



HEALTH + DISABILITY
NGO WORKING GROUP

He Waka eke Noa

Health and Disability sector NGOs: Towards a whānau-centred approach

A REPORT PREPARED FOR THE
HEALTH AND DISABILITY SECTOR NGO WORKING GROUP
OCTOBER 2010

*He waka eke noa
(A canoe we are all in with no exception -
referring to sharing knowledge, expertise and responsibility)*

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1. EXECUTIVE SUMMARY

The Health and Disability sector NGOs working group is interested in identifying the current and potential contribution of NGOs to Whānau Ora. This paper recognises that sector NGOs are already maximising their contribution to Whānau Ora, and that some of this work was in place before the initiative was introduced by government, however more needs to be done in ‘transforming’ to a whānau-centred approach.

KEY MESSAGES

- Health and disability sector NGOs see Whānau Ora as the most significant opportunity to improve Māori health outcomes: ‘the impetus for moving to an approach (across the sector) that fits with Māori values and is sustainable in an uncertain NGO funding environment;’ and an opportunity to work towards an approach that is more about self-determination than service delivery.
- Health and disability sector NGOs have a history of collaboration – NGOs are well placed for embracing the collaborative approach underpinning effective Whānau Ora implementation, however collaboration needs to occur across the sector organisations, and between non-Māori and Māori NGOs, to achieve whānau ora.
- Collaboration means transformation and affecting change across all levels within the health and disability sector – NGOs have a major role in influencing that change through their ability to collaborate for the benefit of the communities they serve.
- There is an assumption that the implementation of Whānau Ora is possible only through agencies and organisations collaborating to develop a more effective service delivery model to improve Māori wellbeing. Whānau Ora can be achieved more readily if cross-government collaboration happens – a review of policies, strategies, and accountability reporting and contracting systems is needed.
- Māori NGOs have a responsibility to whānau ora that sets them apart from non-Māori NGOs – it is a ‘collective’ responsibility based on inherent Māori values, practices and relationships – however the total responsibility for Whānau Ora lies with sector organisations as a whole, not just with Māori NGOs.
- Acknowledging Whānau Ora means being aware of the unique responsibility of Māori providers, and government supporting it through: appropriate resourcing; setting realistic timeframes; and developing more streamlined accountability mechanisms. What is often termed in conventional service provision as “going the extra mile” is an essential part of working with whānau.
- In maintaining the cultural integrity of Whānau Ora, providers (particularly Māori but not exclusively), need to develop better use of time and resources ensuring that whānau are enabled by: identifying the problem early and

referring on where necessary; and recording their actions and whānau outcomes as a result, to capture important data on whānau progress for accountability and planning.

- Ultimately whānau need to have greater access to services and in many cases (depending on need), this could mean that the 'best service' is with a mainstream provider. It will require a significant shift for the provider in the engagement of whānau – committing to investing in time to build relationships with whānau to develop trust and respect and encourage engagement.
- Values reflecting those that underpin Whānau Ora of: having and showing respect; investing time in building sustainable and trusting relationships to achieve engagement and participation; maintaining an open mind for new experiences and learning; and valuing differences and diversity, transcend all cultures and should already be present in service provision.
- Whānau Ora is about whānau entitlements - contract specifications and accountability reporting need to reflect progress towards whānau wellbeing.
- The current fragmentation and lack of clarity on roles and responsibilities poses a significant risk to a Whānau Ora environment. Better integration of primary and community health service provision is required to enable Whānau Ora to be implemented with the total responsibility and resource spread across the sector appropriately.
- Understanding Whānau Ora means understanding that there are often wider impacts on whānau health, and the response by NGOs needs to account for that.
- Recruitment and development of Māori staff in non-Māori NGOs needs to cover a wide range of roles i.e., clinical and community health competencies, not just cultural support to take on the total responsibility for meeting whānau needs.
- Development pathways that build capacity within the Māori workforce to develop Māori into higher qualified positions are needed – Māori are needed not just at the support worker level but clinical as well.

2. INTRODUCTION

The purpose of this paper is to identify the key strengths of the health and disability sector NGOs (non-government organisations) and the challenges and opportunities ahead for progressing towards a whānau-centred approach. In July 2010, the Health and Disability sector NGO working group (working group) commissioned a paper to indicate how they can maximise the sector NGOs' participation and contribution to a whānau-centred approach to improve health and disability outcomes. The working group intends to utilise the paper as a way of beginning a broader discussion amongst NGOs. This is particularly timely as the Government is preparing for the implementation of Whānau Ora, a major initiative to develop a whānau-centred approach to service delivery to improve outcomes for Māori.¹

Whānau Ora will require government and NGOs to examine their investment in and approaches to service delivery, and philosophies and aims to achieve a whānau-centred approach. For NGOs this will mean reviewing existing service delivery models and organisational culture to determine how Māori values and aspirations for health and wellbeing are recognised. The 'transformation' for government will be more complex demanding a cross-government commitment, stream-lining systems and processes, and developing an organisational culture that provides a more effective response to contributing to Māori wellbeing. In the long term the investment in improvements is envisaged as achieving sustainable outcomes and having a wider impact.

The paper is structured in the following way:

1. an executive summary with key messages;
2. an introduction including background section;
3. context - health and disability sector and Whānau Ora;
4. key themes;
5. challenges, opportunities and strengths; and
6. progressing towards a whānau-centred approach.

The methodology for developing this paper involved reviewing documentation covering: the primary health care setting; NGOs and the services they provide; Māori providers and their approach; and the Whānau Ora Framework and wider use of the concept of whānau ora.² Further to the review of documentation was an audio conference with the terms of reference group for this paper who are members of the health and disability sector NGOs working group.³

¹ At the time of writing this paper providers were being selected through an expressions of interest process.

² See References page 28 for a full list of documents.

³ See Appendix 1 for background information, project scope and methodology.

3. CONTEXT - HEALTH AND DISABILITY SECTOR AND WHĀNAU ORA

Primary health care broadly covers services such as: GP and mobile nursing services; pharmacy and laboratory services; community health services e.g. maternity, family planning, mental health services, dentistry; and physiotherapy, chiropractic, and osteopathy services.

ORGANISATIONS IN THE PRIMARY HEALTH CARE SECTOR

The health and disability system for delivering services in New Zealand is made up of a complex network of organisations. District Health Boards (DHBs) are responsible for the daily business of administering, planning, managing, providing, and purchasing services for the people in their district. Primary Healthcare Organisations (PHOs) have a key role in delivering primary health care at a local level driven by Government and community priorities.

NGOs

Non-Government Organisations (NGOs) provide services across the spectrum of health and disability, including, public health, primary care, mental health, disability, aged care and other personal health support services. Many NGOs provide their services through contractual agreements with DHBs.

NGOs often collaborate with clinical organisations and a wide range of agencies in the community to meet the health and disability needs of the communities they serve. They can provide health and disability services in locations where there is little or no primary health care service. NGOs work mostly in community settings, often providing continued care over a long period of time.

It is difficult to fit NGOs into one easily defined category. Some key features describing the range of NGOs include: a mix of 'mainstream' NGOs and others providing services specifically for Māori, Pacific and other ethnic communities; NGOs working across service delivery contexts and settings; a majority of NGOs are small organisations, however there are some large NGOs employing thousands of people; and NGOs are guided by a wide range of philosophical bases and the values and interests of their governing body.⁴

Māori providers

Māori health providers are a key and unique element of the sector NGOs. They provide a specific service based on a Māori world view of health and wellbeing underpinning whānau ora. The contributions to whānau ora by Māori providers at an organisational level impact on whānau, by supporting, advocating, and nurturing across many facets of their wellbeing. At an iwi level support is provided at the strategic and management levels across education, social services and strategy for whānau wellbeing. At a community level, Māori providers work across various

⁴ See Peel, K. Health by Design Ltd. (2006), Health and Disability Sector NGO – Workforce Development, a report prepared for the sector NGOs working group to provide an overview of the sector workforce development environment and recommendations for strategic progress on workforce development.

community organisations and local and central government agencies, for the benefit of whānau.

Government strategies and initiatives guiding the sector

The Ministry of Health has developed *He Korowai Oranga - Māori Health Strategy* - setting the direction for Māori Health development in the Health and Disability sector. The overall aim of the strategy is *whānau ora* – Māori families supported to achieve their maximum health and wellbeing.⁵ *Whakatātaka Tuarua 2006 – 2011* is the Māori Health Action Plan (second edition) designed to implement the Māori strategy.

Tatau Kahukura – Māori Health Chart Book 2010, 2nd Edition provides an overview of Māori health data in the late 2000s and presents a set of key indicators related to the socioeconomic determinants of health risk and protective factors for health, health status, health service utilisation and the health system. The report indicates that Māori health is poorer when compared to other New Zealanders with Māori more likely to be exposed to risk factors for poor health.

Primary Health Care Strategy

In 2001 the Ministry of Health launched the New Zealand Primary Health Care Strategy. A strong primary health care system is central to improving the health of New Zealanders and, in particular, tackling inequalities in health. Primary health care means that Primary Health Organisations (PHOs) will need to provide a more comprehensive, collaborative organisational approach to health and disability services. This includes active partnership with communities and iwi, key primary health professional groups, local government, other government agencies and NGOs. A key focus of the Primary Health Care Strategy is the *Better, Sooner, More Convenient* initiative which aims to create better integration between primary and secondary health services and provide a more patient-centred approach to delivery.⁶

WHĀNAU ORA

In June 2009, Cabinet approved the establishment of the Taskforce on Whānau-Centred Initiatives also known as the Whānau Ora Taskforce. The Taskforce was established to develop an evidence-based framework (see appendix 2) that will lead to:

- strengthened whānau capabilities;
- an integrated approach to whānau wellbeing;
- collaborative relationships between state agencies in relation to whānau services;
- relationships between government and community agencies that are broader than contractual; and
- improved cost-effectiveness and value for money.

The Whānau Ora: Report of the Taskforce for Whānau-centred Initiatives was a culmination of the Whānau Ora Framework development and case study research undertaken with Māori health and social service providers in 2009. The implementation of Whānau Ora will be led by Te Puni Kokiri in conjunction with the

⁵ Accessed from Ministry of Health website: <http://www.moh.govt.nz/mhs.html>

⁶ Accessed from Ministry of Health website: www.moh.govt.nz.

Ministry of Health and the Ministry of Social Development, beginning with expressions of interest seeking providers to initiate a whānau-centred approach.⁷

Although the Taskforce has developed the Whānau Ora Framework it cannot be assumed that government understands what a whānau-centred approach is. However it is understood that Whānau Ora is an attempt by government to respond to increasing Māori wellbeing in a way that best resonates with Māori. To achieve this sector NGOs have an important role to play in working with government to implement Whānau Ora, advising government on what 'whānau ora looks like' from 'on the ground' experience, while improving service delivery for whānau.

Concept of whānau ora

It is important to note that the term 'whānau ora' is increasingly emerging as a way of viewing wellbeing. Several sectors including social development, education and justice across community and government agencies, have taken up the concept as an aim to address Māori needs and aspirations. Some of these include:

- Ministry of Health Māori Strategy, He Korowai Oranga is based on whānau ora;
- Families Commission has a Whānau Strategic Framework to '*support whānau to achieve a state of whānau ora or total wellbeing*' (Whānau Strategic Framework 2009 – 2012); and
- E Tu Whānau Ora: Programme of Action for Addressing Family Violence developed by the Māori Reference Group for the Taskforce for Action on Violence with Families.

Whānau ora is not a new 'phenomenon' for Māori as a social construct, and care must be taken to ensure the cultural integrity of whānau ora is not comprised in the inevitable and ongoing iteration of 'change and improvement.'

"Whānau Ora is not a new construct for Māori whānau. It encapsulates what we do and have done as whānau....." (KI2).

⁷ See Te Puni Kōkiri website: www.tpk.govt.nz

4. KEY THEMES

Some specific patterns and reoccurring themes have emerged through the documentation and discussion that also provide insights into the strengths, challenges and opportunities for sector NGOs, progressing towards a whānau-centred approach. The themes discussed here are:

1. collaboration - integrating service provision;
2. Māori NGOs – responsibility and delivery style; and
3. sector environment – fragmentation, funding/contracting, uncertainty.

COLLABORATION

Whānau Ora requires a multi-collaboration approach i.e., within and between government agencies, between government and service providers, and within the service sector and communities. Many NGOs see the value in collaborating with other government agencies, community groups, iwi and Māori organisations and other groups, to pursue their aim of improving the health needs of their communities. The community mental health and addiction sector reports that partnerships have been forged for many reasons including: administrative efficiencies; providing support to DHB-wide planning and development; provision of transition for service users between hospital and community services; and to provide improved communication and collaboration (Frontline 2010).⁸

Collaboration within a community development context

Collaboration within the sector NGOs has largely been instigated by the NGOs themselves, driven by a need to provide a coordinated and seamless service to communities. The fact that NGOs share a community development approach to service delivery enables collaboration to occur more readily, despite the mix of philosophical aims and objectives.

A common characteristic of NGOs that encompasses a community-centred philosophy is the degree of passion that has enabled NGOs to go above and beyond basic service delivery to successfully engage with their communities (Peel: 2006).

Some examples of collaboration

The following examples discussed here focus on situations where Māori organisations have influenced mainstream or non-Māori organisations to change to improve Māori health outcomes, or of NGOs working with DHBs and PHOs to effect change. It also includes examples of collaboration shared here by NGO working group members who are working together in their respective regions with other organisations in their communities, to develop services reflecting the principles of Whānau Ora.

Effecting change between Māori and non-Māori

An example of collaboration motivated by the need to influence change involves the development of a separate governance structure and the appointment of an

⁸ Peters, J. (2010) Frontline: the community mental health and addiction sector at work in New Zealand, published by Platform Charitable Trust, Wellington.

overarching clinical director (Māori). The influence came from a Māori organisation seeking to improve mainstream service provision, particularly a DHB forensic service. The design of the new forensic facility was strongly influenced by the Hauora (Māori health) organisation and included an onsite marae in recognition of the high number of Māori users of the forensic services. Although it is too early to determine quantifiable changes, it can be noted that the assessment processes and service provision have dramatically changed to ensure that Māori are more connected to their whānau and hapū, and all staff receive training that reinforces a more relevant and appropriate cultural context.

An association of Māori organisations focused on collaboration

An association of Māori organisations established in 2000, Te Matarau Ltd. is an organisation dedicated to supporting and advocating for Hauora Māori (Māori health) and Māori development. It does this through a membership of six Māori development organisations (MDOs) representing approximately 70 affiliated rural and urban Māori providers. Māori NGOs often utilised the MDO as the contract holder until they set up their own infrastructure to manage and implement their own contracts.

Te Matarau was set up in response to demands from providers to have a unified representative body working nationally to represent their views and interests. Subsequently, the role of Te Matarau has been to: provide a voice, and to advocate for Māori provider affiliates concerning the unmet needs of whānau across a number of areas; and support the ongoing development of Māori providers to work more effectively in supporting whānau to achieve wellbeing.⁹

Collaborating for self-determination

One unique example currently being developed in Southland and Otago recognises that for whānau to receive the '*right service at the right time*' a level of co-ordination and sharing of resources is required. The extent of collaboration in this example involves a DHB, PHO, NGOs (Māori and non-Māori), and Iwi coming together to integrate a diverse range of primary and community health services to improve Māori health outcomes. The approach is guided by a Māori Health Plan with a set of priorities including to:

- implement a coordinated approach to management and leadership in primary care, and across primary/secondary care, at both regional and national level;
- improve and strengthen relationships between tertiary services to further develop clinical engagement and leadership; and
- explore the incentives and levers that enable better integrated primary and Māori community health service provision at the patient level.

Representation from both Māori and non-Māori exist at the governance and advisory levels, and provision for Māori representation is made on the Clinical Advisory and Community Committees of the PHO. Initiated by the NGOs, the key drivers were, 'the opportunity exists in the environment, and the desire for transformation (as an approach) to redirect existing resources to whānau i.e. their entitlements.'

The Māori Provider aspect of this relationship has a specific contribution to whānau ora stemming from an inherent set of values and practices building on their collective

⁹ From Te Matarau Strategic Plan 2009 – 2019.

responsibility to support whānau-self determination. This responsibility is what sets Māori providers apart from non-Māori providers and government, and is addressed further in the following section on Māori NGOs.

The providers recognise that real transformation exists not simply in the collaboration of service providers, but in their capacity to reconfigure delivery models based on tikanga Māori. They have identified that this approach requires:

- the existence of a range of services in a defined location;
- that services are already engaged with the same whānau;
- relationships with the broader sector, i.e. tauwi and other government services;
- confidence and respect of whānau and funders; and
- the potential to accelerate access and outcomes for whānau.

“Collaboration means transformation.” (KI 1)

The following table, Table 1 reflects this example of collaboration within the sector identifying aspects of the current environment and contrasts these with a ‘Whānau Ora environment’.

Table 1: Moving towards a Whānau Ora approach....

Current environment.....	Whānau Ora
Limited access by whānau to entitlements through government bureaucracy and decentralised funding regimes held by DHBs	Integrated services and multi-disciplinary teams working to ensure whānau entitlement
Single contract – single agency – single output	Agencies join together to develop aggregated outcomes
Whānau difficulty in navigating a myriad of agencies for assistance	A single point of contact identified and promoted
Working in isolation of one another and in fragmented sector	Collaboration and coordination of services – sharing knowledge and information
Providing reactive services that prevent whānau independence	Continual planning and development followed up and supported by effective resourcing and improvements

Local solutions by local providers

A number of Iwi/Māori providers have come together to develop a collaborative approach to Whānau Ora resulting in a group of highly experienced Iwi/Māori providers. The group recognised the need for a ‘lead’ provider to manage the collaboration of organisations and subsequently established an organisation to drive the process of making it happen. The organisation recognises that local issues are addressed through the provision of local solutions by local providers. Support from local government has indicated confidence that this approach will address a wider range of health and social service issues. It is intended that a Whānau Ora manager who is also a qualified health clinician and experienced health manager will be appointed to manage the implementation of this model.

“.....there has been a history of successful collaboration within the NGO sector and this positions the sector well for embracing the broader partnerships and joined up way of working that underpins a successful Whānau Ora implementation methodology.” (KI 4)

Comment

Some points of note regarding these examples are that:

- the power of influence is evident within the sector NGOs to effect change;
- collaboration is coordinated at local and national levels; and
- transformation to embrace Māori values in service provision is enabled by collaboration.

Whānau Ora could be seen as an opportunity to transform how NGOs work towards an approach that is more about supporting self-determination rather than service delivery – “seeing Whānau Ora as the impetus for NGOs to move to this approach because it fits with our Māori values but also that it is sustainable in a fast shrinking NGO funding environment”(KI1).

MĀORI NGOS

Māori health providers are a key feature of the health and disability sector. Developing and consolidating their organisations over the last twenty years, there are now approximately 250 providers located across the country (Te Toi Hauora-Nui 2009).¹⁰

Most Māori providers are delivering health care services that incorporate mainstream, general and nursing services. They are distinctive in their high degree of integration with other iwi services, other health and social services, and in their use of traditional Māori therapies, within a cultural setting. This encompasses physical, spiritual, emotional and community aspects of health.

The Toi Hauora-Nui report identifies the uniqueness of Māori providers in the health and disability sector. The report notes that ‘Māori providers are distinctive because they are:

- culturally authentic and responsive;
- dedicated to achieving whānau ora;
- committed to fostering, building and maintaining trusting relationships with patients and their whānau;
- holistic in approach to the assessment, monitoring and treatment of patients and their whānau;
- utilising multidisciplinary teams with a mix of clinical, non-clinical and community workers;
- preferential employers (where possible) committed to increasing the Māori health workforce;

¹⁰ Mauriora ki te Ao (2009) Te Toi Hauora-Nui: Achieving excellence through innovative Maori health service delivery, a report prepared for the Ministry of Health.

- investing in professional development opportunities for all staff including non-Māori staff to understand and practice Māori cultural values; and
- committed to community buy-in and involvement in the design, development and implementation of their services.’

Provider – whānau relationship

Fundamental to a whānau-centred approach is the understanding of tikanga Māori (Māori values, philosophies and practices) and the culture of whānau. Providers invest in time to create a relationship of trust with whānau underpinned by the fundamental notion of the worth of the whānau.

Tikanga Māori is used where necessary to communicate and whanaungatanga (kinship, familial relationships) is important in creating ‘common ground’ with whānau. This not only helps to build rapport and gain the trust of whānau but encourages them to engage with the provider on an ongoing basis and to be involved in the solutions for the wellbeing of themselves and the wider whānau.

Through the whanaungatanga aspect providers regard whānau as ‘their own’ therefore hold much respect for those that they deal with. A key element to the holistic approach is the recognition of whānau health (health of the collective not just the individual), and that wider environmental imperatives impact on health such as housing, education, income, and employment.

Kanohi ki te kanohi, or face to face engagement, is important to whānau and meeting in environments that they are comfortable in. Kaimahi (Māori staff) find it more useful to meet whānau in their own homes or other places where Māori congregate e.g., marae, flea markets, sports clubs.

Service delivery that places whānau at the centre

Placing whānau at the centre, for Māori providers, is reflected in their service delivery ‘style’ that is instinctive to them. Providers respond to whānau needs as and when necessary and often work beyond the parameters of their job description or contract. The concept of ‘te wā’, which is often referred to as ‘time’ but more importantly is bound by ‘responsibility,’ is the guiding force behind this need to respond for as long as it takes. The length of time and effort that providers put into working with whānau signifies the level of disempowerment and disadvantage amongst whānau. The consequence of this for the provider however can result in ‘burnout’ putting more pressure on others in the organisation to resume responsibilities.

A further consequence is that ‘doing things for aroha’ means the total contribution of Māori organisations (and some non-Māori) is underestimated and unrewarded. This is not said in any way to denigrate inherent Māori practice, or to propose that Māori cease to respond in this way, but to highlight that it is a critical part of whānau ora that is continually being overlooked.¹¹

Maintaining the cultural integrity of whānau ora means valuing and acknowledging the effort and responsibility required in working with whānau. What may be termed in conventional service provision as ‘going the extra mile’ is in fact an essential part of working with whānau.

¹¹ Also see Peel, K. also 2004 Vava Report: *Counting for Something* – the value added by voluntary agencies project – “to examine the value we add:” NZFWO/Price Waterhouse Cooper, also reported of “doing it for love.”

Comment

Two key messages come to mind regarding the cultural integrity of Whānau Ora:

- 1) for providers (particularly Māori but not exclusively) - a need to develop 'smarter' use of time balanced with ensuring that whānau are enabled by: identifying the problem early and referring whānau on where necessary; a need for providers to record their actions and the outcomes of whānau as a result, capturing important data on whānau progress, not only for accountability reporting, but more importantly for future planning; and
- 2) for government - acknowledging that whānau ora means being aware of the realities for whānau and of the responsibility felt by Māori providers in their response to that, and supporting it through appropriate resourcing, setting realistic timeframes and developing more streamlined accountability mechanisms.

SECTOR ENVIRONMENT

The primary healthcare system is a complex structure that is multi-layered and multi-dimensional. It is difficult to identify from the documentation review or from key informants that there is a clear understanding of where and how NGOs fit in the primary healthcare structure, although NGOs are very clear about the contribution they make to the sector.

Fragmented sector

A report commissioned by the DHBs New Zealand and the Ministry of Health identifies key issues for PHOs and DHBs in undertaking the next phase of implementing the primary healthcare strategy.¹² Some notable priorities for action in the report include: the need for the responsibility of PHOs to be specified clearly, what they are expected to achieve, and the distinction of their role and expectations to that of the DHB. This lack of clarity about roles and responsibilities inevitably leads to fragmentation and a 'working in silos' mentality. As a consequence providers spoke of 'competition' or competing against each for contracts (see also Peel, K. 2006.)

"Competition [between NGOs] stops good collaboration." (KI 1)

The report raises concern about the PHOs' ability to develop integrated service models which is compromised by current policy and organisational settings. There is a 'sense of aspiration' for more integration yet there appears to be an inability to 'lever such change within the current policy and funding environment.'

A survey of NGO relationships with the Ministry of Health and DHBs in 2007¹³ included amongst its main issues: 'a need for improvement in the quality of the relationship, including greater respect for and valuing of NGOs; contractual issues (including a desire for more prompt and useful feedback on accountability reporting); and a desire for increased involvement in policy development and service planning.

¹² Smith, J. and Cumming, J. (2009), "Where next for primary health organisations in New Zealand?" (2009)

¹³ Summary Top-Line Results from NGO working group survey, NGO relationships with Ministry of Health and DHBs, September 2007.

The current fragmentation and lack of clarity on roles and responsibilities poses a significant risk to a Whānau Ora environment. Better integration of primary and community health service provision, including improvement in the relationships between organisations, is required to enable Whānau Ora to be implemented with the total responsibility and resource spread across the sector appropriately.

On a more promising and inspiring note are the examples mentioned in the 'Collaboration' section of this paper. One of the examples has involved the 're-configuration of nine PHOs into one – the first to do so' and is seen as leading the sector in transforming to improve primary healthcare delivery. This arrangement will be critical to examine more closely to identify the enablers and levers of change over time towards achieving whānau wellbeing.

Funding / Contracting

The current model of decentralised decision-making has resulted in a 'provider-funder split.' Existing funding regimes within the primary healthcare system and the wider government sector continue to be unnecessarily complex. This is compounded by the current economic climate and the reality that funding could be further constrained.

NGOs report having to deal with personnel who are constantly changing and who manage their DHB contracts. They see this as a major impediment to building good contract relationships.¹⁴ Generally speaking, the high turnover of staff, lack of experience, and loss of institutional knowledge about the nature and purpose of contracts puts the NGO in a vulnerable position.

Integrated contracts as part of the Funding for Outcomes initiative (led by the Ministry of Social Development),¹⁵ is an approach to develop integrated services. It replaces the 'single contract = single (one agency) service' system that exists. This contracting approach will be examined through Whānau Ora as a way to 'free up health and social service providers from the dozens of separate contracts for services that currently tie them up. Whānau Ora providers will have streamlined contracts that will be focused on results, and they will be funded to work with whānau rather than just individuals.'¹⁶

An evaluation of integrated contracts (noted in the Te Toi Hauora-Nui report), found that providers have an increased capacity to provide quality services, meet client needs and operate more effectively and efficiently. Specific evidence of this is not able to be reported here, however measurement of Whānau Ora should examine how integrated contracting contributes to integrated service provision and its impact on providers and whānau. In other words, how integrated contracts correlate with the Whānau Ora principles of *coherent service delivery* contributing to *best outcomes for whānau*.

¹⁴ NgOIT (2008), NGO-DHB Contracting Environment – published by Platform Charitable Trust

¹⁵ See www.familyservices.govt.nz/documents/our-work/funding-outcomes/funding-for-outcomes

¹⁶ See Te Puni Kōkiri website: www.tpk.govt.nz - Whānau Ora

Uncertainty about level of commitment to Whānau Ora

While there is a level of eagerness amongst NGOs for Whānau Ora there is also a degree of uncertainty about wider government commitment. There is a strong view as to whether having a Minister responsible for Whānau Ora takes away the broader commitment needed across Cabinet, leaving the burden of achieving Whānau Ora squarely with one Minister. A transparent cross-government approach and commitment will give more assurance to providers (and whānau) making collaboration across NGOs more achievable and supported.

Comment

A Whānau Ora environment is more enabled by:

- sector organisations i.e., PHOs and DHBs providing clarity to their roles and developing better communication and building relationships with NGOs;
- funding allocations for Whānau Ora clearly matched to the appropriate organisations depending on the deliverables and which organisations are more likely to achieve them; and
- contract specifications focused more on achieving outcomes aligned to whānau and less on compliance.

*Ki te kāhore he whakakitenga ka ngaro te iwi
(The need for foresight or vision to show unification and strong leadership)*

5. CHALLENGES, OPPORTUNITIES AND STRENGTHS

CHALLENGES

Making the shift

The diversity of philosophies and common interests amongst NGOs will provide a challenge¹⁷ to make the required transformation to Whānau Ora, although current and planned collaboration is attempting to address this. Transformation or collaboration to adopt a Whānau Ora approach does not require non-Māori organisations to redefine themselves as Māori organisations or take on Māori cultural norms and customs. A major step in making change is to build relationships and work alongside Māori organisations. This provides insights into the realities for whānau and the kind of solutions needed to address their health needs. Māori and non-Māori NGOs are each able to meet whānau needs in their respective ways together.

Ultimately whānau need to have greater access to services and in many cases (depending on need) this could mean that the 'best service' is with a mainstream provider. This denotes a significant shift for mainstream providers in the way that they deliver services and engage whānau. It will involve a greater commitment to developing better skills of engagement to enable whānau access to the service they are entitled to.

"We need clinicians who can work with Māori." (KI 1)

The government sees Whānau Ora over time as reaching other disadvantaged communities and potentially contributing to their outcomes. While Whānau Ora is ultimately a Māori concept (and therefore the domain of Māori), and government as a Treaty partner has an obligation to prioritise meeting Māori outcomes, key aspects such as: having and showing respect; investing time in building sustainable and trusting relationships to achieve engagement and participation; maintaining an open mind for new experiences and learning; and valuing differences and diversity, transcend all cultures and should already be present in service provision.

Making the shift to a whānau-centred approach means:

- for non-Māori NGOs – investing more time in building the relationship to gain trust and encourage engagement; gaining an understanding of the broader environmental factors impacting on patient health and how the response and the solution will need to include the wider whānau; enlisting (but not passing the responsibility to) the support of Māori NGOs in building the relationship and developing the solutions; and
- for Māori NGOs – understanding the immediate needs of the patient and providing access to services accordingly; ensuring that the patient and whānau are engaging in the service they need; and working with non-Māori NGOs to develop a solution and to improve their understanding of whānau health needs for the benefit of whānau.

¹⁷ Kizito, Heather. NGO Working Group Report (2007) Barriers and Opportunities for Innovation and Collaboration in the Health and Disability Sector.

Building multi-disciplinary teams

The Māori NGO workforce includes those providers who use Māori health practitioners where they can to deliver services that best meet the needs of Māori. A multi-disciplinary team approach utilises clinical and community staff and for these providers this approach meets the complex needs of chronically ill patients (Te Toi Hauora-Nui 2009).

For Māori providers to be enabled to develop a multi-disciplinary team approach with a mix of clinical and community skills, a robust workforce development plan is needed that advances Māori staff beyond the 'kaiāwhina' (support worker) role. This is not inferring that kaiāwhina roles are not necessary, they are critical to the service, but this appears to be the area where most Māori are employed. An increase in the number of Māori participating in higher tertiary education alongside 'on the job' learning (workforce development) is a necessity.

Workforce development

To advance in the mental health sector the Massey University *Te Rau Puawai Workforce* programme offers undergraduate and postgraduate studies in psychology, nursing, rehabilitation, social work, social policy, Māori health, Māori studies and health service management. The programme is funded by the Ministry of Health and run out of Massey University. It is focused on those working with Māori in the mental health sector many of whom work for Māori providers and providers of mental health services.¹⁸

Another model, *Te Rau Matatini* is a national Māori health workforce development organisation that aims to progress Māori workforce development. Established in 2002, Te Rau Matatini coordinates a range of national programmes that contribute to health, Māori mental health, primary health and public health workforce priorities.¹⁹

These models of workforce development as examples of pathways to attainment of higher education and qualification could be explored for potential application to other disciplines within the sector, and as similar pathways for non-Māori staff to learn about engaging whānau in their services.

There is also a requirement to build capacity for knowledge of the wider public sector (not just the health sector) to understand government context. This knowledge contributes to the need for understanding how other environmental impacts impinge on the health and wellbeing of whānau (e.g., housing, employment, income, education), to develop a more holistic response to whānau needs.

Maintaining cultural integrity

'Smarter' use of cultural integrity (i.e. te wā and aroha) is needed to become more efficient in enabling whānau to put in place the 'building blocks' they need to make informed decisions about their own wellbeing. To aid this, organisations will need a cultural knowledge base, effective resources, sufficient funding, and adequate staffing levels to ensure the contribution by organisations is not underestimated. This will mean government funding and accountability reporting mechanisms must

¹⁸ <https://te-rau-puawai.massey.ac.nz/>

¹⁹ <https://www.matatini.co.nz/cms>

account for the total contribution by providers by recognising and valuing practice that is inherent in placing whānau at the centre.

Cross-government collaboration and cooperation

Despite the history of collaboration existing in the non-government sector the same cannot be said of government agencies. There are pockets of activity at regional and local levels (although instigated by community or NGOs) where agencies have come together with community organisations to help provide local solutions to local issues. However the same level of collaboration does not seem to occur at the centre amongst government agencies.

Although there was some doubt expressed by key informants (interviewed for this paper) in having a Minister responsible for Whānau Ora, another view is that establishing this position indicates a way to drive collaboration at the centre placing the responsibility across all agencies. The implementation and sustainability of Whānau Ora demands that agencies work together at the centre as well as regionally to collectively respond to the range of environmental imperatives that impinge on whānau health and wellbeing.

It will be critical for government to make certain that NGOs and PHOs are committed to ensuring whānau entitlements and are not just seeing Whānau Ora as a way of gaining funding for their own means. Contract specifications and accountability reporting need to reflect the contribution made by providers to whānau wellbeing. An emphasis on outcomes attributed to whānau wellbeing and less emphasis on compliance is required.

The organisational culture within government agencies (particularly at the centre) needs to change to reflect a cross-government commitment to the principles underpinning Whānau Ora. The effect of this should then be evident in improved policy development and service delivery support for Whānau Ora.

OPPORTUNITIES

The most significant opportunity in a Whānau Ora environment for NGOs is the opportunity to improve health outcomes for Māori. Sector NGOs are the most likely to be involved in the implementation of Whānau Ora given their responsibilities, mix of skills, experience, willingness, and passion. It will however require 'recognising strengths and letting go of weaknesses' (KI 1), and NGOs deciding for themselves what they will contribute and what they will need to change.

Collaboration for integrated service provision

In the current health and disability sector a major contribution to Whānau Ora is collaboration – collaboration across and within sectors to reconfigure services in a local setting. Collaboration occurs more readily if there is an advantage and benefits for all parties requiring commitment, tenacity, energy and continuity to initiate and maintain.

Building relationships will be important to the success of collaboration and allowing time and commitment to do this. Whānau Ora provides a timely opportunity for NGOs, PHOs, and DHBs to come together to carefully consider the advantages and benefits of collaborating to improve health outcomes for Māori, and developing common aims and objectives.

Some key drivers for collaboration are: integrated service provision; the current economic climate; and the 'value for money' environment. This is not about collaborating to cut costs but collaborating for better use of resources and combined strengths and capabilities to work smarter and more efficiently to help improve outcomes for whānau.

NGOs have a history of collaboration therefore the experience, freedom and motivation exists. Collaboration is already embraced by many NGOs but needs to occur more between Māori and non-Māori organisations and with DHBs and PHOs. The currently developing collaboration examples mentioned earlier in this paper will engender important lessons and direction for NGOs and the wider sector.

Whānau Ora is dependent on 'collaboration to transformation' occurring and impacting on three levels:

- *government level* – agencies collaborating at the centre to provide policy and service delivery support to Whānau Ora;
- *sector level* – DHBs, PHOs and NGOs working together to provide integrated services and working with government to implement and shape Whānau Ora; and
- *community level* – sector organisations and other social service agencies collaborating and working with whānau and communities to affect change for improved whānau wellbeing and entitlements.

Building more multi-disciplinary capacity

Building on the current competence and experience amongst NGOs, establishing more multi-disciplinary teams for service provision to meet whānau needs is not only an opportunity but a necessity. The make-up of the team could cover clinical to kaiāwhina skills so that all facets of the response to whānau needs are met. A critical part of such a team is the kind of service delivery that takes whānau beyond crisis intervention and equips them with the tools to take control over their own wellbeing.

Telling the NGO story

One of the most notable 'findings' from the review of documentation was apart from the documents on the sector NGOs website, there is little information to be found elsewhere. The sector NGOs are a significant workforce with a wealth of experience in working with communities which largely goes unnoticed or is possibly taken for granted. The implementation of Whānau Ora provides opportunities for NGOs to document and share 'what works' with each other as well as with other key stakeholders e.g., local and central government agencies, iwi, and Māori organisations.

'Telling the story' means NGOs validating what they are doing by documenting their efforts and making people aware. Many NGOs have sophisticated IT systems to record data and activities important to analyse and understand for not only themselves but a wider audience. NGOs can also take advantage of keeping pace with information flows coming from the implementation of Whānau Ora and developing a portal for sharing stories and events.

Influencing decision-making – affecting change

In a Whānau Ora environment NGOs are in a strong position to influence how policy and service delivery is formulated. It is not the role of government to provide services directly to whānau therefore government is reliant on NGOs to provide insights into how the Whānau Ora Framework ensures that whānau entitlements are met.

KEY STRENGTHS

The Health and Disability sector NGOs are well placed to make the required shift to a whānau-centred approach although it will take considerable effort and commitment to achieve. Despite the challenges that NGOs face in moving to Whānau Ora, NGOs can reflect on their current abilities and strengths in considering the shift to a whānau-centred approach. The most notable of these are discussed here.

Community-based

NGOs are based in the community making them accessible, able to respond quickly to patient's needs, and the provision of services 'closer to home.' NGOs work within a community development model with the aim of 'developing partnerships with and contributing to the self determination of communities most affected' (KI 3). Many community organisations have arisen from the motivation of one individual or a group in the community demanding better services.

Capable and diverse workforce

The NGO workforce is highly skilled with a mix of clinical and community health knowledge and experience, and is made up of volunteers and paid workforce. The knowledge base across the sector includes but is not limited to: Māori cultural knowledge and skills; clinical skills; care-giving and advocacy. The diversity of skills across NGOs when combined provides a more balanced approach to meeting the needs of whānau.

Business acumen

Regardless of the size of the organisation many NGOs operate and manage highly successful enterprises. This reflects good business acumen and a commitment to develop organisational capability. Many organisations have robust technology enabling greater response to complex government accountability reporting, and more importantly, the capture of essential data that will inform future planning for service delivery.

Successful collaboration

NGOs have a long history in collaborating with others for the benefit of those who seek their assistance. NGOs recognise that to provide integrated services means collaborating with others and combining skills, experience and resources to achieve better outcomes for their clients.

Durability, stability and continuity

NGOs have 'weathered' many changes and reforms in the primary healthcare system and wider government sector and have succeeded amidst much frustration. Some

have been in existence for many years and have transformed themselves many times to respond to government service delivery specifications. This tenacity and durability for change will be an important strength in adapting to a whānau-centred approach.

Innovation

Despite NGOs being funded for deliverables and not for innovation in seeking solutions (Kizito 2005), NGOs continue to strive to be creative in their service design and delivery. Organisations have diversified in various ways to continue to exist and to meet the needs of their client base. Innovation has not always been motivated by sector changes or reforms but from the ‘freedom’ and ability to do so without constraint. However government and other primary health care organisations²⁰ must not take for granted NGOs’ ability to be innovative and will need to acknowledge this in a Whānau Ora environment.

Leadership

Along with innovation leadership capability exists at all levels, from the strategic level to those working with communities. The extent of succession planning amongst NGOs however is beyond the scope of this study.

Ehara taku toa, he taki tahi, he toa taki tini
(Not individual success but the success of a collective)

²⁰ Particularly DHBs and PHOs.

6. PROGRESSING TOWARDS A WHANAU-CENTRED APPROACH

To summarise, the transformation to Whānau Ora requires a value-shift, and a change in structural behaviours and organisational culture. The health and disability sector NGOs are critical to that shift and are in a position to influence the shape and form of Whānau Ora more than any other sector. The current skill base, experience, passion and willingness in the sector provides the impetus for moving to a Whānau Ora environment, which for some NGOs may not be too different from where they are now.

Government and the wider health and disability sector must not take for granted the ability for NGOs to be innovative and durable in changing to the ‘whim’ of health reforms, and this must be acknowledged in a Whānau Ora environment. The challenge will be to enlist the support of DHBs and PHOs, Māori and non-Māori organisations working together, and cross-government collaboration on the development of Whānau Ora.

Although the degree of contribution and attribution (to specific NGOs) cannot be determined here, it can be said that collectively NGOs currently contribute to Whānau Ora. The following table aligns contribution to the Whānau Ora principles in the following way:

Table 2 NGOs: current contribution to Whānau Ora.

Principles	Current NGO contribution
<ul style="list-style-type: none"> Ngā Kaupapa Tuku Iho 	<ul style="list-style-type: none"> Māori providers delivering a unique approach based on inherent Māori values and practices, building on a collective responsibility to support whānau / Māori self-determination.
<ul style="list-style-type: none"> Whānau Opportunity 	<ul style="list-style-type: none"> Providing local solutions to local issues based on a history of knowledge of their communities and building lasting relationships and networks within them.
<ul style="list-style-type: none"> Best Whānau Outcomes 	<ul style="list-style-type: none"> NGOs collaborating with each other to meet the needs of their communities.
<ul style="list-style-type: none"> Coherent Service Delivery 	<ul style="list-style-type: none"> NGOs sharing a community development approach that seeks to empower and enable communities.
<ul style="list-style-type: none"> Whānau Integrity 	<ul style="list-style-type: none"> Whānau are treated with respect and integrity that is their legacy as Māori.
<ul style="list-style-type: none"> Effective Resourcing 	<ul style="list-style-type: none"> Building and developing a capable and diverse workforce with a mix of clinical and community health knowledge and experience.
<ul style="list-style-type: none"> Competent & Innovative Provision 	<ul style="list-style-type: none"> Adapting to change and striving to be innovative in service design and delivery.

Mā whero, mā pango ka oti ai te mahi
(Cooperation where everyone does their part so the work will be completed)

APPENDIX 1

BACKGROUND

The Health and Disability sector NGOs Working Group

The working group was established in 2002 and elected by the Health and Disability NGO community to represent sectors of mental health, disability support, public health, personal health, Māori health and Pacific health. The working group provides a strategic perspective to the relationship between the NGO community, the Ministry of Health and other key stakeholders.

The working group organises and facilitates a national forum annually to discuss key issues for the NGO sector which are then shared with the Ministry of Health (MoH) and other key stakeholders. The Group has a budget provided by the MoH to undertake activities to progress issues of interest and concern to the sector.

Project Scope

The health and disability sector NGOs²¹ represented by the working group are the focus of this paper. The paper provides a brief description of other key primary healthcare organisations within the health care system as a backdrop for the sector NGOs, but does not specifically focus on issues with these organisations.

The review of relevant documentation covers: the primary healthcare sector setting; NGOs and the services they provide, particularly to seek out information that best describes service delivery; Māori providers and their unique approach; the Whānau Ora Framework as developed by the Taskforce for Whānau-Centred initiatives, and wider use across sectors of the concept of whānau ora. From the combination of the review and key informants discussion, the main emphasis of the paper is to identify strengths, challenges and opportunities for NGOs in achieving a whānau-centred approach.

Methodology

The methodology for providing insights into the participation and contribution of NGOs and whānau ora, was reviewing existing documentation for relevant information, and interviewing a small group of key informants by way of an audio conference. The development of the paper was guided by a key research question, “how do sector NGOs contribute to a whānau-centred approach to Māori wellbeing?”

The type of documentation reviewed included:

- Health and Disability sector reports and documentation;
- Documentation regarding social service delivery approaches;
- NGO working group documentation;
- Ministry of Health strategies and Māori Health Directorate reports and documentation;

- Te Puni Kokiri website for documentation; and
- Ministry of Social Development website for documentation.

²¹ NGOs is the term used in this paper referring to the health and disability sector NGOs

The key informants interviewed for this paper were three members of the terms of reference group for the audio conference, followed by a face to face meeting with six members of the working group representing the wider sector NGOs working group. The audio conference took place in Wellington on 20 September 2010 and the meeting was held in Wellington on 7th October. A fourth member who was unable to participate in the audio conference emailed comments on the same day of the conference.

APPENDIX 2

Whānau Ora Framework

The Whānau Ora Framework, as developed by the Taskforce, encompasses a set of principles, key foundations of effective whānau-centred service delivery, and a broad approach to measuring Whānau Ora outcomes. The framework is underpinned by a set of principles broadly summarised here:

- *Ngā kaupapa tuku iho*: ways in which Māori values, beliefs, obligations and responsibilities guide whānau in their day to day lives;
- *Whānau opportunity*: all whānau will have chances in life that enable them to reach new heights, do the best for their people, engage with their communities and foster a strong sense of whanaungatanga – connectedness;
- *Best whānau outcomes*: the success of Whānau Ora is measured by increases in whānau capacities to undertake those functions necessary for healthy living, and shared contributions to whānau wellbeing of the whānau as a whole, as well as the wellbeing of whānau members;
- *Coherent service delivery*: recognises a unified type of intervention so that distinctions between services provided by health, welfare, education and housing, for example, are not allowed to overshadow wider whānau needs;
- *Whānau integrity*: acknowledges whānau accountability, whānau innovation and whānau;
- *Effective resourcing*: that resourcing should match the size of the task and should be tied to results; and
- *Competent and innovative provision*: recognises a need for skilled practitioners, able to go beyond crisis intervention to build skills and strategies contributing to whānau empowerment and positive outcomes.

Five key foundations of effective whānau-centred services are identified:

- *Whānau, hapū and iwi leadership* – have critical and distinct roles to play in facilitating Whānau Ora, based on whakapapa connections and lie outside of government interventions;
- *Whānau, action and engagement* – whānau strengths are acknowledged and endorsed and ownership of solutions encouraged;
- *Active and responsive government* – government agencies responsive and flexible to align with and support whānau, hapū and iwi aspirations, and government investing in whānau aspirations; and
- *Funding* – funding arrangements consistent with a whānau-centred approach to service delivery, focused on a relational approach to contracting rather than transactional, which focuses on the best outcomes for whānau.

Figure 1: Whānau Ora Framework



REFERENCES

Families Commission (2009) Whānau Strategic Framework 2009 – 2012.

Gauld, Robin. University of Otago (2008) The Unintended Consequences of New Zealand's Primary Health Care Reforms, *Journal of Health Politics, Policy and Law*, Vol. 33, No. 1, February 2008, Duke University Press.

Health and Disability NGO Working Group (2007) Summary Top-Line Results from NGO working group survey – NGO relationships with Ministry of Health and DHBs.

Health and Disability NGO Working Group (2010) An NGO perspective on the re-organisation of the planning and funding environment, a discussion paper by the NGO working group.

Kizito, H. (2005) Non-Government (NGOs) and the Primary Health Care Strategy: Developing relationships with Primary Health Care Organisations from an NGO perspective, a report from the Health and Disability Sector NGO working group.

Mauriora Associates (2009) He Ritenga Whakaaro: Māori experiences of health services, printed by Proclaim Solutions Group, first printed January 2009.

Mauriora-ki-te-ao/Living Universe Ltd. (2009) Te Toi Hauora-nui – Achieving excellence through innovative Māori health service delivery. A report prepared for the Ministry of Health.

Ministerial Review Group (2009) Meeting the Challenge: Enhancing the sustainability and the patient and consumer experience within the current legislative framework for health and disability services in New Zealand. Report of the Ministerial Review Group.

Ministry of Health (2010) Tatau Kahukura: Māori Health Chart Book 2010 2nd Edition.

Ministry of Health (2002) He Korowai Oranga – Māori Health Strategy, published in November 2002 by the Ministry of Health, Wellington.

Ministry of Health Ka tika ka ora – Māori Health Provider Programme 2009 – 2012 accessed from the Ministry of Health website.

Ministry of Health (2007) Whānau Ora Health Impact Assessment, published in April 2007 by the Ministry of Health, Wellington.

Ministry of Health (2010) Nga Korero Mai i te Kete Hauora – from the Māori Health Directorate, accessed from the Ministry of Health website.

Ministry of Health (2009) Implementing the Māori Health Strategy, the Minister of Health's report on progress on implementing the New Zealand Health Strategy, and on actions to improve quality.

Ministry of Social Development (2009) Developed by the Māori Reference Group for the Taskforce for Action on Violence within Families, E Tu Whānau Ora Programme of Action for Addressing Family Violence 2008 – 2013.

NgOIT (2005) Landscape Survey, published in 2006 by Te Pou o Te Whakaaro Nui.

NgOIT (2008) NGO-DHB Contracting Environment, published in 2009 by Platform Charitable Trust.

Peel, K. (2006) Health and Disability Sector NGO Workforce Development. A report to the NGO Working Group written by Kirsty Peel, Health by Design Ltd.

Peters, J. (2010) Frontline – the community mental health and addiction sector at work in New Zealand. Published by Platform Charitable Trust.

Smith, J., Cumming, J. (2009) Where next for primary health organisations in New Zealand? Victoria University of Wellington, School of Government Health Services Research Centre.

Smith, J., Wood, J., and Elias, J. (2009) Beyond practice-based commissioning: the local clinical partnership: the Nuffield Trust for research and policy studies in health services.

Taskforce on Whānau-Centred Initiatives (2010) Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives.

Te Rau Matatini (2008) About Te Rau Matatini – profile accessed from website <https://www.matatini.co.nz>

Te Rau Puawai Māori Mental Health Workforce Development – Massey University (2010) accessed from website <http://te-rau-puawai.massey.ac.nz>.