



Te Roopu Waiora

Placing the direction of life back into the hands of whanau

More effective social services inquiry

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Background information

Established in 2001 as a Charitable Trust, Te Roopu Waiora is a unique kaupapa Maori, consumer based organisation, founded and governed by whanau experiencing a range of disabilities. Believed to be the only one of its kind in Aotearoa, the organisation initially served as an advisory group comprising whanau haua (whanau with disabilities) to the Ministry of Health to inform disability policy for the Auckland region. As well as supporting whanau haua engage social services; the Trust continues its role of advocating for and by whanau haua with organisations across all sectors.

More effective social service inquiry

This paper has been submitted to inform the work of the Productivity Commission and the inquiry into more effective social services. Although the issues raised herein are reflective of whanau Maori and in particular those experiencing disability, it is recognised that commonalities are apparent among other populations in Aotearoa. As a pan iwi, urban Maori entity, Te Roopu Waiora has established a working relationship with Mana Whenua I Tamaki Makaurau, in recognition of their specific roles and obligations to manaaki communities within their rohe, including our own. It is from this position that our submission is made.

Whanau Volunteers

The importance of volunteers is critical and largely undervalued by society. Volunteers come from of a time when whanau supported whanau and neighbours socialised and helped each other in the spirit of reciprocity. Today their presence keeps the essence and real meaning of 'community' alive as a philosophy. In urban cities especially, 'community' is no longer a common feature of neighbourhoods or interest groups - where instead, service providers through contractual obligations largely provide that support. This is particularly evident in the disability sector, where the roles and obligations of whanau caring for their disabled members has transferred to institutions and providers since the 1940s. Across all populations and localities, residents have largely become insular and isolated; while people living next to each other as strangers is commonplace.

The disability sector comprises some consumer based organisations that are re-introducing the concept of whanau supporting whanau. Although manaakitanga and mana do not equate to the western notion of volunteering, there are some similarities of intent. These groups are building the capacity of whanau to reclaim the role of determining their own lives and to also support others facing similar struggle. It is a movement, focussing on a different type of voluntary approach that is based on whanau rather than individuals. Te Roopu Waiora a small organisation, has a large membership that continues to grow through applying this concept of 'whakahokia ki nga whanau'. This does not mean the role of social services is not needed; quite the opposite. It does however call for a rebalancing that invests in the deeper meaning of community and the reinforcement of mana whanau.

The role of Mana Whenua Iwi

Although a number of Iwi have developed as providers of social services; in Tamaki Makaurau, a more critical role has been adopted. Mana Whenua I Tamaki Makaurau, a collective of 10 hapu, has claimed a governance role as Treaty partner with Counties Manukau DHB.

It is recognised that the status of Maori health is currently unacceptable and the relationship between CMDHB and MWiTM is developing to jointly support improved Maori health and wellbeing. As a Treaty partner, MWiTM is not a provider of services and has instead adopted the following roles in relation to Hauora Maori:

- To validate Maori knowledge and set the bench mark of tikaanga practice for all health services operating within its rohe
- To form a shared decision making role that reviews, plans services and allocates resources with CMDHB
- To establish an evaluation role that gauges how well health services (government and non-government) respond to Maori consumers and their aspirations within its rohe.

Evaluation

This is the key driver for the other two roles of MWiTM. A Maori outcomes measure developed by the Maori studies dept of Massey University has been modified and used by MWiTM to encourage whanau to evaluate services they engage with. Through MWiTM as an *independent* entity, whanau are able to identify:

- organisations that have made a positive or negative difference to their level of wellbeing through indicators important to Maori
- what their aspirations, goals and priorities are for the near future

Planning

The findings sourced directly from whanau provide information for both CMDHB and MWiTM to review alongside clinical health indicators (determined by the Ministry of Health) and progress sourced from providers. This allows a broader and more appropriate scope of data on which to form policy, decide resource allocations, service menus and performance that aims to improve Maori health and wellbeing.

Through Te Puni Kokiri's Whanau Ora former WIIE programme, an insight into priorities and aspirations that whanau identified for themselves revealed the gulf that exists between priorities government set for Maori.

During its application, over 40,000 Maori participated in developing their own whanau ora plans - providing for the first time ever, a valuable source of information to aid social services planning nationally. The realisation quickly became apparent to those who analysed the data,

that the menu and approach of services had been established before whanau priorities had been identified. A mismatch was therefore inevitable. Worse still were the attempts by some agencies and providers to influence the goals of whanau and align these with their own contracted services and performance indicators.

It is no wonder then that disparity of Maori wellbeing persists as whanau continue to be sidelined observers of decisions made about their lives. Ownership of goals and aspirations is fundamental to whanau reclaiming their obligations and responsibilities and therefore must be recognised in the future framework for more effective social services.

Advisory and Governance

Significant effort is made to provide opportunities for Maori to contribute to most strategies and policies that have some impact on our communities. While this is an improvement over the last two decades, some role clarity is needed to distinguish our perspective roles. In a number of forums, Te Roopu Waiora sits alongside other community representatives and Mana Whenua in the planning of social and health initiatives with government agencies.

As a community of whanau haua, we have a unique and comprehensive body of knowledge that must inform any policy that impacts Maori with disabilities. We therefore expect that the quality of decision-making depends on:

1. our ability to provide accurate and relevant information and
2. the commitment of decision makers to seek and utilize our specialist knowledge.

However as with all other communities; our interest goes only as far as the wellbeing of those we serve. Mana whenua on the other hand, have to consider how all people including government agencies and corporations in their tribal territories care for or abuse the land, water ways and environment or how organisations respond to whanau living in their rohe. It therefore makes no sense that the status of Mana Whenua is diluted to the role of advisor alongside community groups, instead of as Treaty partner with the Crown.

Shared decision-making

The role of mana whenua iwi in shared decision-making with government is vital to independently identify whanau aspirations and service experiences. Mana whenua has a role distinct from service provision. It is one that monitors the quality of services provided to all whanau in their rohe. It carries obligations and expectations that government agencies, urban Maori mataawaka groups or mainstream organisations do not have; that broadly incorporates whanau and environmental wellbeing. The kaitiaki and manaaki responsibility of Mana Whenua is intersectoral and intergenerational, carried by their ancestors as well as their future descendants. This is a role that validates the Treaty partnership and must therefore be strengthened to address the underperformance of the relevant sectors and its agencies resourced to improve Maori wellbeing.

Matauranga Maori and tikaanga best practice

The state sector reforms of the 1980s and the devolution of Maori Affairs was the catalyst for creating Maori specialists within government departments. To support culturally incompetent agencies; kaumatua advisors, Maori managers and Maori teams were seen as a mechanism to advance Te Urupare Rangapu, the Bicultural Response strategy at that time. This was soon mirrored among Pakeha non-government organisations delivering services to Maori. However 30 years on, the effectiveness of this approach must be called to question. There is significant wastage in continuing to fund organisations that are simply not delivering, particularly to Maori. After decades of cultural competency training and a raft of other strategies, the time has come to cease investing in services that are not improving Maori wellbeing. It almost appears that decision makers and auditors have become desensitized to the inequitable position of Maori across all socio-economic indices.

The advent of Maori specialists within Pakeha organisations (mainstream) was to ensure appropriate engagement with Maori and the application of tikaanga practices throughout the organisation. Recruitment processes to appoint such people however have largely been the domain of managers not usually qualified to make these decisions. While a kaumatua advisor may often be present, the technical skills sought by the organisation will prevail in the final appointment decision made by the supervising manager. As a result, tikaanga practices, particularly in Tamaki Makaurau have been introduced across various agencies that have no bearing to the tikaanga and kawa of the local hapu or iwi.

Feedback from a number of Maori teams within government and non-government agencies highlight a number of common issues they experience, which includes:

- being the sole repository, trouble shooter and dumping ground of Maori issues and challenges within a mainstream organisation
- being blamed by their colleagues and managers for failing to improve the overall status of Maori service users
- poorly resourced and carrying heavier workloads than their non Maori colleagues
- the only body responsible for exercising and demonstrating Maori practice and knowledge within a mainstream organisation
- the only performance indicator that shows Maori competencies exist within the organisation
- justification for the organisation to ignore genuine Maori community involvement and engagement due to the existence of a Maori team
- by default the reason why Maori knowledge and skill is not recruited across all positions in the organisation

Maori teams are often perceived by their own communities as obstacles to the service provided by the organisation that employs them. The expectations Maori have of the Maori specialist usually far exceed the position they hold or responsibility assigned to them. Used

often as the bearers of bad news or justifiers of poor practice; morale among Maori teams is commonly low while frustration is unusually high. This can manifest in a broad range of dysfunctional behaviours and practice that has far reaching implications. The role of Maori specialists within the social sector is well overdue for a complete overhaul.

Many kaupapa Maori organisations have ensured that local kawa and tikaanga is applied in the same way as it does when visiting a marae from a different hapu. However some have not. Considering too output focussed, restrictive service contracts; the practice of tikaanga is often inadequately resourced and applied. This has a bearing on the way in which organisations respond to whanau and their perceptions of service quality.

Performance indicators are likely to be achieved if adequate resource is available to undertake the work. There is however no denying the disparity of funding to kaupapa Maori organisations compared to the investment into Pakeha organisations (both government and NGOs). This would not be such an issue if the socio-economic indices for Maori were comparative to Pakeha. But they are not; and nor do the funding authorities apply consistent consequences to non performance.

It stands to reason then that the partnering role of Mana Whenua to review funding, set the benchmark, and monitor tikaanga and service responsiveness to Maori is a valuable and significant one.

Service Fragmentation

Minister Adams recently announced the formation of a high level ministerial group to coordinate every intervention in the family violence space using a single point of reference. However with housing, health and disability sectors taking a similar approach on specific and critical issues, the need to then coordinate coordination becomes apparent.

From the perspective of whanau, sector based coordination or locality case management merely shifts service fragmentation to another level and serves no real purpose. With Whanau Ora offering a similar approach through navigation, the aim of all these initiatives is to manage whanau through an array of complex, fragmented service interventions. The focus and resource investment is therefore channelled towards navigation or coordination; instead of addressing the reason why such approaches are needed.

The isolated sector approach to planning, purchasing and evaluation of service provisions is the root cause of fragmentation, and fixing whanau while ignoring systemic and structural failure is akin to putting a band-aid on a bullet wound.

Integration is poorly understood and therefore applied in this country. While high trust contracts are the focus of MSD, proper integration can only occur when a collective, adequate budget is developed to purchase intersectoral, wellbeing outcomes that whanau have a key role in deciding. In terms of Integrated Information Systems; the various client databases

owned by as many government agencies are not able to talk to each other as they were written on different platforms. At the same time no one agency is prepared to start a fresh in terms of data; so good money continues to follow bad in an effort to data cleanse and duplicate the fields others are already inputting. The impact on whanau is repetitive, intimate, personal questions probed by well intentioned social sector staff ignorant to the fact that they are the 10th stranger within the last week to trample the mana of this whanau.

Integrated continuums of cross sector services that plan entry, service delivery and exist across the entire whanau journey is a no brainer. Several small attempts in South Auckland show exciting prospects as do others throughout the country that have yet to surface in the public arena. These have very little resource and are usually the life work of those involved. Most of who are service users themselves. An intersectoral platform to showcase these examples should be held often as a way to generate ideas for the future.

Conclusion

As a kaupapa Maori organisation founded and governed by social sector consumers, it was important for our views to be included in this inquiry. It is noticeable however that many Maori communities were unaware of this work, so much more needs to be done to ensure a broad range of relevant views are captured. Better ways of ensuring Maori experiences and perceptions are included must be found, or we run the risk of implementing changes that fall short of their intent.