

WHĀNAU ORA

Reflecting on results from action research

Heather Gifford*

Amohia Boulton†

Abstract

Following the 2008 general election in New Zealand, Whānau Ora was adopted as a key strategy of New Zealand social policy development and intent and in 2009, a Whānau Ora Taskforce developed the policy framework for government and Māori service providers to work together to meet whānau(family) needs. In 2010, 25 Whānau Ora collectives from around the country were selected to develop whānau-centred services. There are now 34 collectives representing more than 180 providers implementing Whānau Ora in their respective areas. Whānau Ora action researchers worked with providers to implement an action research plan. The broad aim of the Whānau Ora action research was to gather evidence of whānau-centred service delivery and whānau development occurring as a result of Whānau Ora. This paper discusses the results from the action research as well as providing a brief background to the policy context of the approach. Results are discussed under four key themes: a growing confidence in a collective approach; navigation driving organisational change; a developing workforce combining inherent skills with professional practice; and whānau planning as a change tool for whānau.

Keywords

Whānau Ora, action research, health services, evaluation

* Ngāti Hauiti Ātihaunui a Pāpārangi. Director, Whakauae Research for Māori Health and Development, Whanganui, New Zealand. Email: heather@whakauae.co.nz

† Ngāti Ranginui, Ngāi Te Rangi, Ngāti Pūkenga and Ngāti Mutunga. Associate Director, Whakauae Research for Māori Health and Development, Whanganui, New Zealand.

Background

It is important in understanding the development of Whānau Ora to locate the approach in a broader policy and health services context.

From the mid-1980s onwards New Zealand embarked on a number of reforms to improve the performance of the State sector, firstly by removing the functions that were no longer considered to be the business of the State, and secondly, by ensuring the agencies that were responsible for the remaining functions were structured in such a way that they were able to deliver services efficiently and effectively. As a result of the reform agenda the New Zealand health sector changed completely, enabling the emergence of kaupapa Māori (Māori ideology) services (Boulton, Tamehana, & Brannelly, 2013).

These services are based on Māori cultural values and beliefs; they tend to operate from a holistic model of health and wellbeing, use Māori cultural practices and are usually delivered by Māori staff. Since the early 1990s the number of kaupapa Māori health service providers has increased from around 20, in 1993, to somewhere in the order of 250–300 today.

However, it was not until a further series of health reforms was introduced in 2000, with the passing of the New Zealand Public Health and Disability Act, that the overarching policy environment to support Māori health service provision was created, and the Māori concept of whānau ora was introduced into the health sector (Boulton, Simonsen, Walker, Cunningham, & Cumming, 2004).

The act introduced the use of strategies to establish national priorities and provide overall guidance for the health sector. Three strategies in particular set the scene for Māori health: the New Zealand Health Strategy, the New Zealand Disability Strategy, and most importantly the Māori Health Strategy He Korowai Oranga, which created a new direction in Māori health policy with a focus on whānau ora (family wellbeing).

Following the 2008 general election, Whānau Ora was adopted as a key strategy of New Zealand social policy development and intent and in 2009, a Whānau Ora Taskforce made up of five Māori leaders was appointed to develop the policy framework for government and Māori service providers to work together to meet whānau(family) needs. This resulted in the whānau-centred framework outlined in “Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives” (Taskforce on Whānau-Centred Initiatives, 2010).

In 2010, 25 Whānau Ora collectives representing more than 150 health and social service providers from around the country were selected to develop whānau-centred services. In the 2011 Budget, a further allocation of funding allowed the Whānau Ora model to be extended in key areas. Consequently a further eight additional collectives representing 30 providers were given approval to develop whānau-centred services in 2012. There are now 34 collectives representing more than 180 providers implementing Whānau Ora in their respective areas.

Concept of whānau ora

The term whānau ora has evolved over a period of time. Initially the term simply referred to a long-term health goal: family wellbeing. As it is written in the taskforce report, it now refers to a philosophy (which focuses on the health of the whole whānau, not just the health of the individual), a distinct model of practice (embracing the health and social service sectors) and an outcome.

The key principles outlined here have been distilled by the authors as a result of working closely with a number of Whānau Ora providers and informed by the literature. Whānau Ora is about working with whānau as a collective; it is a shift away from focusing on individuals presenting to services and more about a focus on life-course and intergenerational determinants. It is also about self-determination

and empowerment; there is a strong expectation that whānau will be the drivers of their own destiny not only determining the short-, medium- and long-term aspirations collectively but also deciding on the set of resources they require to realise the aspirations. Whānau Ora is about building on the capacity and capability of whānau using Māori cultural values and norms to achieve change and lastly about coherent and competent service delivery. This final point relates to seamless services that better meet the needs of whānau and recognising the need for skilled practitioners able to contribute to whānau empowerment and positive outcomes. Importantly Whānau Ora is about a cross-sector approach to service delivery, expecting that whānau outcomes will only be met if a holistic or cross-sector joined-up approach is taken to addressing the complex issues that face whānau. The most important demonstration of this integrated approach to service delivery was the expectation from the start that Māori providers would work as collectives to achieve the goals of Whānau Ora. There is also an expectation by the funders of outcomes, representing a significant shift in the performance monitoring, reporting and accountability mindset.

The challenge for providers is significant and means a shift in thinking and practice. The list in Table 1 has been informed by Nancy Tuaine, a member of the taskforce and CEO of one of the Whānau Ora providers. We present this list to summarise how Whānau Ora is different from business as usual for the providers working with the Whānau Ora approach.

TABLE 1 Whānau Ora principles

| Business as usual | Whānau Ora |
|-------------------|----------------|
| Individuals | Whānau |
| action | Transforming |
| Advocating | Empowering |
| Issue focus | Solution focus |
| Output | Outcome |
| Funder driven | Whānau driven |

In addition to the principles highlighted above, which are largely to do with implementing the approach, the framework (Taskforce on Whānau-Centred Initiatives, 2010) identified the following outcome goals for whānau-centred provision: whānau are self-managing; leading and living healthy lifestyles; participating fully in society and in Te Ao Māori (the Māori World); economically secure and successfully involved in wealth creation; and cohesive, resilient and nurturing. In addition to these whānau-level outcomes the taskforce identified three broader outcomes for Whānau Ora: whānau are self-managing and empowered; providers are effective in delivering Whānau Ora; and government agencies are effective in designing and implementing Whānau Ora.

With such a significant shift in the expectations of providers and government agencies and the concomitant expectation on whānau to take control back and plan and achieve collective aspirations, it was essential to measure changes resulting under a Whānau Ora approach.

Methods

Whakauae Research for Māori Health and Development worked alongside three separate Whānau Ora collectives to gather evidence of whānau-centred service delivery and whānau development occurring as a result of Whānau Ora.

Evaluation of complex interventions is inherently challenging as these often involve dynamic learning initiatives. The goals for Whānau Ora are long-term, the interventions are multifaceted and the context in which intervention occurs is subject to rapid change. The overall approach to the research design was therefore responsive to this complexity.

Two research approaches were utilised: realistic evaluation (Pawson & Tilley, 1997) and action research. Realistic evaluation methodology argues that in complex social systems, instead of asking if an initiative works, it is

more appropriate to develop an understanding of why a programme works, for whom and in what circumstances.

Closely related to realistic evaluation is the action research approach to understanding service implementation. Action research is based on the premise that research should do more than understand the world: it should try to help change it (Hill & Capper, 1999). As an approach, action research embraces principles of participation, reflection and empowerment.

The research design employed a kaupapa Māori framework, which Whakauae interprets as meaning a primary concern with “by Māori for Māori” approaches; Māori worldviews being the basis for understanding; research for the benefit of Māori and focused on Māori concerns for advancement; and placing Māori at the centre of research activity so that a degree of control lies in their hands.

Whakauae and the authors worked with the providers on a series of data collection, reflection, and feedback and change cycles over a three-year period with at least two cycles each year. Data collection across all cycles focused on addressing questions developed under the key areas of change prioritised by the providers. These questions were addressed systematically, building on cumulative cycles. Key informants in all action research cycles were recruited from three main sources: frontline staff, management and governance; external agencies involved in intersectoral collaboration with the providers; and whānau enrolled in the services.

Data collection methods included face-to-face individual and paired interviews, focus groups, an online survey of staff and review of key organisational documents and Whānau Ora policy documents. Detailed methods, including the limitations of the research, are outlined in technical reports available from the authors.

Themes from Whānau Ora action research

As discussed previously the broad aim of the Whānau Ora action research programme was to gather evidence of whānau-centred service delivery and whānau development occurring as a result of Whānau Ora (Taskforce on Whānau-Centred Initiatives, 2010).

To discuss the changes occurring under Whānau Ora the authors carried out a synthesis of two separate data sources—combined data from the three Whānau Ora sites (technical reports including primary data available from author) and high level analysis of action research results carried out by Te Puni Kōkiri (2012, 2014)—and then compared these with both the whānau level and broader set of goals for Whānau Ora identified in the taskforce report (Taskforce on Whānau-Centred Initiatives, 2010).

There have been a number of significant changes and ongoing challenges highlighted as a result of Whānau Ora and they can be summed up under the following themes: a growing confidence in a collective approach; navigation driving organisational change; a developing workforce combining inherent skills with professional practice; and whānau planning as a change tool for whānau. We will expand briefly on these key themes.

The collective approach

Bringing providers together under collectives has been a key feature of Whānau Ora. Despite the challenges, single-provider organisations are working together. Some of the challenges have been lack of trust, amalgamation of providers with different values and ideas for operating, time needed to establish relationships, and changes required in governance and operational systems to operate as a collective entity. Providers are seeing the strengths of working collectively and have started to develop ways of working together, such as common referral and

assessment systems. Providers have increased confidence in referring whānau to other services in the collective and are collaborating to work more strategically in mutually beneficial ways.

Navigation

Whānau Ora demands a shift in practice for staff to think “longer term with whānau” as well as more broadly across a range of sectors in addressing needs. Navigators are a key part of the approach; however, they are more likely than other staff to work with whānau who present with complex and multiple issues and are often in crisis. The importance of getting the right person for the navigator role has been highlighted. Key components of a successful navigator are having strong relationship management skills and whakapapa (kinship) connections as well as local knowledge of the community and available services. The navigator role appears to be the key “driver of change” across provider collectives, sectors and regions. A broad picture of a navigational role is emerging as supporting whānau through crises and matching needs with appropriate services; assisting whānau to develop a plan with realistic and aspirational goals; brokering services and negotiating with organisations and agencies to ensure the most appropriate response to meet broader whānau needs; reinforcing the need for organisations to work together on addressing whānau needs in an inter-sectoral way rather than separately responding to each issue in isolation (working towards a holistic approach); helping whānau to develop a step-by-step approach to achieving their goals; and working towards developing a level of support for the required amount of time that allows whānau to take ownership of their responsibilities to achieve.

Workforce development

Preparing the workforce to be proficient in applying Whānau Ora is an ongoing challenge for provider collectives; the changes required

under Whānau Ora demand high levels of skills and knowledge across the workforce. Many collectives have engaged in existing training options and some have developed their own training packages. There has been a key focus on cultural competency, Results Based Accountability training and training in the use of various planning tools. Current training approaches are also seen as opportunities for staff to review their practice, specifically the application of skills and competencies.

Resourcing Whānau Ora

A recurring theme in the research is that provider collectives are working in a competitive contracting environment. The provider collectives also refer to the difficulty of multi-reporting requirements often seen as “duplication of information” and stress the need for single reporting across sectors.

In addition, the simultaneous rollout of other government initiatives that are similar to Whānau Ora places considerable burden on providers to report separately on related initiatives and also creates a degree of confusion in the sector and in the community with comments such as “Which Whānau Ora are we talking about?” This also makes attribution of change difficult in any evaluation.

It was noted that government contracting processes are slow and this impacted on the timeliness of implementation and reporting. Also noted was the mismatch of contract deliverables with additional work being carried out beyond the contract expectations. Examples of staff “working beyond the contract” and “being there 24/7” were reported by a number of the Whānau Ora action research teams.

Whānau planning

The aim of whānau planning is centred on supporting whānau to develop a plan that sets out aspirational goals beyond their immediate needs. The plan is seen as a “starting point”

for some who are interested in a broader view to address issues and achieve goals. Plans are also seen as useful “change” tools for whānau containing actions as a pathway for achieving goals.

Common goals identified in plans included financial planning and stability; connections to whānau and mokopuna (grandchildren); building on cultural knowledge; healthy lifestyles; greater confidence in developing effective parenting; engaging in community life; and coping with grief and loss.

Whānau ownership of the plan is critical and the role of the provider is to support the development of goals and to work with the whānau to provide direction towards achieving them. Critical to the support role by staff is working with whānau towards “self-sustainability” and not about completing actions on behalf of the whānau. It was also noted that all whānau members should be involved in the planning process.

Whānau need to be in the right frame of mind and in the right place to engage in planning. Those whānau who present with an immediate need will not be focused on planning until that need has been addressed. It is only then that whānau will consider planning for broader purposes.

To summarise, the authors wish to draw on the three major outcomes identified for Whānau Ora and reflect on progress to date. Three major outcomes were identified for Whānau Ora (alongside the detailed whānau-level outcomes): whānau are self-managing and empowered; providers are effective in delivering Whānau Ora; and government agencies are effective in designing and implementing Whānau Ora.

Whānau are self-managing and empowered

We are still working towards this goal and have mechanisms in place for this to be achieved. The challenge to turn things around for some Māori

whānau is significant and will not be achieved solely by Whānau Ora. However, if resourced appropriately and implemented according to the intent of the approach, Whānau Ora will be a major influence on whānau wellbeing.

Providers are effective in delivering Whānau Ora

There has been a significant amount of change in the provider sector over the last three years and the sector is reasonably prepared for the next phase of Whānau Ora. The authors consider Whānau Ora has provided the impetus and resource for providers to self-reflect and learn from these reflections and change how they do business; this has been a major outcome of Whānau Ora.

Government agencies are effective in designing and implementing Whānau Ora

There has not been significant progress with this outcome and the wider environment has not changed sufficiently to meet the challenges of Whānau Ora. This has been disappointing, especially as there was cross-government buy-in to the process. Without broader structural change it will be difficult for Whānau Ora to realise its full potential.

Recommendations

There are a number of challenges we will need to overcome if we are to realise the lofty goals of Whānau Ora. A continued focus on building workforce capacity, continued commitment by government, and the need for structural changes that can support Whānau Ora will be required. Changes will also need to build on the achievements of the last two to three years and be clearly communicated to all stakeholders. It will be necessary to embed emergent changes that have already occurred for the collectives.

Finally, we need whānau and communities who are ready to embrace the opportunities being provided under Whānau Ora.

Glossary

| | |
|---------------|------------------|
| kaupapa Māori | Māori ideology |
| mokopuna | grandchildren |
| Te Ao Māori | the Māori World |
| whakapapa | kinship |
| whānauora | family wellbeing |
| whānau | family |

References

- Boulton, A., Simonsen, K., Walker, T., Cunningham, C., & Cumming, J. (2004). Indigenous participation in the new New Zealand health structure. *Journal of Health Services Research and Policy*, 9(Suppl 2), 35–40.
- Boulton, A., Tamehana, J., & Brannelly, P. M. (2013). Whānau-centred health and social service delivery in New Zealand: The challenges to, and opportunities for, innovation. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 2(1), 18–32.
- Hill, R., & Capper, P. (1999). Action research. In Davidson, C. & Tolich, M. (Eds.), *Social science research in New Zealand* (pp. 243–254). Auckland, New Zealand: Longman.
- Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. London, England: Sage.
- Taskforce on Whānau-Centred Initiatives. (2010). *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. Report produced for Hon Tariana Turia, Minister for the Community and Voluntary Sector. Wellington, New Zealand: Ministry of Social Development.
- Te Puni Kōkiri. (2012). *Tracking Whānau Ora outcomes*. Wellington, New Zealand: Author. Retrieved from http://www.tpk.govt.nz/_documents/Tracking-Whanau-Ora-outcomes.pdf
- Te Puni Kōkiri. (2014). *Whānau Ora achievements report*. Wellington, New Zealand: Author. Retrieved from http://www.tpk.govt.nz/_documents/tpk-whanauora-achievements.pdf

