's important to have a plan and always set goals"*. Ted reported increased confidence to improve his child management skills. He had also learnt the location of community agencies he could approach to request assistance for clothing, school uniforms, and household furniture. Ted acknowledged that his physical violence towards Kelly was detrimental to her, the children, and himself. He has gained insight into how working to build a constructive relationship with the children's mother resulted in a more positive co-parenting arrangement. Fundamentally, he has learnt to ask for support when he needs it, *"being a solo dad is very hard so I am getting better at asking my brother and sister for help"*.

Ted recognised that if he and Kelly were exhibiting positive behaviour, this would provide a more settled environment for their children. He had therefore been encouraging Kelly to set goals and stop her drinking. Ted added, *"I've encouraged her to get mental health support. I'll help if I can. She is the kids' mum. I want her to be healthy, a good role model. Me as well"*. Ted said his children were setting goals, and *"Kelly is starting to set goals as well"*, including attending counselling to address her problems, reducing her alcohol consumption, refusing drugs, and participating in activities with the children. He said, *"it's early days but it's a start. Even if she keeps going to counselling and stops her drinking that will be positive for the kids"*. Ted's encouragement of his children and their mother to plan and set goals is an example of the flow-on effects from assistance provided by Janice. That is, beneficiaries of the service pay the favour forward, by encouraging and supporting others to improve their lives. Another example of this is when Simon had been encouraged by a friend to seek services and support from the provider of Whānau Ora services.

Although they remain financially stretched, one of Ted's priorities was ensuring that his children did not miss out, *"I don't have a lot of money for the children, but we make sure they have what they need so they can participate"*. When reflecting on his children's future, Ted said he kept encouraging his children to work hard at school, so they could gain qualifications. He said, *"I keep thinking, I finished school early, so I want the kids to gain qualifications, so they have the skills to get a good job"*. Ted was planning to visit Te

Wānanga o Aotearoa and the local polytechnic to discuss his study options, including a literacy course, which he had not considered before meeting Janice. He wanted to gain a qualification, so he could secure full-time employment with career prospects rather than remaining stuck in a labouring position. He said, *“I want to get a good job, so I have money to support my kids”*.

Ted explained, *“Whaea Janice contacts me regularly to make sure I’m okay. We discuss what goals I’m working on and what I’m doing to make progress to achieve them”*. He added, *“I am getting better at goal setting. My kids are doing it as well. We are trying. My sister and my brother are there as supports”*. Recipients encouraging and supporting others to set and achieve their goals is an important outcome of the Whānau Ora initiative. Ted accepts that having whaanau and social support is an important part of being able to participate in the community. Ted’s goals did not include enhancing his cultural identity. Nevertheless, Ted knew Janice could assist him to connect with a local Marae and access customary Maaori support if he wished, but he said, *“for now my kids are my priority”*. Ted’s case highlights the importance of the navigator as a facilitator of positive transformation, not just for the immediate recipient, but also for others associated with that individual.

### **Summary of the outcomes from Ted’s whaanau plan**

Janice facilitated whaanau-centred practice to support Ted to identify his and his children’s immediate needs, and set goals to meet those needs. The outcomes from Ted setting goals for himself and his children included increasing their skills in goal-setting, developing his budgeting skills, and learning where and how to access household resources from community providers. He also learnt to engage with Kelly and her partner in a non-violent manner. Ted’s increased awareness about his aggressive and violent behaviour towards Kelly, and his new confidence and capabilities in goal-setting appear to have contributed, in part, to Ted’s willingness to adopt a more conciliatory approach to a co-parenting arrangement. Moreover, having gained these skills, Ted was able to express his commitment to supporting his children, their mother and her partner, by taking steps to reduce their stress. The importance of the navigator as a facilitator of whaanau transformation was observed, with their involvement improving goal-planning, living circumstances, and provider interrelationships.

## Chapter summary

The case studies illustrate the outcomes that are possible when individuals engage with the whaanau-centred services of the Whānau Ora initiative. The plans that recipients developed, with assistance from navigators, served to begin meeting their immediate and multi-faceted needs. This process involved accessing resources and services provided by various local organisations and provider personnel—particularly navigators—thereby increasing recipients’ capabilities to set and pursue goals. The recipients’ outcomes included increased knowledge about goal setting, a growing confidence to begin addressing their issues, familiarity with accessing services across sectors, and an increased capacity to pursue self-management. The navigator’s efforts to empower recipients to achieve at least some of their initial goals despite their challenging circumstances proved instrumental to the growth in recipients’ confidence and aspirations to set further goals. As the case of Jackie and Simon indicates, the holistic approach adopted by the Whānau Ora initiative assisted them to move forward in a way that previous siloed service provision (e.g. via WINZ) appears unable to have achieved. It is noteworthy that the increased capabilities reported by recipients were gained incrementally, and it is therefore important to be cautious when making judgements about the effectiveness and sustainability of the learned capabilities, because it takes time for people to make progress. However, barriers were identified that prevent whaanau pursuing their goals and, in some cases, lead to disengaging from Whānau Ora services and/or reverting to unhealthy behaviours, e.g., unhealthy eating. These barriers are discussed in Chapter Eight.

# **Chapter 8**

## **The Experiences of Personnel Providing Whānau Ora Services**

### **Introduction**

In order to enrich understandings of the whānau-centred services delivered under the Whānau Ora initiative, the current study now shifts from a focus on the recipients to the provider personnel. The comments by the CEOs, managers, navigators, and practitioners are not specific to the case studies, but relate to their overall experiences. As noted in Chapter Four, CEOs were interviewed individually, as were four navigators. Of the navigators, two were interviewed as a pair, and the other two individually, while other managers and practitioners participated in focus groups. It is important to understand the perceptions and interpretations of Whānau Ora service provider staff, as these personnel influence the initiative's implementation and delivery. They also determine what services are offered, structure their delivery, and perform service delivery evaluation including insights into any faults or failures.

### **Knowledge of the Whānau Ora initiative**

Before implementing Whānau Ora services, some personnel involved in the current study indicated that they were aware of the proposed initiative and had, at planning meetings, offered suggestions regarding what providing a Whānau Ora service should entail. Their awareness derived from sources including iwi (tribal) contacts, media coverage (i.e. radio, television, and internet), and the strategic documents of organisations such as the Ministry of Social Development, Ministry of Health, Te Puni Kokiri (Ministry of Māori Development) and their District Health Board. While some personnel focused on their need to learn about the Whānau Ora initiative, others expressed uncertainty—primarily about the structure of its day-to-day delivery. Lily, CEO, neatly summarises the initial situation:

*Whānau Ora was meant for those whaanau who fall through the gaps and they tend to stay there because the mainstream organisations don't know how to engage with them. The whaanau say the mainstream organisations are not respectful enough of them and their situation.*

The researcher was not able to locate an official record indicating the percentage of people who “fall through the service gaps”—i.e., those whaanau whose complex issues are not accommodated by the sector-specific service silos, and/or those who do not access services. Determining suitable criteria and measures would be required in order to estimate the proportion not being reached by mainstream services. That said, it is likely to be a significant number, as indicated by the many people living in social deprivation who have not received the services and/or resources they require to address their complex realities.

### **Participating in the Whānau Ora initiative**

The CEOs indicated that they were invited to submit an expression of interest to Te Puni Kokiri to secure a contract to deliver a Whānau Ora service. Lily, one of the CEOs, explained that she attended meetings with providers but *“we were naturally sceptical about another government initiative. Bringing providers together with different personalities, values, ideas, and history influences if people will support the initiative”*. Scepticism toward the Whānau Ora initiative resulted from lost confidence in the government’s siloed, sector-specific ministries. As discussed in Chapter Three, these Ministries appear, over time, to have experienced difficulties addressing the diverse realities of those experiencing social deprivation. The Ministries’ linear, sector-specific service contracting approach had, in Lily’s view, failed to meet the expectations of support providers. As Lily notes, *“our whaanau have many issues so us being contracted to just provide [and report on] a single issue won’t deal with all their problems”*. The CEOs in the current study believed the Whānau Ora initiative would facilitate positive changes in people’s lives and that providers would put aside their historical differences in the process.

## **Expectations of providers**

The CEOs anticipated that the Whānau Ora initiative would enable providers to reduce bureaucracy and administrative requirements for their various Ministries' linear contracts and compliance reporting obligations. As Robin, CEO, stressed, "*we needed to cut the bureaucracy and focus on building our providers' capacity to increase the number of navigators who can build our families' and the community's capacity*". There is the potential for a type of *quid pro quo* in the delivery of Whānau Ora services, whereby provider personnel address the multi-faceted issues of recipients while simultaneously realising the potential to reduce their administrative demands.

A critical first step to securing the confidence of provider personnel was to increase their understanding of how a Whānau Ora service would operate on a day-to-day basis. A statement by Virginia, another CEO, reflects the types of comments made by other provider personnel, who believe the Whānau Ora service, "*puts the whaanau at the centre of the assessment, their treatment programme and/or goals because the whaanau need to be involved in making decisions about themselves*". It appears that the possibility of delivering a more responsive service to address the multi-faceted needs of recipients was a major incentive for personnel, and a critical factor to securing their buy-in. While some personnel claimed they had always attempted to be whaanau-centred in their approach, providers outside the initiative are likely to assert they also offer whaanau-centred services, as per their own definition of such an approach. It is likely that different interpretations of what constitutes a 'whaanau-centred service' and how it operates will arise amongst commebntatirs and/or across organisations.

## **Implementing a Whānau Ora Service's whaanau-centred approach**

The CEOs indicated that implementing a Whānau Ora service involved a number of challenges. For instance, one CEO, Mavis, believed that "*the Whānau Ora initiative forced us Maaori providers to work together and be more collective focused about supporting people to make changes in their lives, but there were providers who did not get along*". Jan, a manager and social worker, added that, despite the historical tension (often due to the competition for funding), "*our provider relationships have improved [as a result of the Whānau Ora*

*initiative]*”. Other concerns were best summarised by Lily, CEO, who said, in relation to offering a whaanau-centred approach consistent with the intent of a Whānau Ora service, “*we wanted to offer the service, but we had to organise training and implement protocols to deal with the many complex issues facing whaanau. A holistic approach allowed us to work on all the issues rather than just one*”. Training was provided to facilitate service realignment to deliver whaanau-centred services.

### **Training for personnel**

As with the other CEOs, Robin explained that her personnel were trained to engage with whaanau from a holistic perspective and to complete an environmental scan when assessing recipients, “*because not everyone thinks that way. Not everyone can walk into a house and scan it for signs that areas need addressing*”. As discussed in Chapter Six, this approach reflects Durie’s (1999) model of Te Pae Mahutonga, in which understanding people’s home environment is central to gaining insight into their lifestyle. To improve personnel’s understanding of delivering a whaanau-centred service, Lily said her organisation held workshops in which her personnel worked through a range of scenarios so they “*understood the need for flexibility and how to complete comprehensive assessments and support whaanau with complex and changing and challenging circumstances. They could have achievements, even if they seemed small*”. Internal training, therefore, is essential to assist personnel to become familiar with a whaanau-centred approach, and complete holistic assessments of whaanau.

### **Referral pathways and monitoring activities**

The CEOs spoke of the importance of implementing protocols for referring whaanau to either an internally or externally based service provider that would meet their needs. For instance, Robin said, “*staff know if this issue occurs then they follow this approach. [We now have] a pathway for housing issues, one for mental health, and another for social issues etc*”. She added, “*if they are on a benefit we make sure they are receiving every bit of funding they are entitled to*”. Referral pathways contribute to recipients accessing appropriate services. Such pathways are an important part of assisting whaanau because, according to Lily, “*we were not really prepared for so many cases that were extremely high needs, high vulnerability, multiple social issues, truancy, housing problems, and health concerns*”.

In addition to establishing referrals pathways, monitoring the activities of services was necessary to improve responsiveness to the needs of whaanau. Robin, another CEO, said her organisation “*had to understand how we were going to measure everything we did. Until then everything had been contract driven so we needed to change our thinking about how we were doing things, delivering services, and how we were reporting*”. Robin added that her organisation had developed an assessment tool that enabled “*a comprehensive assessment covering every issue including education, social problems, housing, and violence and abuse, which a lot of people didn't like but for some families that can be normal so it was included*”. Collating data on these activities would enable providers to determine the number of referrals and visits made and the types of services requested, including social support for finance, mental health, addictions, domestic violence, housing, employment, education, and Whānau Ora services. As discussed in Chapter Six, organisations delivering a Whānau Ora service employ a range of allied health professionals who adopt a whaanau-centred approach, enabling access to multiple disciplines and services.

## **What contributed to recipients pursuing their goals?**

### **Enablers**

A number of enablers were identified that contribute to recipients gaining capabilities and capacity to set and pursue goals, albeit generic ones. That recipients were setting their own goals does not mean they have overcome their social deprivation, but does reflect that they were beginning to manage some of their issues and develop a sense of personal agency and/or whaanau agency. This is particularly important, since growing the ability to make and reach goals challenges learned helplessness, which recipients in the current study experienced.

### **The ethos of the Whānau Ora initiative**

The Whānau Ora initiative’s ethos, underpinned by Maaori principles, (see Chapter Six, p. 116) epitomises a strengths-based human development and empowerment-focused service supporting recipients to begin assuming autonomy. For Lily, the Whānau Ora initiative’s principles and strengths-based focus ensures “*a positive synergy between the Maaori values that many Maaori providers hold which are those of Whānau Ora*”. When engaging with

recipients, Janice, a navigator, referred to the types of Maaori customs she uses, particularly with Maaori recipients. These include:

*manaakitanga [being respectful and hospitable], arohatanga [being sympathetic], whakapapa [genealogy], wairuatanga [being spiritual], ponotanga [integrity], tikanga [custom], and te reo [Maaori language]. You need to use and walk the talk when working with kaumatua [Maaori male elder] and kuia [Maaori female elder].*

Another navigator, Angela, added that, as well as advocating for recipients, Whānau Ora principles enable “*us as Maaori to link better with other Maaori [recipients]. We are their advocate to move on from our service and enrol in education or get a job*”. While underpinned by Maaori principles and customs, the whaanau-centred approach supported both Maaori and non-Maaori recipients.

### **Providers collaborating**

The Whānau Ora approach encouraged provider collaboration. Jan, a manager and social worker, asserted that while “*Government silos [Ministries] don’t support agencies to work collaboratively, there are government and economic benefits from providers working collaboratively across sectors including social, housing, employment, education, health, and mental health*”. Lily’s suggestion about the importance of collaboration echoes those of other personnel, “*no one agency is equipped to deal with all the types of issues they [recipients] are experiencing at the same time. Providers working together meant we could address their [recipients’] issues*”. Having access to the services of other providers is, as Te Mauri, CEO, indicates, “*an empowering strengths-focus and skill development to improve their lives. They come to us with a lot of problems. We assess their needs and broker access to other services for them to achieve their goals*”. Moreover, Jack, a psychiatrist, argued that, “*the Whānau Ora way should be ‘the way’ all the time. Government and non-government providers need to work together to meet their [recipients’] needs*”. Overall, the personnel involved in the current study were convinced that collaboration between providers to address the multi-faceted issues of whaanau was a step-forward from government siloed, sector-specific ministries and their linear contracting. As indicated earlier in the chapter, this collaboration was supported despite some fraught relationships in the past between providers and non-government organisations.

## **Providers' observations about the immediate impact on recipients**

The immediate impact on recipients following their engagement with Whānau Ora services is best summarised by the views of the navigators, which suggest recipients experience an immediate sense of relief when they have someone present to support them. Joanne, a navigator, said that she and her colleagues want to see whaanau gain skills, and begin managing their lives. She added *“they [whaanau] want that as well. They come here in crisis and we try to help them get their life back together. The Whānau Ora way helps them to begin gaining goal planning skills and confidence to manage their lives”*. Similarly, Lily, a CEO, said that, after assisting whaanau—particularly elders—they share *“how happy they are, how much better they feel, that their health, mental health, and wellbeing has immediately improved. Their wairua [spirit] and their will to improve their health and wellbeing is there”*. In addition to recipients' improved feeling, *“you can see physical improvements. They walk with more purpose and confidence after having their health and social issues addressed and being in warm and suitable accommodation. They have more confidence from having someone believe in them”*.

Likewise, as a navigator, Tracey, explained, *“my single mums make progress that is long lasting and have increased confidence from one on one early education programmes in their homes”*. She added that an accumulation of *“achieving their goals, increased social supports [sic], managing depression, not being isolated, and positive behavioural management strategies of their children leads them to begin participating in early education”*. According to Angela, navigator, *“becoming aware there are other options that are better than what they are experiencing, such as domestic violence, is an immediate gain for them [whaanau] and their children”*. Lily noted, *“many [recipients] are making progress in a Whānau Ora service, many for the first time in their lives”*. The positive tone of these comments echoes those made by whaanau in the Auckland City Mission (2014) report, as discussed in Chapter Three, and recipients of a Whānau Ora service, discussed in Chapter Seven. The importance of the navigator role in assisting recipients to gain the ability to make meaningful change, and to improve their circumstances has also been emphasised (Te Puni Kokiri, 2015, 2016, 2017, 2018). As Jan, manager and social worker, said:

*they [whaanau] don't believe they have skills to improve themselves. For some, getting off the dole, getting a job, learning about their history and whakapapa [genealogy] have been life goals. They want better relationships at home and better supports [social and cultural], and support from government agencies. We want them to get their goals and not be dependent on us.*

The issues discussed highlight that many people do not believe they have sufficient capabilities to alleviate their social deprivation, hence they are reliant on the assistance of trained professionals to facilitate their access to services. This suggests that people's perceptions regarding what opportunities are available to them are influenced by the constructed social and cultural realities in which they exist. Nevertheless, provider personnel shared some of the recipients' immediate to short-term [1-10 months] achievements.

Following their engagement with a Whānau Ora service, many recipients were beginning to:

- be aware of options to improve their lives. Be confident about achieving their goals. Be motivated to stop smoking, get counselling for violence, and get warmer accommodation (*Annie, manager and nurse*);
- live a healthy lifestyle e.g., remove drugs from their lives, undertake regular exercise, lose weight, start budgeting and getting their full benefit entitlements, cook healthier meals, particularly for their kids (*Joanne, navigator*);
- have better relationships at home, with their whaanau. Not get out of control, try to stop smoking . . . want to stay away from those who keep breaking the law—stealing, selling stolen stuff (goods), stay off drugs (*Angela, navigator*);
- gain confidence and pride about being Maaori or non-Maaori and have better confidence about starting to understand their whakapapa (genealogy) and their place in a Maaori world. [Get] help from a Maaori counsellor (*Moana, community worker*);
- have suitable accommodation and enough money to all of a sudden begin raising grandchildren (*Lily, CEO*);
- have help to find accommodation, gain employment, have health issues resolved (*Janice, navigator*); and
- attend a training programme to get some skills, get a qualification, and get help to prepare their CV (curriculum vitae) so they can get a job and have a career (*Graham, community worker; Angela, navigator*).

Provider personnel indicated awareness of the multiple challenges faced by whaanau. They had encouraged recipients to focus on their strengths rather than their weaknesses. This contributed to recipients feeling positive about addressing their issues. The observations of

provider personnel about what recipients had achieved were consistent with the recipients' accounts outlined in Chapter Seven.

### **Improved relationships between providers and whaanau; increased morale and productivity**

Three CEOs, Robin, Lily, and Mavis, identified a range of effects on providers arising from delivering a Whānau Ora service. These included enhanced relationships and increased communication between providers; better relationships with whaanau; improved morale of personnel; and increased productivity. An associated benefit involved cost savings by conducting a single assessment rather than repeating assessments across services. Improved relationships between providers occurred because Maaori providers were, according to Mavis, “*made to work together across the sectors, rather than just issues in the one sector like social issues. It is too easy to be siloed and operate separately*”. Lily said that by collaborating, providers are able to “*share smarter ways of working that improves our knowledge about community resources for supporting hard to reach whaanau*”. Increased networks and improved relationships between providers contributed to reduced community-based services waiting times. As a result of provider personnel working collaboratively with other providers, the personnel gained knowledge about community resources.

### **Time to work with recipients**

With respect to understanding whaanau issues, Tracey, a navigator, emphasised the importance of capturing a holistic portrait of their lives. She said:

*Our contract [to deliver Whānau Ora services] allows us time to gain an understanding of the whaanau issues so there can be a holistic plan to address them. With assertive support and follow up, we can support them to move on from our service. We text them to make sure everything is going okay even some months after they have left our service.*

Joanne and Tracey, both navigators from different organisations, said the Whānau Ora contract focused on enabling recipients to achieve outcomes, such as enrolment in a qualification, or to secure employment. This focus allowed them to spend the time necessary to assess the needs of whaanau, identify their strengths, and teach them goal planning skills. Lily, a CEO, said that when meeting with whaanau, “*you don't regurgitate their past, which*

*has been filled with a lot of disappointments*". Moreover, Tracey, a navigator, said, "we support them [recipients] to discuss their issues, outline goals they want to achieve. I will go with them to agencies". For instance, when whaanau struggle financially it may be due to them not receiving their full entitlements. Tracey added that having sufficient time to spend with recipients allows inclusion of "the entire whaanau in planning to address an individual's problem. They are each other's resources to support each other to achieve their goals". Accompanying recipients to appointments reduces costs by ensuring they attend and supports other capabilities, such as goal setting and child management. Tracey stated:

*spending time with the family for an hour a week for about a year gives them time to complete the [homebased] early childhood programme, [and] me to teach them about their children's development and appropriate behavioural management strategies. It takes time to get long lasting results.*

Based on the comments made by provider personnel, it appears they endeavour to provide assertive support—that is, they prompt and assist recipients to complete activities until they are able to initiate these themselves. Typifying other navigators' responses, Tracey said, "I spend time teaching them, doing activities with them and their children, and encouraging them into training, and outlining what options are available in the community". Angela, navigator, proposed that personnel spending more time with whaanau than they would when engaged in non-Whānau Ora contracts led to "some parents enjoying the supports [sic] and wanting to meet in a group session to learn about resources in the community, not be isolated, and meet others who have kids, and to learn to manage their mental health issues". One outcome of assisting recipients to gain skills was best explained by Robin, a CEO, who said that recipients "gain skills so they can set their own goals, [and be linked] to providers so they can move on and then exit our service". Hence, building capabilities contributes to building individual social, cultural, economic, and aspirational capital as well as that of their whaanau and communities. It is important to note that the increased capabilities referred to include improved confidence and motivation, development of goal planning skills, improved interrelationships, enrolment in generic courses, and the gaining of employment. These are generic capabilities that those not experiencing high levels of social deprivation frequently take for granted.

The front-end investment of spending the time necessary with recipients to increase their capabilities results in many, over time, gaining increased confidence and motivation to begin assuming self-responsibility for their lives. Te Mauri, a CEO, gave an example of how his personnel took time to establish trust with whaanau whom he had considered would normally fall through the service gaps. He said:

*Our community health workers support better management of chronic disease—diabetes, cardiovascular problems, or respiratory issues. They mow people’s lawns, wash people’s clothes, clean people’s house, do their dishes, cook kai [food] for them. They’re not contractual matters in the commercial sense but they are important to build confidence, comfort, trust, and respect with whaanau. Our contract may state do 11 visits and we do 18 but we achieved positive outcomes, such as they do regular exercise, lose weight, stop smoking, eat better kai [food]. That’s value for money because it achieves gains for the long term. That is the Whānau Ora approach; people are supported to change their lives.*

Because the Whānau Ora approach emphasises whaanau-centred practice when assessing whaanau needs, time is available to develop a trusting therapeutic relationship with recipients. This approach enables support for recipients to gain the capabilities, including confidence and motivation, to begin self-management, albeit incrementally.

### **Improved morale of personnel**

Increased morale of provider personnel was not an initial intended outcome of the Whānau Ora initiative. It occurred, however, because personnel observed whaanau gaining skills and pursuing goals, albeit with support, which resulted in them starting to make positive changes to their lifestyle. Te Mauri, a CEO, said:

*we had improved [staff] morale because they could see better improvements with the whaanau they work with. The whaanau have better motivation to improve themselves. We wrap the services around them. Like a kuia who we organised to have a shower rail put in, and her stairs lowered so she can walk into her home easily. There is no contract to do this but the Whānau Ora approach allows us to do that. She retains her independence.*

In addition to the comment from Te Mauri about the increased morale he observed among personnel, Angela, a navigator, was pleased how one recipient:

*an 18-year-old wahine [female] who finished school, approached us for support. I supported her to prepare her CV and we practised for an interview. As a fluent Maaori speaker she wanted to work in a Kohanga Reo [Maaori early childhood education centre]. She is working there, has an income, has a goal of buying a vehicle, and is enrolling in papers for early childhood teaching. She has disengaged with us because she achieved both goals of getting a driver's licence and gaining employment. She now sets and pursues her own goals. This is a very good outcome for her and her family.*

Comments by Te Mauri, CEO, and Angela, a navigator, illustrate the types of realities some whaanau endure. Moreover, Lily, a CEO, said that under the Whānau Ora approach, “*we have happier staff. We have normal numbers of sick days during the winter, less absenteeism, and only then it is for when they are looking after their children or mokos [grandchildren]*”.

Likewise, Joanne, a navigator, said, “*it is very cool for me to watch them [whaanau] achieve an initial and often small goal but that usually increases their confidence to set more goals*”.

Similarly, Janice, a navigator, said she is always available to follow up with kaumatua and kuia, and:

*I feel really good when I can get kaumatua and kuia to transition from no home . . . into a more suitable accommodation. I enjoy watching the changes in people in a short time—even after a few months. If it's accommodation they need, they are overjoyed at having a place of their own and some space of their own as well. I always try to get back early from a tangi [funeral] to make sure my whaanau [recipients] are making progress.*

Observing recipients gaining capabilities and making changes to their lifestyle supports increased morale among provider personnel and positively influences productivity. Although there is a high workload that can sometimes undermine optimism, in general witnessing recipients developing their capabilities and making changes to their lives increases provider/personnel morale and positively influences productivity. Morale increases as a result of those who continue to make gains, but not everyone continues to improve. For instance, Mavis, CEO, said, “*some people make progress in baby steps, others take longer, and others go back to behaving how they are used to. It's frustrating for our staff. Not everyone is ready to make the changes they should*”. Mavis added, “*they may return to us when they are in*

*crisis so we try to support them and keep encouraging them*". Nevertheless, improved motivation contributed to providers and their personnel developing innovative strategies to accommodate all recipients' realities. For instance, a provider established its own gymnasium to increase kaumatua and kuia attendance at their physical activity classes. This strategy was considered important because, as Lily observed, *"they won't attend a public gym, but they attend our gym and gain friends. Our programmes are their sanctuary where they can be themselves and be part of a supportive social and cultural group"*. The increased morale of personnel and their efforts to pursue strategies that were responsive to the needs of recipients contributed to positive outcomes for both groups, beyond what were envisaged when the initiative commenced.

### **Commissioning Agencies**

Commissioning Agencies were to contract for outcomes that addressed recipients' issues and built their capabilities. Positive outcomes were realised by focusing on achieving, and subsequently reporting on results for whaanau, as emphasised by Mavis, CEO, *"we report whaanau outcomes and not just our personnel's contacts with them. We can now show that, with support, the changes they [recipients] make are life changing"*. As detailed earlier, focusing on realising outcomes for recipients enables personnel to better support them. The Commissioning Agencies funded a range of initiatives, including navigator roles, and the Whānau Direct Fund, which are covered earlier (see Chapter Six for the types of initiatives the Commissioning Agencies have supported).

### **Navigator**

#### **Dedicated capacity**

Commissioning Agencies purchased the position of a navigator. In the case studies, the navigator role was identified as crucial to supporting recipients, in assessing their needs, teaching them planning and goal setting, and brokering access to funding and/or services and resources.<sup>34</sup> Speaking about the role, Lily, CEO, said, *"it gives us dedicated capacity we did not have previously to coordinate how we address whaanau personal health, mental health, housing, social issues, money management, and education"*. *The whaanau often remain*

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<sup>34</sup> see examples of these in case studies of Brenda and James; Natalie; Simon and Jackie; and Ted

*paralysed in their situation until someone spends time showing them they have options and do not have to stay there as they are and can begin managing their lives”.*<sup>35</sup>

The navigator’s role of facilitating access to services and resources aims to empower whaanau to begin setting and pursuing goals. Initially, these goals address their immediate needs and enable their self-management.

Endeavouring to be pragmatic, Tracey, a navigator, said that, when working with whaanau, “*I break down their goals into small steps, so they can achieve success quickly and begin gaining confidence to take the next step*”. According to Lily, CEO, recipients’ prompt goal achievement is supported by, “*positive relationships with community providers and our navigators knowing what resources are available and working with their colleagues to provide supports [sic]*”. Although navigators are not directly affiliated with government agencies, they nonetheless facilitate recipients’ access to government agencies. Jan, a manager and social worker, said “*the navigator would still initiate that access for our whaanau particularly if they have historical issues with particular government agencies*”. This is exemplified in the comments of Angela, a navigator, described the early stages of supporting whaanau to pursue their goals:

*I will take them [whaanau] to see WINZ or to a specialist appointment, to education institutions, and even help them find accommodation as part of building trust and completing my assessment. Often, they feel thrown around by the system, so our role is to help them get through that.*

Those in navigator roles, act as advocates, mentors, motivators, and guides for whaanau to get through the various crossroads of bureaucracy and to begin progress toward self-responsibility and self-management. Having to access multiple agencies was a barrier to escaping social deprivation, which was as identified in responses from those in the Auckland City Mission (2014) report. The existence of the navigator role to assist recipients to traverse government bureaucracy suggests some people find current structures and their requirements too challenging.

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<sup>35</sup> see case studies Brenda and James; Natalie; Simon and Jackie; and Ted

### **The Whānau Direct Fund**

Provider personnel identified the Whānau Direct Fund as an innovative strategy to assist whānau build their capabilities to address their social deprivation. Funding of up to \$1,000 could be used to access and/or receive services and/or resources to facilitate people's employability, economic independence, health and wellbeing status, and/or reduce their State dependency. Robin, CEO, received funding for a mother who had said, *"I hate winter because it so cold and my children get sick"*. She could not afford wood for the fireplace or to pay to run their heater. *"She cried when she received the clothing thermals for the children and new pyjamas and said this will be the first winter that we will be warm"*. This outcome illustrates potential savings related to health, social, and economic factors. If parents have to stay home from work (assuming they are employed) to care for their children, they are likely to have less to spend on heating, clothing, and other essentials such as doctors' appointments and obtain prescriptions. These types of outcomes indicate the varied circumstances that confront some whānau experiencing social deprivation, and who, without financial assistance, are likely to remain prone to illness during winter. Tracey, a navigator, offers other examples of how the funding has been applied:

*I got tools for a couple. They could make plant boxes and other furniture to sell. I got funding for a lawnmower, so a woman could mow her lawns and now she mows her neighbour's lawns for \$20.00. There was funding for a solo father to pay for swimming lessons for his baby, which is nice bonding time for the dad and baby as well.*

The examples above, illustrates the diversity of initiatives the Whānau Direct Fund can assist with. Furthermore, Mavis' organisation received funding for a young person to spend eight days at sea, as part of the Maui Sailing Programme. She said the programme *"strengthens rangatahi [youth] understanding of Te Ao Maaori [The Maaori Worldview] and the importance of the sea, the sea bed, sea shore, living off the sea life, the stars etc."*. She added, *"one rangatahi came back and then had drug and alcohol counselling for meths [methamphetamine]. He's been clean for six months and has enrolled in education to gain qualifications"*. The flexibility afforded by the Whānau Direct Fund offers a variety of options to meet the multi-faceted realities experienced by recipients.

The fund was also used to finance a driver licencing intake for 15 individuals (20-28 years old). Angela, navigator, said that gaining their licence “*gave them an opportunity to get a job. We made our community a safer place by supporting all of them to get their driver’s licence. It’s better than them breaking the law for no licence*”. According to Mavis, CEO, “*they disengaged [from our services], when all 15 got their licence. That is an example of proactive social and economic investment even though the Treasury may say it is not*”. Both Angela and Mavis’ comments suggest there is tension between government’s measures of ‘success’, the aspirations of a provider of Whānau Ora services, and the goals of recipients. Their comments also suggest they considered that pursuing funding to deliver a licensing programme may not have met the criteria of the Whānau Direct Fund. It could be argued that savings were made through the drivers becoming licensed as, had they remained unlicensed, they could have become a risk to others through illegal driving, with potential personal, social, and judicial costs. Conversely, the funding for drivers’ licencing could be perceived as a lost opportunity to assist others with more immediate and essential needs.

Provider personnel agreed that if recipients did not have access to the Whānau Direct Fund they would not have received important products and/or services. This was best reflected in a comment by Mavis, CEO, “*most recipients seen by a Whānau Ora service don’t have much, if any, discretionary spending. The funds help them achieve a goal and quickly*”. Conversely though, Lily, CEO, said her organisation had not sought funding because their whaanau were “*usually in some form of crisis so we can’t delay. We don’t have time to get quotes and submit the application and wait a couple of weeks or much longer. We use our local community social service providers to get resources*”. Lily’s statement summarises the sentiments of other provider personnel about improving the living circumstances of recipients:

*The more whaanau become housed, [they have] improved health, begin addressing their social issues, reducing their debt, having increased disposable income even just from learning to budget, being employed or enrolling in education, the more inspirational and real it becomes for other whaanau who may even approach us for support to improve their circumstances. They are saying ‘what we are experiencing does not have to be our reality forever or anymore’.*

The Whānau Direct Fund promotes early gains for recipients, but as Sue, a CEO, stated, *“sometimes we don’t see the positive consequences immediately from the support we have given them. We have sown seeds for the outcomes to come later. They start with low aspirations. They begin to set their sights higher when they achieve their initial goals”*. Sue, CEO, advised that long-term outcomes are not reported because the funder requires them to report only on the recipients to whom they are providing a service. Most providers are not funded to follow up with recipients after they exit their service. An issue associated with this lack of reporting on recipients’ progress at, for example, six, nine, or 12 months, is the absence of information about what improvements, if any, they have made and been able to sustain. According to Jan, a manager and social worker, as well as collating information at designated intervals, *“they [authorities] should capture the inputs, outputs, outcomes and the sustainability of those outcomes, and that will tell you if what was spent has given you value for money”*. Employing inputs, outputs, and outcomes, and determining the sustainability of changes in lifestyle, offers an opportunity to adopt an integrated approach to determining if expenditure resulted in value for money.

### **Flow-on effects from supporting whaanau**

Lily, CEO, noted that *“when a whaanau achieves a goal, another person is on their doorstep asking them ‘how can I do that?’ They follow up with us so they can achieve the same goal”*. Lily’s observation illustrates the flow-on effect that occurs when others observe someone achieving an outcome they aspire to. This potentially facilitates social, cultural, economic, and aspirational capital for them, their whaanau, and their communities. As revealed in the case studies (see Chapter Seven), and in the examples of recipients’ gains provided in this chapter, a Whānau Ora service—particularly with the involvement of a navigator—appears able to facilitate gains of confidence and motivation, albeit incrementally and sometimes in a ‘two-steps forward, one step back’ way. As well as investigating immediate gains and flow-on effects, it would be helpful if future research could investigate whether there are indirect benefits to society associated with the Whānau Ora service, even if the link might not be obvious. These may include social, economic, and humanistic benefits, personal outcomes that result in navigational wealth of knowledge and capacity for organisations, as well as

aspirational wealth, and social, economic, and cultural capital for recipients and their communities.

### **Data collection**

Under the Whānau Ora compliance reporting scheme, service providers enter information into a database that reflects their activities. Robin, CEO, described how her organisation developed a database that would enable them to complete an initial assessment of recipients' needs, which is followed by a six-month and then an annual assessment of their progress and outcomes. Recording each activity "*will allow us to see what changes have occurred from the initial contact with whaanau, what resources were used, how much time was put into a whaanau, their goals, and what they achieved over six months or a year*". In addition, collecting data and information assists evidence-based decision-making and improves the responsiveness of services to recipients' needs. For instance, Lily, CEO, said, "*the information we collect will tell us what we need to do better to improve how we support whaanau*". While provider personnel made comments about the positive outcomes for recipients, they also identified barriers that prevented recipients from pursuing their goals.

### **What barriers hindered recipients from pursuing their goals?**

Provider personnel identified factors that, despite the use of a whaanau-centred approach, constrained some recipients from pursuing their goals. Barriers to goal achievement were also highlighted in reports by Te Puni Kokiri (2015), discussed in Chapters Five and Seven. One of these barriers relates to the personal circumstances of recipients.

### **Personal and/or Whaanau events and/or circumstances**

Provider personnel observed instances where, despite recipients' aspirations, events diverted their attention from pursuing goals. As Lily, CEO, noted, "*some whaanau take longer [to achieve their goals] because their lives have been full of disappointment*". Additionally, some whaanau did not recognise that they possess the skills to complete tasks. As Angela, navigator, explains, "*sometimes we need to be there to assist and guide them to reach their goals. Some aren't used to focusing on tasks for very long*". Consequently—as indicated in the case studies—many participants were making improvements at the time of their

interviews, but not all were achieving their original goals due to impediments associated with their social deprivation.<sup>36</sup> Hence, they did not believe they had the capabilities to improve their living circumstances. Regarding recipients' skills, Joanne, navigator, said, "*the whaanau often don't believe they have skills. We keep reminding them they do have skills—survival skills, resilience, and a desire to improve their situation*".

Moreover, personal circumstances (as distinct from events) can preclude a recipient from fully achieving everything they had set out to. For example, Natalie aspired to live on her own with her children, gain confidence, and enrol in pathway courses to employment. However, she was enduring severe domestic violence from her partner, which prevented her from achieving any of these. With the help of the navigator, Natalie gained the skills and confidence to accomplish each of these goals and enrolled in another qualification.

In addition to recipients believing they lacked the skills and capacity to change their situation—as well as personal circumstances undermining their attempts——competing priorities can further derail efforts to pursue goals. For example, Lily, CEO, noted, "*Our elders' priorities are their tamariki [children] and their mokopuna [grandchildren], so their whaanau members' priorities can overtake our elders' who may not have the energy to devote to a particular goal*". Lily, Angela, and Joanne's explanations offer insight into why some people do not pursue their goals, or achieve them within the timeframe they set for themselves. Additional strain on Maaori elders may be caused by being required to care for their grandchildren without prior notice, and/or they may be contributing financially to support their children and/or grandchildren. Collectively, this may restrict their efforts to fulfil any of their aspirations, and trigger a deterioration in their health and wellbeing.

### **Recipients reverting to old behaviours**

In addition to personal circumstances undermining recipients' progress, there were instances in which recipients reverted to the behaviour that had contributed to their initial engagement with a provider. For example, Ted relapsed into exhibiting violent behaviour towards his ex-wife Kelly, even though he had sought to create a stable and secure home for himself and

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<sup>36</sup> see case studies: Brenda and James, couple; and Simon and Jackie, couple

their children. Janice, navigator, provided a similar example of a woman who had reverted to *“not eating healthy food, not losing weight, and not exercising. This accumulated in her falling back into bad habits again. I worked hard with her to get her away from those”*. Recipients *“re-engaging with a navigator after they have not or repeatedly not pursued their goals was a challenge—particularly when dealing with younger people”*, said Angela, navigator. Recipients relapsing into their past behaviours suggests factors impact their decision-making process. These factors could include potential limitations to the support offered by provider personnel, and/or not having gained enough insight to accept personal responsibility for their behaviour or understand the consequences of their actions. (See Figure 6-2, p. 129, which indicates that despite the high percentages of achievements, not everyone realises their aspirations).

Some recipients discontinued contact with provider personnel without informing them. Janice, navigator, said that, in these cases, *“I try to contact people firstly by cell phone, and if no response from them I will send a letter asking them to contact me. If they don’t reply, I presume they have disengaged. I then review and/or close the plan”*. In many instances, once recipients have ceased contact with a Whānau Ora service and/or ceased pursuing goals, they avoid further contact with provider personnel, thus signalling the end of the therapeutic relationship. However, there is always opportunity for contact to be re-established. As Angela, navigator, suggested, *“sometimes they [youth] disengage because they have other priorities. They have to be ready to commit to engage with us, make goals, trust we will support them to set and achieve their goals”*. Janice, navigator, added, *“they [recipients] may disengage for a few months and then return asking for help. We don’t turn them away”*. The nature of personal events and people’s socially constructed reality influences their cognitive processing and behaviour, thus impacting on whether they believe they can improve their lives. The nature of a whānau-centred approach enables recipients to request assistance despite previously discontinuing their communication with personnel.

### **Whaanau experiences with mainstream organisations**

Past experiences with mainstream organisations have led many whaanau to be sceptical of government agencies. This scepticism often curbed their willingness to openly engage and share all their concerns with providers of Whānau Ora services. One of the CEOs, Mavis, explained, *“they [whaanau] worry their information will be shared with all the government organisations because they may not be complying with the law. If there is domestic violence you won’t hear about that initially”*. This emphasises the importance of having sufficient time to establish trusting relationships with whaanau. As well as distrust of government agencies, many whaanau are struggling with multiple issues when they arrive at a provider of Whānau Ora services.

Along with the recipients’ frequent hesitancy to share all of their issues, Angela, navigator, indicated that expectations of an immediate fix to all their challenges are unrealistic as *“often other issues may need addressing before they can start working on a plan. They might need support from their elders; [there may be] historical mental health or generational Maaori cultural issues that are causing problems in the whaanau”*. Mavis, CEO, suggests there is some interconnectivity between whaanau mistrust of government agencies, their reluctance to seek support, and the time required to establish trust with recipients and comprehend the nature of their issues. She comments, *“it takes time, so patience is necessary to establish trust for them to share . . . so the 15-minute tick-box silo approach does not work with them”*.

Supporting whaanau to overcome bias against government agencies, form a trusting relationship, and develop a plan to begin resolving their immediate issues represents a significant challenge for provider personnel and takes time. As the case studies in Chapter Five indicate, whaanau often face historical issues involving negative relationships with government agencies, State dependency, social issues, cultural and/or mental health issues, limited social and/or cultural contacts, and support networks essentially limited to their immediate whaanau. Such issues challenge provider personnel to support whaanau to focus on making positive lifestyle choices which, again, takes time.

### **Government agencies not participating in the Whānau Ora initiative**

The non-participation of certain government agencies in the Whānau Ora initiative was perceived by provider personnel as impeding recipients' access to services and resources. Virginia, CEO, intimates how government agencies might improve their services by adopting a whaanau-centred approach, *"I want government agencies like housing, education, and employment to participate [in the Whānau Ora initiative] because they can offer them [whaanau] a lot [of resources]"*. Navigators were often tasked with brokering access to government agencies for recipients. As stated earlier in this chapter, navigators often accompany recipients to appointments with these agencies. As Robin, a CEO, describes, this effectively means that *"the navigator has to work across the spectrum of government agencies to remove the barriers that stop people from receiving the services and support they need"*. Including government agencies in the Whānau Ora initiative would require significant work to ensure referral protocols and training are completed so those personnel are familiar with the whaanau-centred approach.

### **Timing of government agencies' decisions**

The length of time government agencies often took to make critical decisions affecting people's everyday life and wellbeing, was identified as another barrier to recipients achieving their goals. Lily, CEO, believed that government agencies' decision-making processes took too long. They had the effect, she said, of *"undermining our progress with trying to resolve our whaanau multiple issues. Prompt decisions are crucial for those with a terminal illness, as their comfort during the last two weeks or two months is important"*. Janice, one of the navigators, also criticised what she considered to be the lengthy decision-making process of government agencies, *"if there weren't time delays, achieving the outcomes would be easier, and whaanau would achieve their goals and be independent quicker"*. Although often critical of government agencies, recipients are nonetheless compelled to engage with them because they provide vital services. However, many recipients have fractious relationships with such agencies. The role of the navigator is crucial in repairing some of those relationships, and also important in helping recipients better understand the government agencies' decision-making criteria; their financial constraints; the avenues that can be taken to challenge their decisions.

### **Sector-specific linear service purchasing and compliance reporting**

Provider personnel identified the government's sector-specific linear service contracts and the accompanying compliance reporting system as another barrier to addressing the multi-faceted needs of recipients. A case in point is Mavis, CEO, who—along with other CEOs—commented that she has Whānau Ora contracts with Commissioning Agencies that allow her organisation “to focus on achieving outcomes with whaanau”, while other “linear-based [contracts] involve delivering services consistent with the purchase service lines” only. Additionally, Lily, another CEO, said, “the funding structures for organisations need to be resolved. We have Whānau Ora contracts that focus on outcomes while the other contracts [linear service purchasing] are about contacts. They each have different types of compliance reporting”. Virginia, CEO, commented that the linear-based contracts require input of data on “contacts with a person, [telephone calls or home visits made], rather than improvements like no drugs, no violence at home, lost weight, enrolled in a course, learning budgeting, or got a job”.

Comments from provider personnel highlight their concerns that the needs of their recipients were not being addressed. At present, the existence of siloed Ministries with sector-specific contracting suggests that the expectations of providers are unrealistic if they anticipate that such structures will collaborate to offer integrated, intersectoral contracts that focus on facilitating outcomes for whaanau. As stated earlier, government agencies have criteria determining what they can fund. The public can challenge government agencies' decisions which means agencies must be able to demonstrate that their judgements are fair, reasonable, and consistent with their rubrics.

### **Multiple databases**

Providers experienced challenges trying to deliver a Whānau Ora service alongside linear-contracted services. According to Lily, CEO, one challenge associated with this arrangement was that her organisation had to enter data into three different Client Management Systems (CMS) as part of their compliance reporting:

*We report to the Whānau Ora [database], we input data into our health database, and data into the social service one. Such structures add no value to service delivery. They are very time consuming, reduce face to face time, and they don't improve service responsiveness to whaanau.*

Utilising multiple CMS often results in entering the same information into all three databases. As a result, “our compliance reporting and working in the community is 50/50. It should be 80% in the community and 20% on administration”, Lily added. These comments suggest challenges exist with meeting compliance requirements that necessitate data entry into multiple databases. A further concern, according to Virginia, CEO, is “that contracting [linear service purchasing] causes some to miss out on services. Whaanau with lots of problems need lots of services. We deliver only some [services that whaanau need]. Our staff do things outside our [linear sector-specific] contract[s] to meet their [whaanau] multiple needs”. Virginia’s comments reflect the sentiments of other provider personnel interviewed. Moreover, Te Mauri, CEO, pointed out that the funders’ compliance reporting schedules for linear based contracts emphasise outputs rather than outcomes:

*[They] require data on single tasks completed by each practitioner. This information says how many tasks practitioners performed across the week and month . . . . It doesn't tell me if they [whaanau] have made improvements in their life as a result of the services we provided. Such information is not collected.*

Collating data on all the activities personnel complete to assist recipients would illustrate the interventions required, and potential cost required, to enable people to become self-managing. The targets focus of linear contracts may, according to Lily, CEO, “incentivise people to focus on achieving targets rather than delivering high quality care to support people to be independent. [Whaanau] achieving independence takes time”. In addition, Virginia, CEO, reported that targets are likely “to lead to a 30-minute consultation when they may need a few

*hours to gain trust and talk about their issues. [Those] restrictions can stop an organisation responding to whaanau needs*". She added, *"a single full-time staff member focusing on targets cannot address, on their own, all the complex issues whaanau are facing"*. Based on responses from provider personnel, these issues potentially compromise the amount of time and therefore the quality of support provided to recipients—particularly if they require specialised assistance from other providers. Additionally, multiple CMS and significant time spent fulfilling compliance requirements diverts personnel away from assisting whaanau. Moreover, given provider personnel's concerns about sector-specific linear contracting, the Ministries' service purchasing approach appears insufficient to address the evolving multi-faceted needs of whaanau.

An absence of service integration across providers and sectors enables service fragmentation, which does not improve service responsiveness to whaanau. The New Zealand Health Strategy (Ministry of Health, 2016), proposes implementing a centralised system in which there is only a single client file. The file would be viewed, accessed and populated with information by various departments and providers in order to "create partnerships for better health services by giving everyone involved in a person's care, including the person, access to the same information" (Ministry of Health, 2016). One potential outcome is that the entire sector would deliver an integrated whaanau-centred service rather than only some providers doing so. All providers would then be aware of the various services being delivered to a whaanau, and be able to coordinate their delivery. Compliance requirements would then be recorded on a single database.

### **Whānau Ora contracts**

The Whānau Ora contracts, although operating for three years, were initially set for a year. As Lily explained, the one-year *"fee for service contracts causes problems when trying to lease anything, because you want a short-term lease for things like vehicles etc"*. In addition to infrastructural concerns, there was also *"anxiety for managers and other staff because the organisation cannot guarantee to staff they will have a job the following year. You can't plan longer than 12 months for our organisation, our staff, or our whaanau to address issues"*. If personnel can better plan and feel more secure in their employment, it seems likely that they

will be in general better equipped to support recipients. If the intention of the Whānau Ora service is to provide long-term support to those in social deprivation—and in particular to support recipients to autonomously realise long-term changes in their lives—then enabling providers to hold long-term service contracts seems necessary.

### **Accessibility, language, financial, and transport related barriers**

The views of provider personnel regarding the barriers presented by government agencies to recipients are neatly summed up in a comment by Robin, one of the CEOs:

*Government agencies of housing, WINZ, and social services are failing our whaanau because they don't communicate or coordinate with providers about what services they are providing to our whaanau or when they are delivering them. Our whaanau don't understand the language they use, so a navigator needs to be there at times. The navigator may take them to an appointment because they don't have any transport.*

Amongst the government agencies of housing, health, employment, and social services, WINZ was identified by provider personnel as the most challenging to deal with. The challenging nature of interactions with WINZ means that whaanau often require support to attend meetings—presumably support to make sense of WINZ's complexities, and also to feel capable of even facing the meetings/case workers. Referring to barriers people experience with such agencies, Annie, a manager and nurse, said, “*they [recipients] encounter language, government-speak, and they make appointments because they [recipients] can't always drop in to ask questions about their situation, which causes delays so they become stressed*”.

The case studies of Brenda and James, and Simon and Jackie indicated challenges dealing with the language used by government agencies, which they found to be full of jargon they could not understand. Many of the participants in the case studies and, indeed, the entire men's cohort, experienced financial issues as part of their social deprivation. Further, Brenda and James, relied on a whaanau member to purchase a vehicle for them. If they had not received this support, they would not have had transport to attend appointments and/or take the siblings to school. Amy, a nurse, said that when recipients are unable to pay for what they consider ‘extras’ like “*the ambulance, prescriptions, or taxi fees, or x-ray, ultra-sound, we*

*may contribute otherwise they [whaanau] don't do anything, probably come back later more sick".* As an essential need, money enables whaanau to access resources, including transport and medical supports. Moreover, recipients lack of access to transport is a barrier overcome when *"we go to their home and bring them to appointments and then take them home,"* said Joanne, navigator.

Despite identifying a number of barriers impeding recipients' access to services and achieving autonomy, providers reported a range of strategies adopted to minimise these barriers and assist whaanau. While provider personnel expressed their commitment to supporting recipients, it is the whaanau themselves who authenticate or contradict the claims of progress made by provider personnel. This thread, in which recipients detail their experiences with a Whānau Ora service, was taken up in Chapter Seven. It indicated overall satisfaction with their experiences.

## **Chapter summary**

Understanding the purpose of the Whānau Ora initiative gave provider personnel motivation to deliver the type of service that they believed would improve their responsiveness to the diverse realities of many whaanau. Provider personnel suggested that the lives of the whaanau engaging with the services they provided were fraught with numerous stressful issues. Without the support of the Whānau Ora service provider, whaanau from this study would likely have remained feeling disempowered and helpless in their social deprivation, and low confidence to begin addressing their immediate needs. While some may consider them modest, the goals achieved were significant to recipients, (e.g., getting the children to school on time), and increased their confidence and motivation.

Comments from the case study participants and provider personnel suggest that providers endeavour to achieve the best outcomes possible for whaanau regardless of the contract type under which their service is being delivered. Additionally, provider personnel claimed that their services enable recipients to increase their capabilities and goal planning skills, thereby enhancing their self-confidence to pursue goals (albeit generic ones). Although not stated as intended outcomes resulting from delivering a Whānau Ora service, there were

positive outcomes for providers, such as improved inter-provider relationships and enhanced job satisfaction. Enabling factors were identified that supported recipients' goal achievement, including the ethos of a whaanau-centred and strengths-based approach, and the Commissioning Agencies' focus on contracting to realise outcomes for recipients. Other enablers included increased time spent with recipients, assessing recipients' needs and developing goals with them to increase their capabilities, and access to funding options, such as the Whānau Direct Fund.

Elements were identified that restricted goal achievement including not accessing services, no access to transport, no money to pay for health care, food and accommodation, and confusion over the language used by government agencies, and other issues taking greater priority. Provider personnel expressed concern regarding their administrative and compliance reporting obligations for linear sector-specific contracts, which reduced the time they could spend assisting recipients to address their many issues. The gains made by recipients, albeit incremental, suggest that social deprivation does not have to be a permanent experience for whaanau. A Whānau Ora service embraces whaanau and provides them with opportunities to increase their capabilities and access resources, thereby assisting them to begin addressing their immediate issues and improve their circumstances. A whaanau-centred approach can facilitate some recipients' confidence to begin self-management suggests it has been a positive social and economic investment for those in the current study. While some whaanau disengage after achieving their goal(s), this could also be considered a success. However, some who ceased contact with their provider reverted to the original behaviours that contributed to them first engaging with the provider. With the assistance of a Whānau Ora service, recipients in the current study appear to have successfully combatted many of the issues that were keeping them in social deprivation and, in the process, improved their social, economic and aspirational capital, as well as that of their whaanau and community.

# Chapter 9

## Discussion

Social injustice is such a familiar phenomenon, it has such a sturdy constitution, that it is readily regarded as something natural even by its victims.

Marcel Ayme, 1938.<sup>37</sup>

### Introduction

As the above quotation suggests, social deprivation is socially constructed; it is not an unquestionable fact of life, and may be accepted by those whose interests benefit from its existence. What is accepted by some as objective reality is, in fact, socially constructed and can, therefore, be changed—it is not an immutable fact of existence/circumstance. This study examined the question: why have efforts world-wide, and particularly those in New Zealand, failed to tackle the prevalence of social deprivation? This chapter discusses the study's findings in relation to social deprivation and the impact of a Whānau Ora service on people's lives. The chapter also discusses the case studies covered in Chapter Five, in which the researcher examined participants' personal experiences of social deprivation, which revealed certain features common to all the cases—people felt disempowered, disengaged, and not connected to wider society. The experiences of those delivering and those receiving a Whānau Ora service are also discussed in this chapter. These experiences, when combined with the observations of those attempting to improve people's situations, (covered in Chapter Eight), point to a government in need of new strategies that serve to alleviate social deprivation, and increase people's opportunities to improve their lifestyle. The current study suggests a new reality can be socially constructed in which all citizens benefit from improved sociopolitical and socioeconomic circumstances. In order to effect these changes, a new mindset is required—one that does not accept injustice as a natural phenomenon, and which pursues a better understanding of social constructs. This chapter also includes a recommendation to support an integrated approach to service delivery, in tandem with a single database that

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<sup>37</sup> [https://www.goodreads.com/author/quotes/120374.Marcel\\_Aym](https://www.goodreads.com/author/quotes/120374.Marcel_Aym)

collates and analyses data and information to ensure funding is allocated to facilitate outcomes that build people's capabilities and capacity. An explanation of the current study's findings on social deprivation is now presented.

### **Social deprivation's existence and nature**

The findings of the current study emphasise that myriad definitions and explanations attempt to define and explain social deprivation, hence there is no universally accepted consensus definition, nor agreement about how to measure or eliminate it (see Chapters Two and Three). Gordon and Spicker's work (1999) illustrates that there are more than 200 definitions to explain poverty and related phenomena, and claims, "A glossary on poverty seems an endless process. New definitions continue to trickle in, while definitions already established become altered as new or previously unknown literature emerges" (p. ix). In Chapter Two, analysis of Holman's (1978) assertion that social deprivation, poverty, and inequality can be used interchangeably suggests that a perception exists whereby many terms defining social deprivation can be applied equally. For example, social deprivation has been considered based on relative, absolute, income, entitlement, and/or consumption dimensions (Drewnowski & Scott, 1966; Gordon & Spicker, 1999; Holman, 1978; Johnson & Carter, 2015; Sen, 1985, 1987, 1999; The Treasury, 2013; Townsend, 1993; Zeldenryk & Yalmambirra, 2006). How governments understand social deprivation influences their perceptions and rationale about why it exists and its perpetuation, who and/or what is responsible, and also their choices and marketing of strategies to citizens about how their lives will be improved.

### **Measuring social deprivation**

Commentators presume that measuring tools, with their proxy indicators, enable researchers to divide the lives of those experiencing social deprivation into measurable components such as income, housing, and qualifications. Despite the genuine intention of researchers, the tools utilise standards that wrongly assume citizens conform to inherently culturally-laden lifestyles, pursue certain material living standards, and engage in norm-based activities. Hence, there is difficulty with developing an 'objective' measure due to the measures themselves being socially constructed. Authorities presume the data collected indicates palpable forces that impact specific aspects of whaanau lives, thus denoting people's and/or

society's political, economic, social, and cultural characteristics (Saunders, 1993). Measurement tools often ignore the significance of social and indigenous practices and/or the absence of these in people's lives (Drewnowski & Scott, 1966; Zeldenryk & Yalmambirra, 2006). Consequently, the fact that New Zealand is comprised of an ethnically varied population, all with diverse realities, highlights the importance of capturing all aspects of people's lives when attempting to define and measure their social deprivation.

Based on the data collated, usually on a single issue, government decisions are made about social deprivation and issues facing whaanau. The types of service interventions to be provided through sector-specific Ministries to address these issues—as well as the level of funding required to address a single or limited issue—is discussed and promoted to citizens. This obscures the severity of the multi-faceted issues occurring in people's lives. Failure to collate all the information on social ills affecting whaanau and/or their communities potentially overlooks factors that explain why people remain in social deprivation.

Difficulties exist with categorising people's multi-faceted issues as 'distinctive and pure' due to the multi-dimensionality of people's lives, the varied and interwoven socioeconomic and socio-political pressures that whaanau experience, and the use of socially constructed tools that presume people adhere to common norms. For instance, the phrase 'child poverty' reportedly measures an official poverty line. However, the phrase appears to avoid confronting the reality of social deprivation's magnitude and consequences. The discourse around child poverty centres on the children's milieu, rather than the reality of the deprivations that many whaanau experience. For example, the New Zealand's Child Poverty Monitor reports on income poverty, extreme poverty, and material hardship.<sup>38</sup> The government intends to pass legislation requiring its Ministries to report on their progress with achieving child poverty targets. These targets are based on reducing the percentage of children recorded as living in low-income households, and in material hardship (see Chapter

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<sup>38</sup> <http://www.childpoverty.co.nz/> - Child Poverty Monitor: 2017 Technical Report, based on Ministry of Social Development data

Three, p 63). As noted in Chapter Three, payments by the government to whaanau on welfare and low-incomes have increased since 1 April 2018.<sup>39</sup>

Increasing benefit payments and pursuing child poverty targets enables the government to claim (it believes legitimately) that it is alleviating child poverty. While this supposition is important, it also explains why many people remain in social deprivation even after receiving increased welfare payments—because their other issues remain unresolved. Moreover, many whaanau may define and prioritise aspects of their lives differently to authorities, who potentially misinterpret the importance of the interconnecting typifications in people’s lives. These potentially include the stress of any one or a combination of whaanau violence, illiteracy, inadequate housing, debts, suicide attempts and/or deaths, truancy, poor physical, mental, emotional and/or spiritual health, and/or illicit drug and/or alcohol addiction issues, and loss of customary rights or practices. Whaanau who feel disempowered and overwhelmed by their multi-faceted issues and, as a result, do not take steps to improve their lives, are likely to be perceived by others as lazy and deficient (Gorski, 2008). For instance, each of the case studies revealed that, while recipients wanted to improve their lives, factors external to themselves prohibited them from doing so. For example, Brenda, partner of James, wanted to continue in employment but she believed she had to assume responsibility for her siblings, which consequently left her, her partner, and her siblings homeless three months later.

Discussion about suitable measurement indices will continue; comments from CEOs of providers regarding measuring outputs rather than outcomes is indicative of how measurement indices can distort perceptions of the effectiveness of initiatives, such as Whānau Ora. Practical examples provided by navigators, such as fitting a shower rail for an elderly person to enable them to stay in their home, are not measurable by the measurement indices by which efforts to alleviate social deprivation are currently measured. They may however have a significant cultural and practical impact on the recipient, allowing them to remain part of and participate in a close whaanau and/or community. Nonetheless, the

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<sup>39</sup> <https://www.workandincome.govt.nz/about-work-and-income/news/2018/benefit-and-payment-rates-2018.html>

aforementioned issues highlight the complexity involved when attempting to assess social deprivation and its impact on whaanau.

### **Theoretical Analysis and New Zealand's growth agenda**

Theories such as generic theory and dependency theory offer a perspective about the prolonged nature of social deprivation occurring as a result of a globalised free market, whereby nations become dependent on larger economies (Ferraro, 2008; Scott & Marshall, 2009; The Global Development Research Center, 2010; Srinivas, N.D; Vernengo, 2004). New Zealand's growth agenda is centred around free-market deregulation, a dependency on private investment to enable economic growth, a competitive economy, and increased productivity. Incentives (e.g., tax laws and tax policy for investors) enable foreign corporations to pay minimal and, in some cases, no tax (Doyle & Flanagan, 2016; Nippet, 2016). While such benefits are not afforded to locally-based businesses, advocates of the free-market appear to assume that globalised economies conduct themselves in an ethical and moral manner and for the benefit of all citizens. This potentially discourages the consideration of other options to improve the lives of all citizens. Moreover, during the 1980s and 1990s, the Government cut welfare benefits while charging market rents to its housing tenants, contributing to increased social deprivation (Blakely, Tobias, Atkinson, Yeh, & Huang, 2007; Craig, Dell, Reddington, Adams, Oben, Wicken & Simpson, 2012; Lunt et al., 2008; Rashbrooke, 2014). Meanwhile, the prevailing neoliberal ethos influences how the world's authorities function; people are 'guided' by the markets' and State's influence, to live their lives in a manner consistent with expected social norms. Subsequently, people are expected and pressured to adopt and assimilate into the western globalised free-market economic approach, with potential negative consequences if they do not, including low incomes, isolation and exclusion from societal participation, unemployment, and marginalisation (Grenfell, 2012; Kahan, 2012; Ray & Reed, 1994).

The government's prevailing structures contribute to the stratification of citizens into classes (i.e., Weberian theory) (Kahan, 2012) whereby many are 'socialised' by the education system's middle-class ideology, as well as the social and cultural norms of their whaanau milieu and neighbourhood. Moreover, consistent with Bourdieu's (1986) cultural capital ethos, Maaori peoples may be immersed in their culture, but this cultural capital is not necessarily recognised by the current education system, in which Maaori achievement levels fall below those of their European counterparts. Consequently, the government's governance, structures, and ideology appear to operate, inadvertently, to socially construct communities where many people experience and often remain in social deprivation. Comments from those in the case studies clearly demonstrate this oppressive situation. Understanding this analysis is important because insight is gained into the functioning of a globalised economy and subsequent consequences on citizens, including the presence and pervasiveness of social deprivation.

The free market approach has realised economic benefits for many citizens, but those benefits have not been evenly distributed to people, their communities, or regions. Unequal distribution of income and wealth contributes to a stratified society. In the meantime, social deprivation and its associated inequalities continue for those who are not aware they have the capabilities and/or capacity to improve their lifestyle. Believing they lacked the ability to improve their circumstances was a pervading theme for those in the case studies—in particular those among the men's group. The neoliberal ethos may require revision to enable the acquisition of capabilities, thus empowering individuals to realise their aspirations, avoid financial dependence on the State, and begin participating in their communities.

### **Preservation of current structures and societal stratification**

In addition to its preferred economic focus, the government's policy settings and siloed structures of sector-specific Ministries (Holman, 1978), and societal structures and ideology (Pope, 1975), endeavour to address social ills and improve people's lives. The Ministries' contracts require providers to deliver only a prescribed set of services despite the diversity of hardship many whaanau experience. Sector-specific Ministries appear to reflect the government's perception that people's multi-faceted issues are best addressed by categorising

them into single aspects. Sector-specific Ministries attempt to resolve these issues in an isolated manner, but increasing levels of social deprivation suggest government strategies are not achieving their intended outcomes of improved health, education, wellbeing, welfare, and economic sustainability for all citizens. Chapter Eight delivered evidence that providers were frustrated with sector-specific contracting and compliance reporting, considering such practices as inefficient and not as transformative as possible for recipients of their services. This is supported by comments from CEOs indicating that multiple data entry remains excessively time-consuming.

### **People's rights**

As noted in Chapters Two and Three, the United Nations' Bills and Covenants affirm—as does New Zealand's legislative and policy framework (e.g., Treaty of Waitangi Act 1975, Bill of Rights Act 1990, and Human Rights Act 1993)—that people are entitled to human rights and fundamental freedoms (United Nations, 1989, 1948, 1976, 2008). Despite the existence of citizens' rights and freedoms, embracing free-market ideology enables the government to accept that there are winners and losers, regardless of the increasing numbers of citizens left in social deprivation. Consequently, the State's ethos, governance, administration, legislation and policy framework are legitimised, along with its contracting approaches, and consequently, many people remain in their status quo. Therefore, the rights that people should expect are not naturally met in a free market economy. As a result, the benefits touted for all citizens (i.e., trickle-down effect) from improved economic and State sector performances, in the form of higher incomes and employment, have not occurred—marginalised marginalised communities therefore remain. Chapters Two and Three, and the case studies in Chapter Five show that increasing numbers of people are being left in social deprivation, and without assistance they remain marginalised.

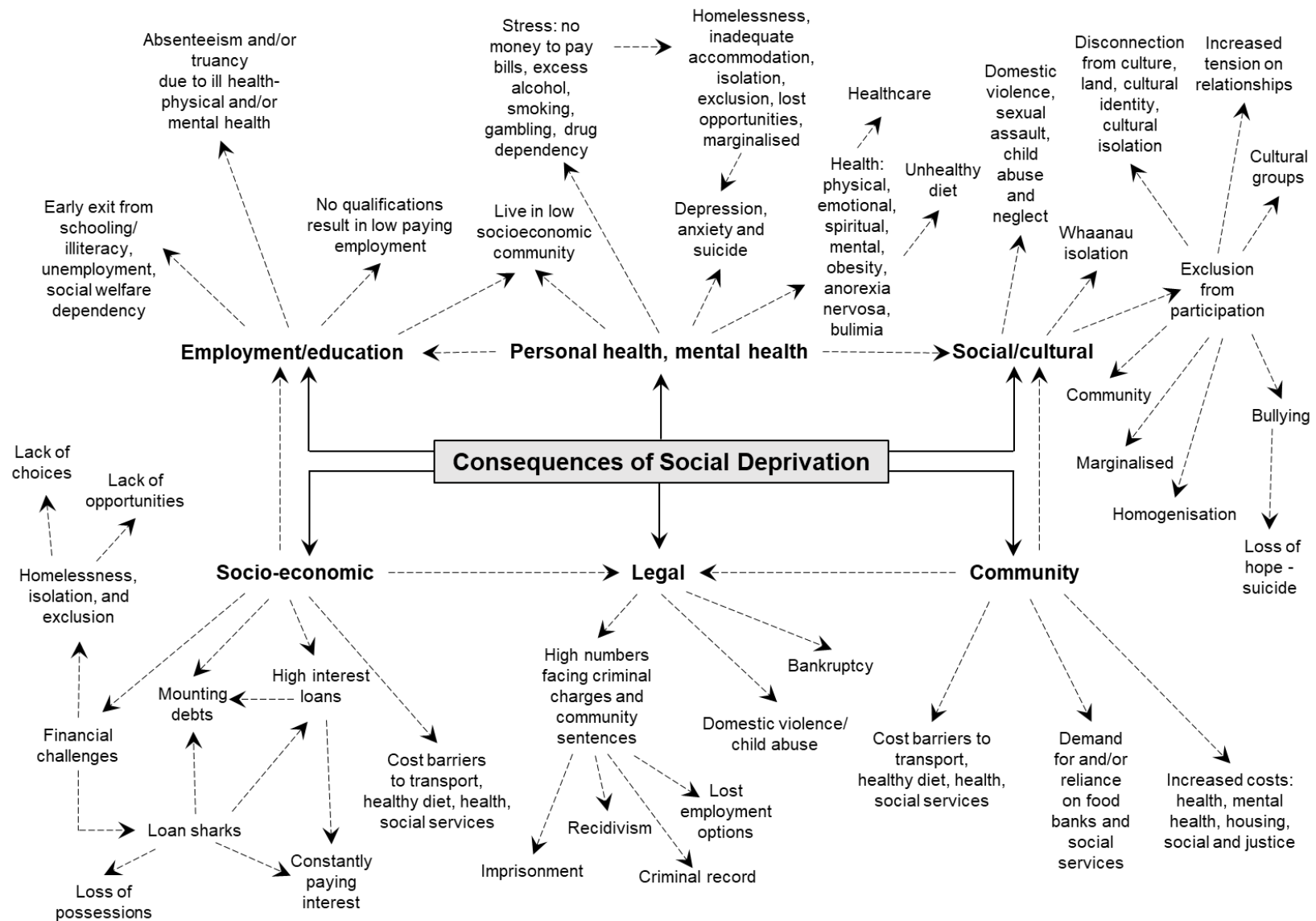
### **Social deprivation in New Zealand**

Since the early 1980s, indicators of increased social deprivation are reflected in increasing prison numbers and recidivism rates; illiteracy in prisons; high suicide rates; and increases in the level of domestic violence (See Chapter Three, p. 50). Other indicators include rising unemployment (particularly amongst youth, with young adults not engaged in education, training or employment (NEET), and increases in recorded rates of child poverty. Rising demand for food parcels, spiraling house prices and rents that are increasing faster than incomes, combined with inadequate housing and rising homelessness, also reflect this trend (see Chapter Three, p. 45). Moreover, convergence of income growth has not occurred. In fact, income inequality continues to increase, with the earnings of the richest growing relative to the poorest (Rashbrooke, 2014; Wilkinson & Pickett, 2009). Meanwhile, an absence of affordable homes in New Zealand forces whaanau into inadequate and often overcrowded accommodation and, at worst, potential homelessness. In these circumstances children may not be attending school. The case study of Brenda and James illustrated that, despite being eligible, the children they looked after were absent from school due to temporarily staying on a Marae, thus not knowing what suburb they would be living in, and therefore which school zone the children would be in. Moreover, many children in social deprivation may enter schooling without equal opportunity to learn due to matters external to the education system, including insufficient pre-school learning, abusive home environments, truancy, inadequate diet, untreated health and/or mental health issues, substandard housing, and inadequate functional capabilities (see Chapters Two and Three). Unsurprisingly, people's low educational outcomes can lead to higher rates of unemployment, with lower incomes and potentially modest life outcomes also likely for their children. The case studies and men's cohort in Chapter Five illustrate that people's background, including their home environment, can affect their success in schooling, and potentially what they perceive as their employment options.

With social deprivation increasing, the downstream outflow of the government's socioeconomic policies could be perceived as being reflected in the data on prison rates, recidivism, and suicide. In the future, the government may proceed to allow those with sentences of two years or less, from the Court, to serve their sentence at home, and thereby

reduce prison numbers. Consequently, numbers of people going through the Court are not reduced, but the Department of Corrections is likely to increase its number of probation officers to monitor increasing numbers based at residential addresses. Therefore, the numbers of people engaged with the Ministry of Justice are likely to increase.

Based on the literature reviewed for this thesis, and the findings detailed in Chapters Two to Eight, a range of proxy indicators were collated for Figure 9.1 to illustrate the potential impacts and consequences of social deprivation, and the interrelationships of the types of issues facing many whaanau. The proxy measures reflect what could be considered the six primary areas affecting one's life. Chapter Five revealed many of these issues were present in the lives of the male cohort in this study, those interviewed for the case studies, and also with those referred to by provider personnel. The sub-sections indicate that there are multiple aspects to each category, reflecting the many different facets in people's lives. The components demonstrate the multi-faceted effects of social deprivation on individuals, whaanau, communities, and regions. Figure 9.1 also illustrates the interrelationships of the myriad of elements affecting whaanau. A low level of social deprivation would still enable people to undertake some planning to improve their lives. As illustrated in Chapter Five, recipients experienced extensive deprivation, i.e., whaanau enduring numerous elements, which contributed to their believing they did not have control over their life, or the life of their whaanau. They felt disempowered and, while they may have attempted to take action in the past, they were reduced to passively accepting their circumstances. Despite wanting to, they were not realising significant improvements to their lifestyle, which potentially reinforced their social deprivation. Determining each factor's level of importance proves challenging as it is the citizens who prioritise the elements of life they consider essential.



**Figure 9-1: Model—Potential consequences of social deprivation on individuals, whaanau, and communities**

## People's experiences in social deprivation

As discussed in Chapter Five, people's experiences of social deprivation suggest interconnecting influencers place constant and stressful burdens on them, hindering their efforts to overcome their circumstances. Overall, recipients' responses indicated they often felt isolated and vulnerable, and believed they had no options, no entitlements, no capabilities, and no security.<sup>40</sup> The types of factors contributing to their experiences of social deprivation include scarcity of money due to inadequate government welfare and sickness payments, debt, no qualifications, and literacy issues. Other obstacles were low-paid employment options; no access to employment-specific skills training programmes; no transport; domestic violence; poor immediate relationships; unemployment; substandard housing (or none at all); and concerns with their health and/or mental health.<sup>41</sup> A synopsis of the six main themes weaving through recipients' responses follows. These were scarcity of resources, disempowerment, lack of knowledge, knock-backs, unemployment, and cultural differences.

### Scarcity of resources

The scarcity of resources that accompanies social deprivation appears to force recipients to focus on 'day-to-day survival'. Focusing on meeting immediate daily needs and enduring interconnecting stressors leaves no energy for planning.<sup>42</sup> People's emphasis on simply coping and 'getting through the day' occurs because they experience an accumulation of stress as a result of the absence of financial resources, and feel doubtful about meeting their essential daily needs and those of their whaanau. These needs include healthy diet (Townsend, 1993); income and adequate housing (Taylor, 2005; Wilson, 1991); and healthy environmental, social, and cultural conditions (Drewnowski & Scott, 1966; Zeldenryk & Yalmambirra, 2006). Brenda, partner of James, applied for but had been declined a government welfare benefit to fund her living expenses and those of James and her siblings. She said, *"I lost my baby, my parents were in prison, we [had] to [leave] our house, I [was looking] after my sisters, WINZ weren't giving us any money. I felt completely helpless. I had*

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<sup>40</sup> see case studies Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; and Ted, single father

<sup>41</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>42</sup> see case studies for Brenda and James, couple; Natalie, single mother; Ted, single father

*no idea what to do*” (Chapter Five, p. 99). Reports indicate that it is common for those experiencing social deprivation to concentrate solely on meeting their immediate daily needs (Auckland City Mission, 2014; Johnson, 2016, 2017; Ministry of Social Development, 2010b; Salvation Army, 2013; Te Puni Kokiri, 2015a, 2015b).

Apart from Jackie, partner of Simon, recipients from the case studies and the men’s group left school without qualifications. However, Jackie enrolled in a course and later became a registered nurse rather than doing so directly from school. She and Simon were also receiving a government welfare or sickness benefit as their sole income at the time of their interview or focus group, and were experiencing difficulties associated without enough money to meet their living expenses. In addition to having a low income, Natalie, single mother, and some of the men’s cohort did not have their driver’s licence. As noted in recipients’ responses, an absence of resources can aggravate the intensity of stress and struggle for people as they endeavour to meet their own and/or the needs of their whaanau.

### **Disempowerment**

Recipients reported feeling overwhelmed and disempowered by what they perceived as the presence of too many obstacles to improving their lifestyle. This included lack of support from government agencies, no transport, no access to services, no suitable employment, insufficient income, and substandard housing. These obstacles contributed to recipients enduring intense and prolonged stress, feelings of despair and isolation, and fewer social and cultural supports. Some recipients also faced disincentives, further contributing to their sense of disempowerment.. These included the women’s (Brenda, and Natalie’s) mothers, whose attitude and behaviour towards their daughters contributed to their distress about their lifestyle. Additionally, Ted’s ex-wife—albeit a domestic abuse survivor and dependent on drugs and alcohol—appeared to Ted to be impeding the provision of adequate care to his children as a single father.

Recipients’ circumstances, and what they perceived as barriers to improving their lifestyle, contributed to their accumulation of negative psychological and emotional experiences, including holding the belief that they were powerless and did not have options to improve

their lifestyle. For instance, for Ted, single father, leaving his children on their own while he visited a friend appeared to be a stress management strategy to minimise his psychological and emotional distress and anxiety triggered by multiple stressors. Ted also felt isolated and marginalised due to not enough social support in his life and being unable to improve his circumstances, and contributed to his struggles to manage his children.<sup>43</sup> Additionally, Jackie's feeling that she was unable to cope with part-time work could be attributed to her depression and associated unstable emotions and scattered thoughts. Her spontaneous crying contributed to her feeling unable to cope with additional stressors (i.e., employment), and caring for her husband Simon and his brother, both of whom required continuous monitoring.<sup>44</sup> Simon and Jackie's, husband and wife, escalating debt added to an overwhelming feeling of disempowerment, compounded by their inability to reduce their debt whilst on a low income. While the plan from their Whānau Ora service centred on Simon, Jackie's conditions influenced the nature and extent of support she gave to Simon. Collectively, recipients did not believe they had the choices, fundamental freedoms or ability to improve their functioning, or obtain life necessities (Bailey et al, 2003; Sen, 1982, 1985, 1992, 1999).

### **Lack of knowledge**

Recipients wanted to improve their lifestyle but did not believe they had the knowledge to do so, or to determine which government or social agencies, apart from WINZ, they could approach for assistance.<sup>45</sup> They also did not have the self-belief or knowledge needed to increase their capabilities, secure higher wage employment and/or improve their income or their housing conditions. Moreover, they believed they lacked personal agency and were reliant on a government agency, such as WINZ, to assist them to improve their circumstances. The recipients and the types of factors contributing to their beliefs included:

- Natalie, single mother's, low self-esteem and minimal self-belief in her ability to escape her violent relationship. She believed she would remain in that environment and continue to be attacked by her partner.

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<sup>43</sup> see case study for Ted, single father

<sup>44</sup> see case study for Simon and Jackie, couple

<sup>45</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

- Brenda and James, couple's, sense of disempowerment owing to their homelessness and that no government agency would support them.
- Simon and Jackie, couple's, belief they were reliant on others to improve their health and wellbeing, reduce their debt, and/or start a business.
- Ted, single father's, belief that his ex-wife was to blame for leaving him, despite his physical assaults against her and his becoming overwhelmed by caring for their five children.

While recipients may not have been aware of the financial constraints on government agencies, multiple mental health related strains appeared to affect them constantly while their issues remained unresolved. Recipients did not know what supports were available, endured negative psychological and emotional experiences, and believed they were powerless and lacked the capabilities and/or options to improve their own circumstances.<sup>46</sup> Natalie, single mother, endured and had accepted, without significant resistance, the severe domestic violence inflicted on her by her partner, Tommy. In addition to Natalie's circumstances, the situations experienced by the other recipients resulted in them living in a state of 'learned helplessness', in which they felt unable to take action and were forced to accept their situation (Seligman & Maier, 1967). Sen (1985) acknowledged that people in such situations often feel as though they do not have the choices or capabilities to improve their circumstances. In the meantime, recipients remained stressed, waited for changes to occur, whilst trying to cope with their situation the best way they could. These results reflect earlier findings indicating recipients wanted to improve their lifestyle but believed they did not have the capabilities or the opportunities needed to take action (Auckland City Mission, 2014; Johnson, 2015; Ministry of Social Development, 2010b; Te Puni Kokiri, 2015a, 2015b, 2016a; The Salvation Army, 2013). Consequently, unless all their issues are addressed at the time, people experiencing crises will inevitably require more expensive interventions later on (Auckland City Mission, 2014; Johnson, 2014, 2015, 2017; TV3News, 2014).

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<sup>46</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

## **Knock-backs**

Living in social deprivation, encountering ‘knock-backs’, and having their requests for assistance declined contributed to recipients feeling unsupported and losing confidence in government agencies such as WINZ and Housing New Zealand. As well as trying to deal with their day-to-day issues, recipients knew they were required to approach numerous government agencies to address individual concerns. This process caused them to feel anxious and powerless about changing their situation.<sup>47</sup> Brenda and James, couple; Natalie, single mother; and Ted, single father, were all concerned that CYFs would remove their children because of the challenges they were experiencing with their living circumstances. Brenda and James, couple, and Simon and Jackie, couple, were distressed that WINZ declined their request for financial support. Approved funding would, in the recipients’ views, meet their immediate needs, for example, by allowing Brenda an income to provide childcare for her sisters and cousin; funding children’s clothes for Natalie, and money to repay the debts of Simon and Jackie. WINZ also declined Jackie and Simon’s request to fund a computer course for Simon to gain skills while he dialysed. However, Jackie and Simon reported that WINZ declined their request to fund computer training for Simon because there was no guarantee he would secure employment post-training due to his diabetes. WINZ did pay for a uniform for Natalie to use at her training course.

Recipients had lost confidence in themselves and believed government agencies were reluctant to assist them. Additionally, recipients were frustrated and disheartened due to the belief that they had to repeatedly justify their hardship to government agencies which had lost confidence in them and, as a result, believed their personal and whaanau issues would remain unresolved.<sup>48</sup> Brenda and James were not receiving a government welfare benefit to fund their generic expenses although they had conveyed their hardship to WINZ. Each of the recipients felt dejected, and were reluctant to approach government agencies for money and welfare benefits to purchase food and clothing, improve their health, attend training programmes, and access housing and employment. Recipients’ learned behaviours of not actively approaching

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<sup>47</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>48</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

organisations for support to improve their circumstances were reinforced by government agencies' delays, which recipients interpreted as unsupportive and obstructive. Recipients' frustration at having to approach multiple government agencies and validate their adversity to each of them, was noted in the work of the Auckland City Mission (2014). The concerns associated with having to approach multiple agencies were typical of people's discomfort discussed in Chapter Three (e.g., Auckland City Mission, 2014; English, 2010, 2011; English & Ryall, 2011; Gill, Eppel, Lips & Ryan, 2007; Hughes & Smart, 2012; Key, 2011; Rennie, 2012; Television New Zealand, 2015). In applying Holman's (1978) structural-adaptive approach, and Pope's (1975) functionalist perspective, the government's structures and ideology preserve its governance, structures, and approaches—and therefore people's experiences of those social constructions—despite increasing social ills. The fact that many people continue to live in social deprivation reinforces support for deficit theory, whereby people are blamed for their situation (Mathews, 2018; Wallace, 2009), and thus the government can avoid making significant efforts to improve people's circumstances.

### **Unemployment**

Except for Jackie (wife of Simon) who had qualifications, unemployment and lack of qualifications was common amongst all recipients in this study. These recipients did not have any qualifications due to their limited literacy skills, and/or inability to pay to enrol in a tertiary course, and indicated that if they had, they could not afford to repay a student loan.<sup>49</sup> For example, Natalie, single mother, sought “*free courses because I don't have money to enrol in the ones you have to pay for*” (Chapter Seven, p. 164). She did not want to incur any student debt. The recipients' only income was government welfare or sickness benefits, and any employment they had prior to their interview and/or focus group was in low-paid and/or in labouring employment. Consequently, apart from Jackie and Simon, each recipient's goal of gaining employment was focused on physical labour-related or casual low-income positions.<sup>50</sup> Receiving low income, recipients reported experiencing stress and worry about prioritising what they should pay for first—food, rent, clothing, or electricity. Recipients'

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<sup>49</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon, husband to Jackie; Ted, single father

<sup>50</sup> see case studies for Brenda and James, couple; Simon, husband to Jackie; Ted, single father

savings were nominal, non-existent, or they were in debt—although Jackie and Simon had reduced their debt from \$25,000 to \$22,000. Recipients coped with their financial challenges by purchasing cheaper food and clothing, and/or relying on low-cost rental accommodation. Apart from Simon, the other recipients could not afford adequate accommodation (warm and dry), or the State did not have suitable accommodation available for them.

Apart from Simon and Jackie, who had incurred significant debt, the remaining recipients did not meet with a budgeter due to the belief that they would never have any money. Not having sufficient funds contributed to recipients' stress and feeling they were isolated from their social and cultural environments because they were unable to participate in and contribute to these environments. This problem is reflected in the work of authors, such as Epps and Huston (2007), and Taylor (2005), who note that financial hardship causes psychological and emotional distress—in particular depression and feelings of shame. With high levels of stress and low income, recipients' primary focus was related to their perceived immediate needs. For example, for those who struggled to manage their lives and/or had debt, managing their lives and/or reducing their debt is often their primary goal.<sup>51</sup> Similar findings were highlighted in reports (e.g., Auckland City Mission, 2014; Johnson, 2014, 2015, 2017). Brenda, partner of James, was not able to save enough money to pay more than other prospective tenants had offered. She said that they *“looked at all houses [to rent] but we missed out because there is so many of us. We arrive at a house and others say they will pay more, so they get the house”* (Chapter Seven, p. 157). Similarly, those without suitable or any accommodation appear to focus exclusively on finding a home, reflecting Maslow's (1943) hierarchy of needs, which posits that satisfying more advanced needs will not be attempted until basic needs are met.<sup>52</sup> Furthermore, based on prior experience, Brenda believes she is subject to prejudice from landlords. She said, *“we get treated like we are young and dumb Maaoris (sic) who don't know what we are doing”* (Chapter Seven, p. 158). With a low income and believing they are overburdened with issues, recipients do not feel as though they

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<sup>51</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>52</sup> see case studies for Brenda and James, couple; Natalie, single mother; Ted, single father

have what Sen (1985) referred to as ‘choices’ or the ‘capabilities’ to improve their circumstances.

Recipients’ responses suggest that factors can individually or collectively impede a person’s efforts to secure employment and/or pursue a qualification, including not having qualifications, being unemployed, receiving a low income, and living in substandard accommodation or none at all. Consequently, recipients’ beliefs and subsequent decisions results in them remaining in their stressful milieu, and inadvertently contributes to the perpetuation of theories that reflect the status quo (e.g., deficit theory). Other theories and hypotheses purport the continued social construction of societal stratification and societal and moral norms that preserve the social milieu, including the functionalist perspective (Pope, 1975), Weberian theory (Ray & Reed, 1994), and Bourdieu’s (1986) cultural capital (Grenfell, 2012).

### **Culture**

Some recipients integrated the use of customary Maaori practices including Te Ao Maaori (living in a holistic Maaori world view) in their daily lives. Apart from five individuals from the men’s group who participated in focus groups, recipients did not habitually practice their traditional customs, such as prayer, singing, or regularly visit a Marae. These customs, however, were employed by some Maaori recipients, not only in an attempt to cope with their stressful circumstances, but also to resolve their grief.<sup>53</sup> This was the case particularly for Brenda and James following the death of their baby. Brenda followed the customary Maaori practice of taking the spirit (kawe mate) and then a photo of her stillborn daughter to her Marae. Brenda believed her prayers would produce positive outcomes for her, her siblings, and James.<sup>54</sup>

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<sup>53</sup> see case study for Brenda and James, couple

<sup>54</sup> see case study for Brenda and James, couple

The men's cohort had learnt prayers and songs at centres they had stayed at and had endeavoured to include prayer in their routines most days. Brenda and James, couple; Natalie, single mother; Jackie and Simon, couple; and Ted, single father, did not utilise prayers in their day-to-day lives or in an attempt to improve their circumstances. Both Simon and Jackie, couple, were of European descent and did not understand the Maaori language, but had always had close Maaori friends, and were selling traditional Maaori foods.

None of the recipients were fluent speakers of the Maaori language. This meant it was not possible to determine differences in confidence expressed between fluent and non-fluent speakers regarding positive tangible outcomes from reciting prayers in the Maaori language. Nevertheless, all recipients (Maaori and non-Maaori) demonstrated an inherent understanding of respect, felt they had positive support from a higher source, and acknowledged a higher being (God), and their ancestors through participating in prayer, the welcome, and introductions during interviews and/or focus groups.<sup>55</sup>

While religion and spirituality have been examined as coping mechanisms for stress, literature could not be located that covered people's depth of belief in a higher being (i.e., God, Te Atua<sup>56</sup>) as a mechanism to deal with the strain that ensues from living in social deprivation. However, as referenced in Chapter Three, teaching people about their indigenous identity has been used in an attempt to reduce recidivist behaviour (Consedine, 1990), and recognising Te Ao Maaori worldviews was purportedly able to negate conflict between Maaori and the New Zealand Governments (Waldegrave & Scott, 1987). As discussed in Chapter Six, under the Whānau Ora initiative, Maaori models are proposed to improve people's and their community's holistic health, welfare, and wellbeing, such as Te Whare Tapa Whā (Durie, 1994, 1998); Te Pae Mahutonga (Southern Cross star constellation) (Durie, 1999); and Te Wheke (Pere, 1991, 1997; Pere & Nicholson, 1994; Walker, 2004). The models' concepts have been acknowledged as influential in the health sector (Ministry of Health, 2010, 2014b,

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<sup>55</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>56</sup> Indigenous Maaori term used for God

2015c), and were the basis of the Early Childhood curriculum, Te Whariki (Ministry of Education, 2017).

In summary, the six main obstacles identified in recipients' responses suggest that constant psychological and emotional strain occurs as a result of interconnecting stressors, with each one potentially aggravating the others. Therefore, recipients felt compelled to focus only on their immediate needs rather than attempting to plan for the future. Likewise, recipients' perceptions of their circumstances contributed to their feeling trapped in social deprivation and remaining in their milieu. Despite the variation in personal circumstances, recipients held similar feelings of disempowerment, belief they could not improve their circumstances, and were reliant on government agencies to improve their situation. Consequently, the cumulative effect of such factors contributed to people's low quality of life (Auckland City Mission, 2014; Nyiwul & Tarek, 2006). The longevity and intensity of social deprivation in the lives of many people, whose immediate needs are not being met, suggests there is a disconnect between their multi-faceted issues and the efficacy of government agencies to address many people's needs. The poor outcomes represent a real lost opportunity for the individuals themselves, their families and their communities.

### **Impact of the Whānau Ora initiative**

This section follows on from discussion regarding the impact of social deprivation on people's lives, and subsequent attempts to alleviate it. The discussion is divided into three parts. Part One discusses provider personnel's experiences and observations of both the Whānau Ora initiative and delivering a Whānau Ora service (see Chapter Four for details on data collection processes, p. 74). Part Two covers recipients' experiences while engaged with a Whānau Ora service, with provider personnel's observations included. Flow-on effects for both recipients and provider personnel are also discussed. Part Three presents a recommendation to enhance the efficacy of the nation's service purchasing and compliance reporting approach, with closer data management and use of resources, potentially resulting in the delivery of services that build people's capabilities so they can overcome their social deprivation. Discussion of this recommendation is vital, and should continue until the government implements a much needed national strategic plan—a long-term vision

accompanied by goals and strategies to implement broader socioeconomic policies that facilitate social, cultural, economic, and community capital for all citizens. The country's economic and social fabric cannot continue to withstand and to perpetuate the effects of increasing social deprivation. Consequently, evidence of increasing social deprivation suggests that a review of the government's social deprivation minimisation strategies is necessary. This is particularly so when it touts that using finance-based targets as indicators of child poverty reduction, which are likely to show child poverty has been reduced. Income-based targets are likely to be achieved by moving people above a designated line of income, thus the strategy will therefore be considered a success, despite the varied other factors impacting the whānau dynamics and functioning.

### **Part One: provider personnel's experiences and observations of the Whānau Ora initiative**

The principles underlying the Whānau Ora initiative are consistent with Māori health and wellbeing models, and emphasise applying positive reciprocity and mutual respect to affirm relationships with recipients. These provide a foundation from which to build recipients' knowledge, skills, and confidence to become independent (e.g., Te Pae Mahutonga, (Durie, 1999); Te Whare Tapa Whā (Durie, 1994, 1998); Te Wheke (Pere, 1991, 1997)). The initiative's intent was to facilitate an approach that was whānau-centred, strengths-based, and that built capabilities (see Chapter Six). Provider personnel employed Māori customs that included prayer, greetings, and songs, and exchanges of ancestral connections, which recognise cultural diversity in ethnicity and tribal culture to welcome Māori and non-Māori recipients. In addition, provider personnel valued recipients' social and cultural perspectives in discussions about the influence of their home milieu, needs, and aspirations.<sup>57</sup> This information is important in view of Māori customs, which were acknowledged earlier as facilitating ancestral connections, and trusting relationships of reciprocity. Consequently, recipients are acknowledged and valued as holistic physical, mental, emotional, social, and cultural spiritual beings with diverse beliefs, values, with human needs that need addressing

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<sup>57</sup> see Chapter Eight for comments by provider personnel

(Durie, 1994, 1998; Ministry of Social Development, 2010b; Pere, 1991; Te Puni Kokiri, 2012, 2013b, 2015a, 2015b).<sup>58</sup>

The Whānau Ora initiative's ethos of whaanau-centred services enabled provider personnel to place whaanau at the centre of decision-making, with mutual agreement with whaanau about services and resources appropriate to their needs, and the pursuit of their goals.<sup>59</sup> Virginia, CEO, believed a Whānau Ora approach "*puts the whaanau at the centre of the assessment, their treatment programme and/or goals because the whaanau need to be involved in making decisions about themselves*" (Chapter Eight, p. 187). A Whānau Ora service operated alongside other contracted services in Maaori organisations. As stated by Lily, CEO, referral pathways were identified as important due to "*so many cases that were extremely high needs, high vulnerability, multiple social issues, truancy, housing problems, and health concerns*" (Chapter Eight, p. 187). Such elements contributed to enabling Whānau Ora services to operate consistently with the intent of the taskforce (Taskforce on Whānau-centred Initiatives, 2010).

### **Provider personnel engaged with recipients**

Provider personnel perceived that the Whānau Ora whaanau-centred approach addressed recipients' diverse realities, through a holistic assessment with a capability building plan.<sup>60</sup> Provider personnel had observed and many whaanau arrive at their organisation struggling with multi-faceted concerns including low expectations regarding what they could achieve. This mirrors concerns noted in the report from the Taskforce on Whānau-centred Initiatives (2010).<sup>61</sup> As stated by Lily, CEO, "*our whaanau have many issues, so us being contracted to just provide [and report on] a single issue won't deal with all their problems*" (Chapter Eight, p. 186). Consequently, personnel were trained to complete holistic assessments of whaanau issues, and to teach whaanau goal-setting skills and how to conjointly develop a capability building plan.

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<sup>58</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father and see Chapter Eight for comments by provider personnel

<sup>59</sup> see Chapter Eight for comments by provider personnel

<sup>60</sup> see Chapter Eight for comments by provider personnel

<sup>61</sup> see Chapter Eight for comments by provider personnel

### **Improved provider relationships**

Improved relations amongst providers in the Whānau Ora collective and with community providers enabled personnel to access services and resources on behalf of recipients to meet their diverse needs, within the context of their social and cultural communities.<sup>62</sup> For example, Tracey, navigator, obtained clothes for Natalie’s young children. Similarly, Janice, another navigator, obtained clothes for Ted’s children, as well as basic furniture for his house. Provider personnel, research reports, and recipients’ responses acknowledged the navigator’s role as central to assisting recipients to acquire goal planning skills, achieve their goals, and gain confidence, along with brokering access to services and resources, and improving relationships with providers (Ministry of Social Development, 2010b; Te Puni Kokiri, 2012, 2015a, 2015b, 2016a, 2017).<sup>63</sup> The navigator role was recognised by Lily, CEO, as “*dedicated capacity we did not have previously to coordinate how we address the multiple needs of whaanau*” (Chapter Eight, p. 197). When engaging with whaanau, Tracey, navigator, said she “*breaks down their goals into small steps, so they can achieve success quickly and begin gaining confidence to take the next step*” (Chapter Eight, p. 197).

Personnel identified the following as value-added features of the Whānau Ora initiative, benefitting both providers and recipients:

- i) increased knowledge of the Commissioning Agencies;
- ii) increased awareness about the Commissioning Agencies’ funding avenues;
- iii) the Commissioning Agencies’ focus on facilitating and reporting on outcomes;
- iv) the whaanau capability building plan; and
- v) the navigators.<sup>64</sup>

The availability of varied funding options reflects the breadth of multi-faceted needs and the multiple types of strategies and interventions required to address the needs of whaanau and build their capabilities (see Chapter Six). Provider personnel enabled whaanau to receive assistance through one of the Commissioning Agencies’ funding options, Whānau Direct Fund, which resulted in improvements in recipients’ functioning, health, and wellbeing,<sup>65</sup>

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<sup>62</sup> see Chapter Eight for comments by provider personnel

<sup>63</sup> see Chapter Eight for comments by provider personnel

<sup>64</sup> see Chapter Eight for comments by provider personnel

<sup>65</sup> see Chapter Eight for comments by provider personnel

potentially avoiding the need to access more expensive services later.<sup>66</sup> Robin, CEO, received funding to purchase “*clothing thermals for the children and new pyjamas*” (Chapter Eight, p. 199). Similarly, Tracey, navigator, received funding to purchase tools for a couple, “*to make plant boxes and other furniture to sell; a lawnmower, so a woman could mow her lawns, and now she mows her neighbour’s lawns; and swimming lessons for [a single father’s] baby*” (Chapter Eight, p. 199). These outcomes illustrate potential savings related to health, social, and economic factors. If children are unable to attend doctors’ appointments, obtain prescriptions, and are consequently absent from school, their parents are required to stay home and care for them.

The navigators often brokered access to government agencies and providers, and took recipients to meetings and returned them home. While assertive approaches by provider personnel contributed to positive outcomes for recipients, the benefits experienced by recipients may have occurred more rapidly if Commissioning Agencies and/or providers had more financial resources, and were able to purchase services from across sectors (Ministry of Health, 2013; Te Puni Kokiri, 2012, 2015a, 2015b, 2016a; Wehipeihana et al., 2016).<sup>67, 68</sup> Such actions may circumvent both Ministries of Health and of Social Development’s intent not to alter their contracting model to reflect an integrated whaanau-centred approach (Controller and Auditor General, 2015).

### **Flow-on effects**

As discussed in Chapter Eight, provider personnel indicated there were flow-on effects from participating in the Whānau Ora initiative—that is, effects that were not included as part of the original goal or intent. These included increased collaboration between providers across sectors, thus creating a broader range of networks for personnel working with whaanau. Analysis of the longevity of such effects may reveal evidence of their sustainability. Additional flow-on effects included personnel’s improved job-satisfaction and increased morale, reflected in the average number of sick days taken and satisfaction gained from

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<sup>66</sup> see Chapter Eight for comments by provider personnel

<sup>67</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father; and Chapter Eight for comments by provider personnel

<sup>68</sup> see Chapter Eight for comments by provider personnel

observing increases in recipients self-belief. These effects occurred despite frequent reports of increased stress levels and high workloads for those working in the health and/or social sectors. Provider personnel also experienced improved morale from observing recipients' increased confidence and motivation, and setting and achieving goals that included non-violence, accessing accommodation, keeping siblings together, accessing resources, receiving full government sickness or welfare benefit entitlements, and/or removing themselves and their children from violent relationships.<sup>69</sup> The improvement in staff morale was noted by one CEO, Te Mauri, who said, *“we had improved [staff] morale because they could see better improvements with the whaanau they work with. The whaanau have better motivation to improve themselves”* (Chapter Eight, p. 195). Similarly, Joanne, navigator, said *“it is very cool for me to watch them [whaanau] achieve an initial and often small goal but that usually increases their confidence to set more goals”* (Chapter Eight, p. 195).

### **Provider personnel concerns**

CEOs addressed concerns from personnel about their potential job security and the longevity of employment contracts and/or lease agreements. Provider personnel acknowledged that having three-year rather than one-year contracts with Commissioning Agencies would address concerns of job insecurity.<sup>70</sup> As an example, Lily, CEO, stated that one-year *“contracts cause problems when trying to lease anything, anxiety for managers and other staff because the organisation cannot guarantee to staff they will have a job the following year”* (Chapter Eight, p. 209). As new purchasers, time was required to establish formal relationships with providers, which contributed to an initial delay in promptly facilitating responses to whaanau (Te Puni Kokiri, 2016a; Wehipeihana et al., 2016).

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<sup>69</sup> see Chapter Eight for comments by provider personnel

<sup>70</sup> see Chapter Eight for comments by provider personnel

### **Commissioning Agencies' Whānau Ora contracts and the public service's linear focused contracts**

Provider personnel criticised the Ministries for their siloed sector-specific contracts, and for ignoring the potential social, health, mental health, and economic benefits of inter-ministry and inter-provider collaboration to address recipients' complex issues.<sup>71</sup> Personnel also experienced tension when attempting to address recipients' needs, while delivering both the Commissioning Agencies' Whānau Ora contracts (i.e., facilitating outcomes), and the Ministries' sector-specific service contracts— (i.e., delivering the service unit stated in the contract).<sup>72</sup> An absence of compatibility between the two contracting approaches results in data and information being entered into multiple databases to meet different sets of compliance reporting obligations.<sup>73</sup> For example, Lily, CEO, reported that her organisation entered data into three different Client Management Systems (CMS), as part of their compliance reporting, *“we report to the Whānau Ora one, we input data into our health database, and data into the social service one. [They] add no value to service delivery, are very time consuming, [and] reduce face to face time”* (Chapter Eight, p. 208). Identifying duplication is vital since administrative requirements are time consuming and costly, and reduce opportunities to support recipients. Implementing the Whānau Ora initiative served to reduce administrative demands, enabling increased time to support more whaanau.

In view of commentators emphasising the need to improve the outcomes for citizens, the validity of continuing with the practice of duplicating data entry requires closer scrutiny (Ryan, 2011; State Services Commission, 2014a; The Treasury, 2015). Increased compatibility amongst Ministries' contractual service delivery obligations and contract reporting requirements may reduce the strain between contracting approaches.

As part of monitoring the activities by personnel involved in a Whānau Ora service, Robin, CEO, said her organisation was developing a database to capture the initial assessment of recipients' needs, and a six- and twelve-month assessment of their outcomes. She said that recording each activity *“will allow us to see what changes have occurred from the initial*

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<sup>71</sup> see Chapter Eight for comments by provider personnel

<sup>72</sup> see Chapter Eight for comments by provider personnel

<sup>73</sup> see Chapter Eight for comments by provider personnel

*contact with whaanau, what resources were used, how much time was put into a whaanau, their goals, and what they achieved over six months or a year”* (Chapter Eight, p. 202).

Collating such data enables organisations to make evidence-based decisions about improving a whaanau-centred approach, enhancing service responsiveness, and potential training for personnel. For instance, Lily, CEO, said, *“the information we collect will tell us what we need to do better to improve how we support whaanau”* (Chapter Eight, p. 202). The data and information can also be used to minimise barriers for whaanau to access services, improve their goal achievement, and increase their capabilities to pursue self-management.

## **Part Two: Recipients’ experiences with a Whānau Ora service**

### **Experiences and impacts with the Whānau Ora service**

Māori and non-Māori recipients of a Whānau Ora service indicated they felt supported and found provider personnel to be non-judgemental of their circumstances. These experiences contributed to them feeling welcomed and prepared to share their immediate concerns about their essential needs, including their personal, whaanau, social, cultural, and financial circumstances, as well as their aspirations.<sup>74</sup> For example, Brenda and James, couple, expressed relief that they could openly discuss their issues with a navigator, and were able to develop a plan. Similarly, Natalie, single mother, did not feel judged negatively by her navigator while explaining that for the past six years, she had been physically, mentally, and emotionally abused by her partner.<sup>75</sup> Similarly, Ted, single father, felt supported by his navigator to address his issues, even though she knew he was physically assaulting his then wife. Recognising the need to address recipients’ generic human needs and their living, social, and cultural contexts, is consistent with Maslow’s (1943) hierarchy of needs and Glasser’s (1999) choice theory of basic needs. The Whānau Ora initiative’s relational and capacity building features appear to be fundamental to achieving positive engagement with recipients (Ministry of Health, 2007, 2011, 2014b; Ministry of Social Development, 2010b; Te Puni Kōkiri, 2012, 2015a, 2015b, 2016a;). This suggests recipients were being treated as people, not problems.

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<sup>74</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>75</sup> see case studies for Brenda and James, couple; Natalie, single mother

### **Outcomes from engaging with a Whānau Ora service**

Recipients' capabilities, including confidence and motivation to improve their lifestyle, are increased as a result of engaging with a Whānau Ora service.<sup>76</sup> Recipients gained knowledge, skills, and confidence which contributed to a changed mindset, thereby fostering the belief that they could initiate lifestyle changes autonomously, rather than relying on government agencies.<sup>77</sup> For example, Simon and Jackie, couple, said their increased confidence, motivation, and goal planning skills, together with assistance from provider personnel, enabled them to start believing they could be self-employed. Such improvements reflect whaanau development, which epitomises the Whānau Ora initiative's intent (Ministry of Social Development, 2010b; Te Puni Kokiri, 2012, 2015a, 2015b, 2016a). Recipients' gains, increased confidence, and capabilities within the whaanau-centred paradigm could be regarded as a different perspective of freedom. For instance, Sen (1999) proposed that people's freedom is contingent on their functional capabilities, so those with greater functional capabilities (e.g., greater education, literacy, income, stable mental health, accommodation) have more freedom to participate in society. Extending on Sen's (1999) concept of freedom, and based on the findings of the current study, freedom via the Whānau Ora initiative appears to also involve recognising people's latent skills, and that such capabilities can assist with the acquisition of additional capabilities. Natalie, single mother, best illustrated this point when she enrolled in a training course, which was something she had never envisaged achieving. Further, WINZ approved funding for her uniform.<sup>78</sup>

### **Recipients' provider personnel**

Recipients acknowledged that provider personnel, particularly their navigator, assisted them to identify their issues and aspirations, and to develop a capability building plan. Without such assistance they believed they would not have acquired knowledge and skills about goal setting or pursued and/or attained their goals.<sup>79</sup> For example, Brenda and James, couple,

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<sup>76</sup> see Chapter Eight for comments by provider personnel; and see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>77</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>78</sup> see case studies for Natalie, single mother

<sup>79</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father; and see Chapter Eight for comments by provider personnel

indicated they would likely have slept in their vehicles with Brenda’s siblings, had they not been offered temporary accommodation by their Whānau Ora service provider. While living at the Marae, Brenda participated in a non-fee paying course and began enjoying learning and gaining capabilities.<sup>80</sup> Jackie, wife of Simon, attributed her increased confidence directly to her navigator’s assistance. While the plan was structured primarily around Simon’s needs and aspirations, Jackie—with Simon—was able to set and achieve goals, including placing Simon’s brother into 24-hour nursing care. This allowed her to regain the strength to begin looking after herself and her husband, and to begin considering reemployment as a nurse.<sup>81</sup>

Natalie, single mother, believed she would have remained in her physically abusive relationship had Tracey, Natalie’s navigator, not educated her about her responsibilities to care for herself and her children. The education process included the acquisition of stress management skills, planning and setting goals to manage her daily activities (including positive child management practices), and recognition being violently assaulted by her then partner was not appropriate.<sup>82</sup> Natalie’s new capabilities also contributed to her confidence and feeling comfortable placing her children in a Kohanga Reo (Maaori language medium centre), despite the objections of the children’s father.<sup>83</sup> She said her ex-partner, Tommy, had accused her of “*neglecting the kids when they are left with strangers [at Kohanga Reo]*”. She later added, “*I want to better myself and get off the benefit*” (Chapter Seven, p. 164). Despite Tommy’s opposition, Natalie remained committed to leaving her children at Te Kohanga Reo. This, consequently, enabled Natalie to complete non-fee paying education courses. Similarly, Ted, single father, began getting his children to school on time, became a member of a rugby league club, and his children were engaged in weekend sporting activities. Increased capabilities, including confidence and motivation, led to more favourable whaanau relationships, in which both Natalie and Ted engaged in positive discussions, without violence or aggression, with their respective ex-partners—and, in Natalie’s case, with her mother also.<sup>84</sup>

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<sup>80</sup> see case study for Brenda and James, couple

<sup>81</sup> see case study for Simon and Jackie, couple

<sup>82</sup> see case study for Natalie, single mother

<sup>83</sup> see case study for Natalie, single mother

<sup>84</sup> see case studies for Natalie, single mother and Ted, single father

The examples detailed are important in illustrating that, despite recipients' challenging circumstances, they can gain capabilities including goal planning abilities and increased confidence. Moreover, enabling recipients to develop their own goals and determine the kinds of interventions they receive, is advocated for by the Health and Disability Commissioner Act 1996, in its Code of Health and Disability Services Consumers' Rights, and is also promoted in the Ministry of Social Development's (2010b), Report of the Taskforce on Whānau-centred Initiatives. Although recipients made progress while engaged with a Whānau Ora service, they did not pursue opportunities to increase their participation in the Maaori world. While Brenda took her dead baby's photo to her Marae, this was not new knowledge but part of the practice in her whaanau. Additionally, it may be considered that recipients were already participating in the Maaori world by engaging with and receiving services from the Maaori organisation delivering services, including a Whānau Ora service.

### **Employment**

Addressing recipients' immediate needs enabled them to pursue their primary goal of securing employment to increase their income. For example, Brenda, partner of James, acknowledged that James and her two brothers gained self-worth and self-belief from employment, which provided money for the whaanau to stay together in the house their mother was renting before her imprisonment.<sup>85</sup> Natalie, single mother, was in the process of completing courses so she could gain employment, which had also increased her confidence. She said she was "*more motivated to do positive things for me and my babies. By the end of next year I would have done three courses*" (Chapter Seven, p. 164). In addition, Simon, supported by his wife Jackie, was endeavouring to establish a business, and they were already selling hangī (traditional Maaori food) and steamed puddings. They pursued economic independence with the purpose of improving their living circumstances, ceasing their reliance on a sickness benefit as their sole income, and paying off their debt.<sup>86</sup> Implicit in recipients primary focus on securing employment to increase their income, is that they believed it would improve their living circumstances. Such a focus illustrates Sen's (1985) assertion that employment improves people's functioning and access to opportunities. However, receiving a wage or

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<sup>85</sup> see case study for Brenda and James, couple

<sup>86</sup> see case study for Simon and Jackie, couple

salary—especially a low one—does not guarantee that a whaanau will alleviate their social deprivation due to potential day-to-day living costs exceeding their income, and many of their experiences that may undermine their efforts to improve their lifestyle.

The examples of Brenda, Natalie, and Simon indicate that recipients' self-confidence and motivation to pursue employment, be employed, and/or own a business, had increased compared with when they were reliant on a government paid welfare benefit. Such outcomes are not only consistent with the Whānau Ora initiative's ethos, but also commentators' views that recipients experience multi-faceted issues, and that multiple strategies— not just employment-related ones—are required to address these issues and build their capabilities (Children's Commissioner, 2014; Ministry of Health, 2007, 2011, 2014b; Ministry of Social Development, 2010b; National Health Committee, 1998); Public Health Advisory Committee, 2010; State Services Commission, 2008; Te Puni Kokiri, 2012, 2013b, 2015a, 2015b, 2016a, 2016b; Wehipeihana et al., 2016).<sup>87</sup>

### **Flow-on effects from recipients' achievements**

Recipients and provider personnel reported flow-on effects that affected the lives of recipients, their whaanau members, and others.<sup>88</sup> Recipients' increased capabilities and improved confidence contributed to motivating them to share their enhanced self-belief and achievements with others, supporting them to improve their lives.<sup>89</sup> The flow-on effects are an important value-added feature, as part of the Whānau Ora initiative's broader aims, and could be seen as contributing to increasing recipients' capacities, as well as their social, cultural, human, and economic capital. For example, the flow-on effect of Natalie, single mother, and her children living their lives without Tommy's violence, was that Natalie had completed two education courses, sent photos of her children to her mother, and had encouraged her mother to be involved in the children's lives. While not part of her original goals, Natalie had

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<sup>87</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father; and see Chapter Eight for comments by provider personnel

<sup>88</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

<sup>89</sup> see case studies for Brenda and James, couple; Natalie, single mother; Simon and Jackie, couple; Ted, single father

improved and intended to continue nurturing her relationship with her mother, owing to her increased confidence and self belief.

In addition to their own achievements and those of their whaanau, recipients wanted to support others to achieve similar results.<sup>90</sup> For example, Max, single man, wanted to become financially independent and live on his own, which he partially achieved (moving from a flatting situation to a caravan on his mother's section).<sup>91</sup> His new feelings of independence and self-belief prompted him to want to inform others that having a mental illness while living alone in the community was very difficult, and requires financial and social supports.<sup>92</sup> Max's focus shifted from concern only for himself and his needs, to believing he could educate others. Similarly, Brenda, partner of James, became motivated to share with Maaori communities her planning and goal setting skills, living a healthy lifestyle, being proud to be Maaori, the negative effects of gang life, and the harm caused from using illicit drugs and alcohol.<sup>93</sup> She told her siblings that they should secure well-paid employment, and set goals for themselves. These included her brothers and partner being employed, and her sisters gaining qualifications from school and then a polytechnic or university. Meanwhile, Ted, single father, stopped being violent and aggressive towards his ex-wife Kelly, and encouraged her and his children to set and pursue goals, which he reported they had undertaken. His children's goal was to get to school on time each day, which they often achieved. He indicated that Kelly was attending counselling and had reduced her alcohol consumption.<sup>94</sup> Similarly, the flow-on effect occurred when Natalie successfully encouraged her ex-partner to seek counselling to stop taking illicit drugs.<sup>95</sup> Moreover, Simon, husband of Jackie, had approached the provider of a Whānau Ora service following a recommendation from a friend who reported positive experiences with the provider.

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<sup>90</sup> see Chapter Eight for comments by provider personnel

<sup>91</sup> Max, single Maaori man, was from the men's cohort. No case study was completed for him

<sup>92</sup> see case study for Brenda and James, couple

<sup>93</sup> see case study for Brenda and James, couple

<sup>94</sup> see case study for Ted, single father

<sup>95</sup> see case study for Natalie, single mother

In addition to the flow-on effects identified in recipients' narratives, effects extended into the wider community. Many non-recipients requested support to achieve the same or similar goals as recipients. For instance, Lily, one of the CEOs, reported that people were approaching her organisation for assistance with finding accommodation and/or health support after observing others achieve positive outcomes.<sup>96</sup> She noted that, "*when a whaanau achieves a goal, another person is on their doorstep asking them how can I [achieve what they have done]. They follow up with us so they can achieve the same goal*" (Chapter Eight, p. 201). These examples indicate that recipients acquired capabilities and achieved goals—albeit sometimes small milestones— including the motivation to build other people's capacity. This fosters both personal and whaanau capital, and the building of human, social and cultural capacity, and societal capital. These outcomes epitomise indigenous models of development (e.g., Te Pae Mahutonga, 1999 (Durie, 1999); Te Whare Tapa Whā (Durie, 1994, 1998); Te Wheke (Pere, 1991, 1997), and the Whānau Ora initiative's objectives (Ministry of Social Development, 2010b; Te Puni Kokiri, 2012, 2015a, 2015b, 2016a; Ministry of Health, 2013). Recipients' achievements suggest that, with assistance, people can gain confidence and motivation to learn, set, pursue and achieve goals, and acquire a willingness to share their new insights and capabilities with others.<sup>97</sup> Provider personnel facilitating recipients' access to services and resources enabled more prompt responses to their issues, thus avoiding more expensive interventions later. It is vital for authorities to consider information about the benefits of early intervention in their evaluation of the cost effectiveness of services that endeavour to respond to recipients' complex needs—something the Taskforce on Whānau-centred Initiatives (2010) anticipated would occur with a Whānau Ora service. While reductions in compliance costs were anticipated, that the anticipated reduction in compliance costs appears negated by providers duplicating entry of compliance data into different client information databases. A value for money analysis of the Whānau Ora initiative, or a Whānau Ora service, was beyond the scope of the current study. Participants did not report negative experiences from engaging with a Whānau Ora service, and neither were adverse flow-on effects identified. Additional research may identify these, and possibly other outcomes.

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<sup>96</sup> see Chapter Eight for comments by provider personnel

<sup>97</sup> see case studies for Brenda and James, couple; Natalie, single mother; Ted, single father

### **Recipients not achieving their goals**

So far, the discussion chapter has highlighted the many outcomes—mainly positive—that occurred for provider personnel and recipients. Nevertheless, recipients and provider personnel reported factors that impeded recipients’ progress, including goal achievement. These included:

- i) personal and/or whaanau events (e.g., funerals, moving accommodation) diverting their attention from their plan
- ii) having a single priority, i.e., obtaining a driver’s licence, and then disengaging from the provider without considering potential improvements in other areas of their lives. [Achieving their single goal could also be considered a success]
- iii) not having enough financial resources
- iv) previous whaanau experiences with government organisations causing them to avoid approaching the agencies, despite their financial situation, due to their history of ‘knock-backs’ from them<sup>98</sup>
- v) experiencing difficulty with government agencies’ language and processes
- vi) not having access to transport or to services
- vii) reverting to the behaviours that resulted in their initial engagement with a Whānau Ora service<sup>99</sup>

As an example of the difficulties some recipients faced in achieving their goals, the men’s cohort was provided with health-related education, and indicated they wanted to live a healthy lifestyle (i.e., stop smoking and reduce their consumption of alcohol, and lose weight), but not all of them actively pursued this. For instance, Max, single man from the men’s cohort, continued to smoke cigarettes and consume alcohol—as was the case for the other men, who, often smoked and drank alcohol to cope with mental illness and aid their self-medication. Despite taking prescribed psychiatric medications, they had not stopped smoking and drinking alcohol, although they were aware this was not conducive to their mental health. This behaviour was due to the stressors associated with ongoing social deprivation. In common with the experiences of the other men, Max struggled with living in the community, unemployment, and an absent of enough income. Although Natalie was making incremental gains initially, she conceded that after moving into a unit of her own, her ex-partner Tommy stayed with her and continued to physically assault and mentally and emotionally torment

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<sup>98</sup> see Chapter Eight for comments by provider personnel

<sup>99</sup> see Chapter Eight for comments by provider personnel

her.<sup>100</sup> This violence continued until she was able to tell Tommy he was no longer welcome to spend nights with her and their children.

Brenda and James were achieving their goal of keeping their siblings with them but, while they were living at a Marae, the sisters were not attending school. Moreover, neither Brenda, her brothers, nor James continued in their employment after becoming homeless, and they became reliant on Brenda's youth welfare payment from the State, and her Nan and Uncle's financial, social, emotional, psychological, and cultural supports. Such pressures affect recipients ability to achieve their goals, often trapping them in their deprived state. Debate is necessary regarding the wisdom of further investment in the same strategies for recipients who do not improve their lives after receiving assistance, or if the sustainability of their improvements is short, and/or they return to previous unhealthy behaviours.

Goal achievement may be a determinant of success or failure, but recipients' success could be demonstrated in realising self-management that may or may not reflect current social norms, including progress to enrol in qualifications, secure employment, and/or pursue self-employment. This information is important because it offers insight into the types of struggles that prevent people improving their lifestyle, or pursuing or attaining their goals, thus strategies can be developed that contribute to overcoming those challenges.

As indicated in Chapters Six and Seven, Whānau Ora services were located in Maaori organisations. There were no differences in the experiences and achievements reported by the few non-Maaori in the study than those achievements by Maaori participants. The few non-Maaori in the current study attributed their experiences to the support they received, and their subsequent benefits reflected those achievements by Maaori participants. This outcome is important since it suggests the whaanau-centred approach, under a Whānau Ora service, can assist other ethnicities—not just Maaori.

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<sup>100</sup> see case study for Natalie, single mother

In summary, value-adding features of the Whānau Ora service were identified, including flow-on effects, recipients gaining increased skills, confidence, and self-belief to develop a whaanau capability building plan and achieve goals, while becoming motivated to share their insights and achievements with others. Providers acknowledge that realigning their Ministries' sector-specific linear-focused contracts with the Commissioning Agency's contracting approach of facilitating and stating outcomes, is likely to reduce their frustration with compliance reporting. Increasing the Commissioning Agencies' service purchasing authority would expand their service options and mitigate the potential for people to fall between service gaps.

### **Part Three: A recommendation to improve service responsiveness and monitoring of activities**

As indicated in Chapter Four, an interpretive approach does not seek to change government structures. One potential option for change is outlined below and indicates the type of realignment the government could make to enhance providers' capacity to respond to people's multi-faceted issues, and to monitor the sustainability of the gains made. The rationale for the proposed option is based on the findings from the current study, including strategies identified as reducing social deprivation, recipients' experiences with a Whānau Ora service, and the insights of those delivering a Whānau Ora service.

As stated in Chapter Two, countries (notably Scandinavian and Nordic) that practise more equitable distribution of wealth demonstrate increased social wellbeing—not just for the poor but for all their citizens (OECD, 2017). Additionally, reduction in crime, and a more productive workforce, could be achieved with effective government interventions and the implementation of a longer-term strategy. New Zealand could learn from such examples, particularly since it does not have a national strategic plan. One potential option is to share wealth. However, no discussions have occurred to date. This option would require institutional change, and the creation of mechanisms designed to achieve a more equitable distribution of New Zealand's wealth. Distribution of wealth was not discussed due to the constraints of the current study. Nevertheless, discussing options about the future is important considering the need to address the prevalence and growth of social deprivation, the

consequences people are forced to endure as a result of it, and its continued strain on the country's economic and social fabric.

**Recommendation: Implement an evidence-based multi-dimensional approach to service purchasing and delivery, aided by a single data management system**

An evidenced based, multi-dimensional service framework enabling a multi-layered approach, with a single data management system, would support a strengths-based whaanau-centred approach toward prevention and early intervention, habilitation and rehabilitation, and improved cultural, social, and vocational skills. A coordinated mix of multi-layered services and interventions would be provided to address the diverse realities of whaanau. Such an approach reflects a capability-enhancing framework, as proposed by Sen (1999), to address people's multi-faceted needs (e.g., social, political, cultural, employment, and educational issues). It also epitomises the ethos that, as people's lives are multi-faceted and often damaged, a mix of interventions is required to address their issues. Interventions may include a mix of employment-specific training options, literacy programmes, assistance in establishing a business, parenting skills programmes, counselling for mental health, drug and/or alcohol abuse, insulated homes, budget training, and/or being taught to grow a vegetable garden to increase income and/or reduce spending on groceries. Additionally, children could receive extra tutoring, counselling, or other assistance to avoid falling behind and/or leaving school with inadequate levels of literacy.

Data collated on interventions delivered could indicate the strategies and initiatives most effective in increasing recipients' capabilities and independence, and/or the features of those initiatives, which enable whaanau to increase their capabilities, confidence, and motivation to become self-managing. Such an approach can contribute to people beginning to realise they are able to begin managing their lives rather than engaging in unhealthy and/or at-risk behaviours and/or believing they are reliant on government agencies. Moreover, early intervention can assist people's employment prospects and acquisition of employment-related skills rather than remaining unskilled, and/or potentially becoming unemployable. These interventions enable people to gain awareness regarding options to improve their lives. Unless taught, people are likely to remain unaware of what avenues they have to improve their

lifestyle. As part of centralising whaanau information and enabling organisations to be aware of all interventions about to be, or delivered to whaanau, a single data management system appears necessary. This is discussed next.

### **A single data management system**

A single data management system would encapsulate data and information of the interventions delivered by government and non-government providers to whaanau from across sectors. A single system would contain one file holding the information of each whaanau, based on a comprehensive assessment of their needs, and acknowledging their diverse realities and different aspirations. If the siloed sector-specific Ministries are to remain, government and non-government organisations could collaborate in delivering interventions to whaanau and record data in the single file.

### **Data entry and data capture**

A single file for each recipient would ensure organisations from across sectors can access the same information. Such a system would alleviate the need for personnel to replicate data and information in multiple databases and, consequently, recipients would not have to repeatedly justify their hardship to government agencies. It could prevent the ‘five cars up the driveway’ scenario, as referred to by Hon. Tony Ryall (Ryall, 2010), whereby multiple agencies each provide different services without coordinating what services are delivered to whaanau and when, which is frequently inefficient and often harmful. Providers receiving referrals and delivering the services to whaanau could receive performance payments based on outcomes achieved, including people enrolling in qualifications and completing their courses, and people securing employment.

### **Data analysis from a single data management system**

Data and information would be collated on the inputs and outputs employed, and the outcomes achieved by whaanau. An outcome-focused compliance reporting schedule could indicate the costs per outcome, thus enabling a value-for-money evaluation that would include outcomes completed. The analysis may include the money spent, the interventions delivered and their cost, the outcomes achieved by whaanau, and their sustainability over six, nine, and

12-18 months. A value-for-money analysis could also be completed, across similar time periods, regarding the flow-on effects for whaanau from the provider's interventions, and their sustainability at the human, social, cultural, and economic levels. Based on the information collated and analysed, a review would reassess whaanau progress, and identify new strategies to assist them to build their capabilities until they become self-managing.

Analysis may include the effects and sustainability of the benefits and how they merged into other areas of recipients' lives, and into the lives of those they assisted, and potentially those they had not supported directly but who sought to emulate their achievements. The types of strategies that can facilitate people's confidence and motivation to share achievements with others and be willing to support them to pursue these, would also be highlighted. Analysis may also indicate the types of flow-on effects that occur, and the socioeconomic benefits that result from others achieving the same outcomes.

## **Chapter summary**

In summary, social deprivation is a socially constructed and therefore preventable phenomenon, and governments, as self-serving agents, have portrayed citizens as consumers existing in markets where there are winners and losers. Governments have falsely assumed that their governance, laws, policies, and Ministries' practices will realise significant gains for all citizens. Measurement tools vary, and purport to identify a society's issues and/or challenges facing whaanau. Contrary to governments' assertions of 'success' in addressing aspects of social deprivation, it continues to increase, the evidence of which includes housing concerns (e.g., high rents, homelessness), prison numbers, recidivism, illiteracy, domestic violence, suicide rates, child abuse and neglect, and demand for mental health services.

Citizens are considered responsible for creating their opportunities and improving their lifestyle and are blamed if they do not make progress. However, people are required to justify their hardship to multiple government agencies. They perceive these agencies as being uninterested and subsequently feel unsupported. Additionally, people feel disempowered by not knowing what they can do to improve their circumstances. They do not access services, and yet they believe they are reliant on government agencies for assistance. Experiences like

these potentially contribute to some Maaori recipients reprioritising their culture as secondary while they focus on the challenge of getting through each day and meeting their immediate needs, and those of their whaanau. The findings of the current study suggest it is time that initiatives are adopted that recognise people's lives as multi-layered with multi-faceted issues, hence the importance of implementing strategies that address a person's multiple issues while building their capabilities. Consequently, all citizens may then be perceived as assets rather than a liabilities. Future success demands early intervention with strengths-based whaanau-centred services, delivered at less cost, resulting in increased whaanau capabilities and self-management.

# Chapter 10

## Conclusion

### Introduction

This study raised the question: why have efforts world-wide, and particularly those in New Zealand, failed to tackle the prevalence of social deprivation? Evidence indicates a growing inequality and consequent poor life experiences for many people. This research has endeavoured to explore and explain people's experiences of social deprivation. Insights have been sought into potential methods potential methods to facilitate independence and self-respect for people existing in conditions that deny them the opportunity to participate in, and contribute to, society. The research objectives were to:

- i) Explore various conceptions and explanations of social deprivation
- ii) Identify social deprivation within a New Zealand context
- iii) Explore measurable evidence of social deprivation
- iv) Understand people's experiences of social deprivation, and also their experiences of agencies established to offer them assistance
- v) Determine initiatives that attempt to alleviate social deprivation

### The research approach

For the empirical part of the thesis, the aim was to gain an understanding of lived experiences of social deprivation. A social constructivist ontology and interpretive epistemology were adopted to investigate participants' interpretation of their world (Crotty, 1998; Flick et al., 2004). An interpretive social constructivist approach asserts that multiple meanings are perceived in viewpoints that are often dominant and taken-for-granted when studying phenomena (Bryman, 2001, 2008; Crotty, 1998; Gray, 2004, 2009; Flick et al., 2004; McNeill & Chapman, 2005). This methodology was adopted to examine people's behaviour and experiences of social deprivation and of the Whānau Ora initiative's whaanau-centred services. Recipients of Whānau Ora services were approached to offer their real-life perspectives and experiences of a Whānau Ora service (Gray, 2009; Myers, 2009; Neuman, 2011). The research methods employed were interviews, focus groups, and analysis of

narratives. Secondary data such as documents about social deprivation, and the Whānau Ora initiative, were gathered and analysed.

The research process was shaped by the methodology, which consisted of listening to CEOs, managers, and practitioners and interpreting their views about social deprivation and the Whānau Ora initiative. These processes assisted with understanding the voices of the parents, the men, and single mothers who experienced social deprivation, and were recipients of whaanau-centred services. One-off interviews were held with CEOs, and focus groups were conducted with the managers and practitioners of these Whānau Ora provider organisations. One-off focus groups were also held with recipients to capture their experiences of social deprivation and of a Whānau Ora service.

### **Generalising findings**

Studies with small and possibly atypical research samples are prone to the criticism that they do not represent a general population, and therefore generalising their findings to a population is difficult, if not impossible (Bryman, 2001, 2008; Parker & Northcott, 2016). This thesis does not attempt to generalise from a small sample to a population. Indeed, a strength of the thesis is that it highlights the multi-dimensionality in defining, understanding, and explaining social deprivation, and that citizens can endure a range of experiences in such environments (see Figure 9-1, p. 223). The approach recommended in this thesis enables each case to be acknowledged as unique and different, allowing each individual or whaanau to be assessed based on their circumstances, and an appropriate plan for self-improvement to be developed. The Whānau Ora initiative avoids the blanket approach offered by government agencies that treats all people as experiencing the same issues. Consequently, the whaanau-centred approach may be applied to all cases whether they are considered to represent a general population or exceptional cases, locally or internationally. This assertion is consistent with Parker and Northcott's (2016) assertion that typical and exceptional cases can produce generalisable knowledge. A summary of the research findings follows.

## **Summary of the research findings**

The research question and associated research objectives posited in this study, aimed to achieve a deeper understanding of the main issues associated with social deprivation, and why efforts to tackle it have not achieved significant gains. Understanding was also sought on people's experiences of social deprivation, and the Whānau Ora model of whaanau-centred services. The findings indicated that social deprivation is a social construction, and a multi-dimensional phenomenon that can affect the many layers of people's lives simultaneously. The silo-based sector-specific public service structures and their linear service purchasing and compliance reporting programme were identified as delivering sector-specific services, which create a fragmented service framework that does not respond adequately to people's diverse realities. Rennie (2012) identified that vertical silo-systems favour vertical funding, which prevents communication across multiple agencies and impedes collaboration between them.

### **Recipients' experiences of social deprivation**

Although they had aspirations to improve their circumstances, recipients from the case studies were left feeling disempowered by their cumulative experiences of social deprivation and unable to effect positive change in their lifestyles. Recipients had an absence of faith in, and a history of adverse experiences with, government agencies, and this added to their perception that they possessed inadequate resources and capacity to improve their circumstances. Managers and practitioners acknowledged/validated recipients' sense of disempowerment, and described how recipients were often in crisis when they approached their services.

### **The Whānau Ora initiative**

The Whānau Ora initiative's multi-level focus at the government, provider, community, and whaanau level epitomised a whaanau-centred approach. The Whānau Ora model of whaanau-centred services contributed to building recipients' capabilities and capacity. The model initially promoted a multi-provider strategy, and more recently a commissioning-for-services approach, with a human development and strengths-based focus. Recipients from the case studies acknowledged that they felt empowered, and had increased confidence and motivation resulting from making decisions regarding the services they required, and then accessing and utilising these services. The findings indicated that the Whānau Ora initiative enabled a

service mix that was responsive to recipients' diverse needs. The navigator was identified in both phases as key to brokering recipients' access to government agencies and facilitating resources for them. These findings were consistent with the Whānau Ora initiative's intent (Ministry of Social Development, 2010; Te Puni Kokiri, 2015, 2016, 2017, 2018; Wehipeihana et al., 2016).

The findings indicated that with appropriate support, recipients' experience of social deprivation can be eased, and this was evident following engagement with a provider of Whānau Ora services. Determining the medium- and long-term sustainability of the gains in capabilities and capacity remains a challenge because of the complications that arise with regard to attributing an achievement directly to a particular service when many variables are involved, such as the time taken to observe the outcome intended. Additionally, the fact that reporting requirements demand that some data be entered across multiple databases adds to the complexity of collating data on the inputs required to facilitate gains made by recipients. Moreover, flow-on effects were identified that permeated into other areas of individual, whānau, and friends' lives, emphasising that people in social deprivation can, with support, increase their capabilities and capacity. An example of the initiative's efficacy was demonstrated when Natalie, single mother, liberated herself from six years of severe domestic violence, after believing she would remain in such circumstances indefinitely. A second example is Simon's efforts (supported by his partner Jackie) to establish his own business, despite his depression, lack of academic success, and three days per week of dialysis. The findings revealed implications for those formulating policies, the service purchasing authorities, and the providers delivering services.

## **Implications of the findings**

### **Local implications**

The findings suggest there are practical implications to consider regarding the current silo-based sector-specific public service structures, the formation of policy, and the authorities' service purchasing and compliance reporting approaches.

### **Policy formulation and service purchasing**

The findings revealed that there are multiple complex issues associated with defining and measuring social deprivation, which inevitably affect the content of policy intended to improve people's lives by alleviating aspects of their social deprivation. The silo-based public service, with its linear-service purchasing and compliance reporting strategy, focuses on an individual's problem such as being unskilled, experiencing ill health, poor housing, being unemployed and/or isolated, while ignoring their strengths (Kretzmann & McKnight, 1993; Mathie & Cunningham, 2003; Peters, B, 2013). An implication of the findings is that the current practice of a silo-based public service, with its linear-based service purchasing, is not effective in responding to people's diverse realities. These shortcomings were identified by Gill et al (2007) who argued that the public service model did not meet the multiple socio-economic needs of whaanau. The findings indicated that there were benefits to recipients and their whaanau when practitioners and navigators undertook activities to support them that were outside the contracted services. This result adds to the concern about linear-based service purchasing not responding to recipients' diverse realities which, as noted by Hughes and Smart (2012), prevents effective collaboration. Prolonging linear service purchasing with an illness focus or focus on one-off events such as immunisation injections, appears to be ineffective in improving people's lifestyle. The question of whether people have changed their behaviour as a result of interventions provided remains unanswered because this information is not collated as part of linear contracting. If the circumstances of people's multi-faceted lives are to be addressed, then a policy for a service purchasing approach that enables inter-sectoral collaboration is necessary.

## **Providers**

An implication for providers is that provision of inter-sectoral services is best driven from within the community. The Whānau Ora initiative of whaanau-centred services provides a cache of evidence that these services are responding to recipients' diverse needs in a way that linear-based service purchasing could not achieve. Generally, recipients responded well to engaging with a Whānau Ora service. Without access to it, many would have experienced sustained difficulties overcoming their circumstances. Modifications that change the delivery of linear-based service purchasing to more whaanau-centred approaches would necessitate changes to how providers engage with recipients. A more centralised focus of responding to recipients' diverse needs by offering a coordinated mix of services would require practitioners across services to be familiar with a whaanau-centred strengths-based approach. This process may involve a higher cost for providers with more of their practitioners requiring training to facilitate the delivery of potentially unfamiliar whaanau-centred services. Increased numbers of practitioners would be engaged in multi-disciplinary meetings with recipients to assist them to formulate and implement their plan. The initial cost is likely to prove worthwhile long-term if recipients begin to manage their lifestyle behaviours and become economically independent.

## **Building community capability and capacity**

The findings have implications for capability and capacity building initiatives. A Whānau Ora whaanau-centred approach to enhancing community capacity requires perceiving recipients as holistic beings, with latent skills, multi-faceted lives, and therefore diverse needs. Recipients are recognised as part of a broad whaanau, and social and cultural contexts; thus, practitioners attempt to engage with them within this milieu. Such an approach contributes to enabling recipients to build and strengthen their own capital and that of their whaanau and community. Adopting a strengths-based empowering process would enable recipients to involve whaanau in managing their development and utilising their new and existing skills, including goal setting and planning. Recipients can then begin addressing their issues and progress to economic independence. Recipients in this study had been in social deprivation for some time, which suggests the silo-based services and the linear service purchasing approach were not enabling them to build their capacity.

A further implication connected with community capacity is the flow-on effects associated with the Whānau Ora whaanau-centred approach, whereby the benefits recipients experienced merged with other areas of their lives and the lives of others they engaged with. This information is not captured as part of the current Whānau Ora compliance reporting programme but may be a useful element to include in a cost/benefit analysis as part of determining the true benefits from and/or the relative costs of employing or not employing a whaanau-centred approach. Whaanau-centred and whaanau-driven services show that recipients were primarily influenced and enabled to begin changing their lives because of their increased confidence and motivation to do so. The importance of including solution- and empowerment-focused practitioners and navigators was highlighted as necessary to empower recipients. The findings also revealed there were international implications.

### **International implications**

This study highlighted the absence of agreement internationally about how to define, measure, and alleviate social deprivation. The findings have implications for international authorities such as the United Nations, the World Bank, and the International Monetary Fund (IMF) in their attempts to alleviate social deprivation. The findings indicate progress can be made in alleviating social deprivation, reducing hunger, improving health and wellbeing, and cultivating people's social, educational, cultural, and economic development. International forums may therefore consider this project's findings worthy of inclusion in their deliberations on potential strategies to mitigate social deprivation. The results highlight the benefits of fostering positive community development, as endorsed by the World Health Organisation (WHO) (2010), the United Nations (2012), the World Bank (2016), and the Asian Development Bank (2004).

## **Contributions to knowledge**

### **Social deprivation**

This study provided several key contributions to the literature on social deprivation. These are outlined below.

### **Social constructivist approach**

First, the study has contributed to discussions regarding the use of a social constructivist approach alongside a qualitative interpretive framework to make observations about social deprivation. Such information contributes to the local and international discourse regarding social deprivation, and efforts to address it. Social deprivation is multi-dimensional, but efforts to define it are often focused on a single aspect, and considerations of which proxies are adopted to define it. This study's findings indicated that people's holistic experiences of social deprivation can be captured and detailed to reveal that their lives are multi-dimensional with multi-faceted experiences. Tools that assess and measure social deprivation as a multi-dimensional phenomenon are required in order to provide an accurate account of people's circumstances and to respond to them.

### **Analysis of social deprivation**

Second, this study provided a qualitative empirical analysis of social deprivation, and partially addressed the bias of studies and reports that focus solely on the following phenomena on poverty (Alcock, 2006; Australian Council of Social Service, 2010; Callan & Nolan, 1991; Geremek, 1994; Pearson, 2003; Townsend, 1993), child poverty (Boston, 2012; Boston & Chapple, 2014; Children's Commissioner, 2012; Evans, 2004; Jensen, 2009; O'Brien, 2015; Russell et al., 2008), or inequality (Blackburn, 2008; Bourguignon, 2010; Dale, 2017; Dew & Matheson, 2008; Heller, 1969; Ministry of Health, 2002; Sen, 1992). These studies may be accused of highlighting the plight of children and individuals, without commentary on the complexities facing the children's parent(s), the whaanau, the schooling environment, and communities, and the surrounding milieu of those enduring social deprivation.

### **Consequences of social deprivation**

Third, the findings contributed to an understanding that social deprivation can facilitate a psychologically and emotionally stressful living experience that affects the many facets of people's lives simultaneously and, unless supported, people are likely to remain disempowered and remain in their status quo. The findings also contributed knowledge to the discourse about social deprivation. The impact of social deprivation extends across many aspects of people's lives, and they are therefore required to endure the demoralising experience of having to approach numerous agencies if they want their issues to be addressed.

### **Siloed sector-specific Ministries**

Fourth, the findings provided empirical analysis indicating that the silo-based ministries, and their sector-specific linear service-purchasing programme and compliance-reporting approach, undermines people's efforts to overcome their circumstances. Such findings challenge the future viability of the government's continued preference for these structures and approaches. These findings are particularly important in view of CEOs', managers', and practitioners' frustration at delivering single contact service contracts that do not address recipients' diverse issues. Without government agencies' full participation, Commissioning Agencies are confined to purchasing services from specific providers, but only if they have the capabilities and capacity to respond to recipients' identified needs. Rennie (2012) identified that vertical silo-systems favour vertical funding, and prevent communication with and impede collaboration between multiple agencies. Key issues have been identified by Hughes and Smart (2012) who claimed that silo-based service purchasing prevents effective collaboration, and Gill et al. (2007) found that the approach does not encapsulate the socio-economic needs of whaanau.

### **Whānau Ora initiative**

Fifth, the findings provided evidence that the Whānau Ora initiative can empower people to build their capabilities and capacity, in turn, may enable commencement of self-management and incremental reduction in their social deprivation. The findings add to the discourse about community-driven whaanau-centred initiatives enabling community capital, with a longer-term strategy that fosters self-sustaining community resources that potentially curb social

deprivation, and its intergenerational spread. For the Maaori population and Pacific peoples, such dialogue is necessitated by their continued disproportionate over-representation in negative socio-economic data.

In addition, although the Whānau Ora initiative operates under Maaori principles and protocols, there is evidence that this approach also benefits non-Maaori. This contributes to a discourse that challenges histories which focus on the ‘cultural capital of the dominant group’ and, as with Te Kotahitanga (Bishop et al., 2009) and Hernandez-Sheets’ (Hernandez-Sheets, 2009) work, indicates that operates from a different cultural perspective is also able to benefit those from other cultures. One implication is that, in order for governments to implement policies that address people’s diverse realities, they ought to weave the best practices from the richness of diverse cultures. In doing so, they must recognise the ‘cultural overlay’ in their policies, institutions and processes, rather than operating as though these are ‘culturally innocent’. Having considered the implications of this study’s findings, and contribution to knowledge, in the following section the study’s limitations are outlined and observations made about areas for further research.

## **The study’s limitations and potential areas for future research**

### **Research limitations**

Despite the new insights discussed above, four potential limitations have been identified. Recognising that an interpretive approach does not necessarily focus on what needs to change, suggestions are offered after each potential limitation to address the concern.

### **A social constructivist ontology, and interpretive epistemology**

First, the social constructivist ontology and interpretive epistemology may have selectively guided this study’s researcher to pursue findings based on personal beliefs and values. Therefore, the collation, interpretation, and recording of people’s experiences of the Whānau Ora service may have been positively biased towards the initiative. Acknowledging the subjectivity involved and being conscious of potential biases is the preferred method of dealing with this limitation. Additionally, despite assertions of ‘objectivity’ and ‘neutrality’, research does not occur in a vacuum, since it is the researcher who determines the research

question, methods of collection and analysis of data, and interpretation and reporting of perceived outcomes. Social constructivism and interpretivism recognises the humanity and agency of those engaged in the research process, so although personal beliefs and values may have motivated the study, all efforts were made when reading the interview/focus group material to cross-check interpretations with those interviewed. In addition, disconfirming evidence, where available, has been presented.

### **One-off interviews and focus groups**

Second, a one-off interview was held with each CEO, and a single focus group was held with collectives of managers, practitioners, and small collectives from each cohort of recipients. The one-off interviews and focus groups may not have garnered enough information to comprehensively determine the CEOs', managers' and practitioners', and recipients' perspectives and experiences. Despite this limitation, the collation of information from multiple sources provided a pool of material from which to make reasonable deductions, that were verified by findings from other sources—for example the Controller and Auditor General (2015), the Ministry of Health (2013), and Te Puni Kokiri (2012, 2015a, 2015b, 2016a, 2017, 2018b).

One method of addressing the issue noted above is to conduct repeated interviews across time with the CEOs, and adopt the same approach with the focus groups undertaken with managers, practitioners, and recipients. The additional information collated could provide original insights not previously revealed by this research, particularly regarding the flow-on effects for recipients. However, it may constitute an imposition on the time of busy personnel.

### **Participants were from the region serviced by the same Commissioning Agency**

Third, the CEOs, managers, practitioners, and recipients were from one region, and there may have been characteristics that were particular to the service delivery approach of the providers and Commissioning Agency, and the managers' and practitioners' views about the agency, in that region. CEOs, managers, and practitioners from the agencies and providers in other regions may have adopted a different approach to engage with recipients, which could have resulted in recipients reporting different experiences. While this issue may be a limitation, the

fundamental ethos of the nation-wide Whānau Ora initiative was to engage with recipients from a whaanau-centred strengths-based focus where they would receive the service mix they required to increase their capabilities and self-management. They were also to receive the support necessary from navigators to access services and/or resources (Controller and Auditor General, 2015; Ministry of Social Development, 2010; Ministry of Health, 2013; Te Puni Kokiri, 2015). Any regional variations would therefore be indicative of the responsiveness that the initiative sought to provide.

### **Potential provider influence**

Fourth, the providers supplied the recipients. It may be possible that the recipients interviewed were those the providers knew would give favourable responses about their experience with the Whānau Ora initiative. If this is the case, the recipients may not be ‘typical’ of those who have engaged with the service, and there may have been many who did not demonstrate any appreciable improvement. The presence of kaumatua at focus groups might also have prompted recipients to give positive comments. While these points may be an issue, government reports to date indicate that those who engaged with the service have experienced benefits (Controller and Auditor General, 2015; Ministry of Health, 2013; Te Puni Kokiri, 2015).

Conducting a more extensive investigation could reveal evidence of ineffective interventions. If evidence is uncovered, it would be prudent to consider the contributory factors impeding recipients from increasing their confidence, capabilities, capacity, and motivation to make changes to their lives.

### **Additional areas for research**

The following are observations about additional research projects that could be undertaken with regard to social deprivation and the Whānau Ora initiative.

#### **Contracts for services**

First, the contracting arrangement for the Whānau Ora initiative requires reconsideration. A review needs to consider the most effective and efficient approach for purchasing services that would enable a full continuum of services across sectors to be available for recipients. Investigation of the long-term sustainability of the outcomes achieved by recipients would also be worthwhile. Such an investigation could indicate whether money spent on the interventions contributed to sustainable behavioural changes that resulted in recipients becoming self-managing.

#### **Integrating the Whānau Ora initiative into the general mainstream services**

Second, a research project on how to integrate the Whānau Ora initiative into general mainstream services is needed to determine the benefits and costs of having the initiative operating in isolation. The results may indicate whether the service would achieve increased sustainable outcomes; that is, whether recipients would become self-managing and maintain and pursue goals that build on the gains they have made.

#### **Cost/ benefit analysis on service purchasing**

Third, it is necessary to conduct research into the benefits and costs of Commissioning Agencies being authorised to purchase services across sectors, in addition to primary health, social, and education services. This would reveal whether there would be benefits, and if so, what they would be, from extending the agencies' authority to purchase particular services.

### **Funding levels**

Fourth, analysis is required to determine the correct level of funding necessary to deliver a multi-agency programme that extends across sectors, including primary health, mental health, education, housing, and other government agencies. The information derived from such an investigation ought to provide the financial data necessary to determine whether this type of approach is cost effective enough to ensure recipients receive the full range of support they require.

### **Importance of the research and conclusions**

Despite the limitations, this study offered an important contribution to research on social deprivation, its associated issues, and the efficacy of a whaanau-centred approach to resolve people's issues and build their capabilities and capacity. This study provided additional evidence of the social deprivation that exists in New Zealand. It is the government of the day that directs its public service entities to implement its strategy to improve living standards, and advance citizens' health, education, employment, income, housing, mental health, welfare, and wellbeing. It could be inferred from the increasing social deprivation that the government's current strategy is not realising intended outcomes for all citizens. An Iwi-Crown infrastructure, reflecting a Treaty of Waitangi partnership, and governing a purchasing agency, for Maaori and non-Maaori, and also a Pacific peoples-based agency, was proposed as a credible response in order to improve the lives of those accessing a provider of Whānau Ora services. This research observed that the Whānau Ora model of whaanau-centred services can improve the lives of those living in social deprivation by building their capabilities and capacity, and enabling them to access services and begin self-management.

People have latent capabilities, and they can, with assistance from initiatives like Whānau Ora, begin to improve and enrich not only their own lives, but greater still, the lives of those around them – for after all- as stated by a Maaori proverb-

**He aha te mea nui o te ao? He tangata, he tangata, he tangata**

What is the greatest thing in the world? It is the people, it is the people, it is the people.

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# Appendices

## Appendix 1: Ted's Whaanau action plan

**S.M.A.R.T. ACTION PLAN – Goals which are; Specific; Measurable, Achievable, Realistic and Time framed**

<b>Goals</b>	<b>Actions to achieving goal</b>	<b>Timeframe to achieving goal</b>	<b>What is the expected immediate change</b>	<b>What would you see improve or reduce with this change</b>
<b>1. To organize financial obligations to build financial security</b>	1. Complete a budget with budgeting services.	2-4 weeks	Able to budget money and start saving for holiday trips/unexpected financial issues.	Possibilities of a whanau holiday trip.
	2. To explore options for a savings account for unexpected financial issues/holidays and or whanau tangi.	2-4 weeks		
<b>2. To have children equipped and organised for school with correct uniforms and clothing suitable for school/day-care.</b>	1. Explore/options for school clothing and resources.	2-4 weeks	A whanau confident and ready for school.	Children who are confident and feel supported to attend school.
	2. Explore whanau networks/second-hand clothing/uniforms.	4-6 weeks		
	3. Apply through WD for support.	4-6 weeks		

## Appendix 2: Research proposal to stakeholders

Date:

Research Topic: Social Deprivation in Aotearoa New Zealand

Tena koe

I am an Executive Officer with Hauora Waikato Group, based in Hamilton. I am currently enrolled as a doctoral candidate with the Department of Accounting, Waikato Management School, University of Waikato.

I would like to brief you on this project and to discuss your interest and that of your organisation supporting the intended study.

The study will collate data and information from a range of sources to understand why social deprivation in Aotearoa New Zealand is increasing even though there has been an increase in funding for public services. The study will consider the public services' approach in reducing social deprivation. This will be completed through accessing relevant government reports, data and information. The study will also consider the Whānau Ora initiative as a potential strategy to reduce social deprivation, and it will attempt to collate responses from those managing and delivering, and also service recipients of Whānau Ora services.

The study is being supervised by Professor Stewart Lawrence, Department of Accounting, Waikato Management School, University of Waikato. Assurances have been given to the Waikato Management School Ethics Committee that all names of those interviewed will remain anonymous; that all responses will be shredded once the study and the accompanying report is complete; and an executive summary of the research findings and recommendations will be available to all participants.

A full report on the project's findings regarding social deprivation in Aotearoa New Zealand will be submitted to the Waikato Management School, University of Waikato. The data and information collated is intended to inform relevant government departments, Ministers and their Ministries, policy analysts, and service purchasing managers; hence a briefing report will also be submitted for consideration to relevant government departments. If requested, such reports will also be available to participating providers, including you.

The project asks the research question: why have efforts world-wide, and particularly those in New Zealand, failed to tackle the prevalence of social deprivation? In order to answer this thesis' research question, the following research objectives were formulated:

- i) Explore various conceptions and explanations of social deprivation
- ii) Identify social deprivation within a New Zealand context
- iii) Explore measurable evidence of social deprivation
- iv) Understand people's experiences of social deprivation, and also their experiences of agencies established to offer them assistance
- v) Determine initiatives that attempt to alleviate social deprivation

The study's intent to collate data and information around Whānau Ora will be achieved through interviews to examine the perceptions and experiences of:

- i) those involved in the development and implementation of the Whānau Ora initiative, in an organisation.
- ii) the managers and practitioners involved in delivering the Whānau Ora services. The goal is to interview 20 provider personnel.
- iii) whaanau receiving Whānau Ora services. The goal is to interview 20 whaanau.

It is believed the study will make a positive contribution to the debate on deprivation, social deprivation, poverty, child poverty, service quality and service responsiveness. You and your organisation's participation in this study would be greatly appreciated. I assure you that all data and information collected will be analysed collectively and used for the purposes of this study so no individual or organisation will be identified.

Kaumataua, if required, will be available to support the researcher to facilitate interviews and focus groups, as well as to provide support to participants as and when needed.

I look forward to meeting with you to discuss your involvement in this important project. In the meantime, I have attached a list of questions that will lay the foundation for the full interview with you, your colleagues, and the letter to send to recipients of your Whānau Ora services.

Please feel free to contact me or one of the supervisors if you have any questions, or would like more information regarding this research.

Noho ora mai  
Na

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Concerns regarding the conduct of the study should be notified to the Convenor of Doctoral Study, Professor Kay Weaver, [ckweaver@waikato.ac.nz](mailto:ckweaver@waikato.ac.nz), Phone: 07 856 2889 ext: 6222.

## Appendix 3: Participant information sheet

### Participant Information Sheet

*Waikato Management School*

Te Raupapa



THE UNIVERSITY OF

**WAIKATO**

*Te Whare Wānanga o Waikato*

### **Social Deprivation in Aotearoa New Zealand**

You are invited to take part in this study which focuses on social deprivation in Aotearoa New Zealand. The researcher is an Executive Officer with Hauora Waikato Group and a doctoral candidate in the Waikato Management School at the University of Waikato. Your participation in this study is voluntary; you have no obligation to participate, but your input and participation would be greatly appreciated.

Your participation is very important because your voice will contribute to the summary of:

- i) people's experiences of social deprivation
- ii) individuals' perceptions and experiences involved in implementing the Whānau Ora initiative
- iii) managers and practitioners' experiences from developing and delivering Whānau Ora services to whānau
- iv) whānau receiving Whānau Ora services

### **Purpose of the Study**

The study intends to collate data and information from a range of sources to understand why social deprivation is increasing even though there has been an increase in funding for public services. The study will consider the public services' approach in reducing social deprivation. This will be completed through accessing relevant government reports, data and information. The project is not a client satisfaction survey. The researcher will accept all responses on the basis they are intended to contribute to the research's focus – whether the Whānau Ora initiative is a potential strategy to reduce social deprivation. The study will also attempt to collate responses from those managing and delivering, and those receiving Whānau Ora centred services. This thesis will examine the research question: why have efforts world-wide, and particularly those in New Zealand, failed to tackle the prevalence of social deprivation? In order to answer the research question, the following research objectives were formulated:

- i) Explore various conceptions and explanations of social deprivation
- ii) Identify social deprivation within a New Zealand context
- iii) Explore measurable evidence of social deprivation
- iv) Understand people's experiences of social deprivation, and also their experiences of agencies established to offer them assistance
- v) Determine initiatives that attempt to alleviate social deprivation

Interviews will provide the required data and information for the study:

- i) to examine the perceptions and experiences of those involved in the development and implementation of the Whānau Ora services in an organisation;
- ii) to examine the perceptions and experiences of the managers and practitioners involved in delivering the Whānau Ora services to whaanau. The goal is to interview 20 practitioners; and
- iii) to examine the perceptions and experiences of whaanau receiving Whānau Ora centred services. The goal is to interview 20 whaanau.

It is believed the study will make a positive contribution to the debate on deprivation, social deprivation, poverty, child poverty, and service quality and service responsiveness. Your participation in this study would be greatly valued. I assure you that all data and information gathered will be analysed collectively and used for the purposes of this study so no individuals or organisations will be identified.

### **Interviews**

You will be asked to participate in an interview on your own or with others in a forum, such as a focus group for about 60 minutes. You are welcome to have support people with you. Kaumatua are available to attend. Interviews and focus groups will be audio-taped and notes will be taken. During the interview, participants are invited to respond to questions and follow up questions put to them. Participants can decline to answer any question, can withdraw from the study at anytime, and can have their information withdrawn at anytime up until the data analysis begins on 1 March 2018. A list of the questions to be asked is attached for your reference.

The researcher is an Executive Officer with Hauora Waikato Group, which delivers therapeutic interventions to those with mental illness. The organisation is a member of a collective of providers supporting the establishment of a Whānau Ora initiative in the local region.

Interviews and focus groups will take place in a room at the participant's place of employment; or if a recipient of services then at the organisation they receive Whānau Ora services from.

Refreshments will be provided during the interviews and focus groups and breaks. A written consent form will be provided. Participants can decline to answer any particular question, ask for the audiotape to be turned off at any stage, and withdraw from the interview at any stage.

You can ring me and have your responses removed from the study before the data and information is analysed beginning 1 March 2018.

In advance of the interviews and focus groups, questions that indicate the content of the interviews will be given to participants.

If you are a willing participant, you will have read this information sheet and signed the Consent Form for this project. However, before signing the Consent Form you could wait until the briefing hui at the interview/focus group with the researcher and Kaumatua so you can have any questions you have answered. By signing the Consent Form you are indicating you understand that:

- you do not have to take part if you do not want to, and if you do, you know you do not have to answer questions you do not want to, and can withdraw from the interview / focus group (or indeed the project) at any time
- your name will not appear with anything the researcher says, writes or communicates in this project
- you consent to your interview being tape recorded, or your comments in a focus group being recorded in a written form, as long as the tape and written notes are destroyed at the end of the project
- the Consent Form and what you say will be stored safely in a locked facility, and will be destroyed at the end of the project
- the results of this project might be published but no-one will know you have been involved with it unless you directly reveal it.

Noho ora mai

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## **Appendix 4: Interview questions for CEOs / Managers / Practitioners involved in delivering Whānau Ora centred services**

- What is your role in the organisation?
- How long have you been with your organisation?
- What is the service coverage area for your organisation?
- How many personnel do you have employed?
- What do you know about the Whānau Ora initiative?
- What do you know about the Whānau Ora services?
- What are your views on the purpose of the Whānau Ora initiative's whaanau-centred approach?
- How have you implemented Whānau Ora centred services in your organisation?
- What are the benefits you have experienced with implementing Whānau Ora centred services?
- What are the benefits you have experienced with delivering Whānau Ora centred services?
- What are the problems you have experienced with implementing Whānau Ora centred services?
- What are the problems you have experienced with delivering Whānau Ora centred services?
- How are your Whānau Ora services supporting your service users to achieve the six major whanau goals identified by the Whānau Ora Taskforce:
  - whaanau self-management
  - healthy whanau lifestyles
  - full whaanau participation in society
  - confident whaanau participation in te ao Maaori
  - economic security and successful involvement in wealth creation
  - whaanau cohesion.
- What examples of improvements have you observed with whaanau in the areas of:
  - improved wellness, health, resilience (i.e. encompassing social, cultural, economic and environmental dimensions)
  - whaanau, health, education, housing, income, employment, relationship and wealth
- What examples have you observed where the whaanau-centred approach has not contributed to whaanau making improvements in their lives including the areas of:
  - improved wellness, health, resilience (i.e. encompassing social, cultural, economic and environmental dimensions)
  - whaanau, health, education, housing, income, employment, relationship and wealth
- What changes would you like to see to the Whānau Ora initiative?
- Is there anything else you would like to add about your experiences of the Whānau Ora initiative or its services?

## Appendix 5: Interview questions for recipients of Whānau Ora services

- What was going on in your life that resulted in you receiving support from this organisation?
- What supports have you received?
- What have been your experiences of these services?
- What benefits have you and your whaanau experienced?
- What additional supports would you have liked to receive?
- Have you found it easy or difficult accessing services? What has made it easy/difficult with accessing services?
- Have the services you received supported you and your whanau to achieve the following? [please talk about that some more]
  - whaanau self-management
  - healthy whaanau lifestyles
  - full whaanau participation in society
  - confident whaanau participation in te ao Maaori
  - economic security and successful involvement in wealth creation
  - whaanau cohesion / unity
- Have the all supports you received supported you and your whaanau? Please talk about any examples you have:
  - improved wellness, health, resilience (i.e. encompassing social, cultural, economic and environmental dimensions)
  - whaanau, health, education, housing, income, employment, relationships and wealth
- Please talk about examples where your issues have not been resolved following support from this organisation.
- What improvements would you like to how services are provided for you and/or your whaanau?
- What else would you like to add about your experiences of the services you have received?

## Appendix 6: Consent form for participants

### Consent Form for Participants

*Waikato Management School*  
Te Raupapa



### Social Deprivation in New Zealand

#### Consent Form for Participants

I have read the **Information Sheet for Participants** for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study at any time up until 1 March 2018, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the **Information Sheet**.

If you wish to receive a copy of a summary of the study then please tick the sentence below

Yes; I wish to receive a copy of the summary of the study. I understand that a summary of the study will be made available through the organisation where I attended the interview / focus group.

I agree to participate in this study under the conditions set out in the Information Sheet form.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print your name)

Date: \_\_\_\_\_

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