Making Services Reachable:
He Waka Tapu case study

ESR
THE SCIENCE BEHIND THE TRUTH

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ACKNOWLEDGEMENTS

Manager	Peer reviewer	Author
Dr. Rob Lake	**Virginia Baker**	**Maria Hepi**
Mananger of Risk and Response and Social Systems	Senior Social Scientist	Social Scientist

DISCLAIMER

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EXECUTIVE SUMMARY

In October 2013 The Institute of Environmental Science and Research Limited (ESR) was successful along with their partners, Canterbury University, Social Policy Evaluation and Research Unit, and Mokowhiti consultancy[1] in obtaining 3 years of research funding from the Ministry of Business, Innovation and Employment (MBIE). The aim of the research is to develop a practical model or models to enable constructive engagement between services and hard-to-reach populations. A case study approach has been employed to understand what makes successful engagement, and to develop the necessary knowledge and tools to enable populations to access and uptake services.

There is a lack of clarity and divergent opinions in the literature around the use of the term hard-to-reach. However, Brackertz (2007) argues for the use of the term 'hard-to-reachness' as it broadly includes demographic, cultural, behavioural and attitudinal, and structural features to define populations deemed as 'hard-to-reach'. Boag-Munro & Evangelou (2012) specifically list 12 features of 'hard-to-reachness' that are commonly referred to in international government reports and research. These include: vulnerable, under-served, socially excluded, disengaged marginalised, non-(or reluctant) user, high risk or at risk, families with complex needs, and minority groups (p. 211). Such terms along with others resonate with the New Zealand governmental context.

The term hard-to-reach is recognised as problematic, as it can label and stigmatise, as well as placing the onus and attributes of being hard-to-reach solely upon populations (Brackertz, 2007). The project team has named research as 'Making Services Reachable', recognising that hard-to-reach is a value that is 'co-created' from the interactions between services and clients.

This report details a case study undertaken in partnership with He Waka Tapu (HWT), a Christchurch based kaupapa Māori social service provider (indigenous social service provider), one of three selected case studies that were identified as being successful in engaging with the hard-to-reach populations. HWT provides a range of services for whānau and its members that supports their healing and restoration, rebuilds whānau capacity, rejuvenates and refashions traditional practices, and strengthens whānau mana (family well-being). Whānau can access services such as anger management, alcohol and drug (including a residential programme), whānau services, personal health services and services to help individuals look for work.

Research approach and methodology

Our research takes a service ecology approach to improve service uptake and outcomes for families/whānau of hard-to-reach populations (Foote, Finsterwalder, Frost, Nicholas, Baker, Carswell, Hepi, O'Hinerangi, Taueetia-Suia, & Taylor, 2015; Kuppelwieser & Finsterwalder, 2016). This approach is based on the premise that effective service depends on engagement with those needing the service. The project sets out to gather insights from the three selected case studies in order to identify critical success factors relating to the quality of meaningful engagement with hard-to-reach clients, and then to produce a practical model to assess and shape such engagement to improve engagement with those deemed 'hard-to-reach'.

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[1] Due to unforeseen extra work commitments, Indigemo Limited took over the sub-contract from Mokowhiti in 2014.

Interviewee perspectives

In April-September of 2014 twenty-seven in-depth interviews were undertaken with HWT kaimahi (staff), whaiora (clients) and stakeholders (representatives from HWT governance, and funders and referrers) in the wider Christchurch social services sector. The interviews focused on exploring the relationships between the whaiora and the kaimahi to understand what supported engagement, and what hindered it.

There was agreement among the whaiora, kaimahi and stakeholder interviewees that HWT provide a holistic kaupapa Māori based service that not only engages with the individual but also with the whānau (family). For HWT there was no such thing as a 'too hard basket' when dealing with whaiora. Whaiora and stakeholders also all agreed that HWT was good at getting the right case workers matched with the right whaiora, and in getting the right people in key roles within the organisation.

Both whaiora and stakeholders talked about kaimahi having 'heart', and they did not work with a '9-5' mentality which really helped with engagement with whaiora. Cultural competence of both the organisation and the kaimahi was also highly valued by whaiora in their engagement with HWT.

One of the issues raised by all three groups was there was communication could be improved either from HWT to other social service providers, and to a lesser degree from HWT to whaiora. However, there was general agreement between kaimahi that this was because HWT was under-staffed, and that communication needed to 'go both ways'.

Also some whaiora and stakeholders mentioned that HWT had a visibility problem. Some whaiora said that before they accessed HWT services they did not know that HWT existed, and referrer stakeholders wanted to know more about HWT services so that they could refer the right whaiora to them. Some stakeholders thought that HWT could improve with working with the community but they were very good in working with those that come through the system (those that are referred). Although data from HWT demonstrates the contrary with record numbers of whaiora accessing their services, along with the visibility of HWT in the community through community events and online presence is at an all-time high.

The rigidness of some contracts between HWT and some funders was also noted by stakeholders and kaimahi, and that this could clash with how HWT would like whaiora to engage with the holistic services that they provide. Also both stakeholders and kaimahi noted that there were problems with silos in the wider sector(s) and the different agencies working constructively together, however interviewees commented that this was improving.

Workshop

In October 2014 a workshop was undertaken with HWT kaimahi, representatives of the wider system (governance, probation and He Oranga Pounamu) and one whaiora who had previously been interviewed. The purpose of the workshop was to discuss the findings of the interviews about factors that enable or hinder effective engagement with whaiora. The intention of the workshop was to bring all the different perspectives of the wider system together so that the participants would get a richer understanding of what enables and hinders whaiora deemed 'hard-to-reach', to access and engage with social services. The workshop also explored how the wider sector supports this engagement.

The workshop found that there was a clash between how HWT front-line workers want to work with whaiora and the wider institutional and organisational barriers they face. For example, some kaimahi felt that Pākehā (Western) frameworks are imposed on them, and at times using Māori relationship models around whānau with whaiora can be in direct contradiction to those Pākehā frameworks. Additionally, whilst kamahi felt that Pākehā academic qualifications were imposed upon them, the

same expectations were not required of mainstream organisational staff to have knowledge of te ao Māori (Māori culture) and how to engage with Māori.

Contracts were discussed and some thought that they were not long enough and they also did not reflect the complexity of the whānau and whaiora they work with. Kaimahi felt that most contracts were 'black-and-white' and very rigid, and that they could be improved by taking on a flexible approach grounded in a te ao Māori perspective. There was an appreciation from stakeholders that HWT provided a whole suite of different services, and that sometimes the contractual measures of performance in contracts do not match up well to those services.

There was a discussion around communication issues between HWT and the wider social services sector. With HWT kaimahi, practice with whaiora comes first, and the stakeholder's needs and organisational rules come second. However, for referrer stakeholders it is crucial that there is good communication between HWT kaimahi and themselves, as better communication leads to improved referrer stakeholder understanding in what HWT does and the services that they provide. With better referrer stakeholder understanding of HWT and their services they are then able to increase whaiora referrals to HWT.

Relationships between HWT and other providers in the social service wider sector was discussed. A key issue highlighted was that even though other providers in the social services sector place high value on their relationship with HWT, HWT wanted to work in partnership with the other providers and not be the tag on Māori bit, or just another provider/stakeholder in the larger social service provider system. HWT wanted to be at the design stage of how the providers will work together in the system and not be brought in and out when needed.

There were a couple of things that surprised kaimahi from the interviewee findings. One was how some whaiora thought how skilful HWT management were at matching the right kaimahi with the right whaiora. Although some matching was done to a point, they said that the kaimahi are very adaptable and skilled and are able to meet the whaiora needs. Another surprise was the claim by one of the stakeholder interviewees that if you did not work in health, then people would not know what HWT do. For HWT kaimahi this view did not ring true or add up to their profile, as current data that year demonstrated they will see more people than the previous year, which indicated their client base was growing.

Kaupapa Māori principles and whaiora engagement

The interview data were analysed against kaupapa Māori principles to gauge whether HWT do adhere to the principles in their engagement with whaiora in order to enable those whaiora to access and engage with the services that HWT provide. We also used the principles as a way to explore how whaiora experience a kaupapa Māori social service provider like HWT as opposed to a mainstream social service provider.

The principles were first developed by Graham Hingaroa Smith in the 1990s and have since been expanded by other kaupapa Māori theorists.

The resulting eight principles include:

1. Tino Rangatiratanga: The Principle of Self-determination

2. Taonga Tuku Iho: The Principle of Cultural Aspiration

3. Ako Māori: The Principle of Culturally Preferred Pedagogy

4. Kia piki ake i ngā raruraru o te kainga: The Principle of Socio-Economic Mediation

5. Whānau: The Principle of Extended Family Structure

6. Kaupapa: The Principle of Collective Philosophy

7. Te Tiriti o Waitangi: The Principle of the Treaty of Waitangi

8. Āta: The Principle of Growing Respectful Relationships

The research found that HWT do adhere to the principles of kaupapa Māori in their engagement with whaiora, which in turn enables those whaiora to access and engage with the services HWT provide. It was clear from the interview data, that it was these very principles practiced by HWT staff in their engagement with whaiora, that made whaiora engage and continue to engage with HWT, as opposed to mainstream services.

Diagram of wider sector supporting kaimahi and whaiora engagement

Following the interviews and workshop an analysis of the data was undertaken and a diagram was developed to make sense of factors supporting effective engagement with whaiora in the HWT case study. The diagram shows an idealised design of how interviewees and workshop participants said the sector should work so that whaiora who are deemed 'hard-to-reach' can access services He Waka Tapu provide. It discusses the six key focus areas as well as the seven elements that link into those key focus areas that provide the supportive environment for the whaiora and kaimahi to engage well (some of these seven elements feature twice as the may support two focus areas). The six focus areas and seven supporting elements are:

1. **Cultural competencies including understanding partnership**

    - Some mainstream agencies lack cultural competencies so need HWT kaimahi to support – achieved through sector collaboration

    - Supported by good communication and round the table discussions (within provider and wider sector)

2. **Building a relationship** – engaging on a personal level and not on an issue

3. **Provider/kaimahi having right skill mix** – social, cultural and clinical

    - Kaimahi are difficult to find so need continual training for kaimahi and also cultural support for mainstream providers

    - Hard-to-reach whaiora have complex problems so kaimahi need to be multi-skilled

4. **Provider becomes home base** – whaiora access services within provider and the wider sector

    - Multiple entry points (variety of services) within provider.

    - Hard-to-reach whaiora have complex problems so provider needs to provide multiple programmes and also build trust with whaiora so they will then access other services outside of the provider that they provider does not provide.

5. **Collaborative working** - between teams within the provider, between providers within the sector and provider and funders.

- Transparency between provider and funder/referral agencies and other providers to build the trust

- Multiple entry points (across social service provider sector) to work collaboratively

6. **Fit for purpose contracting** – provider approved not programme approved

- Robust provider data systems and processes reflect professionalism and builds trust for the funder of the provider

- Transparency between provider and funder/referral agencies and other providers to build the trust

- Supported by good communication and round the table discussions (within provider and wider sector)

Recommendations

Based on the findings, we recommend the following for HWT to continue to enhance and support whaiora engaging with the services that they need.

- Having robust policy and procedures and reporting systems has improved the confidence of the funders that HWT are achieving their outputs and outcomes as stated in their contracts. HWT should continue to maintain investment in their Information Technology and reporting systems, and ensure that staff are utilising the systems as intended to continue the funders confidence in HWT.

- HWT to continue supporting kaimahi engagement methods with whaiora through continual training opportunities in both obtaining qualifications in te ao Pākehā (Western world) along with skills in te ao Māori so kaimahi can continue to engage with whaiora effectively.

- HWT management to continue to strengthen internal relationships between staff and management as well as external relationships with other providers and funders. This would be achieved through prompt follow up and clear lines of communication and when feasible face-to-face meetings to facilitate relationship building.

- Once a year HWT could host a hui (meeting) for the other providers/referrers in the social service sector to present on the service offerings HWT have for whaiora. HWT could provide resources such as pamphlets/hand-outs for the providers/referrers and/or alert the attendees that they can download their brochures from their website. This would ensure continuous relationship building and allows for HWT to host and demonstrate a kaupapa Māori process in engagement and for providers/referrers to experience such engagement.

- HWT to seek opportunities to articulate to the wider sector that as a kaupapa Māori service provider they are not just another 'stakeholder' in the wider sector and should be engaged as a Treaty partner. This would mean that other stakeholders include HWT at the design phase of any new sector initiative, and ensure that policy and intervention initiatives are designed to best respond to whaiora engagement needs. The hui referred to above could be used as a mechanism to articulate this.

- HWT management to continue to advocate for outcome focused and not output focused contracts with funders to ensure HWT responsiveness to whaiora needs. For those funders who are unsure or struggling to implement outcome based contracts, HWT should encourage

those funders to learn from another funder who undertakes such contracts, to help move the sector toward using outcome based contracts.

- HWT to encourage and support other providers in the wider sector to actively recruit Māori staff knowledgeable in tikanga Māori (Māori customs), who can work with whaiora and can also act as a broker between their provider and HWT.

- HWT to continue to work collaboratively with other providers to ensure that all providers are aware of what services all the provider's offer so everyone is able to refer whaiora to the most suitable services/providers if required.

1. INTRODUCTION

In October 2013 The Institute of Environmental Science and Research (ESR) was successful along with their partners, Canterbury University, Social Policy Evaluation and Research Unit and Mokowhiti consultancy[2] in obtaining 3 years of research funding from the Ministry of Business, Innovation and Employment (MBIE). The aim of the research is to develop a practical model or models to enable constructive engagement between services and hard-to-reach populations. That is, develop the necessary knowledge and tools to enable populations to connect to and uptake services.

A case study approach has been employed to understand 'how and why' three selected social service providers are successful in engaging the hard-to-reach. There is a lack of clarity and divergent opinions in the international literature around the use of the term hard-to-reach however Brackertz (2007) argues that hard-to-reachness should broadly include demographic, cultural, behavioural and attitudinal, and structural features to define populations deemed as 'hard-to-reach'. Boag-Munro & Evangelou (2012) specifically list 12 features of 'hard-to-reachness' that are commonly referred to in international government reports and research. These include: vulnerable, under-served, socially excluded, disengaged marginalised, non-(or reluctant) user, high risk or at risk, families with complex needs, and minority groups (p 211). Such terms along with others resonate with the New Zealand governmental context.

In the social services sector and in the literatures (Flanagan & Hancock, 2010), the term 'hard-to-reach' is recognised as problematic, as it can label and stigmatise, as well as placing the onus and attributes of being 'hard-to-reach' solely upon populations. The project team renamed the research as 'Making Services Reachable', recognising that 'hard-to-reach' is a value that is 'co-constructed' and resulting from the interactions between services and clients, and that services are the focus of the research. Additionally the client viewpoints were at the forefront of this inquiry to better understand what supports good engagement. For these reasons, where possible, the term 'hard-to-reachness' is used throughout this project report.

He Waka Tapu (HWT), is a Christchurch based kaupapa Māori social services provider (indigenous social service provider) was one of the case studies selected along with Family Help Trust (an early intervention service targeting high risk parents with multiple problem histories based in Christchurch) and Pact Wellington (formerly Q-Nique - a Pasifika social service provider providing community support for Pasifika people with mental illness and/or addiction problems in the Hutt Valley).

Working with sector stakeholders the research identifies the critical factors relating to engagement and develops model(s) to assess and shape engagement between whaiora (clients) and services. The model(s) will then be tested and refined with two Auckland services with input from other sector stakeholders. The model(s) developed in the project will be disseminated through a national symposium, hui and fono (meetings), conference presentations and peer-reviewed publications

This report is an overview of the case study conducted with He Waka Tapu.

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[2] Due to unforeseen extra work commitments, Indigemo Limited took over the sub-contract from Mokowhiti in 2014.

1.1 KAUPAPA MĀORI PROVIDERS

In part, kaupapa Māori providers emerged as a response from the state sector reforms in the 1980s and the 1990s. The state sector reforms were based on neo-liberalism and free market ideology to open the public service sector to private competition. Many of these reforms impacted negatively on Māori and Māori communities, especially where whole industries were significantly reduced or shut down, such as the railways and meat works, as many Māori were employed in these industries. In the 1990s these reforms were extended into social welfare, health and education.

The role of government was redefined especially in its provision of public services. The reforms led to deregulation which led to a greater level of devolution of resources and responsibilities away from government. This created a space for Māori to deliver services that in the past had just been the sole responsibility of the government. There were some concerns though that the State was abdicating their financial responsibilities to Māori as Durie (1998) noted, "Māori economic independence was caught rather uncomfortably in the wider political agenda of user pays, reduced government spending, lowered inflation rates and a reduction in overseas borrowing. Devolution had become confused with partnership; iwi authorities were all too often indistinguishable from agencies of state, and sceptics argued that the whole exercise was a carefully orchestrated maneuver to rid the state of its on-going financial obligations to Māori" (p. 11).

Even though there have been concerns as expressed by Durie (1998), the emergence of kaupapa Māori providers was driven by not only the perceived failure of the government to deliver appropriate and effective services to Māori through the reforms, but also shaped by the drive towards tino rangatiratanga (self-determination) through the Treaty of Waitangi. This was done by employing kaupapa Māori (Māori approaches) as the facilitator of providing services 'by Māori and for Māori'.[3] HWT is one such kaupapa Māori provider that has established itself as a leading kaupapa Māori provider in Ōtautahi/Christchurch, servicing the wider South Island region from 1996. In 2007 there were 240 kaupapa Māori service providers in New Zealand (Lavoie, Boulton & Dwyer, 2010).

1.2 HE WAKA TAPU - WHAKAPAPA

HWT was established by Trust Deed on 2 July 1996 as a Charitable Trust with a six member Board of Trustees to meet the need in the community for a specialised service for Māori men to help them address their violent behaviour within their personal relationships.

The Founder, Daryl Gregory, approached mana whenua (local Māori with mana/authority over territory) and the wider Māori community to ask for their support in this kaupapa as he wanted to take a different approach to working with this issue. He believed to be truly successful you need to work across the whole whānau and not just the perpetrator of the abuse. Working with whānau and victims of abuse was not the norm and in fact was seen as an unsafe practice within mainstream providers. However with the blessing of mana whenua the naming and concept of the new organisation took shape.

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[3] This section on kaupapa Māori providers was sourced and summarised from the introduction section of 'Te Puni Kōkiri. (2002). Iwi and Māori Provider Success: A research report of interviews with successful iwi and Māori providers and government agencies. Wellington, New Zealand'.

Since its beginnings in 1996 He Waka Tapu has become:

- An accredited Family Court Domestic Violence programme provider

- An accredited Community Probation Service provider of programmes

- An approved Child Youth and Family Service (CYFS) non-government organisation (NGO)

- The regional Māori Alcohol and Other Drug service provider

- Breast Screen & Cervical Smear Wāhine Ora

- Residential accreditation for whānau support.

He Waka Tapu is situated in the heart of Aranui, one of the residential strongholds for whānau in Christchurch. HWT provides a range of services for whānau and its members that supports their healing and restoration, rebuilds whānau capacity, rejuvenates and refashions traditional practices, and strengthens whānau mana (family well-being). Whānau can access services such as anger management, alcohol and drug (including a residential programme), whānau services, personal health services and services to help individuals look for work. He Waka Tapu receives referrals from over 30 different providers New Zealand wide. HWT employs 32 kaimahi (staff) which includes 6 senior management roles (including the Chief Executive) along with front line kaimahi.

2. METHODOLOGY

2.1 THEORETICAL FRAMEWORK

The research is based on the premise that 'hard-to-reachness' is not a property of those not accessing or making the best use of service, but instead emerges from the way in which the client and their whānau interact with the service. The research draws on recent advances in service science and systems thinking to understand the way in which multiple relationships, capabilities and capacities influence the behaviours of the client and those offering the service, respectively (Foote, Finsterwalder, Frost, Nicholas, Baker, Carswell, Hepi, O'Hinerangi, Taueetia-Suia, & Taylor, 2015; Vargo & Lusch, 2016). Our research is guided by the working hypothesis that the uptake of service is a process of collaboration between the client-system and the provider-system to create value-in-context through service.

> Where:
> - The 'client-system' is the set of relationships that sufficiently describe client resources and needs in relation to the service sought;
> - The 'provider-system' is the set of relationships that sufficiently describe the mandate, resources and context of the service provider in relation to the service offered;
> - Value-in-context through service is an improvement in the situation of the service user, and is ultimately determined by the intended beneficiary of the service.

2.2 RESEARCH QUESTIONS

To better understand service as an ecosystem of interactions, and to discover what enables a client to create value through engagement with a service agency the research aimed to determine:

1. Who and what make up the service as a system?
2. What does each key participant seek to offer the service relationship?
3. What does each key participant seek from the service relationship?
4. How is service understood, configured, negotiated and delivered?
5. How does the client experience of service influence the configuration and delivery of the service and the client outcomes?
6. What historical and cultural background is necessary to understand how the client-service engagement functions?

2.3 DATA COLLECTION

A mixed methods design including a documentary analysis, in-depth interviews and workshops were used to surface kaimahi, whaiora, management, stakeholders (representatives from HWT governance, referrer and funders in the wider Christchurch social services sector) perspectives (Table 1). Data collection was undertaken between April to September 2014 and ethics approval was obtained from the University of Canterbury Ethics Committee. A total of twenty-seven in-depth interviews were undertaken. The interview guides were developed using a synthesis enquiry framework drawing on service science (Maglio, Vargo, Caswell & Spohrer, 2009), cultural-historical activity theory

(Engeström, 2004) and service dominant logic (Vargo, Maglio, & Akaka, 2008).[4] Fifteen whaiora were interviewed at a time and place of their convenience. There were nine females and six males, thirteen were Māori, one was Nuien/ Māori and another was Samoan. Their ages ranged from 25 to 61 years old, with the average age being 36 years old. Whaiora accessed a range of services including Alcohol and other Drug Residential, Domestic Violence, Parenting, Whānau work and Women's groups. Some had only recently accessed services, although the majority of whaiora had accessed different services for over a year, or had accessed them in the past and now had come back for another service. The whaiora were considered by HWT management as having varying levels of engagement. A focus group with seven front-line kaimahi considered what enabled or hindered good engagement. A total of five interviews were undertaken with HWT management including team leaders and the Chief Executive Officer. Two HWT board members were interviewed as well as stakeholders from the Ministry of Justice, Probation Service, Canterbury District Health Board - Planning and Funding, He Oranga Pounamu and The City Mission. Additional data was collected from a workshop with kaimahi, whaiora, management, governance and stakeholder representatives who collaboratively considered the way in which the relationships between kaimahi-whaiora, kaimahi- social service provider and kaimahi - social service sector enabled or hindered good engagement. Also examined were the ways in which various enablers and barriers were in tension.

Table 1   Key focus areas to support kaimahi-whaiora engagement

Method	Data Sources	Procedure
Documentary analysis	Documents including policies, and procedures, evaluation and strategy reports	Documents were reviewed to provide context to interview and workshop findings
Semi-structured interviews	Interviewees were identified in consultation with HWT management	Semi-structured interviews were undertaken and where consent was given were audio recorded and then transcribed. Verbatim notes were supplemented audio recordings.
Workshops	Kaimahi, whaiora, management, governance and stakeholder perspectives.	A kaimahi workshop canvassed the perspectives of front-line workers. A joint workshop with kaimahi, whaiora, management, governance and stakeholder representatives examined engagement as a system.

2.4   DATA ANALYSIS

Interview and workshop notes and transcripts were entered into Dedoose, a secure internet based qualitative analysis package (www.dedoose.com). Extracts were carefully read and then coded against service system and cultural historical activity theory concepts (Engeström, Y., Virkkunen, J., Helle, M., Pihlaja, J., & Poikela, R. (1996). New codes were developed to capture emergent themes. The initial findings were presented at a meeting attended by HWT management and kaimahi.

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[4] See Appendix 1 for interview guides.

3. HE WAKA TAPU CASE STUDY FINDINGS

The following section on the interview findings is structured into three sections; Whaiora, Stakeholders and Kaimahi and in each section we discuss the enablers and barriers to whaiora engagement and what makes it work well, or not, that were identified by the interviewees. These perspectives are supported with direct quotes from the interviews we undertook.

3.1 WHAIORA INTERVIEWS

The following is what the whaiora expressed that enabled them to engage well with He Waka Tapu and also what were the barriers to them engaging well. Other social services they had also accessed in the wider system were also discussed.

3.1.1 What enables whaiora to engage well with HWT?

There were many enablers of engagement mentioned by the whaiora on how HWT engages with whaiora and what made whaiora want to come back and continue with the provider. One thing that was said repeatedly was that the HWT kaimahi made them feel comfortable.

Feeling comfortable seemed to be key in the whaiora wanting to engage further. When asked how the kaimahi made them feel comfortable there were many ways, starting from the first engagement in the reception. Whaiora described how when they entered reception they were greeted with a 'kia ora' (hello) and an offer of a hot drink.

> "Oh, just you know, 'kia ora', as soon as you walk through the door, it's, 'Kia ora, are you here to see somebody?' 'Oh yeah, Fred[5]. 'Oh, yep, I'll just give him a buzz for you, just take a seat, do you want a cup of tea?' You know, it's just that simple gesture and the smile that you get with it."

> "I think that's what made me want to go back, just they were real friendly, like from the moment I went into reception, you know, the receptionist was all smiles and asked me how I was going…. and it's like they didn't treat me like another number or a pay check, they treated me as a person...and that helps."

Another way whaiora were made to feel comfortable was they felt they were listened to on their first meeting, they felt the kaimahi member really wanted to know who the whaiora was as a person and what the whaiora problems were so that they could then offer the right service to fit their needs.

> "She was just pretty friendly and pretty, like I said, just listened. Cos it's easy to go to a place to get advice and they actually can't quite give you advice if they don't even know what's wrong…Yeah, she really listened hard to see what was wrong, not just try to tell me, 'If you do this and this then you'll be all right', sorta thing. So I felt really personal."

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[5] All names have been changed for anonymity.

When asked what an indicator was, that they knew they had been listened to, one whaiora said 'You don't have to repeat yourself'. Another indicator of good listening skills was the kaimahi member 'would get stuff done'.

Other whaiora mentioned they felt they were in the too hard basket for a lot of other agencies or as one whaiora put it in the 'too black basket'. HWT meeting whaiora cultural needs was key in making the whaiora feel comfortable and wanting to engage with the service.

> "…well, I know they don't mean to but the European social workers have been that way, or they just turn up. Mary [from HWT], I know when she's coming. You get a hug and a kiss on the way in, you get one on the way out. It's just different. It's like trying to describe why my dad was different than my mum apart from the colour [of their skin]."

> "If I had to pick one thing it would be cultural. The cultural understanding I think. It'd be like putting a Japanese person with a Pakistani and trying to get them to understand the different cultures. They wouldn't have a clue and they'd just bumble their way through it and that's what I've found with the various European social workers and agencies I've come across."

One whaiora interviewed, who wasn't Māori, said they still felt their cultural needs were being met.

> "…the facilitators, they were fantastic, they catered for my culture specifically. I saw them go out of their way to cater and tweak a few things that were te ao Māori that were Samoan based or that was Pacific Island flavoured, you know…So I saw that there were a lot of facilitators and workers who allowed for that. So that was really important for my journey here."

That the whaiora were embraced and respected as a whole, including their culture, helped them to be able to engage with the kaimahi.

> "It's very important [my culture being respected] because at the end of the day it's who I am, you know, and to have…your culture respected and that, it's not just showing that they respect you as a person but they respect you as like a whole. And it's just so much easier to be able to relate and talk to other people as well, when you are fully respected like that."

An important element of culture for some of the whaiora was the spiritual or wairua aspect of te ao Māori that many non-Māori mainstream agencies could not offer.

> "…they offer that spiritual reality and the wairua, and that is, you know, for a lot of government agencies or [rehabilitation places], it's not really covered. Not that I know of all of them, but the ones that I know about though whether it be through the Bridge or if you're Māori it's a bit, it's not really, you know, a part of the focus. Whereas Māori-based, which this is, you know, takes that focus on the spirituality side of, that's what you're lacking, you know."

The whaiora were not only embraced by their culture, but also with their particular issue or un-wellness along with their extended whānau and this was important to the whaiora.

> "Yeah, well that's right, and I can walk away with my culture intact again…and that's what I value, I value the fact that I was embraced for who I was, and they saw what I come with, a sickness…Yeah, and so I value the fact that they put me central in everything they do really, and they did from the moment I've walked in I felt like I was at the centre of the therapy that they offer."

Examples of whaiora being at the centre of the therapy were numerous. For instance many said that they would be able to ring up their case worker at any time and they knew they would be there for them. They provided transport to and from courses if they knew the whaiora did not have a car, even if they lived on the other side of town. Kaimahi also advocated for whaiora trying to access other services or to gain a referral, making appointments for whaiora that fitted around the whaiora schedule of work, study, childcare and other commitments. Whaiora often mentioned how kaimahi went out of their way to help them and they did not work 9-5, as one whaiora said,

> "Because I suppose she did draw me to stay. She did in fact save my life, she came out, got in the car and came out and dragged me out of the house basically, party house, you know sort of thing. So I had that sitting in my mind."

> "…they go out of their way just to help you. I suppose you get some services maybe like that, I'm not too sure, but they actually work out of the box too, out of the circle, and help you too. They are on call, like [I can] ring them if I get frustrated."

Other ways whaiora were made to feel comfortable that made them want to stay were the personal attributes of the kaimahi themselves. Words were used such as kind, caring, open, approachable, trusting, warm, aroha (empathy), helpful, friendly, embracing, respectful, encouraging, gentle, real, but the two key attributes that the whaiora mentioned most often were they were made to feel welcome and they were not judged.

Another key element that the whaiora respected about many of the kaimahi was that a number of kaimahi had been 'in their shoes' and had past drug and alcohol, anger or parenting problems and were able to use these past experiences to make a connection with the whaiora which helped build trust and enabled the whaiora to feel comfortable.

> "He uses personal experiences…not to challenge your story, or story for story, or anything like that, no, he uses his past experiences to make you realise that you can talk to him and you can open up to him and he won't, you know, you can trust him."

> "I've had counsellors which aren't addicts and the moment I find that out, you know, it's just, well for myself you know, it's you don't know, so how can you know what I'm talking about."

> "…it surprised me a lot too, how the tutors aren't someone who's like, had a good life and then gone to university and thought, 'I might help people'. They've actually struggled through a lot of things, and so they're more qualified…Yeah, they're qualified cos they've conquered it, I suppose."

Whaiora also talked about how HWT was very good in getting the right case manager for the right person, and for the whaiora often this relationship was felt to turn from a case manager-whaiora relationship into a friendship. This included feeling like the people at HWT made them feel like whānau and that the door was always open.

> "Interviewee: So no, it's pretty cool and, you know, I get on with the kaimahi real well. Like they always say 'Hey, how are you?' Like I sit around there after course for like an hour and a half or so and just talk to everyone and, no, it's cool. I mean they don't just kick you out once you're finished, they still keep an eye on you and keep coming and talking to you and making sure you're all right, you know.
> Interviewer: Yeah, it sounds like a family.

Interviewee: Yeah, no, it is, yeah."

"I value the fact that I was part of a family. I value the fact that I had real friends. And I value the fact that I was respected as a person, that they respect my feelings. What else did I value? I value that I could speak the truth no matter how crazy it was and I wasn't, I was never looked down upon, you know."

Another key attribute of the service HWT provides that made the whaiora want to continue to engage was they were not told to do certain things, that instead they were given options.

"Yeah, I mean, and it's like they don't force you to listen, because you can only get it when you want it, you know, it's up to you, and it's like they didn't try to say "Well, you have to do this and this and this" and it's like, "Well, if you're prepared to do this" you know, "We'll help you.""

Furthermore guidance and being walked alongside with were other key enabling factors in the whaiora wanting to continue to engage. One whaiora helpfully used a metaphor to demonstrate this:

"You know how you see a garden and a footpath and there's those little lights on the side that guide you down, they [HWT] are those little lights. They ain't the footpath, but they help you down it, yeah."

3.1.2 What are the barriers to whaiora to engaging well with HWT and/or other providers?

The general barrier some whaiora said that stopped them engaging with other non-Māori services was the lack of cultural understanding of the staff in those services. One whaiora gave an example of how a lack of cultural understanding can impinge on her willingness to engage.

"They haven't got a clue. They come in, they ask questions they don't realise are insulting, and then when you get upset or angry because they're being disrespectful, you get a mark against you as being difficult or non-co-operative, whatever you want to call it…It's like, I suppose an example is – you don't just walk into my house without me saying, "come on in and welcome". You don't sit yourself down and start throwing, firing questions at me or accusations because that's just now how you do things. We don't do things that way."

"…that's why I came here, because very similar cultural aspects that aligned to my own, and I couldn't see any other way of seeking the help I needed and for me to be able to maintain what I know now. I don't believe that I could have gotten that in mainstream…In fact I've tried and that failed."

Other whaiora talked about kaimahi in non-Māori service providers not understanding them whether it be from an age, cultural, life experience or educational level.

"Because I'm looking at this little wee 18 year-old social worker I've been given. This tiny little wee thing who's looking down at me and I'm like, so you've got a social workers degree…So, you're reading straight from the book to me. Oh, I see, so you've got no children either. Okay, I've got five…how dare you tell me how to look after my f*cking children. You're a child yourself. I have children older than you, go away. Go away, get a life, have a child, with any luck the world will be nice to you or at least cruel to you and you'll get a screwed up child that's hell to deal with then come back and you might actually be a decent social worker."

Others talked about being judged or not being treated as a person.

> "…It does, you know, I've been in other places and that, and like CareNZ and all that sorta stuff. And, you know, they don't treat you like a human really, but like with He Waka Tapu they treat you like family, you know, and it makes so much difference."

> "…so like Barnardo's and things like that, they just look at you like you're nothing and they just want to tell you, well that's what I picked up when I went through it, I had to do two courses. Yeah, it was, because isn't that like, yeah well I just felt like they just wanted to get everything out and over and done with. And then off you go. Whereas He Waka Tapu and Te Puna Oranga, they really wanted to know about you and about your story, you know, yeah it made you feel good."

Or not speaking the same language so that they are able to understand.

> "Yeah, I've been to Stopping Violence Service day group, Pākehā organisation, day group but they work in a box, and that's how they work, and I couldn't figure anything out with them. I mean I still gave them, like they tried their best….[They] asked me "what did I get from it?" and I told them straight out … I liked how they talked and that but I couldn't understand what they were saying. And they said I should have stopped them, and I said, I did actually, I did stop them, but they still talked another talk which I didn't understand."

All these aspects seem to lead to a lack of connection with the whaiora. As one whaiora said,

> "I feel comfortable at Māori agencies because like, I mean, I talk about my stuff and they talk about their stuff too, and like, there's a connecting and there's a relationship there… Yeah, I just feel with mainstream that you don't have that sorta connection."

The whaiora interviewed all had high praise for HWT and its kaimahi. The main complaint was that some felt the organisation was understaffed and that this impinged on good communication with kaimahi. One whaiora was concerned that this could be viewed as disorganised and may in turn put whaiora off from attending.

> "So when someone's running around and is unsure who's taking that group or… and when whaiora are seeing that and they're thinking, well if you haven't got your shit together I'm not coming back here, and that's that, and then so you've lost another lost soul."

> "I think they need more people…It's just that, you know, occasionally, especially if someone was sick or something like that, there's no one to take over and there was a bit of a struggle, and there might be miscommunication in regards to it and they might be, you know, and ultimately that affects the programme, you know, that you're on. If there's a bit of humming and ha-ing, you know, two or three hours, it's like oh, you kind of, well I kinda sort of find it hard to sort of reconnect, if there's been a breakdown and that, you know, happens."

> "I just understand that they're, you know, they're busy. They're understaffed. That's something I noticed when I first arrived here, when I first started the programme that, you know, it was getting things organised and then putting it into structure was hard because, you know, being so understaffed and you know, doing this sorta job probably isn't for everyone."

The only other key aspect to note was that some felt that there was a lot of people who do not know about HWT, and so would not be able to access their services. As one whaiora put it,

> "Look I have probably been past He Waka Tapu, god knows how many times over the years because we've lived here three years. Didn't even know it was there, had no idea whatsoever."

> "I've been up and down, you know, most my adult life in regards to my addiction and, you know, I see a lot, 'cos I'm old, you know…but I can see a lot of young people, you know, and again I, it's up to them but a lot of them don't even know, don't have that opportunity. They know, they don't have, trying to find healing, trying to find a programme, a Māori-based programme for them, they don't know anything about it, they don't know, you know, there should be more information out there about it, yeah."

3.2   STAKEHOLDER INTERVIEWS

The following is what the stakeholders (representatives from HWT governance, funders and referrers in the wider Christchurch social services sector) expressed as enabling He Waka Tapu to engage well with whaiora and also what they identified as the barriers for He Waka Tapu in engaging well with whaiora.

3.2.1   What do stakeholders think enables HWT to engage well with whaiora

When asked about the services HWT provides in order to engage with whaiora well, stakeholders talked about HWT providing a holistic kaupapa Māori, whānau orientated approach to engage not only the individual, but the whānau as well.

> "…my impression of He Waka Tapu is that they would see the person individually and if they needed some whānau support or you know, health stuff or other things, then that will be, you know, maybe even help with employment, so it is just much more holistic, I think. Whereas other providers just do [one] bit…Yeah, I know there's peer support that they offer as well, and so like, you know, I think if a person's really motivated, they'll just try and link them into as much support as they can."

> "I think they provide a very whānau oriented approach. You know, it is kaupapa Māori, so it's got a cultural underpinning and with a good clinical kind of base. So, they've got some well-trained people there who can bring the cultural and the clinical together and whānau ora really…no matter who walks through that door, or who's referred, it's not an individual it's a person that comes with a whole range of other people and so the approach needs to try and encompass that rather than just be a kind an individualised service."

The stakeholders also talked about HWT working with people that some of the other agencies deemed in the 'too hard basket'.

> "…I think He Waka Tapu prides itself on seeing people that have not succeeded anywhere else or who've got a range of complexities that, you know, puts them in the too-hard basket for lots of people."

> "They stay true to what whaiora need…they just keep going, there's no too hard basket…Yep, so that's what I hear."

Some stakeholders described that aspect that makes HWT able to respond in this way is putting the right people into key roles.

> "…however management go about choosing the people to put into key roles, however they do that, they've got the formula right. Because they're choosing effective people who can reproduce the whanaungatanga [relationships] that those whaiora are talking about, which I think is priceless."

Whilst clinical skills were seen as being able to be trained, having 'heart' was not. Kaimahi having 'heart' rather than being academically trained was seen as the central attribute to them being able to engage well with whaiora.

> "…people with [the] right attitude, good hearts but lack getting that professional training. So [HWT] tries and gets them up to speed pretty quick…I think you get someone with the right heart they're easy to train. You get someone who's academically or technically trained, it's good but it kind of doesn't fit with [HWT's] kaupapa [purpose], you know, doesn't fit with [their] philosophy."

Stakeholders identified other key HWT kaimahi attributes to be able to engage well with whaiora was be able to develop trust, and also working outside of the 9-5 working day.

> "You want somebody who can actually hang in there and work and engage this person. Otherwise yeah, it's just technical, you know? And people are not going to divulge their sort of innermost secrets to someone they don't like or trust or who's not warm or empathetic…And then of course you have to, you actually have to come with a bit more than a 9 to 5 mentality, you know."

Additionally a lot of kaimahi are part of the Māori community so have the right connections to some whaiora.

> "I think that they…[HWT] are part of the Māori community so they've got kaimahi that have got connections right across the Māori community…But I think those connections mean that He Waka Tapu's widely known."

Some stakeholders are invited to some of HWT's programme's poroporoaki (graduation) ceremonies for whaiora which they appreciate as it allows them to hear what the whaiora gain from participating in the programme(s) and also demonstrates how the kaimahi engage with the whaiora.

> "I sat in on [a] graduation…I think just hearing the whaiora's kōrero [speech]… and their families' kōrero was really encouraging for me…it's all about the relationships they had, how wonderful, you know, the kaimahi were, how safe they felt, the challenges they faced. People individually thanking individual kaimahi for some of the chats they had in the middle of the night, and you know, 'cos I was gonna leave and if you hadn't, sort of, blah-blah-blah'. And family find it so easy to access and to come in."

Some stakeholders mentioned improvements and said that having more information about the services that HWT provides would help them in their job in discussing with their whaiora about what HWT has to offer. Attending graduation was one way that was appreciated, but also that pamphlets would help more in being able to give potential whaiora more information about HWT services or doing presentations once a year at different stakeholder workplaces, especially for new kaimahi and/or presentations at sector forums was also mentioned. Stakeholders felt that the more they knew

about what HWT provides, the better they were able to engage with their whaiora to know if HWT services would be beneficial and ultimately provide a better outcome for their whaiora.

> "I think when they presented at the symposium, I think a lot of people got a lot out of that. I think there was a lot of excitement about that and they spoke really well and…so they spoke to those, front line workers that were working in any areas of domestic violence and talked about all the agencies and all the government organisations about what they offered. So He Waka Tapu had a segment and it was just great, they talked more about the work they were doing, the grassroots stuff."

> "I think actually we need more information, I think, as a sector, about their programme and what they're providing. When they make changes it would be useful to actually get pamphlets and bits and pieces. I mean, they've got a website sure, but I think it's nice to be able to hand stuff out to us…we'd be able to advertise it to our clients, so you know, this is what they provide, with a hand-out… it would be useful to have information, you know, that you can hand to whaiora so that they can understand."

Stakeholders were also asked what helped in their relationship with HWT and what made it work well and it always came down to communication. One stakeholder described the communication they expected for their relationship to work well,

> "I guess just a real openness, transparency, a reliance on them to inform me about things that could potentially put [our organisation] at risk. Anything that could obviously impact negatively on their whaiora group, their relationships with other [stakeholders]. But it is the ongoing contact and their kind of willingness to just have open and free sort of conversations and that kind of thing."

Face-to-face meetings and site visits were also mentioned as critical components of developing a robust relationship with HWT. Not only did stakeholders talk about their one-on-one relationship with HWT, but also HWT's relationship with the wider social services sector. There is now a central coordination for referrals for Alcohol and Other Drugs (AOD) held by the Salvation Army and that relationship was seen as very important for HWT to maintain, so that whaiora who would benefit most from HWT's services would get referred to them. Attending the same stakeholder meetings and forums was also noted as important, along with developing relationships between providers from management level through to clinical kaimahi. This all seemed to help with not having a 'scatter gun' approach to referrals and to avoid doubling up on services in the same sector.

HWT's internal systems and processes were mentioned by some stakeholders as having vastly improved over the past few years and this has helped with communication and reporting.

> "I think their internal systems have improved hugely. Previously…not structured, there was no structure around admin roles, even the contracts…lots and lots of grey areas and now they are in a better space…so like reports are getting done…there is a lot more communication and then that's making a difference and leadership in there and just the whole dynamics internally has improved hugely."

There was acknowledgement from the stakeholders that hold contracts with HWT that often the rigidness of some of the contracts do not serve the needs of that hard-to-reach population well and impact upon how well HWT can engage with their whaiora.

"I've worked in this area for a long time and I know the 'too hards' that people get. And that's hard work and there has to be a wraparound service and they do offer that. And sometimes I think that does go against a lot of the contracts that they have because it doesn't quite fit into some of them and I think there's some resistance or there's been some resistance in the past, I think, to the rigidness of some of the contracts they hold, so, I can understand that."

However there was mention of future possibilities of some and/or parts of these contracts held by stakeholders becoming more flexible to fit those whaiora needs and better reflect how HWT works with the whaiora.

3.2.2 What do stakeholders think are the barriers to HWT engaging well with whaiora and other stakeholders?

All stakeholders thought that HWT engage well with the whaiora that they service, but some thought they could do more to reach those others out in the community at a grass roots level that have not come through the system.

"I don't think what they are doing is wrong, it's working. It's working and it's definitely making a difference for those consumers. But there is also another community out there that are living around them that haven't been kind of addressed a hundred percent. I mean they may know them twenty percent, [but] you need that hundred percent buy-in from them. How would they do it? Get out there."

"…but actually reaching out to the communities is a huge grey area for them. In the [health and justice] system[s] no problems."

Also one stakeholder thought that community do not know what HWT do, unless they work in health.

Communication was identified as an area for improvement in the way in which HWT engages with other stakeholders, in order to improve engaging with whaiora. A number of stakeholders talked about the lack of good communication and/or follow up, and that this in turn could affect how whaiora were referred. For example:

"So when we've got queries about how so and so is doing on the group or, yeah, some kaimahi are better than others and it definitely has improved. But still there is a bit of a feeling amongst some [of our staff]…that its hard work referring to He Waka Tapu and they'd rather not."

However it was acknowledged by the stakeholders who talked about the lack of communication that this was a two way thing and they could also do better, but everyone gets busy.

Not having HWT kaimahi actively involved in some parts of sector assessment and treatment was also mentioned as something that impinged on the quality of referrals for whaiora to HWT or other services.

"…so [HWT kaimahi member is] not involved in triage, in our triage meetings which is a huge disadvantage I think because…when we're discussing Māori clients…when [the kaimahi member] was first in this role [they were] starting to come to triage meetings and when [they] came here I just really noticed the quality when we discussed Māori referrals."

Additionally there was a concern by some stakeholders that HWT has a reputation for not turning up to sector meetings, and have a reputation of them 'going their own way'.[6]

> "I think there is a little bit of a reputation of them sort of going their own way, so it can be quite difficult to keep them pulled into working as a team. Even though they are a kaupapa Māori service and they are unique, it's important to have those links to the wider sector because we also work with Māori clients."

> "Yeah, not getting a response and sometimes, what did we have? We had a situation where, there was an incident trying to set up a meeting with their X team. We had, sort of, championing the overarching support for agencies with the X team and it took us forever to get that meeting together, and then their [kaimahi representative] pulled out, you know, on the day. You know, the sort of, there was some very woolly sort of responses that we had which are very frustrating. I think other agencies are sort of aware of that as well…And it [isn't] just once, it [is] like, several times and it makes you think that well, why? You know, do you not want to be part of that or, you know? Do you not see it as important which is frustrating, cos it is important."

Another stakeholder reflected that they felt judged by some HWT kaimahi on their role and/or position within their organisation which did not help with building a relationship.

> "…my background is counselling and I work from quite a tikanga [Māori customs] base within my own practice and so that filters through to the way I interact with people in general. And I just didn't feel that that was acknowledged or understood. They see me as [my organisation] and perhaps then maybe [as a] white middle class person that doesn't understand."

There were other wider sectorial problems overall for all the providers that act as a barrier to providers engaging with whaiora better. One stakeholder discussed the problem with over assessment of whaiora.

> "I think our clients don't always expect that they will have such a comprehensive assessment, and I think some of them…do struggle with that but I'm not saying that that isn't required, but, you know…I mean, we do in-depth assessments here as well. So I think sometimes we can just over-assess people. And it's not just He Waka Tapu, but they get assessed by us, you know, if they're going somewhere else in addition to He Waka Tapu and they'll get assessed there…Yeah, and [they are thinking] I've already told this other person this, so yeah, there can be a bit of that I think."

The lack of one database for whaiora also means the system isn't streamlined and can waste valuable kaimahi time and resources, however that's where stakeholders saw the value in the sector sitting around the table to discuss whaiora.

> "I've always thought that with your funding should come a database, you know, the X database that X use, we should all have access to that. It's just, we've all got different

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[6] The tension between providers often relates to who gets to control the referral process on behalf of providers and what client management system is utilised. HWT has 13 different funders, and utilise a client management system sufficiently sophisticated to accommodate their holistic way of working. Mainstream providers typically have a narrower focus, and fewer funders so find it easier to work on a lower specification client management system. As the needs to account to funders is different HWT accepts that some providers may view this reality as anti-collaboration. Recognising also that the use of a client management system is a commercial decision, based on price and relationship with the vendor owner, HWT is committed to finding other ways to collaborate with NGO providers.

ones…Yeah, so you've got to pick up the phone and ring round and find out by accident, really, who's been working with that person. If a client doesn't tell you, then how are you to know? So it can be difficult. But that's another reason for around the table, you know, "We've worked with that person," you know. "We've got information"."

How the different sectors have been siloed in the past was also noted as a barrier to engaging with whaiora well to ensure they receive the right service.

"It's been a battle over the years to actually work collaboratively as you can imagine…clients with mental health problems not meeting criteria for agencies, or alcohol and other drug agencies, and vice versa. Something we have had tremendous problems over the years for clients with significant alcohol and drug problems [is] getting [them] into mental health services even though the primary problem can be mental health. But it's like, "No, you've got alcohol and drug so you go that way", but they're unmanageable because of their very complex mental health nature."

3.3 HE WAKA TAPU KAIMAHI/MANAGEMENT INTERVIEWS

The following is what He Waka Tapu kaimahi/management thought enabled them to engage well with whaiora and also the barriers to He Waka Tapu and kaimahi/management engaging well with whaiora.

3.3.1 What do HWT kaimahi/management think enables them to engage well with whaiora?

Kaimahi perspectives on enablers of whaiora engagement focused primarily on the way in which the service supported the whānau "to make sure…what's in place with the whānau is appropriate for what they need". This included access to "whatever service" and a commitment to whānau ora.

"It's about their wellbeing…Wellbeing is not only about the health thing. It's everything. It's, you know…when we talked about [whare] tapa whā, it is about the whānau, it is about tinana, it's about the physical and all that kind of stuff. It's not just [alcohol and other drug] and what's happening there. It's everything."

HWT offer a suite of services, from AOD to Domestic Violence, parenting and anger management courses, through to primary health care such as community nurses and cervical screening, smoking cessation and diabetes. Having such an array of services was seen as an enabler for engaging with whaiora as there were many entry points for whaiora to access their services. Once engaged they could also keep whaiora engaged through offering other services they thought the whaiora may benefit from. Kaimahi often talked about the "door always being open" and that if a whaiora was referred outside the organisation they could always come back.

Kaimahi identified enablers of engagement with whaiora in terms of a number of Māori frameworks including Pōwhiri, Whare Tapa Whā and Te Wheke. For the example, the Pōwhiri model:

"So the Pōwhiri model is, we say, you know, haere mai [welcome] anyway. You can come in, come and self-refer. We'll have someone to you in five minutes to take you away and talk to you. So that's the karanga [call] there. There's the call there and coming into the room, the first thing we want do is we want make you feel comfortable. So we're going to get straight to the cup of tea anyway. We're going, "do you want a cup of tea, do you want a coffee?""

Engagement practices that enable engagement included providing kai, "we always put on kai", making people feel at ease "you've got to speak their language" and "I can have a laugh with them", being empathic "you've really got to identify with what's happening with them", making a connection and sharing cultural identity "it's about the connection", and valuing and being responsive to whānau needs.

> "Especially in that first engagement, it will be the Pōwhiri model, cos it is about welcoming them there, making them feel comfortable, letting them know who you are. You know, it's that whole karakia [prayer], mihi whakatau [welcome and greeting], all of that kind of stuff. Letting them see us a little bit…so they become, it's about building, it's that whakawhanaungatanga [establishing relationships]."

> "Whānau [are] also being valued here, so whether they want to have them as a support person or whether they want to have an understanding of how they can be supported during their recovery or their wellness. They are all what I would describe, ordinary elements of how we would work."

The ritual or process of welcoming and getting to know whaiora is expressed depending on the how the kaimahi read whaiora and their context. Staff thinking about how this process is observed and operating from deep personal values of te ao Māori, as well as the value placed upon these processes in the organisational culture is what makes the HWT service distinct from other mainstream providers.

> "[The Pōwhiri model can be] utilised in so many different ways. It would depend on the kamahi [worker], and it would depend on the confidence and comfortableness of the whānau as well."

> "We'll go into a room and the kaimahi will say, along the lines of, "look, you know, this is a kaupapa service, and are you comfortable if I open with a karakia [prayer] first?" Or just a "or would you like to open?" And you just get a sense, and if they're comfortable with that, we do a karakia [prayer]….So I'll tell you a little bit about who I am, where I'm from then…who are you? So, how can we make a bit of connection there?"

As well, clinical and cultural skills were seen to go hand-in-hand.

> "The capability building is not just only in the clinical or other aspect it is in that taha Māori [Māori identity] side as well so there's that recognition that it's, it's both things that need to be sorted….I'm as proud of the ability of our kaimahi to mihi probably as I am with them getting degree qualified."

Some kaimahi viewed that having experience of some of the issues their whaiora were dealing with was also seen as an enabler to engage with whaiora well, as they could understand their perspective.

> "So my life experience certainly has been helpful and I had to overcome some major barriers myself, and trying to access services, those experiences. And trying to access, yeah, just a support that would be meaningful for me. I found that quite difficult, actually."

Good engagement was evidenced by willingness of the whānau to "do some hard yakka", "attend every appointment", "that the [whānau] is driving the plan themselves", and "where they're starting to think about the future".

> "A well engaged whānau is someone that will turn up. We'll always get the ones that are in crisis and turn out when that happens. A whānau that is well engaged is when they're in a

service here, in the program or whatever, and the shit hits the fan on that day, and they still come."

Enablers of engagement include having sufficient time, the right tools, knowing the community, and having visibility in the community.

3.3.2 What do HWT kaimahi/management think are the barriers to them engaging well with whaiora?

A barrier facing the service to engage well with whaiora was getting sufficient funding and/or flexible contracts to ensure that the service is resourced to produce good outcomes.

> "We don't get enough money from the MSD to work with whānau. Because to get enough money means we could employ some more resources….Because to work with whānau, we need more time…to show really good outcomes. So what our whānau says, outcomes are mum getting up every morning at 7 o'clock, getting breakfast ready, making the lunches and getting the kids off to school. Compared to 12 months ago, where the eight year old had to get up and get the three and four year old up, you know. Those are outcomes."

> "Some people [funders] are flexible enough to say well, if you're in the game and you say that that's what you want to do, and you also said that you'll be accountable to demonstrate that you're working with families, some people [funders] are responsive to that but nowhere near enough…That's what I would say. So there's definitely a gap between the policy intentions, that's across the whole of government approaches and the ability of portfolio managers to interpret what that actually means when they look at some accountability arrangements that sit in contracts."

Another barrier noted was the ability to recruit kaimahi with people and cultural knowledge and clinical skills to effectively engage with whānau. Linked to this was the ability to retain kaimahi that do have those skills, with fair remuneration, which in turn depended on their funding.

The hours that HWT is open was also seen as a barrier to responding to some whaiora. Sometimes the crisis happens in the weekend when they are not open and by the time they do open the crisis has calmed down.

> "I think sometimes, cos when the crisis and the chaos is happening, it's outside of those 5 o'clock hours. That's the first thing. So by the time Monday, so it's happened in the weekend by the time Monday's come they've deescalated a bit. Or one's talked the other one out of it."

A negative outcome from this barrier of not being able to engage with whaiora during the weekend is that often the whaiora are left in a very unsafe environment if there is a crisis.

> "…yeah, prime example is I had a girl that had a, I got a call on a Monday morning, this is just recently, "Could you come and get me? I've been locked in the house all weekend and he's here and he's been on methamphetamine all weekend and he's crazy". And she had to pretend that she'd rung a food bank for food and that's why he unlocked the gate. And she came out and I got her in the car."

Poor communication with other providers was also mentioned by a couple of the kaimahi in being able to get their whaiora referred to them.

> "I rung Women's Refuge and there was just no one, there was nowhere for her to go. And so I left my numbers and cell phone and I am ringing in people that I know and further, and I never got a returned call. I got an email actually, yesterday, and this is two weeks ago when it happened."

Another barrier to engaging well with whaiora is when a whaiora is also working with other agencies and the rules of those agencies clash with HWT's holistic whānau wellness focus in engaging with whaiora. A kaimahi member gave this example of trying to work with a whaiora who was also dealing with CYFs rules.

> "I would like to see Child, Youth and Family work better with our whānau and with us.…Just some things around how that organisation, how Child Youth and Family are set up…They want this to happen, dah-dah-dah-dah-dah, and they're making these calls…and whānau have always said to me, "Oh, they keep changing the goal, you know, keep moving the goal post out for us, you know"…So then what happens with whānau is they become quite focussed then on, "Oh, I have to do that, and I have to do that, but I have to do that," the whole focus on our whānau being well, that whole main motivator seems to wither away and die cos they're too busy ticking off all the different departments, you know, cos I've been naughty but I'm so focussed on this that now it's all a chore."

Overcoming the fragmented nature of health and social services was seen as another barrier and an opportunity to leverage existing organisational capabilities.

> "Yeah, and so [we have] worked really, really hard to achieve that level of capability and now I guess the challenge which is facing all, our entire health and social services is to become more integrated at the delivery end within communities."

3.4   SUMMARY OF INTERVIEW FINDINGS

There was agreement among the whaiora, kaimahi and stakeholder interviewees that HWT provide a holistic kaupapa Māori based service that not only engages with the individual but also with the whānau and there was no 'too hard basket' with dealing with whaiora. Whaiora and stakeholders also all agreed that HWT was very good at getting the right case workers with the right whaiora and getting the right people in key roles within the organisation.

Both whaiora and stakeholders talked about kaimahi having 'heart' and they did not work with a 9-5 mentality which really helped with engagement with whaiora. Cultural competence of both the organisation and the kaimahi was also highly valued by whaiora in their engagement with HWT.

One of the issues raised by all three groups was there was a problem with communication either from HWT to other providers, and to a lesser degree from HWT to whaiora. However there was general agreement that this could be because they are under-staffed and that communication goes both ways and it could also be improved from organisations communicating with HWT.

Also some whaiora and stakeholders mentioned that HWT had a visibility problem. Some whaiora said that before they accessed HWT services they did not know that HWT existed, and referrer stakeholders wanted to know more about HWT services so that they could refer the right whaiora to

them. Some stakeholders thought that HWT could improve working with the community but they were very good in working with those that come through the system (those that are referred). Although data from HWT demonstrates the contrary with record numbers of whaiora accessing their services, along with the visibility of HWT in the community through community events and online presence is at an all-time high.[7]

The rigidness of some contracts between HWT and some funders was also noted by stakeholders and kaimahi, and that this could clash with how HWT would like whaiora to engage with the holistic services that they provide. Also both stakeholders and kaimahi noted that there were problems with silos in the wider sector(s) and the different agencies working constructively together, however interviewees commented that this was improving.

3.5 WORKSHOP AND FURTHER FOCUS GROUPS PERSPECTIVES WITH HE WAKA TAPU KAIMAHI AND WHAIORA

In October 2014 a workshop was undertaken with HWT kaimahi, representatives of the wider system (governance, probation and He Oranga Pounamu) and one whaiora that had been interviewed. The purpose of the workshop was to discuss the findings of the interviews about what enables or hinders good engagement with whaiora. The intention was to bring all the different perspectives of the wider system together so that the participants would get a richer understanding of what enables and hinders those deemed 'hard-to-reach' to successfully access social services. The focus of the workshop was on engagement between whaiora and kaimahi and how the wider sector supports this engagement. The following is a summary of what the participants expressed about engagement in the workshop, along with reflections of the interview findings.

3.5.1 Workshop summary

There was a clash between how HWT front-line workers want to work with whaiora and the wider institutional barriers they face. One kaimahi said that the skill of the worker is to fight those rules without breaking them. For example Pākehā frameworks are imposed on them and at times using Māori relationship models around whānau with whaiora can be in direct contradiction to those Pākehā frameworks e.g. working with whaiora in a role as 'aunty' would be in breach of the Nursing Council rules[8]. Additionally another felt that Pākehā academic qualifications were imposed on them and yet the same expectation was not required of mainstream organisations to have knowledge of te ao Māori and how to engage with Māori. However one kaimahi in the workshop felt it was better to build the capacity of the Māori providers than build the capacity of mainstream providers to cater to Māori clients. Although from the interviews with stakeholders it was clear that the social services sector really appreciated any collaborative working they did have with He Waka Tapu as they could see the quality of service for whaiora was much improved from what they could offer by themselves alone.

Contracts were discussed and some thought that they did not give long enough intervention time, and the contracts also did not reflect the complexity of the whānau and whaiora they work with. They felt that most contracts were in black-and-white and very rigid and instead needed to take in a te ao Māori perspective and be more flexible. For instance one of the workshop participants cited targets an example of rigidity. They said if you just aim at targets it just becomes a numbers game instead of

focusing on achieving better outcomes for whaiora. For example the participant said you could have 75 face-to-face contacts with a particular whaiora, but only 10 contacts may be useful to that whaiora achieving a better outcome. Although from the perspective of one of the stakeholder participants having targets was a proxy measure so that providers can be compared against each other, and in the case of face-to-face contact, research has shown this is what whaiora says makes a difference. However, there was an appreciation from the stakeholder participant that HWT do provide a whole suite of different services and sometimes these measures in contracts do not match up well to what HWT is trying to achieve with whaiora.

HWT's work is strengths focused, they focus on what the whaiora are doing well, not what they are not, and whaiora are not defined by their problem. One kaimahi said they found that other mainstream services often have a narrow focus and try to 'fix' a particular problem whereas HWT kaimahi work with their whaiora to build their confidence to tackle their issues themselves. Another kaimahi responded to the claim that some HWT kaimahi are not good at communication and sometimes do not turn up for planned meetings, saying that how kaimahi communicate is different to how staff from mainstream agencies communicate and that this can cause communication issues between HWT and other mainstream organisations. For HWT kaimahi, whaiora come first, and the stakeholder's needs and organisational rules come second. However for stakeholders it is crucial there is good communication as this leads to access pathways, referrals and follow up which is vital for future hard-to-reach whaiora in being able to access HWT's services. This is a tension but it was acknowledged by one of the stakeholders that communication challenges between providers is universal and not just unique to HWT. It can also be exacerbated by a high staff turnover in some of the provider and stakeholder agencies

One stakeholder said that relationships with other providers is key, and that they place a high value on their relationship with HWT. However one of HWT managers said they wanted to work in partnership with their stakeholders and not be the 'tag-on' Māori bit, or just another stakeholder in the larger social service provider sector. They wanted to be at the design stage of how the providers will work together in the system and not be brought in and out when needed. This reflects a Treaty of Waitangi framework of partnership, participation and protection which is how HWT would like to engage with the wider sector.

Since the majority of kaimahi and whaiora are Māori, one of the kaimahi said they are all whānau (connected) so there is no defined separation between kaimahi and whaiora. However another said it was sometimes difficult to work with whaiora who have taken on board some of the ways of relating to others and behaving from prisons and/or gangs, as this clashes with how they want to work with the whaiora. Another barrier to working with clients from the justice system was that some whaiora still had one foot in the justice system, and did not know if they would be sent to, or back to prison. As a result the whaiora could not quite commit, and HWT kaimahi felt they could spend a lot of time developing up a relationship with the whaiora, but it could all be a waste of time if they got taken into custody at their next court hearing. This kaimahi also thought that there was a lack of transition support for prisoners from prison to HWT, which made things more difficult for them and the ex-prisoners.

One thing that surprised some kaimahi was how some whaiora thought how good HWT management were at matching the right kaimahi with the right whaiora. Although some matching was done to a point, they said that the kaimahi are very adaptable and skilled and are able to meet the whaiora needs. So even though the whaiora think they are being matched well, what it really came down to was HWT having a whole team of excellent kaimahi who can adapt to the whaiora.

Another surprise for some of the kaimahi was the claim by one of the stakeholder interviewees that if you did not work in health then people would not know what HWT do. For HWT kaimahi this did not ring true or add up to the data they had, showing that this year they will see more people than last.

3.6 KAUPAPA MĀORI PRINCIPLES AND WHAIORA ENGAGEMENT

In the 1990's Graham Hingaroa Smith developed kaupapa Māori theory which is based on a number of key principles. He originally identified six principles or elements of kaupapa Māori within the context of educational intervention and research (Smith, 1990). Other kaupapa Māori theorists such as Linda Tuhiwai Smith (1999), Leonie Pihama (2001) and Taina Pohatu (2004) have expanded on the elements and principles. Other theorists who have also contributed to the development and growth of kaupapa Māori methodology include Russell Bishop, Kuni Jenkins, Cherryl Smith and others.

The resulting eight principles are:
- Tino Rangatiratanga: The Principle of Self-determination
- Taonga Tuku Iho: The Principle of Cultural Aspiration
- Ako Māori: The Principle of Culturally Preferred Pedagogy
- Kia piki ake i ngā raruraru o te kainga: The Principle of Socio-Economic Mediation
- Whānau: The Principle of Extended Family Structure
- Kaupapa: The Principle of Collective Philosophy
- Te Tiriti o Waitangi: The Principle of the Treaty of Waitangi
- Āta: The Principle of Growing Respectful Relationships

Considering He Waka Tapu's ability to engage whānau we have applied the eight kaupapa Māori principles developed to the research data to compare and analyse those unique points of difference that are anticipated from experiencing a kaupapa Māori provider.

3.6.1 Tino rangatiratanga: The principle of self-determination

The principle of tino rangatiratanga includes concepts such as, "sovereignty, autonomy, control, self-determination and independence" (Rangahau, n.d.). It is about, whānau, hapū (sub-tribes) and iwi (tribes) retaining total control within and over their nationhood, as in pre-Treaty times. Embedded in the Te Tiriti o Waitangi (Treaty of Waitangi) the sovereign chiefs sought to ensure continuity of self-determination through safeguarding evolved life ways and sovereign rights into the future.

In post-Treaty times tino rangatiratanga is no less asserted and reinforced as a goal of kaupapa Māori initiatives, allowing both whānau and the provider to control and manage culture, aspirations and destiny. In terms of whānau engagement with the recovery journey to wellness it would aspire to the notion that whānau want to become well again; politically, culturally, socially and economically. Kaupapa Māori services are perceived to be better enabled to facilitate whānau whaiora pathways to a tino rangatiratanga future, although they are often not promoted this way.

The principle of tino rangatiratanga in regard to engagement of whānau with services can be both obscure and obvious. For example, we could say that whānau might possibly be making deliberate choices to engage with the Māori provider because there was a veiled hint in the knowing spaces between whānau and provider that tino rangatiratanga might be an outcome. It asserts and reinforces the goal of kaupapa Māori initiatives: allowing both whānau and the provider to control and manage culture, aspirations and destiny in terms of engagement. The following quotes are from kaimahi at He Waka Tapu.

> "…people use terms like 'empowering'…and I say, what the hell does that mean, you know…practically what does that mean? So I think you continue to invite people to exercise their own rangatira [leadership]. How do you stand up in that? Which is what Whānau ora is about really…being dependent on others is not rangatiratanga. So it's not about saying that but it's about inviting people to explore that for a better life."

> "This trying to fix people up stuff, it's never worked. So how do you actually invite people to actually stand up and walk alongside them, and get them to bring their own skill and knowledge to it, you know? Which is then moving people away from treatment, 'This person has got a problem. We need to fix it up', whereas 'This person's actually got huge potential. How can we help them unlock it?'"

The research found that whānau whaiora are not referring to the Treaty of Waitangi by name in everyday conversation however te hā o ā rātou tūpuna (the essence of their ancestors) is discernible in their kōrero.

> "They've taught me that I don't need to put up with anymore crap in my life. I'm worthy of more, my children are worthy of more. They've put me back on the right path, I guess that you know living in violence is not okay, or acceptable. Just finding that confidence again to put myself into positions that I normally wouldn't, even socially…they've given me a bit of my life back really, the confidence to have my life back."

> "It [HWT] has changed the way I think about people. It has changed the way I act. It's changed the way I think about myself. It's changed the way I treat myself. It's brought my family back together."

The colonization journey away from tino rangatiratanga was loaded with ways and means to separate whānau from a prior sovereignty that were hapū and iwi normal. This suggests that the recuperation journey back to tino rangatiratanga also needs to be loaded with redevelopment areas and focused attention. Whānau whaiora of HWT have identified an engagement expectation around the availability of a trained qualified workforce of clinicians with whom whānau can do their restoration work, including a management capability to support them and the clinicians. One stakeholder noted,

> "I do believe in He Waka Tapu and what they do have to offer…And I respect this organisation for what they do…what I had to say about management, they work great as a team, and I see that as well."

3.6.2   Taonga tuku iho: The principle of cultural aspiration

Kaupapa Māori theory takes the position that to be Māori is normal and taken for granted. Key aspects of te ao Māori such as te reo Māori (Māori language), tīkanga (Māori customs), āhuatanga Māori (Māori attributes) and mātauranga Māori (Māori knowledge) are viewed as valid and legitimate in their own right (Rangahau, n.d.). Māori knowledge has its origins in a metaphysical base that influences the way Māori people think, understand, interact and interpret the world.

The research found that the engagement experience of whānau whaiora invited them to become part of a survival-focused world where expressions of mātauranga, wairua, tikanga and of te reo (language) were heard, seen and felt. For most whānau whaiora this recognized and affirmed their existence as a proud people who had a rich whakapapa. A world was re-opened for them that enriched their experience of te ao Māori with themselves, their whānau, their hapū, and with their iwi central in it. Whaiora referred to examples such as:

"Yeah, and just overall the Māori experience, you know, because I've sort of been lost as a kid and as an adult growing up and I finally found out who I am and where I'm at in life and, you know, I've been walking around lost for years. And I'm just grateful that He Waka Tapu helped me find some inner peace."

"It's more like a wairua [than a whakapapa experience], more spiritual."

"Oh yeah, karakia [prayer]. We have a karakia when we start, karakia when we finish. That means a lot to me…being around maraes and that and following the Kingitanga[9], I'm pretty thing about that…And you know, I like stuff like that and going back to, [Hone] does the karakia, and it's mean."

3.6.3 Ako Māori: The principle of culturally preferred pedagogy

The Ako Māori principle, "acknowledges teaching and learning practices that are inherent and unique to Māori, as well as practices that may not be traditionally derived but are preferred by Māori" (Rangahau, n.d.). The art of transferring bodies of knowledge, both the content and the delivery, have become well-used, with big meanings.

Whānau whaiora experienced learning and/or a validation about themselves as indigenous peoples at HWT, including learning about the possibility of whānau whaiora life beyond their lifestyles of addiction, violence and the powerlessness to care for themselves. This was explained by one of the whaiora at HWT.

"It [HWT] gives you the opportunity to look at your past and through wairua and through a Māori based programme that's different than just going through another rehab. There's that opportunity again for you to address something that's an essential part of my recovery in the healing of my spirituality my wairua. If I can't fix that I'm on a slippery slope."

While one of the kaimahi explained it as such,

"We, for some people don't want their spiritual and their physical wellness to be disconnected, we can speak to them in those terms, so a lot of our whānau, both Māori and Pacific don't make these artificial, or what they believe to be artificial – I suppose, so if I can talk to both your wairua at the same time that I can talk to your physical health, a lot of our whānau are like that."

This was also evidenced in whānau whaiora comments which not only made reference to how they learnt things through the HWT experience but also how the "knowing" presented itself. For example:

"I can't quantify that, it just is. She knows where you come from, she knows how you grow up and how it's moulds you to who you are today."

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[9] King Movement - a movement which developed in the 1850s, culminating in the anointing of Pōtatau Te Wherowhero as King. Established to stop the loss of land to the colonists, to maintain law and order, and to promote traditional values and culture. Strongest support comes from the Tainui tribes. Current leader is Tūheitia Paki.

3.6.4 Kia piki ake i ngā raruraru o te kainga: The principle of socio-economic mediation

Whānau and Māori communities experience many negative pressures and disadvantage. The principle of 'Kia piki ake i ngā raruraru o te kainga' affirms the need to address these negative pressures and experiences of whānau and Māori communities (Rangahau, n.d.) It upholds that kaupapa Māori mediation practices and values are able to successfully intervene for whānau wellbeing and the importance of whānau and Māori communities to come to the fore to address these issues (Wendt-Samu & Pihama, 2007, p. 25). This principle also "acknowledges the relevance and success that Māori derived initiatives have as intervention systems for addressing socio-economic issues that currently exist" (Rangahau, n.d.).

The research found that the engagement experience of whānau whaiora can be improved if whānau circumstances are able to be alleviated or assisted. Whānau whaiora made comments that highlighted the nuclear-family orientation of whānau households, the dependence on parents as breadwinners and labour-force, and the absence of available care-giving whānau members such as Poua (grandfather(s)), Taua (grandmother(s)) and/or others in their everyday lives. For one of the whaiora, the ability to bring their children along, enabled her to attend the course she was on.

> "Yeah…You can have your children there. That's a bonus, I don't have an endless supply of friends and family I can call on to watch them, so knowing you can take these guys along does help…Yeah, so that is definitely a saving grace that one, because I know a lot of times mums will say, "No" [to courses], because you can't have your children there [at other providers]."

However another whaiora found that childcare issues impacted on her ability to engage with all the services she wanted to.

> "Yeah. Oh yeah, I think their service is fantastic, it's a shame I couldn't get engaged in more of their programmes they offer but it is what it is [because of childcare issues]."

While another whaiora explained the assistance HWT had given her in order alleviate some of the negative pressures in her life,

> "We wouldn't have anything I so far if it wasn't for HWT…We wouldn't have the referral for my boy to be going to Whakatata House in a couple of weeks. I wouldn't be getting a CT scan next week and MRIs and stuff for my health. There would be no Te Puna Oranga, Pacific Trust or anything. We wouldn't have got anywhere."

Additionally many whaiora spoke of how kaimahi would come pick them up for courses if they didn't have transport.

3.6.5 Whānau: The principle of extended family structures

At the core of kaupapa Māori sits the whānau, this principle recognises the "relationships that Māori have to one another and to the world around them" (Rangahau, n.d.) Wendt-Samu and Pihama (2007 p. 25) state a necessary part of Māori survival and achievement is dependent on the tikanga that organises around whānau and collective responsibility. The practice of whakawhanaungatanga (establishing relationships) is a fundamental aspect of te ao Māori (Rangahau, n.d.). The principle of whānau and whanaungatanga come to the foreground as a necessary element for success in Māori education, Māori health, Māori justice and Māori prosperity (Wendt-Samu et al., 2007, p. 25).

The research found that the engagement experience of whānau whaiora involved inviting them to become part of a whānau and to participate in whanaungatanga. Central to this was the importance of relationships in restoring the art of whanaungatanga. HWT was founded on this principle of whanaungatanga and is embedded into HWT kawa (protocol) as a core value.

> "Yeah, they [the whaiora] all talk about [whanaungatanga], although some of them don't know the word, but they know whānau, and they know, always they use the word family, yeah, in a very positive way. Even though they come from an experience that's been negative around whānau and family, they understand what a positive experience it should be and they find that in the group sessions."

The presence of whanaungatanga was sensed in a range of ways by whānau whaiora, for instance through manaakitanga (hospitality).

> "Oh, just you know, 'Kia ora', as soon as you walk through the door, it's 'Kia ora, kia ora, are you here to see somebody?' 'Oh yeah, [Hone]'. 'Oh, yep, I'll just give him a buzz for you, just take a seat, do you want a cup of tea?' You know, it's just that simple gesture and the smile that you get with it. Oh yeah, it affects how you carry yourself into the interviews and stuff like that, and into the guidance or whatever it's called…They even like, you know, I was sitting there, and then, you know, we'll have a bit of a laugh, have a bit of, you know, it's pretty cool."

Additionally one of the stakeholders described how whaiora express their experience of whanaungatanga at HWT.

> "Listening to clients, they [HWT} provide an experience they may, that the clients themselves haven't experienced and they're talking about, you know, that it's like a family. It's like a whānau. And when I pursue that with them, "So what is it that is like a family, what is it, that it is like a whānau?" And they say things like, "Oh, you know, they respect you and they talk to you nice and they include you and they use familiar terms in terms of calling so and so Aunty and so and so Koro [granddad]"…What I'm beginning to get a sense of is that however management go about choosing the people to put into key roles, however they do that they've got the formula right. Because they're choosing effective people who can reproduce the whanaungatanga that those clients are talking about, which I think is priceless."

Additionally the process of whakawhanaungatanga, being recognised that you belong to a whānau, hapū, and an iwi and that you have whakapapa (genology), tūpuna (ancestors), a tūrangawaewae (a place to stand), a marae , an urupā (cemetery) was demonstrated by some of the HWT managers such as:

> "So we [Māori] come with our tūpuna, we come with a whole tribe. So even though one [person] might walk in the door, we know that there's a whole heap of them, you know, with them."

> "…but you know, no matter who walks through that door, or who's referred, it's not an individual, it's a person that comes with a whole range of other people and so the approach needs to try and encompass that rather than just be a kind of individualised service."

3.6.6 Kaupapa: The principle of collective philosophy

The principle of Kaupapa relates to the hopes of Māori communities and refers to the "collective vision, aspiration and purpose of Māori communities" (Rangahau, n.d.). Wendt-Samu and Pihama

(2007, p.25) state that the vision connects aspirations to political, social, economic and cultural well-being and therefore a well whānau would be well politically, culturally, socially and economically.

The research heard the common experience, the collective consciousness of whānau whaiora in engaging with non-Māori agencies as one of coming up against another collective consciousness. They encountered a people who demonstrated little to no understanding of whānau as a historical outcome living an urban whānau reality in communities with no evidence of the flourishing, prospering and thriving Tiriti-based society envisioned.

This interface brought forth a clash of collective philosophies which provided examples of the one party feeling harshly judged, being treated with disdain and disregard, and being treated in ways that appeared not to acknowledge a practice that was wanting, that seemed to not know how to work alongside high-need and complex whānau for the whānau good. Whaiora referred to examples such as:

> "…..and we've been through so many institutes or whatever you want to call them, that to actually have one and have them not put us in the too hard basket and stick around still blows my mind."

> "I've got walls that are about fifty foot thick, that anyone could get through was quite amazing. I've needed them. I know, because I get told by different social workers and shit that I'm just another one of those Māori statistics. Those girls who grow up and they're raped and they get beaten and they go from partner to partner and get abused and used. And then their children turn on them and they do drugs and they do alcohol and they do prostitution and do all this other crap. You fit into those statistics. But my general answer was, "well, honey, you don't know me and quite frankly I think if you tried to live the life I lived, you would have killed yourself a long time ago, so don't judge me."

> "Yeah, I've been to SVS [Stopping Violence Services] day group, Pākehā organisation, day group but they work in a box, and that's how they work, and I couldn't figure anything out with them. I mean I still gave them, like they tried their best."

While these two collective philosophies with their tangled experiences remain at odds with each other the engagement story might continue to reveal itself as the phenomenon that it seems to be. Whereas this quote from whaiora demonstrates that for them HWT does reflect that collective philosophy that aligns with whaiora as described in this quote in that they are the 'right fit'.

> "Like myself, you have a need and it's a matter of trying to put the round bolt in the round hole and I've been trying to get triangles and squares and so forth in there to get help. And He Waka Tapu has been the right shape, the right fit."

3.6.7   Te tiriti o Waitangi: The principle of the Treaty of Waitangi

Te Tiriti o Waitangi, signed in 1840 states the terms of the intended relationship between Māori and the Crown in New Zealand and affirms both the tangata whenua status of whānau, hapū and iwi in New Zealand, the retention of rangatiratanga and rights of citizenship (Rangahau, n.d.). Given this Te Tiriti provides a foundation through which Māori may critically analyse relationships, challenge the status-quo, and affirm Māori rights (Rangahau, n.d.).

Whānau whaiora examples of the clash of philosophies found in the previous set of responses could easily extend into the engagement found under this principle. This is where whānau whaiora, as descendants of rangatira who signed the Tiriti o Waitangi, could be similarly found challenging the

status quo, and defending whānau rights to be worked with competently and effectively toward achieving whānau-identified outcomes. Some engagement experiences of this include,

> "It's like, I suppose an example is, you don't just walk into my house without me saying, "come on in and welcome". You don't sit yourself down and start throwing, firing questions at me or accusations because that's just now how you do things. We don't do things that way."

> "They haven't got a clue. They come in, they ask questions they don't realise are insulting, and then when you get upset or angry because they're being disrespectful, you get a mark against you as being difficult or non-co-operative, whatever you want to call it."

> "I don't know. I haven't been to any mainstream services. I think it's just all Māori services because I feel that, I mean, under the thing of Treaty of Waitangi, they're supposed to, you know, accept all cultures and stuff like that, but I feel that like, Māori and mainstream, I feel there's a different connection. Like Māori, they, yeah, we're just more welcoming and, well Pākehās are too but there's just a different feel for me. Like I feel really uncomfortable, I haven't been to any mainstream agencies, but yeah, that's the feeling I get is that, yeah. I don't know. I think it's just because I've been brought up like, sorta around Maoris."

3.6.8 Āta: the principle of growing respectful relationships

In regard to the building and nurturing of relationships, the principle Āta acts as a guide in how those relationships should be conducted. This principle focuses on relationships, negotiating boundaries and it works to "create and hold [a] safe space with [those] corresponding behaviours" (Rangahau, n.d.)

Whaiora engagement with He Waka Tapu was clearly influenced by the relationship between the parties. Trust, respect and not being judged were identified time and time again as important parts of this relationship.

> "I trust her and I don't trust anyone, literally. I have no friends because I don't trust them. Don't trust them not to hurt me, like everyone else has….she's had ample opportunity to do that and she hasn't."

> "It's very important because at the end of the day it's who I am, you know, and to have your, be respected, you know, your culture respected and that, it's not just showing that they respect you as a person but they respect you as a like a whole."

> "The worst experience I could have? I guess just feeling judged and alienated for the reasons that you're there, you know? I guess that would be, you didn't get that from He Waka Tapu, because I guess everyone was in the same sort of boat going through there or similar situations. So that was kind of reassuring. So you didn't come across someone at the front desk that was judging you, 'Why aren't you black and blue?' Or whatever. So that's not necessarily the case, but no, I think if you got judged as soon you walked in it would put me off quite quickly. So they're non-judgemental."

A stakeholder observation on the impact of growing warm relationships include:

> "I sat in on the graduation of the latest mauri ora group, alcohol and drug group, and I think just hearing the client's kōrero and their families' kōrero was really encouraging for me 'cos it's kinda like taking us back to our roots, you know, it's all about the relationships they had, how wonderful, you know, the staff were, how safe they felt, the challenges they faced.

People individually thanking individual staff for some of the chats they had in the middle of the night, and you know, 'cos I was gonna leave and if you hadn't, sort of, blah-blah-blah. And family find it so easy to access and to come in."

In summary, the research has found that HWT do adhere to the values of kaupapa Māori principles in their engagement with whaiora, which in turn enables those whaiora to access and engage with the services HWT provide. It was clear with some whaiora through the interview data, that it was these very principles practiced by HWT staff in their engagement with whaiora, that made whaiora engage and continue to engage with HWT, as opposed to mainstream services.

3.7 DIAGRAM OF WIDER SECTOR SUPPORTING KAIMAHI AND WHAIORA ENGAGEMENT

Following the interviews, workshop, and focus groups, an analysis of the data was undertaken and a diagram was developed to make sense of what supports effective engagement with whaiora in the HWT case study. The following diagram shows an idealised design of how the interviewees and workshop participants said the sector ought to work so that whaiora who are deemed 'hard-to-reach' can access services He Waka Tapu provide. This discussion draws on the diagram and discusses the six key focus areas (shown in red) as well as the seven elements (shown in green) that link into those key focus areas that provide the supportive environment for the whaiora and kaimahi to engage well.
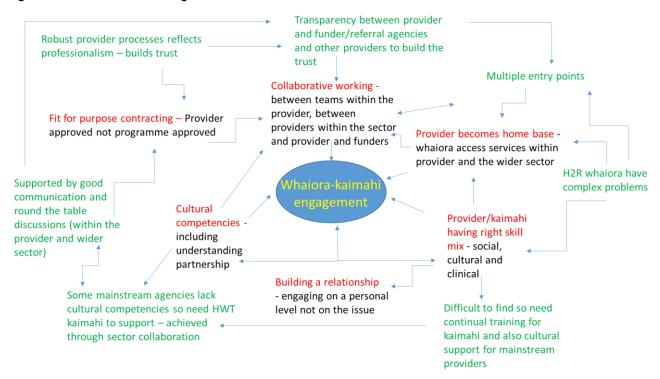
Figure 1   Whaiora-kaimahi diagram

We discuss each element in turn.

3.7.1   Cultural competencies including understanding partnership

Parallels can be drawn with how HWT kaimahi work with whaiora, and how HWT as a provider would like to work with other providers and funders in the wider sector. HWT is a kaupapa Māori provider
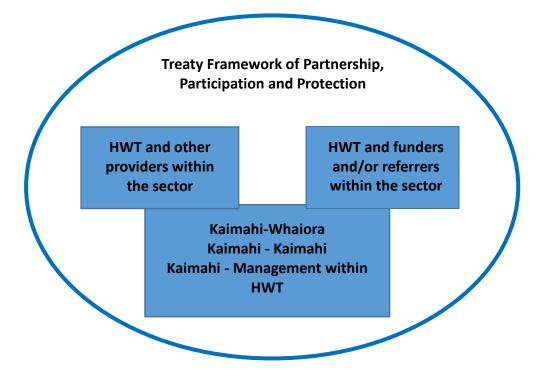
and is underpinned by kaupapa Māori principles. Part of these principles is a Treaty of Waitangi framework of partnership, participation and protection. 'Partnership' refers to ongoing relationship of partnership between the Crown and Māori. 'Participation' includes involvement of Māori stakeholders in the planning, delivery and monitoring of programmes that are relevant to Māori. Active 'protection' recognises that the Crown needs to be pro-active in delivering health outcomes and the development of preventative strategies. This may mean putting in additional resources so that Māori are able to enjoy equitable health status with non-Māori (Waa, Holibar & Spinola, 1998).

Whaiora stated in the interviews that one of the significant reasons they engaged with HWT so positively was because they felt as they were being treated as a partner in their journey to recovery and as an active participant. They were not passive participants being told what to do. They also had kaimahi who were culturally competent who could apply tikanga Māori in their engagement processes and they felt a connection and a sense of belonging with HWT as a whānau.

There was a sense from the stakeholders interviewed that HWT were somewhat inconsistent in engaging with the wider sector. However this could be because HWT did not see that the sector adhered to a Treaty of Waitangi framework of partnership and participation. For HWT the partnership needed to come first, and if that happened then there would be enhanced participation from HWT. Even though the providers are not representatives of the Crown, it is the underlying principles of the Treaty partnership that HWT seeks from the providers in the sector. When this does not transpire then disengagement from the sector by HWT is more likely to occur. This is also reflected in parallel with some whaiora who have engaged with mainstream providers in the past and, when they do not see a partnership in how they would like to participate, they too are more likely to disengage.

What is missing in the diagram is the overlay of the Treaty framework of partnership, participation and protection. When things are working well, this framework should overlay, thread through and underpin each relationship between kaimahi and whaiora, kaimahi and kaimahi, kaimahi and management within HWT, then HWT with other providers in the social services sector and HWT with funders and/or referrers.

Figure 2   Treaty framework

Treaty Framework of Partnership,
Participation and Protection

HWT and other providers within the sector

HWT and funders and/or referrers within the sector

Kaimahi-Whaiora
Kaimahi - Kaimahi
Kaimahi - Management within HWT

3.7.2 Building a relationship - engaging on a personal level not on the issue

The initial making a connection and building a relationship with the whaiora was elaborated on by one of the kaimahi.

> "…sometimes we take it for granted that the engagement first is about trying to establish a tātai, so can we have common connections that then might move us more quickly to how honest or how open people are to sharing what's going on for them or where they'd like to be. And these are old, very old Māori centred approaches. We think that by establishing a connection, [you then] get permission to share more."

Building a relationship first before 'getting down to business' was also noted in other literature when staff were working with those deemed 'hard-to-reach' or those with complex problems, especially with indigenous people. Cortis wrote, "Overwhelmingly, relationship based, client centred, inclusive practice approaches were identified as strategies for reaching hard-to-reach clients…indigenous families in particular were seen to require extra time to build trust, a common theme in indigenous research (Bennett, Zubrzycki & Bacon, 2011; Flaxman, Muir & Oprea 2009 as cited in Cortis, 2012, p. 356)".

3.7.3 Provider/kaimahi having right skill mix - social, cultural and clinical

It was important that the kaimahi had the right social and cultural skills to be able to build rapport and build a relationship with the whaiora and for the kaimahi to also have the clinical skills along with that in able to address the issues that whaiora had. Having the right cultural competencies was viewed as a significant aspect in being able to attract those hard-to-reach whaiora who were of Māori and also Polynesian whakapapa. This was also reiterated in a study of services for hard-to-reach populations in Australia where an interviewee in the research study stated, "Where we have indigenous staff, we seem to attract indigenous families. Where we don't have indigenous staff members, we don't attract as many" (Cortis, 2012, p. 357). Furthermore other research (Barrett 2008; Unger, Jones & Park 2001; Durie 2003) also shows that employing indigenous staff improves reach and engagement of indigenous clients. However some research has said that the worker's ethnicity or other 'demographic characteristics' such as gender, age etc. is of less importance than the staff skill and quality of engagement, such as having a non-judgemental, flexible approach (Forehand & Kotchick, 1996; Katz, La Place & Hunter 2007; Moran, Ghate & van der Merwe 2004; Flanagan & Hancock, 2010). Whereas in the HWT case study an interviewee stated that staff being able to enact tikanga Māori in engagement processes was seen as critical to HWT operating as a kaupapa Māori provider. For many whaiora, this was a key reason why they chose to access services at HWT. The clinical ability of kaimahi was also another facet that could not be underestimated, however it was often difficult to find kaimahi with all three attributes so often kaimahi were in training to obtain the clinical qualifications. In the words of one of the HWT kaimahi they have a, "whole team of excellent kaimahi who can adapt to the whaiora".

3.7.4 Provider becomes home base for whaiora to access services within the provider and the wider sector

One of the important aspects that was highlighted in the interviews is that those whaiora deemed 'hard-to-reach' had complex problems. That sort of complexity cannot be addressed by simple

transactional services that a lot of mainstream services deliver, based on 'You have a problem, here is the solution'.

In this respect it is also strategic that HWT provide a range of services and have multiple points of entry in order to 'capture' the whaiora. Hard-to-reach whaiora have complex needs, not single issues, and therefore it is vital that HWT can offer an array of services in a holistic manner.

> "We started off with men's violence, and then working with families. And, of course, these are normally, if you think of the clientele that we work with, and particularly the men, these are the ones that are down the bottom end of the scale normally, these are some of the most violent people. Very hard-to-reach, so we get them in the door, and while they're in the door I thought to myself, well, you know, old Joe's not only got domestic violence problems, you know, but with these problems he's got all sorts of problems."

Once the whaiora was accessing one service and the relationship was built and trust developed, then the worker could offer other services within HWT. Importantly having developed the relationship and trust with their worker, the worker was able to recommend services outside of HWT for the whaiora to access, and then return back to HWT as a type of 'home-base' for the whaiora. It was felt these whaiora would not access these other services without having first built that relationship and trust with them.

> "We tried initially referring people to other services…but of course they [the whaiora] wouldn't go, the other service had a totally different approach, we'd built the relationship… and they [other services] weren't so much interested in building the relationship, they were just delivering the service, you know. And they didn't have time or they weren't funded, you know, so just people needed to change their whole approach…So we look at the person holistically, so well, you know…forget the problem at this stage, let's just see who Joe is.…a lot of the times what I'd do is I'd work with people for months to get them to a place where they're ready to do something. And I'd say look, "Well I actually know a person, Mary, she's the best person for you to see." And now they're ready to see that person, you know. And I say, "I'll be with you, I'll support you, but you need to go and see her because that's her specialty." Then it's not so important for now, Joe, to actually build such a strong relationship with them because they've done it with us…Whereas if we have say, you just went straight to Mary, they probably won't go or if they did, you know, Mary's got a particular model and she's only got 45 minutes. And I can ask you for six sessions 'cos that's what I'm getting paid for, so there's kind of a, it's a whole different, nothing wrong with it, but it's just a different approach. So we hadn't wanted to set people up like that, but in this way, six sessions with Mary are probably going to be really good for these people 'cos then they'll come back to us and we'll go through the process.…and that's what we try to do in terms of building someone's plan. It's about okay, so where would we want to be in a year, you know, so what are we going to work on first, you know?"

This was also reflected in the wider literature, Cortis wrote "relationships with groups who may be 'service resistant' were found to require on-going one-to-one contact and counselling to ease anxiety about service participation prior to intervention, and to clarify service processes and address emerging concerns" (Avis, Bulman & Leighton, 2007; Barrett 2008; Moran et al., 2004; Stanley & Kovacs, 2003 cited in Cortis 2012 p. 356).

Another aspect of having multiple points of entry and offering a variety of services is that by having a whaiora access one of their services, HWT are able to offer other services to the whānau so that HWT can address issues for the whole whānau not just the individual whaiora. In the literature this is also

referred to as 'soft entry points'. The rationale is that you attract clients to free/low cost or non-stigmatising services and then build the relationship to then understand their needs and gain trust to offer other services (Cortis, 2012; Muir, Katz, Purcal, Patulny, Flaxman, Abello, D., Cortis, N., Thomson, C., Oprea, I., Wise, S., Edwards, B., Gray, M., Hayes, A, 2009). Within HWT this was demonstrated in their offering of non-stigmatising free personal health services such cervical screening, smoking cessation, diabetes management, health and fitness along with parenting courses and help into employment. Other ways they provided 'soft entry points' was to offer to work with the partners of those that were attending anger management and/or alcohol and drug services. A HWT manager explains,

> "[Joe's partner is] sitting outside in the car with the two kids. And I employed a whānau worker, and then her job was to contact partners so we said well let's get the partner in while he's here, and we'd worked with Joe, so look, [Joe's partner is] there, the kids are there…so we ended up trying to do health checks with them. As a kind of a non-threatening sort of approach for Joe, you know, that this is, we're not checking up on you. So we began to build a sort of the whānau ora sort of concept."

3.7.5 Collaborative working between teams within the provider, between providers within the sector and provider and funders and/or referrers

Collaborative working was a key element throughout the wider sector. It began between different teams within the provider to ensure that the whaiora were accessing the right services within HWT, and also to identify if there were other services outside of HWT that the whaiora would benefit from. Having round the table discussions was seen as an effective way to understand whaiora' needs and what services would be best for them. This was undertaken within HWT every week.

> "…what's fallen out is a very professional, clinical intake meeting, which not many teams I would imagine in New Zealand hold, where every Tuesday they get around the table, the whaiora are thrown on the table, "they've got this but they might need that so you pick that up over there" and the RNs [Registered Nurse is] involved. Yeah, a very, very good way of being able to know where everyone is and where they need to be."

Having around the table discussions (kanohi ki te kanohi – face to face) was also important between the providers in the wider social services sector. Bishop (1996) also advocates this principle in the literature of the importance of meeting kanohi ki te kanohi, "in order to debate the issues…where all involved are able to give voice to their concerns…" (p. 197).

This model of collaboration of discussing whaiora needs and/or discussing what each provider/team could provide for whaiora was often espoused as the best way forward. However it had its challenges as expressed by one of the funder interviewees.

> "Well, we've got a structure within Canterbury that is being adopted elsewhere. The Ministry are asking for it to be adopted but right across ours we're working in an alliancing structure where that is our focus really, rather than kind of contract people and rely on contracts for service provision. What we do is we get people together and identify where the gaps are and how they could be filled and then use contracts to support or to provide the mechanism for people to actually fulfil those gaps through service provisions. So, it is a model that's based on a lot of contact between people, a lot of round table discussions, a lot of ability, it relies on the ability of organisations to sort of put their own needs a little bit to the side and look at what's right for the whole system, rather than just what's right for them individually. And I think that's challenging for lots of organisations."

Another provider in the AOD health sector talked about how the Canterbury earthquakes[10] have been a catalyst at encouraging the providers to work together better in the sector and to breaking down some of those barriers.

> "So, you know, we've talked about it for at least 12 years but we are getting better at working collaboratively, and a lot of that came out of the earthquakes really, where we were forced into a position of having to meet and having to work a lot smarter with our services and getting the best outcomes for whaiora….It came through as a directive, originally from Planning and Funding where basically we had to do the best for the most complex people with the resources that we had. And those meetings have continued, those processes have continued and it's been really good because it's stopped that scattergun referral…Well I think just getting people around the table and getting people to work as one team in the community. Everyone was working in silos. People are reluctant to change their processes until you're actually forced into that position."

In the literature, collaborative working is sometimes called 'partnership working' or 'networking and partnership' (Flanagan et al., 2010; Cortis, 2012). One of the HWT staff members talked about how they linked in with the other providers and services.

> "So we [HWT] link in – some of them we join, like we're in a partnership, and some you're linking in, so you just having those monthly meetings around the table, where is [everything] at…. So, more network type of meetings. So, we would link in with every single mainstream service that sort of works in our area and those avenues."

This was seen in the literature as an important way for the sector to work effectively to, "…identify the needs of clients and potential clients, as well as gain better access to populations who would otherwise be hard-to-reach, and to build service capacity and ensure continuity for clients" (Cortis, 2012, p. 357).

Another aspect to the collaborative working within the sector was that mainstream providers or referrers said they sometimes lacked cultural competencies to provide appropriate services for those whaiora who were deemed 'hard-to-reach'. They really appreciated HWT's input into collaborative provider discussions about whaiora and what they thought would be the best appropriate service for that whaiora. Additionally HWT presenting to the wider sector in what they could provide for whaiora, enabled the mainstream providers to be able confidently refer whaiora to HWT, as they understood better what HWT could offer. One of the interviewees in the AOD Justice sector discussed how not having a key provider such as HWT as part of the Alcohol and Drug Assessment Service (ADAS) team, was a weakness in referring whaiora to HWT.

> "… there was a hope that…one of the He Waka Tapu workers was going to be actively involved in ADAS, the alcohol and drug assessment and treatment team, and that hasn't happened and that's a real shame as far as I'm concerned… And I think because we've got ADAS represented at most probation sites, if not all now, once a week they come and they're just here for half a

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[10] The 2010 Canterbury earthquake struck the South Island of New Zealand with a moment magnitude of 7.1 on the 4th of September. Some damaging aftershocks followed the main event, the strongest of which was a magnitude 6.3 shock known as the Christchurch earthquake that occurred nearly 6 months later on 22 February 2011. Because this aftershock was centred very close to Christchurch, it was much more destructive and resulted in the deaths of 185 people, and the destruction of many buildings with the CBD being closed to the public for over a year. This caused many businesses and services to relocate to other parts of the city and to work in new and innovative ways.

day and we can just come and have a chat with them, if He Waka Tapu was involved in that as well, it would be really good…that's the kind of, the big gap I feel now, I mean historically I don't think we've ever had that but there was an option with this team, particularly just with the AOD stuff, to actually really integrate He Waka Tapu with Probation and I'm not sure why it isn't happening. And I think if probation officers saw He Waka Tapu as a presence around the sites, then actually I think then they could just ask queries and stuff and hopefully then that person could go back and follow it up with whoever they needed to follow up with, I'm sure [they] probably would be able to do that. And then I think the referrals from us would increase."

3.7.6   Fit for purpose contracts – provider approved not programme approved

As discussed above the need to build a relationship with whaiora who are hard-to-reach takes more time and resources than it does to deliver a one off service that is offered to service users who have a simple one off need. Therefore there is a desire to reflect this in long term and flexible funding in order to meet the complexity of whaiora needs. This was demonstrated in HWT obtaining 'high-trust' contracts with MSD with a focus on outcomes than outputs. An interviewee describes how the high trust contract was obtained:

> "…we wanted certain things so we weren't prepared to just sign the generic contract, we were quite clear. And they came to the party and we worked through….it is more focused on the client, and I said we might have to do a lot of homework, which we do anyway. And I said, it's a bit of swings and roundabouts, you know, how we cover our costs. If it's just going to be based on the same old funding method then it won't work for us, it won't work for you…So instead of these nine separate little contracts, it all goes down to one, that money all goes down to one, and you agree on outcomes, and then you agree on how you'll deliver those outcomes and so you want to know how did you reach your outcomes and contract says you need to demonstrate this and so that's how we demonstrate it. How you get there is your business."

Lavoie et al., (2010) discuss the different types of contracting in their paper on analysing contractual environments where the different types of contracts are either classical or relational. Classical contracts are short-term, explicit and transparent and complete. While relational contracts are complex, cooperative or trust-based contracts. Both types of contracts are based on the relationship between the funder and the provider. They found that contracts, "do not occur in a social and relational vacuum. Rather, contractual relationships are best understood as extensions of social relationships" (p. 667). Additionally for indigenous providers the relationship is just as important as the contract itself. They found that relational contracts are much better suited for indigenous providers as they have potential to be flexible and improve responsiveness to local priorities and they more readily accommodate population-based, longer term strategies. Furthermore stable funding can aid recruitment and retention of qualified staff and also "provides the opportunity for alternative programming that not only draws on cultural expertise but incorporates cultural mores, values and processes, a key concern for indigenous providers" (Lavoie et al., 2010, p. 673).

Long-term funding was also cited in other literature as important to engage the hard-to-reach, Cortis (2011) noted that, "Overall, time to build trusting relationships with vulnerable groups emerged as a critical underpinning for effective engagement…Indeed, funding constraints, short-term funding and rigid service models have been observed elsewhere to mostly threaten service users with complex needs, on the basis that staff take longer to identify, engage and develop relationships with vulnerable

groups who in turn require higher level of staffing and service continuity and more flexible intervention models than others" (p.357).

At the time of interviewing, the justice sector were also moving to a more flexible contracting structure where the provider is approved to deliver the outcomes and not the programme. The justice interviewee stated,

"…we're moving into contracts that are far more flexible and are working into the need of what they believe is in the best interest of the client to achieve results to the code of practice that the Ministry's written. So it's quite a different in a way now, so, we would expect that they followed the programme that they said they were going to follow, that they would keep…notes of what's was happening for those clients, you know, any forms of assessments and yeah…so say there was drug and alcohol issues, they could put it to the Court that this programme needs to stay on hold until they may deal with those issues. Whereas that's quite different than what was in the past. So there's more scope for group programmes to work one-on-one and if it's safe, offer whānau sessions. So, that's a lot different to what [it] was previously…so now the agency is approved not the programme. And, so if there were any changes to the programme it had to go in front of a panel board around those changes. Now it is at their discretion what they believe, as long as it meets the code of practice then it is okay, so, it's really exciting."

However for one funder, although they would like to fund for outcomes rather than outputs, they felt they did not have the right mechanisms in place just yet. They said,

"We want to move to contracting for outcomes and there's a lot of work going on across [our organisation] towards that direction, but we're not there yet. We haven't got the mechanisms really, to say look, you know, we'll contract you for improving health and wellbeing of this many people with this amount of money, because we haven't got a means of determining whether that's happened. So really, what we contract for still is the activity towards that end."

However in order to move to 'high trust' contracts like the ones HWT have obtained, a provider such as HWT needs to demonstrate that they can in turn be 'trusted' by the funder to achieve outcomes with their whaiora. In the interviews with the funders robust provider data systems and processes reflect professionalism, which in turn builds trust for the funder of the organisation. Funders felt that by having robust internal administrative processes in place the provider could demonstrate to the funder easily that what they said they were achieving was matched by the data. One of the HWT managers described how having robust processes in place had aided them in securing more funding,

"…In terms of numbers of processing…we have what's called prime data, so it's all data capture that goes across to the Ministry of Health. So each of our records in the database is assessed against a standard almost. So we've just had compliance, which is great. So to be compliant tells us that our records or our actions within the database are up to a 99 percent level, which allows them to have quality data checks. So when they talk about X client doing X things they can do that with confidence from our system…And that has been a big thing, that's in the sector or in the wider sector, like at Ministry level, to be compliant is a big thing…So one area, for example the Ministry of Justice, we've gone from say something like a $20,000 contract a year to double, to a $40,000. So we're churning out the numbers so clearly they're coming to us because they're only sending them to us because we're closing files off."

Additionally transparency between provider and funding /referral agencies and other providers also aided in building that trust. Transparency was supported by good communication and around the

table discussions. A funder interviewee talked about transparency and how that was developed through an on-going open dialogue.

> "I guess just a real openness, transparency, a reliance on them to inform me about things that could potentially put [our organisation] at risk. Anything that could obviously impact negatively on their client group, their relationships with referrers. But it is the ongoing contact and their kind of willingness to just have open and free sort of conversations and that kind of thing, that's probably my best indicator."

One funder interviewee also talked about auditing as a type of 'warrant of fitness'.

> "I'm all about working with an agency. I look at audits as like a warrant of fitness and, you know, let's see what we need to fix, then move from there…'cos you get caught up in the client work and sometimes you do what's best for the client and it doesn't match the contract and it's how to work those out really."

However as noted in the interviews and the literature this all took time and needed funding to support. Cortis (2011) stated, "…like relationship building with clients, effectively collaborating and cooperating across agencies to serve families who are marginalised or who have complex needs is recognised to require funding that covers the time involved" (p. 357). Furthermore for indigenous providers this was especially so as they may also have extra demands on them to provide cultural support for mainstream providers, and this was also reflected in the interviews for HWT (Cortis, 2011).

4. DISCUSSION

The HWT case study has developed six focus areas in the wider system in order to support effective engagement with those Māori whaiora deemed 'hard-to-reach' with another seven elements connecting into these focus areas. The six focus areas are interlinked and have dependencies upon each other along with the other seven elements (as shown in Figure 1).

Two other articles in the literature, one from Australia which also has an indigenous population (Cortis, 2011), and the other from the United Kingdom identified focus areas to support effective engagement (Flanagan et al., 2010).

The first article Cortis (2011) explores strategies for targeting services to people who are eligible for assistance, but who do not access these services or whom providers find difficult to identify and engage. The study on which this article reports on was "a component of an evaluation of a large-scale Federal Government child and family welfare initiative in Australia" (Muir et al., 2009 as cited in Cortis, p. 353). They collected interview data from providers to explore "which groups are classified as 'hard-to-reach' in various service contexts and build evidence and ingredients for success in serving them" (Cortis, 2011, p. 353).

The article discusses the two decades of reform in Australia in the social services sector and how it has led to purchaser-provider arrangements. It was hoped that the purchaser-provider arrangements would lead to greater flexibility and capacity to provide specialist services for those that are in greatest need. However in reality, the social service providers have instead come under greater pressure to provide measurable outputs, and this has led to less flexibility and capacity to provide those specialist services and instead "over-provide to those easiest to assist or where results are more demonstrable ('creaming'); under provide to those most difficult or costly to assist ('skimping'); or 'dump' the most needy altogether, avoiding serving those who are most disengaged or challenging" (Cortis, 2011, p. 352).

The article states that there has been an inclination by commentators to lay the responsibility of low uptake on potential users personal preferences, attitudes and behaviours. For example an individual's "difficulty understanding information about available services, living complex or chaotic lifestyles and having low trust in professions" (Cortis, 2011, p. 353). The article also discusses a tripartite framework that Doherty, Hall and Kinder (2003) have employed that "acknowledges that patterns of service use and uptake arise from mutually constructed relationships between services and clients, with a mix of individual-, provider-, programme- and neighbourhood-level factors contributing to disengagement" (Cortis, 2011, p. 353). The Doherty study identified that one reason potential users do not uptake services, "results from organisational structures and behaviour and service design, and is not solely or primarily an individual or group characteristic" (Cortis, 2011, p. 358).

The Cortis article developed a range of actions within four identified domains that providers and their staff could utilise to strategically engage with those deemed 'hard-to-reach'. The four domains of action identified were as follows:
- Overcoming access barriers (e.g. by using 'soft' entry points and everyday environments);
- Building relationships with vulnerable client groups;
- Developing interagency networks and partnerships; and
- Ensuring staff appropriateness, capacity and sustainability (Cortis, 2011, p. 358).

Additionally the article identified 'funding arrangements' as an overarching theme that ran through all four domains of action and was "key to developing capacity across the four domains, and as such

austerity measures that constrain or destabilise funding embody particular risks for clients who are most marginalised or who have complex needs" (Cortis, 2011, p. 359).

The article also noted that these findings are based on the perspectives of programme managers and coordinators only, and that it would be prudent to seek those perspectives of those that are deemed 'hard-to-reach' in how they themselves experience service provision (Cortis, 2011, p. 359).

The second article by Flanagan and Hancock (2010) is set in the United Kingdom and explores how service providers from the voluntary and community sector (VCS) understand the term hard-to-reach along with identifying barriers and facilitators to the hard-to-reach accessing services. It was a pilot study which involved interviews from representatives from various VSC organisations. This article also identified that the blame of the hard-to-reach not accessing services may not lie with the individual, rather t the service, and is a failure of the system (Flanagan et al., 2010 p. 4).

The article discusses barriers to access of services by the hard-to-reach. Some of the barriers discussed were: previous bad experience in accessing services, especially with statutory services; physical factors such as location and opening times; funding of VCS's, that VCS's had to vie for different pots of money for providing different services and also the competition for money between different providers; relationship between VCS's and statutory organisations was poor with VCS's seen by statutory services as less valuable, and that VCS found that accessing statutory services on the behalf of their clients was difficult; and lastly the expectation of some VCS's that clients should be coming to them.

Like the Cortis (2011) article this study identified four key areas to focus upon in order best engage with those deemed' hard-to-reach'. They are as follows:
- Attitude of staff
- Service flexibility
- Working in partnership with other organisations; and
- Empowering user's involvement.

Both articles identified four areas that were similar but worded differently. These areas, also mapped on to four of the six focus areas that this research with HWT has identified. However in the Cortis article they also identified 'funding arrangements' as key to developing capacity across their four focus areas, similar to the focus area that this research has identified of 'fit for purpose contracting'. The sixth focus area of 'cultural competency' identified in this research may not have been identified in the Cortis (2011) article as they interviewed staff from mainstream providers in Australia, and as such, did not have an indigenous focus that the HWT case study does. The Flanagan and Hancock (2010) article is set in the United Kingdom and therefore indigeneity does not feature.

Table 2 Key focus areas to support kaimahi-whaiora engagement

FOCUS AREAS	CORTIS (2011)	FLANAGAN & HANCOCK (2010)	THIS REPORT	CULTURAL COMPETENCIES INCLUDING THE UNDERSTANDING OF PPARTNERSHIP	LEADERSHIP
ACCESS	Overcoming access barriers (e.g. by using 'soft entry points and everyday environments)	Service, flexibility	Provider becomes home base – multiple entry points to access service within and the wider sector		
RELATIONSHIPS	Resource-intensive task of building relationships with vulnerable client groups	Empowering users involvement	Building a relationship – engaging on a personal level not on the issue		
COLLABORATION	Developing interagency networks and partnerships	Working in partnership with other organisations	Collaborative working- between teams within the provider and between providers within the sector		
STAFF CAPABILITIES	Ensuring staff appropriateness, capacity and sustainability	Attitude of staff	Provider/kaimahi having right skill mix – social, cultural and clinical		
FUNDING	Funding arrangements		Fit for purpose contracting – Provider approved not programme approved		

The sixth focus area of cultural competencies is a critical one for HWT as it is a kaupapa Māori social service provider and as such we feel should underlie the other five focus areas. For instance with the focus area of *'Access'*, whaiora stated having HWT located in an area where a lot of whaiora may live was important along with having a Māori name that identified to whaiora that it was a Māori social service provider. With the *'Relationships'* focus area, whaiora stated that kaimahi who used culturally appropriate models of engagement such as pōwhiri, along with kaimahi enacting whanaungatanga, whereby whaiora had the sense that they were part of the HWT whānau, encouraged the whaiora to engage and to continue to engage. Cultural competencies were also important with the *'Collaboration'* focus area as partnership was included with cultural competencies and HWT wanted to be viewed as a partner in collaborations, rather than another stakeholder. Additionally, collaboration and sense of partnership between kaimahi and management within HWT was seen as key. The *'Staff capabilities'* focus area was also highlighted, not only by whaiora but also by HWT kaimahi, management and

governance, along with the other stakeholders in the sector of funders, referrers and other providers. Most felt that staff should have the appropriate clinical and social skills, as well as have high cultural competency in order to engage with whaiora well. Within the *'Funding'* focus area cultural competencies along with partnership were also identified in the interview data. In order to have 'fit-for-purpose' contracting in the form of high trust contracts a partnership model between the funder and the provider needs to be in place which recognises that the provider has the cultural competency to engage and support their target audience in a culturally competent manner. Additionally there needs to be a cultural competency understanding from the funder that Māori engage holistically with the whānau not just the individual, and therefore a variety of services is often needed, in order to be able to engage with whaiora well.

That the HWT case study came up with an extra focus area of cultural competencies and partnership is not surprising given that New Zealand has a Treaty with their indigenous people, unlike the other two studies. It would seem though, even though there is a Treaty, mainstream agencies still need reminding of the place of the Treaty in New Zealand. If they wish to effectively engage with Māori providers and or clients, then different ways of engaging are required and this includes a relationship of partnership, participation and protection as supported in a Treaty of Waitangi framework.

One attribute that was not identified in the analysis of key focus areas but nonetheless is worth noting is the role of leadership in engaging with the hard-to-reach. This important attribute runs through all five key focus areas. In the interview data of HWT kaimahi, management and governance, along with the other stakeholders all noted the role of leadership in being able to successfully support engagement with whaiora. This means to have the foresight to work with the funders to obtain high trust contracts; to provide many points of entry for whaiora to access services; to support kaimahi and management to continually up skill in both qualifications in te ao Pākehā along with skills in te ao Māori; to seek out collaborations with other providers and have strong networks in the sector; and to have relationships as central to all modes of working with others from whaiora through to HWT staff to other stakeholders in the sector. The foresight in the leadership of HWT along with vision and continually seeking new ways in which to engage with the hard-to-reach makes for a recipe of success.

5. RECOMMENDATIONS

As noted in the interview findings of whaiora, they feel HWT are very effective in engaging with them and meeting their needs. In order to further enhance whaiora engagement with the services that they need, based on the findings we recommend the following for HWT:

- Having robust policy and procedures and reporting systems has improved the confidence of the funders that HWT are achieving their outputs and outcomes as stated in their contracts. HWT should continue to maintain investment in their Information and Technology and reporting systems, and ensure that staff are utilising the systems as intended to continue the funders confidence in HWT.

- HWT to continue supporting kaimahi engagement methods with whaiora through continual training opportunities in both obtaining qualifications in te ao Pākehā along with skills in te ao Māori so kaimahi can continue to engage with whaiora effectively.

- HWT management to continue to strengthen internal relationships between staff and management as well as external relationships with other providers and funders. This would be achieved through prompt follow up and clear lines of communication and when feasible face-to-face meetings to facilitate relationship building.

- Once a year HWT could host a hui for the other providers/referrers in the social service sector to present on the service offerings HWT have for whaiora. HWT could provide resources such as pamphlets/hand-outs for the providers/referrers and/or alert the attendees that they can download their brochures from their website. This would ensure continuous relationship building and allows for HWT to host and demonstrate a kaupapa Māori process in engagement and for providers/referrers to experience such engagement.

- HWT to seek opportunities to articulate to the wider sector that as a kaupapa Māori service provider they are not just another 'stakeholder' in the wider sector and should be engaged as a Treaty partner. This would mean that other stakeholders include HWT at the design phase of any new sector initiative, and ensure that policy and intervention initiatives are designed to best respond to whaiora engagement needs. The hui referred to above could be used as a mechanism to articulate this.

- HWT management to continue to advocate for outcome focused contracts and not output focused contracts with funders to ensure HWT responsiveness to whaiora needs. For those funders who are unsure or struggling to implement outcome based contracts, HWT should encourage those funders to learn from another funder who undertakes such contracts, to help move the sector toward using outcome based contracts.

- HWT to encourage and support other providers in the wider sector to actively recruit Māori staff knowledgeable in tikanga Māori, who can work with whaiora and can also act as a broker between their provider and HWT.

- HWT to continue to work collaboratively with other providers to ensure that all providers are aware of what services all the provider's offer so everyone is able to refer whaiora to the most suitable services/providers if required.

GLOSSARY

ADAS	Alcohol and Drug Assessment Service
Āhuatanga Māori	Māori attributes
AOD	Alcohol and Other Drugs
Aroha	Love, empathy, compassion
CYFS	Child Youth and Family Services
ESR	Institute of Environmental Science and Research Limited
Fono	Gathering, meeting
Haere mai	Come here! Welcome! - a greeting
Hapū	Sub-tribe(s)
HWT	He Waka Tapu
Hui	Gathering, meeting
Iwi	Tribe(s)
Kaimahi	Worker or staff member
Kanohi ki te kanohi	Face to face
Karakia	Prayer
Karanga	To call, call out, summon
Kaupapa	Topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.
Kaupapa Māori	Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.
Kawa	Protocol
Kia ora	Hello
Kōrero	Speech, narrative, story, news, account, discussion, conversation, discourse, statement, information.
Koro	Elderly man, grandfather, grandad, grandpa - term of address to an older man.
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object

Mana whenua	Local Māori with mana/authority over land or territory
Manakitanga	Hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.
Marae	Courtyard - the open area in front of the Wharenui (meeting house), where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae.
Mātauranga Māori	Māori knowledge
MBIE	Ministry of Business, Innovation and Employment
Mihi Whakatau	Speech of greeting, official welcome speech - speech acknowledging those present at a gathering
NGO	Non-Government Organisation
Pōwhiri	To welcome, invite
Poroporoaki	Graduation, farewell
Rangatira	Chief (male or female), chieftain, chieftainess, master, mistress, boss, supervisor, employer, landlord, owner, proprietor - qualities of a leader is a concern for the integrity and prosperity of the people, the land, the language and other cultural treasures
Taha Māori	Māori identity, Māori character, Māori side, Māori heritage, Māori ancestry, Māori descent
Tangata whaiora	Client
Tangata Whenua	Local people, hosts, indigenous people - people born of the whenua
Tātai	Making a connection through genealogy
Te ao Māori	The Māori world/culture
Te ao Pākehā	The western world/culture
te hā o ā rātou tūpuna	The sound/essence of their ancestors
Te reo Māori	Māori language
Te Wheke	Te Wheke, the octopus, is to define family health. The head of the octopus represents te whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are interwoven and this represents the close relationship of the tentacles. **Te whānau** – the family **Waiora** – total wellbeing for the individual and family **Wairuatanga** – spirituality **Hinengaro** – the mind **Taha tinana** – physical wellbeing

	Whanaungatanga - extended family Mauri – life force in people and objects Mana ake – unique identity of individuals and family Hā a koro mā, a kui mā – breath of life from forbearers Whatumanawa – the open and healthy expression of emotion
Tikanga	Customs and protocol
Tinana	Body, person
Tino rangatiratanga	Self determination
Tūpuna	Ancestors
Tūrangawaewae	A place where one has the right to stand - place where one has rights of residence and belonging through kinship and whakapapa
Te Tiriti o Waitangi	The Māori version of the Treaty of Waitangi
Treaty of Waitangi	The Treaty of Waitangi was an agreement made between Māori and the British Crown in 1840. Today it is considered to be New Zealand's founding document
Urupā	Burial ground, cemetery, graveyard
VCS	Voluntary and Community Sector
Wāhine ora	Women's health
Whaiora	Client
Wairua	Spirit
Whakapapa	Genealogy, genealogical table, lineage, descent
Whānau	Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
Whanaungatanga	Relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging. It develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others to whom one develops a close familial, friendship or reciprocal relationship
Whare Tapa Whā	With its strong foundations and four equal sides, the symbol of the wharenui (meeting house) illustrates the four dimensions of Māori well-being Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell The four cornerstones (or sides) of Māori health are:

	Taha tinana -physical health **Taha wairua** -spiritual health **Taha whānau** -family health and **Taha hinengaro** - mental health
Whenua	Land

APPENDIX A: INTERVIEW SCHEDULES

A.1 INTERVIEW SCHEDULE HE WAKA TAPU MANAGERS/STAFF

Your role

- Can you tell us about your role in He Waka Tapu?
    - Linkages between their role and services with other roles/services within HWT.
    - Linkages between HWT with others outside HWT (other providers, funders, referrers, community)

Engagement

- What are the models HWT uses for engagement and how does this influence how it engages with its clients as a service?

- How has your own history and background influenced how you engage with clients and/or how you advise staff to engage with clients?

- What demonstrates HWT being whānau engaged? Are there challenges/constraints around this?

- Has past client experience of HWT shaped and influenced HWT to engage with their clients differently?

Clients

- Can you give me an example of or describe a:
    - Well engaged client;
    - Tick the box client (complainant only);
    - Not engaged or not turning up.

- Are there early success signs of clients who will engage well?

- What do you think clients consider they will gain from engaging with HWT and its services?

- In your opinion why do you think some clients who may benefit from HWT's services do not engage with HWT?

- In your opinion is there anything HWT could do differently to engage with those who aren't engaging with HWT but who could benefit from engaging? Is there anything that could help HWT to do this?

Wider system

- Are there any aspects in the wider system that constrains HWT in what they would like to deliver to those who could benefit from its services?
  - E.g. funding, referral pathways etc.

- What aspects in the wider system enables HWT to deliver their services effectively to those who could benefit?

A.2 INTERVIEW SCHEDULE STAKEHOLDERS

1. **The service as a system**
   - Can you tell me about your organisations relationship with HWT?
     - How did the relationship start?
     - How is it formalised? E.g., is it documented?
     - What resources, staff, funding, information do you provide, receive and/or share with HWT?
     - What helps to make your relationship work well?
     - What can limit or prevent the relationship working well?
     - Are there other key organisations or people that are important for HWT to do its work well?

2. **Service relationship**
   - What is it that you expect from HWT, what do you think they provide?
     - For your client (who you serve)
     - For their client (who they serve)
     - For other stakeholders?

   - What do you see as important about the way HWT organises and does their work in order to engage with those deemed 'hard-to-reach'?

   - What influence do you have on how HWT is organised and how it does its work, especially with those deemed 'hard-to-reach'?

3. **Client experience and influence**
   - What monitoring and evaluation of HWT client experience and outcomes do you receive, or require?
     - and how are these used to improve/adapt the service offered?

4. **Historical/future**
   - What are some of the ways in which the relationship with HWT has changed over time?

   - How do you see your relationship with HWT evolving in the future?

A.3 INTERVIEW SCHEDULE WHAIORA

Icebreaker/warm up questions:

How long have you been with HWT service? …

Referral pathway:

- How did you know about the HWT service? What had you heard about the service before becoming involved?

- Tell us more about how you came to be involved with HWT? Was this self-referral or mandated?

- What was your initial experience of the service?

Value:

- What aspects of the service do you really value?

- Tell us more about your relationship with your HWT worker? What do you find really positive in the way they work with you? What do you think could be better?

- Thinking generally about going to different services what makes you feel like getting involved and engaging with a service? Cultural responsiveness/e.g. whānau ora approaches? What approaches work/don't work for you? Why?

- What difference has being involved in HWT made in your life? For your whānau? (Prompts for example has this helped you access resources you need? other types of services?)

- Would you recommend HWT to your family/whānau and friends and why?

Enablers and barriers to engagement with service:

- Can you tell us a bit more about the qualities within yourself that help you make the most of the service?

- What things can get in the way of people utilising service like this? Can you tell us more about qualities within yourself, or the things around you, that might make it difficult for you to engage with the HWT service?

Any other insights? Questions about the research?

Check that client is OK

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E/S/R THE SCIENCE BEHIND THE TRUTH