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# Whānau Ora; He Whakaaro Ā Whānau: Māori Family Views of Family Wellbeing

Amohia F. Boulton
*Whakauae Research for Maori Health and Development,* amohia@whakauae.co.nz

Heather H. Gifford
*Whakauae Research for Māori Health and Development*

# Whānau Ora; He Whakaaro Ā Whānau: Māori Family Views of Family Wellbeing

**Abstract**

This article presents the findings from two studies that investigated the concept of whānau ora (family wellbeing): One examined the nature of resilience for Māori whānau and how resilience relates to whānau ora; while the second investigated the impact of the Working for Families policy on Māori families' perceptions of whānau ora. In each study, Māori were asked to define whānau ora for their family. The responses to the "whānau ora" definition question in each of the studies were separated out to derive a unique dataset of 46 whānau definitions of whānau ora. A secondary analysis of responses was undertaken specifically for this article and these were compared to the whānau ora outcome definition outlined in the Report of the Taskforce on Whānau-Centred Initiatives (Taskforce on Whānau-Centred Initiatives, 2010). The degree of concordance between the definitions of whānau ora expressed by Māori families and those espoused by the government's Taskforce is outlined. The article discusses the variability in understandings around whānau ora and the implications of our analysis for social service delivery and social policy development.

### Whānau Ora; He Whakaaro ā Whānau: Māori Family Views of Family Wellbeing

Māori, the Indigenous population in New Zealand, experience poorer health and wellbeing outcomes across a range of indicators when compared with the wider New Zealand population (Blakely, Tobias, & Atkinson, 2008; Robson & Harris, 2007). In response to these persistent inequalities and their multiple causes, successive governments have developed a range of policies and strategies aimed at improving the economic, cultural, and social wellbeing of the Māori population. The latest in a long line of social policy approaches to reduce the so-called disparity gap is an initiative with a unique "political genesis" (Ryan, 2011, p. 105). The "Whānau Ora Approach to Social Service Delivery" (Taskforce on Whānau-Centred Initiatives, 2010) is an initiative aimed at caring for, and meeting needs of, Māori families, fundamentally based on Māori cultural values as well as a distinctly Māori concept: that of *whānau ora*[1].

This article seeks to achieve two things. Firstly, it posits the argument that while the term whānau ora is well understood at a policy and service delivery level, the term is less well articulated by Māori families; indeed, understandings of whānau ora are variable and diverse amongst the general Māori population. This conclusion is derived from the combined analysis of two qualitative studies undertaken in Māori communities where participants were asked to define the term whānau ora. Secondly, and importantly from a social policy perspective, the article considers this combined analysis in light of how the Whānau Ora Approach to Social Service Delivery was conceptualised and articulated as a policy initiative. The initiative emerged as a consequence of perceived need on the part of Māori politicians to effect lasting change for Māori whānau; after extensive consultation with Māori communities, the initiative was developed by Māori public sector policymakers, in conjunction with Māori leaders in the fields of health and social service provision. Yet, the research presented here indicates that, for Māori whānau, the elements that constitute whānau ora do not necessarily match those of the policymakers: understandings of whānau ora prove to be as diverse as the Māori population itself. The implications of this diversity of view, particularly in terms of measuring the success of the Whānau Ora Approach, for service delivery and for on-going policy development are discussed.

### Background

The term whānau ora is commonly used in health settings, amongst Māori health providers, and at the central government level (Boulton, Tamehana, & Brannelly, 2013; Chant, 2011); however multiple understandings or definitions of the concept abound. The emergence of whānau ora from a term commonly used by Māori providers in the 1990s to describe a model of practice to its use now as a flagship health and social policy is outlined in a separate paper (Boulton et al., 2013). Suffice to say that, in addition to a range of definitions, the term is used in a number of ways in the New Zealand health and social services sector, creating layers of complexity and the potential for misunderstanding. To explain further, whānau ora is at once a *philosophy* (which focuses on the health of the whole whānau or family, not just the health of the individual), a *distinct model of practice* (embracing the health and social service sectors), and *an outcome* in its own right (Taskforce on Whānau-Centred Initiatives, 2010).

At a philosophical and conceptual level, Māori understand whānau ora to mean the wellbeing of the extended family, where wellbeing is measured or considered in its broadest and most holistic sense. In keeping with the worldviews of other Indigenous peoples globally (King, Smith, & Gracey, 2009;

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[1] *Whānau ora* is defined as meaning "wellbeing of the extended family" unless otherwise stated in this article.

Lutschini, 2005; Waldram, Herring, & Young, 2008), optimum health and wellbeing can only be achieved when all facets of a human's lived experience - cultural, spiritual, physical, emotional, environmental and economic - are in balance. Optimal wellbeing for Māori necessarily includes the wellbeing of not only of the individual, but also of the individual's immediate and extended family (whānau), sub-tribe, and tribe. Proponents contend that whānau ora, or the wellbeing of the extended family, can only be determined by ascertaining the health of a person across a number of indicators, many of which lie outside of the health sector (Durie, 2006; Kiro, von Randow, & Sporle, 2010; Panelli & Tipa, 2007). In recent policy discourse, such indicators have necessarily considered social gains such as health; education and societal inclusion; economic gains, as in an expanding asset base; cultural gains including participation in Maori cultural life; and collective gains like intergenerational and broader kinship network gains through collective action and reciprocity (Māori Economic Development Panel, 2012; Ministry of Social Development, 2008a; Taskforce on Whānau-Centred Initiatives, 2010).

As a distinct model of practice, the origins of whānau ora lie in a body of work championed by Māori health providers, community leaders, policy makers, and Māori academics. Clearly articulated models of whānau ora practice began emerging in the late 1990s and described the practice of whānau ora as family-based services, where the emphasis was not on the nuclear family but on wider kinship networks (Crengle, 1997; Gifford, 1999). Whānau ora as a model of practice is grounded in Māori understandings of health and wellbeing, operates according to the principles and processes of *tikanga* (cultural values and norms) and is driven by a commitment to *tino rangatiratanga* or Māori self-determination (Boulton, 1999). These early models and ways of working with Māori families have been further consolidated over the last fifteen years by Māori health and social service providers across the country (Abel, Gibson, Ehau, & Tipene Leach, 2005; Kidd, Gibbons, Lawrenson, & Johnstone, 2010). As a consequence of the models having emerged organically from localised practice, a great diversity of whānau ora approaches are apparent and may be found within the range of Māori health promotion, community development, and primary health services available today; in other words, each individual Māori health service will have its own unique interpretation and application of the concept. Unfortunately, these localised understandings of whānau ora serve to add to the complexity of developing a shared understanding of the term.

The idea of whānau ora as an ultimate outcome or state of being for a family, one which can be quantified, measured, and ultimately achieved, has emerged in the last two years with the introduction in 2010 of a new national policy: the Whānau Ora Approach to Social Service Delivery (Taskforce on Whānau-Centred Initiatives, 2010). It can be argued that the creation of this policy provides a much-needed impetus and opportunity to articulate the various components of the approach in a consistent manner.

The Whānau Ora Approach, as espoused by the Taskforce on Whānau Centred Initiatives (the Taskforce) and outlined in their 2010 report, provides a conceptual framework to guide health and social service agencies' work in a more cooperative and coordinated manner (Taskforce on Whānau-Centred Initiatives, 2010). Furthermore, the report clarifies the myriad of domains in which whānau ora activity can occur, defines a series of whānau ora outcomes, and outlines the groups within society and institutions of state responsible for the achievement of these outcomes. The significant addition of a dedicated budget appropriation (from general taxation through Vote: Health, the means by which New Zealand's health and disability system is primarily funded) and a focus on improved cross-sector integration has resulted in the Whānau Ora Approach becoming a key strategy of New Zealand health and social policy for Māori.

## How Families Understand the Term Whānau Ora

Whilst the existence of a national policy framework may assist to clarify the various understandings and meanings of whānau ora for politicians, policy makers, and health and social service providers, among the recipients of the policy themselves (that is, Māori families in the community), a common understanding or definition of whānau ora remains elusive. The term whānau ora is often broadly interpreted, usually being translated to mean "family wellbeing." The exact nature of family wellbeing, its components and characteristics is not necessarily elaborated upon. Therefore, while service providers, practitioners, and health and social service professionals may assume an agreed appreciation and understanding of the term, evidence from two qualitative research projects conducted with Māori community members suggests that, for Māori families, understandings of whānau ora are diverse and generally context-specific.

There is a dearth of empirical material on Māori families' views of whānau ora and the elements that constitute whānau ora. Consequently, little is known about how Māori families perceive whānau ora and whether these perceptions align in any way with those of the health and social service providers charged with delivering whānau ora services or with those of central agency officials responsible for developing policy and allocating the requisite funding.

This article goes some way toward rectifying the lack of empirical data regarding understandings of whānau ora from the perspective of whānau themselves and offers an analysis of the degree of alignment or concordance between the views of Maori families regarding whānau ora and the whānau ora outcome goals as outlined in the Taskforce report (Taskforce on Whānau-Centred Initiatives, 2010). The following section outlines the methods by which whānau understandings of whānau ora were gathered and analysed.

## Combining the Results from Two Separate Qualitative Studies

This article presents two sets of analyses. The first was derived by combining the results of qualitative interviews drawn from two separate, but related, studies. The second, arguably deeper analysis, reviews themes from the combined set of qualitative whānau interviews and compares these against the government's goals for whānau as outlined by the Taskforce in their 2010 report (Taskforce on Whānau-Centred Initiatives, 2010). The process by which this secondary analysis was done is described later in the article.

## Methods

The first set of analyses combines the results of two different studies each of which asked Māori whānau to provide a definition of whānau ora, *for their family*. The first study examined the nature of resilience for Māori whānau and how resilience relates to whānau ora; the second investigated the impact of New Zealand's Working for Families policy on Māori families' perceptions of whānau ora. The methods used to collect the qualitative data presented in this article are described briefly below. A more detailed description of the full range of methods used in the two studies may be found in other publications (Boulton & Gifford, 2010, 2011a, 2011b; Boulton, Gifford, & Tamehana, 2010).

**The Working for Families (WFF) Study.** The "Working for Families" policy comprises a package of social welfare benefits targeting low-to-middle income families with dependent children (Perry, 2004) with the aim of providing incentives to those families to participate in the paid workforce and, by extension, contribute to a reduction in child poverty (True, 2005). Components

of the policy include increasing family incomes, "making work pay," assisting with childcare costs, and providing more affordable housing for families (Ministry of Social Development, 2008b).

The Working for Families (WFF) Study involved four discrete phases of data collection activity: (a) interviews with key informants regarding the intent and expected target audience for the policy; (b) identifying all households in a longitudinal survey (Te Hoe Nuku Roa[2]) who qualify for Working for Families assistance; (c) analysis of these households over time to assess how their whānau wellbeing has changed since the introduction of the policy; and (d) interviews with a subset of these households to gather in-depth data on their understanding of the policy and its perceived effects on their whānau wellbeing (Boulton & Gifford, 2010, 2011a).

The findings presented here derive from this fourth phase of data collection: qualitative interviews with 30 households from the Te Hoe Nuku Roa study who were in receipt of Working for Families assistance. The interviews used a semi-structured interview schedule developed by the research team and explored, among other things, the meaning of whānau ora for participants. Questions included: "What does Whānau Ora mean to you and your whānau?" and "If all aspects of life were going really well what would that look like for your whānau?" Interviews could include as many family members as the whānau thought necessary, although the majority of interviews were only conducted with the mother of the family. Interviews averaged thirty minutes in length. Each interview was recorded and transcribed and an inductive thematic analysis was completed by the members of the research team (Cresswell, 2009).

**The Resilience Study**. While there is a growing international literature relating to the concept of cultural resilience (Fleming & Ledogar, 2008; Ungar, 2008), there is little published material available which explores and critiques the concept of resilience from an Indigenous perspective (Andersson, 2008; Boulton & Gifford, 2011b; Lavallee & Clearsky, 2006; Walters & Simoni, 2002). In the Resilience Study, we explored the concept of resilience; its usefulness and applicability to Māori, whānau, and communities; and the extent to which the concept of resilience contributes towards the goal of whānau ora. Specifically, the project explored: (a) the relationship between whānau resilience, Māori primary health concepts, and interventions such as whānau ora; (b) how primary health approaches may mitigate risks to the individual through enhancing their personal capacities and abilities; and (c) how engagement in Māori primary health services can strengthen whānau resilience through improved access to a range of culturally relevant resources.

Using exploratory qualitative research methods in a single case study site (where the case study was a Māori primary healthcare provider), two phases of enquiry were conducted. Phase 1 comprised a comprehensive literature review: A review of case study documents and key informant interviews with case study employees and board members to identify how concepts of resilience are incorporated into a primary health care providers' whānau ora approach. In phase 2, a series of sequential focus group (SFG) interviews with case study consumers were conducted to gather evidence of implementation of these concepts and in particular, how participation in Māori primary health services had impacted whānau resilience. The sequential focus group method is a novel approach to qualitative data collection with Indigenous populations that has been developed by the

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[2] Te Hoe Nuku Roa (THNR) is the longest running longitudinal survey of Māori households, comprising a survey using a random sample of 850 Māori households (2500 individuals) (Durie 1995; Te Hoe Nuku Roa Research Team 1997, 1999).

authors in collaboration with Indigenous researchers from Canada[3]. It relies on the same group of participants meeting over the course of a number of weeks (in this instance, four) to explore issues in depth. In the fourth week of the sequential focus group, participants were asked to define whānau ora. Initial definitions provided were then workshopped in the focus group under direction from the research team, analysed, and discussed until the participants arrived at an agreed definition of the elements that constituted whānau ora. It is the data collected in the course of the SFGs that are drawn upon for this article.

## Results

While the two studies had different overall objectives and engaged with different groups of people, participants in each study were asked to provide their views on whānau ora, what whānau ora meant to them, and what the attainment of whānau ora would look like for their family. The qualitative data from each project pertaining directly to understandings of whānau ora were extracted, then reviewed and analysed thematically by a team of senior researchers, each of whom had been involved in the original studies. Originally, only intended to inform our ongoing work investigating the implementation of the "Whānau Ora Approach to Social Service Delivery" as commissioned evaluators, it soon became evident that the diversity of views regarding whānau ora that we discovered would be of use to policymakers and practitioners alike; hence, our desire to publish this combined analysis.

The resulting analysis was grouped according to a series of high-level themes and it is this material from the unique combined dataset (representing the views of 46 individuals) that we present here. In providing a definition of whānau ora for their family, responses can be considered according to six themes: wellbeing; happiness; sense of belonging, identity, and active participation; support; financial security; looking forward and supporting potential.

### Wellbeing

For many whānau, the wellbeing of their children and future generations was a prime motivator behind their striving to achieve a state of whānau ora. Participants talked about wanting their children to experience a better life than theirs, of the importance of establishing a "foundation" for their children, providing children with stability and security, and providing them with a "decent" environment in which to grow up. Many spoke about the need for parents to instil values, including cultural values, such as "holding true to ... our tikanga[4]", and of holding people accountable for their actions. Parents spoke about needing good role models, having healthy attitudes, and demonstrating healthy attitudes through their actions and lifestyles.

Maintaining personal good health was also regarded by parents as facilitating whānau ora. Parents noted that if they were not well, then they would be of little use to their family. Most participants regarded whānau ora as a set of attributes that were in balance with each other. Having a balance between mental, physical, and spiritual wellbeing were all observed as contributors towards a state of whānau ora.

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[3] A paper outlining the SFG method is currently being developed by the authors.

[4] *Tikanga* refers to customs, cultural values and norms. When referring specifically to Māori customs, the term "tikanga Māori" is used.

## Happiness

Participants spoke about whānau ora being synonymous with health and happiness. Whānau ora was achieved when "everyone's healthy, everyone's happy … everything's happy". Those who demonstrated whānau ora had the capacity simply to live an everyday life and to participate in "normal activities". These normal everyday activities included keeping the "kids happy, kids clothed, fed, sheltered, warm". Having "enough", being well and together as a family, having sufficient money, a job, "good" housing, and healthy kids were all seen to contribute towards happiness and, therefore, to whānau ora. Unsurprisingly, overcoming potential barriers to happiness was regarded as an important step towards achieving whānau ora.

## Sense of Belonging or Identity and Active Participation

Participants spoke about the importance of participation as members of society, whether as a family that is active in the community through to family participation in sports groups and at the local school or *marae*[5]. Some participants regarded having a sense of "place" and of "purpose" as crucial in achieving whānau ora. One participant spoke about the "strong hold to home" and how identity was forged through the ability to participate fully as a member of their community. Another participant viewed participation as broader than just family-based activity, stressing family participation "in a lot of society stuff, with the community". A sense of achievement or having contributed something tangible in some area of life was also considered by participants to be important to whānau ora: With one participant noting that a family that exhibited or had achieved a state of whānau ora was one which was "peopled by those who make contributions".

## Support

Many spoke about whānau ora as families who enjoy being together: For example, "a family that can talk, laugh, play together". Family unity, inter-generational connectedness, and a duty of care were all mentioned as critical to whānau ora. According to some respondents when a state of whānau ora is achieved, all family members look after one another, share responsibility for each other, and in turn expect to be supported themselves. One participant spoke about how, in that individual's own family, "everyone frets for one another when we all separate" and that separation from the whānau is regarded as far from ideal. Support networks were considered essential to whānau ora. Family connections aside, having a wider network of friends and community members to call upon when required was also regarded by participants as an important component of whānau ora.

## Financial Security

Financial independence or security was mentioned by many whānau as being a key aspect in the pursuit of whānau ora. Participants agreed that having money "just takes that big load off your shoulders". Being financially well off or secure meant there were fewer stresses or strains on the household. Other participants noted that being financially organised in your whānau, taking personal responsibility, having sorted your finances, and ensuring that a regular income was coming in to the family gave great "peace of mind". Conversely, other participants were quick to maintain that financial security alone was not the key to whānau ora. One participant noted that while financial security may have been the crux of whānau ora for a lot of people, "it's not the absolute be all and end all; it's not all about money, you know; It's a spiritual thing, not a money thing".

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[5] *Marae* are the traditional meeting places of Māori, usually part of a larger village complex.

## Looking Forward and Supporting Potential

For some participants, whānau ora encompassed a sense of future success and of unrealised potential. For these participants, the achievement of whānau ora required a forward-looking attitude and approach. One person, for example, spoke of whānau ora as being an aspirational goal: That whānau ora also embraced the ability "to meet whānau potential". Whānau ora for these participants might not be achieved by this current generation, but could be a goal that future generations strive to meet. To that end, these participants noted that opportunities must be seized when they appear.

## Summary of Findings

According to the 46 participants who offered their views, whānau ora is inclusive of nuclear and extended whānau perspectives. The wellbeing of children and wider whānau members is a key driver for the achievement and maintenance of whānau ora. Being healthy, happy, and living by Christian and/or culturally-based values were necessary to achieve whānau ora. A sense of connectedness as whānau and a sense of duty to care for and support whānau members were also regarded as essential. For many of our informants, whānau ora was seen to have been achieved when families were able to participate in everyday whānau maintenance tasks; in other words, what we have come to expect in a developed country as routine entitlements: healthy food, adequate housing, warmth, access to health care and education, and an ability to meet whānau obligations (Jensen, Krishnan, Spittal, & Sathiyandra, 2003; Perry, 2002). While financial security was seen as being integral to the achievement of whānau ora, it was not seen in isolation of other attributes of whānau ora such as spiritual wellbeing. It is also important to note that the existence of potential, whether at a whānau ora or community level, should not be underestimated.

## Secondary Analysis: Alignment of Research Findings with the Policy Document

### Secondary Analysis Methods

The remainder of this article presents a comparative analysis of the Taskforce on Whānau-Centred Initiatives' (2010) whānau outcome goals (i.e., the government's goals for whānau as outlined in the Taskforce report) and whānau views regarding whānau ora, derived from the interviews described above. A discussion outlining the implications of this analysis is then offered.

Recent approaches to policy-related research, and in particular policy analysis, suggest that policy is "the result of complex negotiations and contestations that take place to a significant extent within language and discourse/s" (Goodwin, 2011, p. 167). Increasingly then, researchers are exploring how policy problems are constructed: whose language is being used, to what end (i.e., the ideological positioning of policy and its intent), and by extension, how identities are constructed in policy documents (Colley & Hodkinson, 2001; Marston, 2000). The secondary analysis presented in this paper seeks to explore the link between policy intent and the lived reality of Māori whānau. In this analysis, we ascertain the alignment, or degree of congruence, between intent of the policy (as evidenced by the language and goals used in the Taskforce report) and the views of a discrete set of Māori families (i.e., those who had participated in the two studies described above).

The Whānau Ora Taskforce Report represents the culmination of the work of the Taskforce on Whānau-Centred Initiatives (2010), a Ministerially appointed panel charged with the task of constructing an evidence-based framework that would lead to:

Strengthened whānau capabilities; an integrated approach to whānau wellbeing; collaborative relationships between state agencies in relation to whānau services; relationships between government and community agencies that are broader than contractual; and improved cost-effectiveness and value for money. (Taskforce on Whānau-Centred Initiatives, 2010, p. 6)

It is the Taskforce Report that outlines the government's principles, expectations, and goals for its new "Whānau Ora Approach to Social Service Delivery" initiative.

While the initiative has one overarching aim (i.e., the best outcomes for whānau), three sets of goals underpin this aim, namely: whānau goals; goals for effective service delivery; and goals for efficient governance and management (Taskforce on Whānau-Centred Initiatives, 2010, p. 42). The whānau goals represent the highest level of goals insofar as they embody the overall purposes of Whānau Ora (Taskforce on Whānau-Centred Initiatives, 2010, see p. 42). According to the report, whānau goals will be met, and therefore whānau will be regarded as having achieved a state of whānau ora, when Māori are able to demonstrate that they are self-managing, living healthy lifestyles, participating fully in society, confidently participating in *te ao Māori* (the Māori world), economically secure and successfully involved in wealth creation, and cohesive, resilient and nurturing. The achievement of these goals by whānau at an individual, community, and population level forms the basis for determining the overall effectiveness of whānau-centred initiatives using the Whānau Ora approach.

Given the complexity inherent in this policy initiative and the degree of variability we had already identified amongst Māori whānau regarding the use of the term whānau ora, our research team was interested in assessing the extent to which whānau understandings of whānau ora matched those outlined by the government in the Taskforce Report. We were particularly interested in understanding the alignment between the official policy position and the views of Māori whānau, for whom the policy was ostensibly targeted, at a point in time when the policy was new and only recently being implemented across the country. To determine how closely (or not) Māori views complemented the government's stated whānau ora goals, we undertook a further analysis of the themes that emerged from the 46 transcripts discussed above by grouping and sorting those themes according to the six whānau goals described in the Taskforce Report. We then recorded frequency counts for each of the themes based on how many interviews mentioned each of the six whānau outcome goals and made a determination as to whether there was strong, moderate, or limited concordance between whānau views and the government's view, according to the frequency counts. Table 1 summarises how many interviews were required to mention a whānau outcome goal for each of our three categories of concordance.

## Table 1: Frequency of Whānau Outcome Goal

| | Frequency | | |
|---|---|---|---|
| | Weak Concordance | Moderate Concordance | Strong Concordance |
| Whānau Outcome Goals | < 15 Interviews | 16 - 31 Interviews | > 32 Interviews |

Table 2 provides a summary of the degree of concordance between whānau perceptions of whānau ora (as identified in our studies) and the whānau outcome goals from the Taskforce Report. Our analysis indicates a strong degree of concordance in four of the six goals, namely healthy whānau lifestyles, full participation in society, economic security, and whānau cohesion. Only moderate concordance was noted in participation in *te ao Māori*[6] goal and weak concordance in the whānau self-management goal.

**Table 2: Degree of Concordance between Whānau Ora Outcome Goals and Whānau Views**

| Whānau Outcome Goals | Summarised Descriptor of Goal | Degree of Concordance |
|---|---|---|
| **Whānau self-management** | Capacity of whānau to determine their own pathways and manage their own affairs. Knowledgeable about and participating in their own communities. Can access a range of goods and services. Able to draw on the skills of their own members, including leadership, in order to advance their collective interests. Activity is value-based defined by culture and traditions. | **Weak concordance** Whānau described being able to manage, without stress, everyday whānau responsibilities. Whānau responsibilities were emphasised and carried out from a set of defined values. |
| **Healthy whānau lifestyles** | Whānau as agents of change promote lifestyles that can lead to optimal health and wellbeing. Whānau shape lifestyles by establishing codes of conduct that will endorse healthy behaviours. Setting examples, applying a consistent set of values, disseminating information to whānau members, and observing safe practices in homes contribute to positive lifestyle choices. | **Strong concordance** Parents seeing themselves as significant role models for their children and wider whānau. |
| **Full whānau participation in society** | Whānau able to readily access community facilities and benefit from community goods and services. Access to health services, quality schooling, recreational facilities, housing, commercial ventures, meaningful employment, and levels of income adequate for whānau needs are necessary for whānau wellbeing. Successful participation in education is a critical determinant of wider participation and is positively associated with better health, higher incomes, adequate housing, and healthier lifestyles. | **Strong concordance** Whānau described being able to access the full range of goods and services as essential elements of whānau ora. They clearly described the importance of meaningful employment and levels of income adequate to meet whānau needs. |

| Whānau Outcome Goals | Summarised Descriptor of Goal | Degree of Concordance |
|---|---|---|
| Confident whānau participation in te ao Māori | Te ao Māori (the Māori world) has several dimensions that span tribal, community, and cultural endeavours. Includes, but not limited to, Māori cultural events, iwi[6] affairs, marae hui[7], waka ama[8], and kapahaka[9], and ongoing transmission of Māori knowledge, culture, and language. Whānau will be able to enjoy active participation in Māori society. Māori society will be sufficiently aligned to the needs of whānau to be able to meet their needs. | Moderate concordance Some whānau indicated that participation in the marae and kōhanga reo[10] was important and Māori values such as wairua[11] were important, however overall, participation in the Maori world was not identified strongly with whānau ora. |
| Economic security and successful involvement in wealth creation | Whānau can aspire to levels of economic certainty that do not depend on minimal household incomes or beneficiary payments. Innovative approaches to business, enterprise, and asset management will assist with wealth creation. | Strong concordance All whānau agreed that economic security was a critical element of whānau ora. Many also noted wealth creation was not the paramount goal for whānau; rather, having enough to cover basic needs without financial stress often sufficient. |
| Whānau cohesion | Able to communicate regularly and have on-going participation in whānau affairs. Households able to participate with the wider whānau, derive benefits from consistent patterns of caring, and experience safe and nurturing environments. | Strong concordance All whānau discussed the importance of participation in whānau affairs, in particular the responsibilities for guiding, caring, and support. |

*Note.* Source: Taskforce on Whānau-Centred Initiatives (2010), p. 7.

## Limitations

It should also be noted that, as this is secondary analysis, few whānau used exactly the same wording as that of a whānau outcome goal to describe elements of whānau ora for their family. Consequently, it is our research team's interpretation of the thematic analysis of the scripts, and our grouping and coding of interview schedules that has resulted in the analysis presented below. We note that all members of the team who undertook the secondary analysis are themselves Māori.

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[6] *Iwi* means tribe.

[7] *Hui* means a meeting or gathering.

[8] *Waka ama* refers to the traditional sport of outrigging.

[9] *Kapahaka* refers to traditional performing arts.

[10] *Kohanga reo* literally means "language nest" and refers to preschool education centres that operate according to a Māori philosophy and in the Māori language.

[11] *Wairua* means spirit and refers to the concepts of spirituality.

The moderate degree of concordance evident in the "confident whānau participation in te ao Māori" (the Maori world) goal may be partly due to the sources of data that were used in the analysis. Whānau ora, while an important, embedded aspect of both of our studies, was not the sole focus of the interviews. For example, the interview schedule for participants in the WFF study was largely focused around the impact of economic wellbeing on whānau wellbeing. The question relating to the meaning of whānau ora was part of the wider interview guide; therefore, participants may not have been focused on thinking around te ao Māori. Secondly, those who participated in the Resilience study's sequential focus groups were concentrating on defining resilience and its meaning within Māori health services. Participants talked specifically about why they identified closely with a Māori health service, their sense of belonging to the tribal collective, and their commitment to the driving purpose of the service. However, this same perception of the importance of cultural identity and belonging was not evident when they were asked the question: "What is whānau ora?" Finally, it is possible that those who are already immersed in te ao Māori already regard "being Māori" as an integral part of their identity; therefore, they may not consider "confident participation in te ao Māori" as a whānau ora outcome in the same way that someone who is less confident in their *Māoritanga*[12], and who is making a conscious effort to become more self-assured in the Māori world, would.

Similarly, the weak alignment of whānau views and Taskforce views on the "whānau self-management" goal may be attributable to the fact that our participants, particularly in the WFF study, were preoccupied with day-to-day existence and may not yet have been in a position either socially or economically to be the masters of their own destiny. While participants in the two studies described attributes or behaviours that could be aligned with this outcome, we found only limited reference to the concepts of self-determination, self-management, self-efficacy, or leadership amongst our study participants.

## Discussion

The analysis presented here highlights that for Māori whānau there is not, as yet, a globally understood definition of whānau ora. Many of the families we interviewed were able to discuss elements that contributed to a sense of whānau ora for their family. However, it was equally clear that achieving a state of whānau ora was both time and context dependent and differed from family to family depending on where along a continuum of financial, social and cultural security, and confidence they placed themselves at any one time.

The analysis shows too that the concept of whānau ora is complex; the direct translation of the word into the phrase "family wellbeing" is inadequate to describe a largely multi-dimensional concept that is underpinned by Māori cultural values. Specifically, the achievement of whānau ora requires a recognition that Māori must be able to live, act, and associate as Māori, and have the opportunity to participate in cultural institutions and traditions of significance. While we found only limited acknowledgement of participation in te ao Māori as an indicator of whānau ora for our participants, for those who did identify, this as an important contributor to whānau ora: active participation in the decision-making, governance, and support roles associated with their *iwi* (tribe), *hapū* (sub-tribe), and *marae* (traditional gathering place) was regarded as crucial to their and their family's wellbeing.

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[12] *Māoritanga* in this sense refers to one's personal skills, knowledge, and ability to understand and operate in the Māori world and in Māori settings.

These findings - that there is no one understanding of whānau ora; that whānau ora is a multidimensional concept; and that, even for whānau with only limited understanding of the cultural institutions of te ao Māori, access to these institutions remains important – have implications for those providing social services to Māori families. The range of responses provided by Māori whānau as to what constitutes whānau ora means that a "one-size fits all" or single-sector approach to working with Māori families is now, more than ever, neither appropriate or relevant; nor is it likely to effect substantive and meaningful change for those families. Social service providers and their staff will necessarily have to be flexible when working with families and have to be able to work across sectors. Providers must appreciate that the achievement of whānau ora for each family may require different whānau outcome goals taking precedence at any one time and must manage and mitigate any tensions that arise as a consequence of multiple funding streams, performance measures, and service contracts. Finally, providers should recognise that the ultimate achievement of whānau ora for a family may require long-term investment of time and resources by many agencies and staff. The findings of the Whānau Ora Action Research programme initiated soon after the approach was announced and currently being undertaken by a network of evaluation and action research practitioners around the country (Te Puni Kōkiri, 2013) will shed interesting insights into how well the sector has managed some of these important issues.

At a policy level, it is equally important to recognise that the achievement of whānau ora for many families is not a goal that will be realised in the short-term. Many of the families this policy targets have experienced inter-generational poverty, unemployment, violence, abuse, and even neglect. While Māori service providers may be able to develop and operationalise a whānau ora approach, working in a seamless fashion to support whānau to achieve personally-mediated goals, in terms of public administration, it is crucial that funding, contracting, and performance monitoring frameworks, the mechanisms that support this approach, are working equally seamlessly and are implemented in an environment of greater collaboration. Furthermore, whilst Māori health and social service providers may find it relatively straightforward to operationalize a whānau ora approach to health and wellbeing, mainstream health and social service providers negotiate such implementation with less ease and oftentimes with a great deal of anxiety. Given that the bulk of the health and social service budget in any one year is managed by mainstream policy ministries and departments, a crucial challenge to the success of improving Māori health and wellbeing outcomes will be the degree to which these mainstream state sector agencies can come to grips with the concept and adjust their service delivery approach to one that better meets the needs of whānau.

It is also important to recognise the challenges for policy makers in getting policy to fit as closely as possible to policy recipients' realities. The whānau ora policy emerged after considerable consultation with Māori families and was developed by Māori policy makers. Notwithstanding this, our analysis indicates the fit between policy intent and reality is not necessarily exact and the achievement of such alignment may well be an impossible goal. A key lesson for policy-makers from the example provided by the Whānau Ora Approach to Social Service Delivery is a that Indigenous-specific policies must be well-informed, grounded in Indigenous realities, and lead by Indigenous policy makers wherever possible.

The Whānau Ora Approach to Social Service Delivery represents an innovative and unique way of working with some of New Zealand's most vulnerable citizens. The challenge in translating this national policy initiative into a changed approach in social service provision will require action at a range of levels. At a national level, it requires the immediate implementation of recommendations from the government's own report into the improvement of public services (State Services

Commission, 2011) that align well with whānau ora: Specifically, the call for better integrated, cross-sector practices to manage complex problems at whānau level. At a provider level, it will be necessary to increase the range of institutions that currently work according to a whānau ora model; indeed, whānau ora needs to be imbedded into social service best practice. Finally, whānau themselves need to embrace the opportunity to determine their own whānau goals, to work collectively as a whānau to achieve those goals, and move towards their own, self-determined whānau ora.

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