Te Pou Matakana

Kaiārahi Work Programme: Creating Meaningful Services for Whānau

Te Pou Matakana
COMMISSIONING AGENCY

Kaiārahi Work Programme:
Creating Meaningful Services for Whānau

Hector Kaiwai
Wai-Research

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EXECUTIVE SUMMARY

INTRODUCTION

Kaiārahi (also commonly known as Whānau Ora Navigators) are a national system of North Island based Whānau Ora Partnerships and support workers, commissioned by Te Pou Matakana (TPM) to work alongside whānau to develop plans, set goals, support them to achieve their intended outcomes and document their successes. An important part of their role is building strong, ongoing relationships of trust and confidence with whānau and navigating whānau access to health and social services.

RESEARCH AIM, METHODOLOGY AND DESIGN

This kaupapa Māori based exploratory research was commissioned by TPM to provide a more detailed and richer understanding of the Kaiārahi role and its contribution to whānau ora outcomes, as well as identifying any key factors which impacted (i.e. either enhanced or impeded) on the effectiveness of the role. Research methods included:

- **Document and literature review**
  A literature/document review was conducted looking at both local and international literature related to Kaiārahi and/or navigation, and documents provided by TPM (i.e. TPM reports, research, and strategy documents)
- **Qualitative interviews**
  Interviews were with TPM Whānau Ora Partnerships delivering Kaiārahi services. A total of 37 participants were interviewed across 8 TPM partnerships. Stakeholder groups interviewed included whānau (3), Kaiārahi (25), provider managers (5), programme coordinators (3) and a community iwi liaison officer (1)
- **Conceptual Analysis**
  Themes, subthemes and concepts were developed based on a synthesis of the document/literature review and qualitative interviews

FINDINGS AND LIMITATIONS

The findings are presented in the form of a Conceptual Analysis Matrix (CAM) consisting of key interrelated themes, subthemes and concepts. The purpose of the matrix is to present information in a way that facilitates and allows research findings to be more 'readily integrated' into the strategic planning and investment processes of an organisation.

As with all exploratory research, the findings of this report should not be seen as definitive, but does highlight areas for further discussion, resourcing or support. This may include helping to establish future strategic priorities and objectives, focus resources, (re)develop operational definitions, improve best practice policies and protocols, and design/refine performance measurement, data collection methods and reporting systems. It is also important to note that themes are not presented in any particular order, and that areas for further resourcing and prioritisation should be done in reference to an organisation's wider strategic priorities, and the broader social, cultural, political and economic climate.

Concepts, themes and sub-themes are presented in the table on the following pages:

THEMES	SUB THEMES	CONCEPTS
Relational Work	• **Effective Relationships**	Building authentic and meaningful relationships of trust, confidence, and mutual respect were the catalyst for whānau success.
Co-determination	• **Whānau-centred approach** • **Whānau Plan** • **Whānau Rangatiratanga** • **Whānau Ora**	Keeping the needs and aspirations of whānau at the centre of service delivery (whānau-centred approach), and whānau-centred planning and action (whānau plan), had the cumulative effect of gaining whānau ownership of the change process (whānau rangatiratanga) and paved the way for later outcomes (whānau ora).
Navigation	• **Whānau Assessments**	Whānau assessments were an important tool for matching whānau needs with local and regional services and resources.
	• **Agility and flexibility**	Flexible and agile navigation enabled engagement and service delivery that catered to whānau realities and identified pragmatic solutions.
	• **Addressing social and cultural determinants of health and wellbeing**	Addressing social (e.g. housing, education) and cultural (e.g. culture, identity) determinants helped whānau to overcome barriers that impeded progress towards their goals and aspirations.
	• **Integration of service delivery**	A whānau-centred approach promoted shared capability within and across services.
Adjustment Work	• **Innovation**	Employing a whānau-centred approach resulted in innovative 'culturally grounded' solutions.
Beneficiaries	• **Whānau** • **Social and health professionals** • **Social and health services**	Kaiārahi provided culturally appropriate care to whānau, 'cultural' education to social and health professionals, enhanced the acceptability and effectiveness of interventions, and supported services to address inequalities.

THEMES	SUB THEMES	CONCEPTS
Best Practice	• **Kaupapa Māori (by Māori, for Māori)**	'By Māori, for Māori' was conducive to culturally competent navigation.
	• **Tuakana-Teina (Peer Support)**	Tuakana-Teina provided Kaiārahi with a mutually beneficial and empowering teaching and learning relationship.
	• **Scope of practice**	A clear scope of practice mitigated the risk of Kaiārahi being overburdened personally and professionally.
	• **Organisational vision, governance, management, strategies and goals**	A clear vision, combined with effective governance, management and tangible strategies/goals for change, enabled the translation of theory (i.e. Whānau Ora) into practice (i.e. whānau-centred service delivery).
	• **Supportive environment**	A continued focus on funding, contracting, policy arrangements, and advocacy that promotes Whānau Ora is essential in supporting Kaiārahi to meet the needs and aspirations of whānau.
Reporting	• **Outputs vs Outcomes**	Continued support is needed to build partner evidence, reporting and data capability.
Workforce Development	• **Capability and Capacity**	Continuing to grow a culturally and technically competent workforce capable of whānau-centred delivery is an ongoing priority.

CONCLUSION

With the above limitations in mind, what the research does provide is an initial stocktake of the Kaiārahi role and work programme which holds a number of implications for future research, evaluation, strategic planning and investment.

Findings from the literature review suggest that the development of the Whānau Ora programme and the provision of Kaiārahi/navigators was in reaction to a 'broken system' that had done little to address social and health inequities. Thus while this research does provide a stocktake of the Kaiārahi role, its limited generalisability means that more in-depth research is still required around how to reduce inequalities in the 'system' for whānau, and to investigate ways Whānau Ora best practice can be successfully implemented 'system-wide'. Findings also suggest that efforts should be made to ascertain how social and cultural capital is measured both within, and outside of, Aotearoa, and the implications this poses for current TPM reporting requirements.

Finally, it was further acknowledged through qualitative interviews that there is a need for a Kaiārahi workforce development package focused on the promotion of best practice, supporting partners to build their evidence, reporting and data capability, and continuing to grow a culturally competent and technically skilled workforce capable of whānau-centred delivery.

INTRODUCTION

Kaiārahi (also commonly known as Whānau Ora Navigators) are part of a North Island network of Whānau Ora Partnerships and support workers commissioned by Te Pou Matakana (TPM) to work alongside whānau to develop plans, set goals, support them to achieve their intended outcomes and document their successes. An important part of their role is to build strong, ongoing relationships of trust and confidence with whānau, and navigate whānau access to health and social services.

This report was commissioned by TPM to better understand the contribution and role the TPM Kaiārahi Work Programme has in supporting Whānau Ora.

Based on documents provided by TPM, and in collaboration with Wai Research, key TPM staff and TPM Whānau Ora Partnerships delivering Kaiārahi services, it was decided that the aims of this research would be:

- To gain a deeper understanding of how the role of Kaiārahi contributes to Whānau Ora
- To identify any factors that impacted on Kaiārahi 'effectiveness' (i.e. either enhanced or impeded) in supporting whānau ora outcomes

The report has been organised into four parts:

PART ONE of this report provides an outline of the research aim, methodology, methods, and the framework for the conceptual (also known as thematic) analysis.

PART TWO is a literature review of documents provided by TPM and the Whānau Ora Navigator/Kaiārahi literature. Topics covered include the principles and concepts of navigation both nationally and internationally, and key historical milestones and events that lead to the development and implementation of the TPM Kaiārahi Work Programme.

PART THREE consists of a conceptual analysis based on a synthesis of the document/literature review and qualitative interviews conducted with TPM Whānau Ora Partnerships delivering Kaiārahi services. The findings are presented in the form of a Conceptual Analysis Matrix (CAM) consisting of key themes, subthemes, concepts and brief vignettes illustrating key concepts.

PART FOUR outlines the limitations of this research, and discusses its implications for future research, evaluation, strategic planning and investment.

BACKGROUND

The terms 'Whānau Ora' and 'whānau-centred' refers to a culturally grounded, holistic approach focused on improving the wellbeing of whānau (families) and addressing individual needs within a whānau context (Te Puni Kōkiri, 2015).

A central component of the Whānau Ora initiative is the Kaiārahi role, initially set up as part of a "key cross government work programme" integrating health, education, and social services. The programme was jointly implemented by the Ministry of Health, Te Puni Kōkiri (TPK), and the Ministry of Social Development (Ministry Of Health, 2015). In 2015, the Whānau Ora Navigator approach was identified by the Productivity Commission as a key example of an integrated whānau-centred approach supporting "seamless access to health and social services.". Up to this point, government health and social services for Māori have not typically been designed to take a whānau-centred approach, focusing instead on individuals and single-issue problems (Te Puni Kōkiri, 2015).

The first stage of the Whānau Ora programme (2010-2014) was initially led by TPK and was focussed on building the capability of providers to deliver whānau-centred services. From 2014 onwards, and after a procurement process led by TPK, funding of the Kaiārahi work programme was taken over by the three Whānau Ora commissioning agencies: Pasifika Futures for Pasifika families[1]; Te Pūtahitanga o Te Waipounamu for South Island whānau[2]; and Te Pou Matakana (TPM) for North Island whānau[3].

[1]For more information, go to the following link http://pasifikafutures.co.nz/
[2]For more information, go to the following link http://www.teputahitanga.org/#landing
[3]For more information, go to the following link http://www.tepoumatakana.com/

PART ONE

This chapter provides an outline of the research aim, methodology, methods, and the framework for the conceptual analysis.

RESEARCH AIM

The research aims and questions were aligned to reports, research and strategy documents provided by TPM staff. The TPM Annual Investment plan for 2017-2018 in particular outlines key concepts and components that provided the framework for the conceptual (also known as thematic) analysis. These key concepts included:

1. **Relational Work**
   Relationship building in order to understand whānau problems and aspirations
   "self-confidence"
2. **Adjustment Work**
   Ability to adjust an approach in response to whānau's needs, goals and immediate circumstances
   "what may seem like a step backward can in fact be a critical step in long term transformation process"
3. **Co-determination**
   Work with individuals and whānau to sort through various possible courses of action – whānau have the right to claim ownership of the change process
   "ensure whānau embrace the ownership of the change process"
4. **Navigation**
   Our whānau have multiple needs that go beyond any one service
   "The impact of services to whānau are more likely to be sustainable"

Thus, based on this information, and after discussions with Wai Research, key TPM staff and Whānau Ora Partnerships commissioned by TPM to deliver Kaiārahi services, it was decided that the aims of this research would be:

- To gain a deeper understanding of how the role of Kaiārahi contributes to Whānau Ora
- To identify any factors that impacted on Kaiārahi 'effectiveness' (i.e. either enhanced or impeded) in supporting whānau ora outcomes

METHODOLOGY

KAUPAPA MĀORI RESEARCH

Kaupapa Māori Research refers to an approach, framework or methodology for thinking about and undertaking research 'by Māori, for Māori'. Especially important to Kaupapa Māori research is that it is transformative and produces positive change. Another important aspect of Kaupapa Māori is that it seeks to understand and represent Māori, as Māori. This includes a structural analysis of the historical, political, social and economic determinants (enablers and barriers) of Māori wellbeing (Cram, 2012).

While Kaupapa Māori theory is based on a number of principles, the following principles were of particular relevance to this research:

- **Whakapapa – The Principle of Whakapapa**
  Whakapapa which is defined generally as being 'genealogy', also encapsulates the way in which Māori view the world. It is a way of thinking, of learning and storing and debating knowledge. In terms of Kaupapa Māori, whakapapa is integral as it allows for the positioning and contextualising relationships between people, communities, participants, landscape, and the universe as a whole.
- **Tīkanga Māori – The Principle of Tikanga Māori**
  Tīkanga Māori refers to customary practices, ethics, cultural behaviours, considerations and obligations. Tīkanga Māori is important in order to enable us to appropriately navigate and operate within a Māori context, and make judgements and decisions within this space.
- **Rangatiratanga – The Principle of Rangatiratanga**
  Rangatiratanga is related to the Principle of Tino Rangatiratanga. The notion of Rangatiratanga, or autonomy, is relevant in kaupapa māori research in terms of allowing Māori to shape their own processes.
- **Whānau – The Principle of Extended Family Structure**
  The principle of Whānau sits at the core of Kaupapa Māori. It acknowledges the relationships that Māori have to one another and to the world around them. Whānau, and the process of whakawhanaungatanga are key elements of Māori society and culture. This principle acknowledges the responsibility and obligations of the evaluator to nurture and care for these relationships and also the intrinsic connection between the researcher, the researched and the research.

RESEARCH DESIGN

EXPLORATORY RESEARCH

An exploratory design was used as part of this research and was focused on understanding the Kaiārahi role in relation to whānau outcomes.

An exploratory design is conducted about a research problem when there are few or no earlier studies to refer to. The results of exploratory research are not usually useful for decision-making by themselves, but they can provide significant insight into a given situation. For example, although the results of qualitative research can give some indication as to the "why", "how" and "when" something occurs, they cannot reveal "how often" or "how many".

Accordingly, the findings from an exploratory study should not be seen as definitive, but can highlight areas for further discussion, resourcing or support. This may include helping to establish future strategic priorities and objectives, focus resources, (re)develop operational definitions, improve best practice policies and protocols, and design/refine performance measurement, data collection methods and reporting systems.

PROGRAMME LOGIC

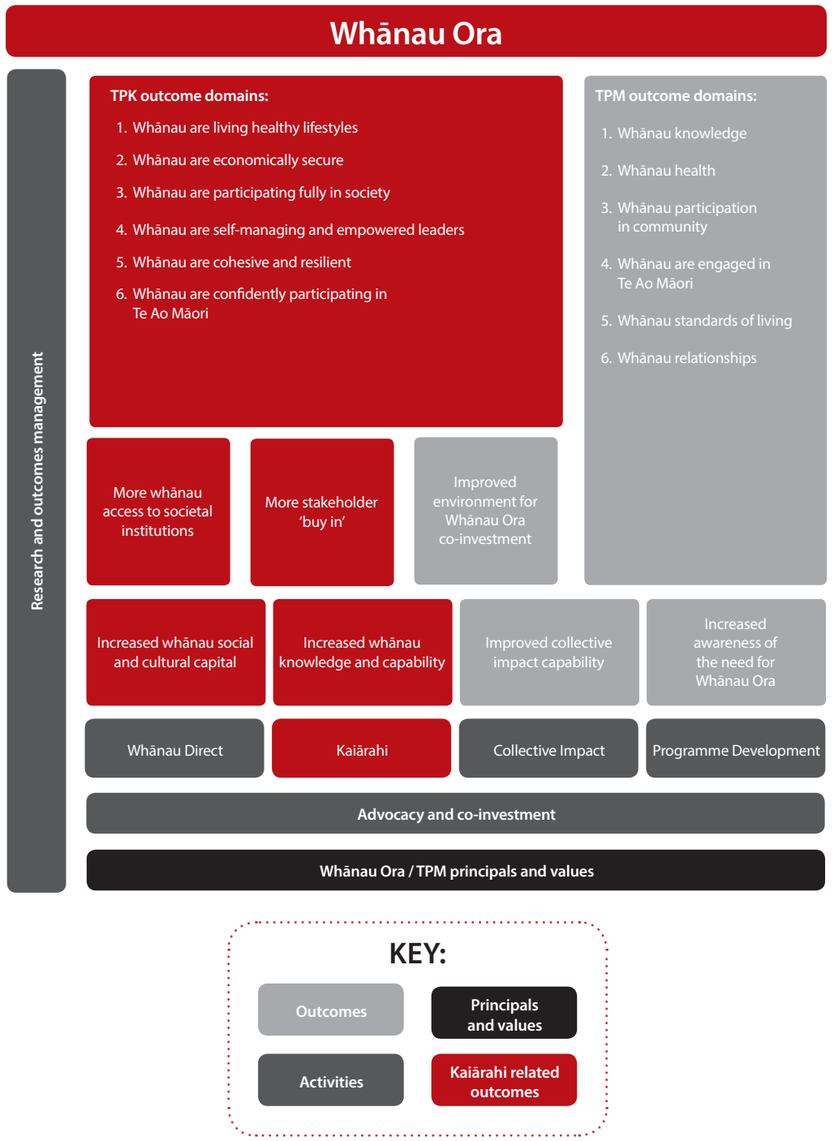
A programme logic was developed to understand how the Kaiārahi role functioned within the wider TPM Whānau Ora programme, and to help inform the design and development of the research aim and questions. The programme logic also outlines a possible framework for any future evaluations of the TPM Kaiārahi Work Programme.

The model on the following page should be read from bottom to top. Activities and outcomes specific to the Kaiārahi role have been highlighted in 'red'. Essential to the Kaiārahi role is supporting whānau in building their social and cultural capital (i.e. whakawhanaungatanga, Māoritanga), as well as increasing whānau knowledge and capabilities (e.g. employment and other training opportunities; health literacy etc.).

Social capital has multiple definitions, interpretations, and uses. Thomas Sander (2017) defines it as "the collective value of all social networks (who people know), and the inclinations that arise from these networks to do things for each other (norms of reciprocity)." Social capital, in this view, emphasises "specific benefits that flow from the trust, reciprocity, information, and cooperation associated with social networks". It "creates value for the people who are connected, and for bystanders as well." Meanwhile, negative norms of reciprocity serve as disincentives for detrimental and violent behaviours (Tom Sander, 2017).

Cultural capital, defined here as the set of values, history, traditions and behaviours which link a specific group of people together, is also a vital component of the Kaiārahi role in terms of building and maintaining social capital within Te Ao Māori (Spellerberg, 2001). In this context and for the purposes of this report, cultural capital is viewed as providing a sense of identity, belonging, connection, community and trust. According to Spellerberg (2001), for Māori the distinction between cultural and social capital disappears:

> *"Cultural capital is social capital and social capital is, by and large, an expression of cultural capital in practice. Social capital is based on and grows from the norms, values, networks and ways of operating that are the core of cultural capital."*



Both the original TPK Whānau Ora outcomes, and the TPM outcomes domains have been included in the model. While both outcome domains are essentially the same, TPM have opted for a more staggered approach in terms of the arrangement and layout of their outcomes, while the original TPK Whānau Ora outcomes tend to be higher up in an outcomes hierarchy, and therefore more aspirational.

METHODS

DOCUMENT AND LITERATURE REVIEW

A document and literature search was conducted that included reviewing both local/international and existing/emerging literature on Kaiārahi/Whānau Ora navigators (and other related topics) and documentation provided by TPM including progress reports, contract templates, and TPM research and strategy documents.

To ensure a thorough exploration of the literature on the topic of Kaiārahi/Whānau Ora navigators, an electronic search for publications was conducted using the following criteria:

1. Written in Māori/English language
2. Accessible through electronic databases electronic 'PubMed', 'Scopus', and 'Google Scholar'. Literature was also sourced through reference lists of applicable studies, located using Google Scholar (thereby employing a 'snowballing' technique). The New Zealand Medical Journal, the Journal of Primary Health Care, and the Ministry of Health and Te Puni Kōkiri websites were searched for literature applicable to the New Zealand context.

Electronic searches were performed using the following combination of key words:

- 'kaiārahi', whānau ora, 'navigat*' (navigator/navigators/navigation), 'Māori', 'inequit*' (inequity/inequities), 'equity', 'disparit*' (disparity/disparities), 'inequalit*' (inequality/inequalities), 'effectiveness', 'evaluation', 'research' and 'efficacy'. Examples of Boolean phrases included [navigat* AND whānau ora OR kaiārahi OR inequit* OR disparit* OR inequalit*], and [navigat* AND whānau ora AND research OR evaluation]

QUALITATIVE INTERVIEWS

Qualitative methods of gathering data are often considered to be more appropriate to Kaupapa Māori research because they are viewed as more empowering for research participants and include the gathering of stories, talk, art, and other forms of expression.

A semi-structured interview (or focused) format was therefore used to allow some flexibility around how the questions were asked, and the answers that may be received. A mix of key informant and focus group interviews were offered, depending on what was most convenient and comfortable for participants. Participants for interviews were initially selected based on those TPM Whānau Ora Partnerships who had been commissioned to deliver Kaiārahi services.

When appropriate, purākau was used as a narrative research approach. Purākau come from Māori oral traditions and are one form of traditional narrative. They are useful in passing on important information in narrative form in a way that is creative and holds the listener's attention; it also aims to keeps the audience thinking about the key ideas or themes long after the story has ended. The principles of purākau provide some clear guidelines about how 'stories' can be engaged, documented, and disseminated. As representations, purākau also offer some key ethical guidelines.

Potential respondents were identified through the initial contacts provided by TPM to ensure a degree of familiarity and connection before the researcher approached respondents for interviews. Respondents were either contacted by phone, email, or in person. Where appropriate, snowball sampling was used in the identification of other respondents who might provide valuable insights for the project.

In line with kaupapa Māori best practice, group and/or individual face-to-face (kānohi ki te kānohi) interviews were first offered to participants, at times and locations that best meet their needs and expectations. However, if a face to face interview wasn't possible, teleconference, SKYPE, FaceTime, Google Hangouts, Zoom and other options were also offered to respondents.

Prior to the commencement of each interview, an information sheet was emailed to participants outlining the purpose of the research and participant rights (i.e. being able to end the interview at any point; not having to answer particular questions etc.). On the day of the interview and to ensure informed consent was obtained, an information sheet was again provided to participants to help remind them of the purpose of the interview and participant rights; the researcher also went over the information sheet with participants before each and every interview. Once participants felt satisfied with the information provided, they were asked to sign a consent form.

A total of 37 participants were interviewed across 8 TPM partnerships. Stakeholder groups interviewed included whānau (3), Kaiārahi (25), provider managers (5), programme coordinators (3) and a community iwi liaison officer (1)

CONCEPTUAL ANALYSIS (ALSO KNOWN AS THEMATIC ANALYSIS)

Coding and theme development of the qualitative data was mainly deductive, that is, it was directed by existing concepts or ideas identified in various TPM documents and other related literature. However, inductive and semantic techniques were used where appropriate. Codes and themes produced through all these methods have been included in the findings of this report. Codes are represented as broad themes and related sub-themes in this report.

Analysis of the qualitative data involved the following six-phase process (The University Of Auckland, 2017):

1. **Familiarisation with the data**
   This phase involved reading and re-reading the qualitative data, to become immersed and intimately familiar with its content.
2. **Coding**
   This phase involved generating succinct labels (codes) that identify important features of the data that might be relevant to answering the research question. It involves coding the entire dataset, and after that, collating all the codes and all relevant data extracts, together for later stages of analysis.
3. **Searching for themes**
   This phase involved examining the codes and collated data to identify significant broader patterns of meaning (potential themes). It then involved collating data relevant to each candidate theme, so that you can work with the data and review the viability of each candidate theme.
4. **Reviewing themes**
   This phase involved checking the candidate themes against the dataset, to determine that they tell a convincing story of the data, and one that answers the research question. In this phase, themes are typically refined, which sometimes involves them being split, combined, or discarded.
5. **Defining and naming themes**
   This phase involved developing a detailed analysis of each theme, working out the scope and focus of each theme, determining the 'story' of each. It also involves deciding on an informative name for each theme.
6. **Writing up**
   This final phase involved weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature.

Once themes and sub-themes were identified, they were combined to form a narrative around the role of Kaiārahi. Each theme related narrative is represented as 'concepts' in the Conceptual Analysis Matrix table (see pages 4-5).

PART TWO

This chapter contains a synthesis of the Whānau Ora Navigator/Kaiārahi literature and other related documents provided by TPM (i.e. reports, strategy documents, action plans, research papers). Topics and themes covered in this section include the history of navigation, an examination of key navigational concepts and principles, and details of key historical milestones and events that lead to the development and implementation of the TPM Kaiārahi Work Programme.

DOCUMENT AND LITERATURE REVIEW

WHĀNAU IN CONTEXT

Whānau is often translated as 'family', but unlike western definitions and meanings of family which tend to emphasise the 'nuclear family', Māori meanings and definitions of whānau are more complex. According to the online resource "Māori Dictionary (www.maoridictionary.co.nz), whānau is defined as "extended family, family group, a familiar term of address to a number of people," and as the "primary economic unit of traditional Māori society". Some definitions also include kuia and kaumātua as being the head of a Māori whānau unit (Pere, 1984).

Metge (1995) defines two types of whānau, one as whakapapa-based or based on genealogical connections, and one as kaupapa based and connected to "fulfil a common purpose or goal" (i.e. kaupapa). Similarly, Hohepa (1964) describes the various ways in which the term whānau has both traditional and more 'evolved' meanings. Traditional in that the construct of whānau through whakapapa connections remains as a key definition, and more recently the co-option of the term whānau in the linking of groups of common interest, or common kaupapa.

In his work on whānau resilience, Durie (2003) writes that whānau may face individual risk factors such as job loss and low levels of education, and collective risk factors as a result of colonisation, such as loss of culture and alienation from land. Durie (2003) also emphasises the diversity of whānau in contemporary Māori society noting that the term whānau has undergone changes in line with changes that have occurred in Māori society more generally. Accordingly, Durie (1994) identifies three Māori sub-groups: one group consists of those who are 'culturally' Māori in that they understand Māori whakapapa (genealogy) and are familiar with te reo Māori (Māori language) and tikanga Māori (Māori customs); another group are 'bicultural' and identify as Māori but also operate effectively among Pākehā (White New Zealanders mainly of British descent); and a third group of Māori are described as 'marginalised' and not able to relate to Māori or Pākehā effectively. Thus, while the literature shows there is no universal definition of whānau, there is a broad consensus that genealogical relationships form the basis of most whānau, and that these relationships are intergenerational, shaped by context, and given meaning through roles and responsibilities.

WHĀNAU ORA

Whānau Ora is a major contemporary indigenous health initiative in New Zealand driven by Māori cultural values. Its core goal is to empower whānau and communities to support families within the community context rather than individuals within an institutional context. The initiative also partly developed in response to a recognition by Government that standard ways of delivering social and health services was not working and outcomes particularly for Māori whānau were not improving (Te Puni Kōkiri, 2017).

Whānau Ora evolved out of a coalition between the National and Māori parties after the 2008 general election and became a cornerstone of the coalition agreement between them after the 2011 general election. Tariana Turia was the Minister Responsible for Whānau Ora at the time (New Zealand Herald, 2011).

The Government launched Whānau Ora in 2010 following a 2009 report from the Taskforce on Whānau-Centred Initiatives that recommended the establishment of a new entity/entities to oversee whānau-centred programmes and promote best outcomes for whānau across government agencies, iwi and Māori providers, NGOs and private sector providers.

The implementation of Whānau Ora had two phases (Te Puni Kōkiri, 2017):

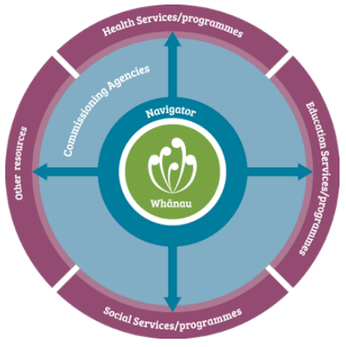
- **Phase One of Whānau Ora (2010 - 2014)**
  Focused on building the capability of providers to deliver whānau-centred services. Te Puni Kōkiri worked with collectives of health and social service providers across the country to re-orientate the way they worked, placing whānau at the centre. Providers across the country were asked to come together to see how they could work in a better way to support the needs of whānau. The first phase also included a comprehensive action research and monitoring programme that tracked collectives' development of whānau-centred services.
- **Phase Two (2014 - present day)**
  After a procurement process led by TPK, funding of the Kaiārahi work programme was taken over by the three Whānau Ora commissioning agencies: Pasifika Futures for Pasifika families[4]; Te Pūtahitanga o Te Waipounamu for South Island whānau[5]; and Te Pou Matakana (TPM) for North Island whānau[6]. These agencies work with partners, providers and navigators to deliver customised support and services to whānau (Te Puni Kōkiri, 2017). In 2015, a Whānau Ora Partnership Group, made up of six Iwi and six Crown representatives, was established. This group provides a strategic oversight of Whānau Ora and advises the Minister for Whānau Ora (Te Puni Kōkiri, 2017).

WHĀNAU ORA NAVIGATOR (KAIĀRAHI) WORK PROGRAMME

A central component of the Whānau Ora initiative is the Kaiārahi (Whānau Ora Navigators) Work Programme, initially set up as part of a "key cross government work programme" integrating health, education, and social services. The programme was jointly implemented by the Ministry of Health, Te Puni Kōkiri (TPK), and the Ministry of Social Development (Ministry Of Health, 2015). In 2015, the Whānau Ora Navigator approach was identified by the Productivity Commission as a key example of an integrated whānau-centred approach supporting "seamless access to health and social services". Up to this point, government health and social services for Māori have not typically been designed to take a whānau-centred approach, focusing instead on individuals and single-issue problems (Te Puni Kōkiri, 2015).

Kaiārahi work closely with whānau to identify their specific needs and aspirations, develop a whānau plan, help them to identify relevant support and services, and maybe more importantly, help whānau to connect with those supports and services by either providing them with relevant information about those services, and/or helping them to build effective relationships with key people within those services. The diagram on the following page provides a useful overview of how Kaiārahi work with whānau to deliver customised service support:

[4]For more information, go to the following link: http://pasifikafutures.co.nz/
[5]For more information, go to the following link: http://www.teputahitanga.org/#landing
[6]For more information, go to the following link: http://www.tepoumatakana.com/



Kaiārahi with cultural and local knowledge are seen as a necessary quality in order to help better understand whānau situations and build relationships of trust and confidence. According to the TPK website (Te Puni Kōkiri, 2017), for many whānau, working with a Kaiārahi is often their first experience with social service delivery focusing on their strengths and aspirations.

Harold Freeman, an American oncologist, is regarded as the pioneer of the patient navigation approach (Hopkins & Mumber, 2009). Freeman served as the Director of Surgery at Harlem Hospital from 1974-1999, an area populated by African American and Hispanic communities, and afflicted with one of the highest breast cancer rates in the United States (Freeman, 2006). Freeman noted a propensity for patients to present with late stage breast cancers, which increased likelihood of mortality. He deemed this late presentation a function of complex biopsychosocial factors impeding access to, and utilisation of, diagnostic and therapeutic cancer services (Freeman, 2006).

In 1990, Freeman introduced the Harlem Patient Navigation Program which saw "dramatic improvements" in breast cancer outcomes. The number of patients who possessed incurable cancer at time of diagnosis reduced from 50% (between 1964-1986) to 21% (between 1995-2000), whilst five year survival rates increased from 39% to 79% during the same time periods (Freeman, 2006)[7].

Freeman's original works have served as a paradigm for navigation programmes worldwide (Dohan & Schrag, 2005). Despite lack of consensus as to how patient navigation ought to be defined, operationalised, and implemented, the successes of the Harlem Patient Navigation Program provided impetus for the proliferation of patient navigators nationally and internationally, within, and beyond, the scope of cancer care (Freeman, 2006; Hopkins & Mumber, 2009).

A number of contextual factors were identified as critical to the successes of this early patient navigation programme. Firstly, patient navigation was conceived as a system, or way of working, with health professionals ascribed 'navigator' status. Secondly, patient navigation operated within bounds of an "explicit system of care that was specific to one location (Matthewman, 2015:5)", such as local hospitals, and typically defined by clinical course (from diagnosis to treatment).

Thirdly, all sites had 'directors' whose internal, and external, political capital provided leverage to resolve systemic barriers patient navigators could not address independently, such as instituting provision of translation services. The relationships between patients, navigators, and directors thus connected communities "with 'no say' to the person with the 'last say'.

[7]Matthewman (2015) notes that no evaluations of the Harlem Patient Navigation Program occurred independent of Freeman.

Cumulatively, these factors provided a platform for patient navigators to change healthcare landscapes, and ensure they were conducive to health equity. As well, whilst there is no standard definition of patient navigation, or of patient navigator, their overarching principles are as follows (Matthewman, 2015):

- Patient navigation is a patient centric healthcare intervention
- Patient navigators address barriers to healthcare
- Patient navigation seeks to integrate complex and fragmented healthcare services
- Patient navigation has definite beginning and endpoints, defined by a clinical course of care
- Patient navigators should have a clear scope of practice, distinguishing their role and responsibilities from that of other health professionals

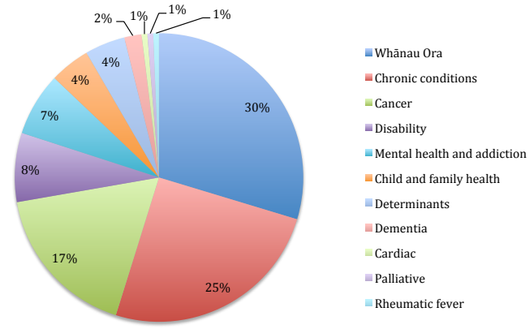
The Kaiārahi/Whānau Ora Navigator role shares many similarities to that of the patient navigator in that it is:

- whānau-centric
- addresses barriers to social and health services
- seeks to integrate complex and fragmented social and health services
- has a clear scope of practice, that distinguishes the Kaiārahi role and responsibilities from that of other social and health professionals

Much in the way that kaupapa Māori is 'conceived' as a system, or way of working built on a Māori worldview (Lawton et al., 2013), patient navigation was also initially conceived in the same way. Furthermore, patient navigation operated within the bounds of an "explicit system of care that was specific to one location (Matthewman, 2015:5)", such as local hospitals, and typically defined by clinical course (from diagnosis to treatment). Similarly, Kaiārahi/Whānau Ora navigation involves working within an explicit system of care and support, with a particular focus on elucidating that system for whānau so that they can eventually navigate those systems themselves (i.e. whānau rangatiratanga).

Whist there are many similarities between patient and Whānau Ora navigation, there are a number distinct conceptual differences.

According to Matthewman (2015), Whānau Ora is one of the most commonly cited focus of navigators with particular attention afforded to issues of violence and suicide. The following table provides a useful breakdown of the health issues addressed by navigators 'in general' with Whānau Ora navigation cited 30% of the time:



Chronic conditions (such as diabetes) were the next most common health issue addressed by navigators, followed by cancer. Findings from qualitative interviews conducted as part of this project also showed that Kaiārahi/Whānau Ora navigators have a strong focus on social determinants of health, including education and housing (Matthewman, 2015). The focus of Kaiārahi/Whānau Ora Navigators on environmental factors shouldn't be surprising as it is in line with Māori concepts and models of health and wellbeing (M. Durie, 2003; M. H. Durie, 1994; Mason Durie, 1999; Mason Durie & others, 2004).

Another component of the Kaiārahi/Whānau Ora Navigator role is one described in the literature as 'broker'. Natale-Pereira et al (2011) write that Navigators, who operate best in their local environment, are brokers with the ability to confront health system and environmental barriers that tend to disproportionately burden racial and ethnic minorities. These barriers include "financial and insurance issues, paperwork and documentation, cultural beliefs and language barriers, as well as issues related to transportation, childcare, and neighbourhood resources". Natale-Pereira et al (2011) continues:

> [Navigators]… may play a critical role in coordinating access to a comprehensive continuum of services by tailoring their assistance to help vulnerable patients identify a medical home, by facilitating communication and cooperation between providers, and by providing the patient education and support necessary to increase access to care and their ability to comply with prescribed therapies.

As a specialist Whānau Ora provider, Te Whānau o Waipareira present a local example of this type of brokerage where Kaiārahi work with whānau to identify the aspirations and outcomes they seek, develop an outcomes focused plan to achieve them and then broker their access to a range of services available both internally and externally in the wider community.

More distinct to the Kaiārahi role is bridging and linking whānau with Te Ao Māori or brokering relationships between whānau and mainstream services. Kōtahitanga[8], for example, provides a number of culture based initiatives including "te reo-based rangatahi services, specialist cultural needs assessment for kuia and kaumātua, wāhine and pēpi services that have world class accreditation, marae-based and integrated services, intersectorial service delivery, a mix of rural and urban services, iwi and matawaka networks and cultural competency systems (Best Practice Journal, 2011)."

TE POU MATAKANA KAIĀRAHI WORK PROGRAMME

As mentioned in a previous section of this chapter, phase two of the Whānau Ora programme established three new commissioning agencies in 2014 with Te Pou Matakana being one. According to government press release (Turia, 2014), Te Pou Matakana was born from the National Urban Māori Authority (NUMA). By 2015, 235 Kaiārahi/Whānau Ora Navigators[9] had been contracted by Whānau Ora Commissioning Agencies across New Zealand (Te Puni Kōkiri, 2017).

Kaiārahi positions are deployed across TPM providers of Whānau Direct and Collective Impact to support them to deliver those programmes to priority whānau across the six Māori electorates of Te Ika a Māui (The North Island of Aotearoa, New Zealand). Electorates include: Tai Tokerau (Tai Tokerau wide - Ruakākā to Te Rerenga Wairua); Tāmaki Makaurau (North Shore, Waitākere, Te Atatū, South Auckland); Hauraki-Waikato (Huntly, Hamilton, Ngaruawāhia, Morrinsville, Matamata, Cambridge); Waiariki (Rotorua, Maketū and surrounding districts); Waiariki (Western & Eastern Bay of Plenty; Waiariki (Ngāti Tūwharetoa rohe including Tarawera River at Matatā, to Central Plateau, to Tūrangi and Taupō);

[8]Kōtahitanga is an Tamaki Makaurau (Auckland) based collective consisting of Turuki Healthcare Trust; Huakina Development Trust; Papakura Marae; and Te Kaha o Te Rangatahi Trust

[9]It is important to note that the term Kaiārahi was not used universally across all providers interviewed as part of this project. For example, the term Kaiwhakaaraara was the preferred term for 'Whanau Ora Navigator' in a provider the researcher visited in the Manawatū. Other Māori terms found in the literature include: Kaihautu, Kaiwhakatere, Haumoana Navigator, Kaiārahi Whānau, Kaiarahi, Kaiatawhai, Kaiāwhina, Kaitautoko Whānau, Kia Piki Te Kaha Kaiurangi Navigator, and Whānau Poutama Navigator (Matthewman, 2015).

Te Tai Hauāuru (Ngāti Rangi rohe: Raetihi, Ohākune, Waiouru); Te Tai Hauāuru (Taranaki Region); and Te Tai Hauāuru (Manawatū, Rangitikei, Palmerston North, Dannevirke); Ikaroa Rāwhiti (Wairārapa region); and Ikaroa Rāwhiti (Upper Hutt, Lower Hutt, Wellington City, Wainuiomata, Porirua City, Kapiti Coast and Otaki, Heretaunga region, East Coast from Ruatoria to Gisborne, Te Wairoa).

Priority whānau, are whānau that have been assessed in line with the focus of each partners Collective Impact or Whānau Direct programme, and their own assessment processes and tools. For example, if a partner's Collective Impact programme is focussed on housing or education, then those whānau seeking help and support in this area will be prioritised whilst other whānau may be referred and supported into other services within the organisation, or external services. Alternatively, whānau who may not fit within the criteria of a Collect Impact initiative focus may still be supported by Kaiārahi, however, these whānau are not usually counted against the contracted target. For the 2015/16 year, TPM contracted with Whānau Ora Partnerships to engage and assess a total of at least 25 priority whānau through each Kaiārahi FTE position.

In terms of tracking and assessing outcomes, TPM expects Kaiārahi to:

- Engage and identify whānau who align to the priority Whānau Ora outcomes as determined by the Whānau Ora partners
- Undertake detailed assessments of these priority whānau who align to the priority Whānau Ora outcomes as determined by the Whānau Ora partners
- Develop detailed whānau plans for each of the priority whānau
- Depending on your priority Whānau Ora outcome focus area/s, support each priority whānau to progress towards achieving their sought outcomes
- Collect information (e.g. activities, achievements) of each unique priority whānau journey to show the progress toward the achievement of outcomes.
- Progression of priority whānau towards achievement of outcomes.

To ensure quality information on unique priority whānau is collected, partners are required to adopt a data collection approach that can assess and track the progression of each priority whānau along a spectrum of milestone indicators related to each outcome area as determined by the priority whānau. This will include collecting information on activities and progress at different points along the journey for each priority whānau. An example may be working with a priority whānau on their plan to achieve NCEA, therefore activities may include registration, certificates, and equipment, confidence building, tutoring, and NCEA achievements. TPM Whānau Ora Partnerships are also required to provide quarterly progress reports.

In 2017, TPM had more than 200 Kaiārahi deployed across over 80 Whānau Ora Partnerships across Te Ika a Maui (North Island of Aotearoa, New Zealand)

PART THREE

CONCEPTUAL ANALYSIS

This section provides a conceptual analysis based on a synthesis of the document/literature review and qualitative interviews conducted with TPM Whānau Ora Partnerships delivering Kaiārahi services. The findings are presented in the form of a Conceptual Analysis Matrix (CAM) consisting of key themes, subthemes and short vignettes to illustrate key concepts.

FINDINGS – RELATIONAL WORK

Sub-theme
Effective relationships

Effective relationships with whānau was mentioned by all interview participants as providing an important 'catalysis for change', and platform to support whānau to address their needs, and achieve their aspirations and goals. As one Kaiārahi states, the importance of effective relationships with whānau "cannot be stressed enough!".

> *"They've [Kaiārahi] all built rapports with the whānau they are working with… that was part of the initial meeting… building that trust… before anything else" – Programme Manager*

> *"… he [whānau client] knew my connections. He knew my marae. This young person… this is what we [Kaiārahi do] aye… [make] whānau connections…" – Kaiārahi*

Benefits for whānau included improved provider and service engagement, increased motivation, a positive attitude, increased cultural connectedness, better whānau and community cohesion, the attainment of new skills and tools, improved whānau awareness of available resources and services and many more. Medium and longer term gains included training opportunities and employment.

> *"[the Kaiārahi keeps reminding me] you can't expect things to come fast. You gotta put in the work. Baby steps. She just keeps me motivated" – Whānau*

> *"We knew [him] from his gang networks… his fathers in [a gang] … [but because of] his Whānau Ora Navigator. Just holistically. Things have changed so much for him. The landscape has changed so much for him… [he's] in a stable relationship…" – Iwi Liaison Officer*

> *"We [Kaiārahi] help them to deal with services so they know what to do. What they are entitled to…" – Kaiārahi*

CO-DETERMINATION

Sub-themes
Whānau-centred approach
Whānau Plan
Whānau Rangatiratanga (Ownership of the change process)

All participants interviewed saw tremendous value in an approach underpinned by cultural values and whānau engagement; that supported whānau in their cultural identity; and prioritised whānau-driven outcomes.

Having a whānau-centred approach ensured that whānau needs and aspirations remained at the centre of any integrated service delivery. This meant that each whānau received the right mix of services and support at the right times, lessened the chances of negative experiences, and helped mitigate risk.

> *"Yeah. We wanna help whānau… [avoid] having to tell the same story to 10 different people [and services] …"*

Whānau planning had a number of benefits, from helping to track and monitor whānau progress, make their goals and aspirations more achievable, or help to whānau from a situation of crisis to a place of positive development.

Keeping the needs and aspirations of whānau at the centre of service delivery (whānau-centred approach) and co-determining a plan with them had the cumulative effect of gaining whānau ownership of the change process (Whānau Rangatiratanga) and paved the way for later outcomes.

Giving whānau ownership of the change process also meant allowing them to engage and disengage from the process under their own terms.

NAVIGATION

Sub-themes
Whānau Assessment
Agility and flexibility
Addressing social and cultural

Whānau assessments were an important tool for matching whānau needs with local and regional services and resources.

> *"It's part of our process. Finding out what they need, and finding the right support for them [whānau]…" – Kaiārahi*

Some Kaiārahi mentioned using a more 'informal' approach when assessing whānau needs as a way of make whānau feel more relaxed and comfortable:

> *"We have paper work [assessment tools] for whānau but I talk to them first… keep it informal… make sure they are comfortable… [rather than] reading questions off a piece of paper. I know the assessments, so I can get the details from them [as we talk] …" – Kaiārahi*

Kaiārahi spoke about how issues of whānau transience, crisis or hardship often inhibited whānau engagement and progress. Thus, having a flexible and agile approach enabled engagement and service delivery that catered to whānau realities and identified pragmatic solutions.

> *"… that's the role of the [Kaiārahi] is to be flexible. To go with the mood of the whānau, or whatever's taken place to make things change."*
>
> *"You might have things in your diary. But that might all go out the window dependent on what's coming through [from whānau]. There might be a crisis. So, you have to rearrange your whole day around that…" – Kaiārahi*
>
> *"The whānau might change their mind or they've got something else on or… you know, no one day is ever the same…" – Kaiārahi*

Whilst most Kaiārahi worked predominantly within the scope of their organisational roles, addressing the social determinants of health or what one interviewee described as the "nuts and bolts" – especially in the areas of housing and education – was also seen as necessary in helping whānau to overcome barriers that impeded progress towards their goals and aspirations.

> *"… sometimes, we have people who come to us who are living in cars. What are you supposed to do? Turn a blind eye? But the buck stops with us!"*

For example, making referrals to Work and Income and Housing New Zealand was the usual means by which Kaiārahi addressed issues like housing:

> *"Housing is a big issue [here]. It is difficult trying to find accommodation for the whānau we work with… [but we can] start the process [i.e. finding accommodation and other related entitlements] for them…" – Kaiārahi*

Helping whānau to better understand, and access, their social entitlements, and develop strategies to access supports through alternate funding streams (e.g. Whānau Direct) was also cited by Kaiārahi:

> *"You know. We shouldn't have to do this. Services should provide a menu of what people [whānau] are entitled to… [but] we do that for them. I've know the services well so can get the right help for our whānau…" – Kaiārahi*

Kaiārahi working with whānau in the criminal justice system assisted in obtaining birth certificates, sorting drivers' licences, and opening bank accounts.

> *"She [the Kaiārahi] coordinates with me. She sorted a birth certificate and helped him [a whānau client] with his finances… his bank account. I can sort things like… [a] drivers licence from my end." – Iwi Liaison Officer*

This Kaiārahi supported this whānau with training, education and job opportunities:

> *"I [Kaiārahi] was working with her [daughter] mum first… that's how we connected… they [mum and daughter] weren't getting on… talking pass each other. [But over time] we built up that relationship. There was healing that needed to be done. We [the daughter and Kaiārahi] set some goals…[she was] interested in hairdressing… and yeah, she's a hairdresser now and loves it…" – Kaiārahi*

Kaiārahi also mentioned helping enrol children in local Kōhanga Reo, encouraging whānau to seek fulltime employment, addressing transport issues, largely by providing taxi chits, remuneration for public transport, and driving people, themselves.

Many of the Kaiārahi viewed having a whānau-centred approached as promoting shared capability across services due to the focus on integrated service delivery. Navigating whānau access to services also provided Kaiārahi with a platform to advocate alongside whānau, influence the way services engaged with whānau, increase the cultural competency within services, and/or break down cultural and social barriers between whānau and services.

ADJUSTMENT WORK

Sub-theme
Innovation

Kaiārahi employing a whānau-centred approach resulted in innovative, culturally grounded solutions. This Kaiārahi for example talks about how she was able to use 'whakapapa' as a way of helping one whānau member to better understand himself, his whānau and his circumstances:

> *"Knowing who they are, their whakapapa, some are resistant or say they don't know. But I let them talk… [and through that talk] we might learn more about their whānau… their story… [build a] picture… and help them to see themselves… their whānau… [their situation] in a different way…" – Kaiārahi*

The literature review also provides one story which involved grandparents, who were long-term members of a gang, and were seeking to make positive changes in their lives to ensure their grandchildren did not have any contact with gangs. The father of the children was in prison and the mother had substance abuse issues. The long-term goal was to keep the children safe until their parents were able to care for them. The grandparents sought assistance from a Whānau Ora collective and navigator because they weren't confident that an agency would respond to their needs, given their gang affiliations. The Kaiārahi used an engagement process that drew on whakapapa and shared interests.

Because of the many issues and level of complexity, an innovative approach was required. The determination of the whānau to be better parents and grandparents for their children meant the whole whānau needed to be involved. The first of several hui was held in prison with the father of the children to include him in the planning process and gain his commitment to making positive changes for the future of his children. This move involved working closely with prison staff over time to gain their understanding and support. The hui set the whānau on a path of determination to support each other towards their goal of violence-free and drug/alcohol-free living.

Together with support from the Kaiārahi they put together a plan of action.

The whānau is now learning to identify the triggers to their violent behaviour and how to manage it. The Kaiārahi has regular meetings with the whānau to check on progress and levels of support. The grandparents have gained temporary custody of the children with the aim of the parents eventually taking on their custodial role. They are rallying around the mother to support her in her quest to become drug-free and are also supporting other whānau in similar situations.

BENEFICIARIES

Sub-themes
Whānau
Social and health professionals
Social and health services

Although Kaiārahi weren't specifically asked to reflect on the anticipated beneficiaries of their work, based on qualitative data, it was generally implied that whānau were the main recipients. However, it was also evident from the qualitative data that other people, services and organisations also benefited from Kaiārahi.

Cultural barriers, for instance, can exacerbate health inequities for Māori. This can be caused by a failure to sufficiently account for different cultural beliefs and worldviews, whakamā (shame/embarrassment), preference for traditional rongoa rather than conventional western medicine, and institutional racism. Qualitative interviews also suggested that communication barriers were, in part, a function of cultural barriers. Low health literacy and mixed messages received from different providers, for example, rendered social and health services less accessible to Māori. Having to repeatedly explain one's story (especially sensitive information) was also mentioned as a barrier to utilisation of social and health services by whānau, thereby exacerbating health inequities. In response, Kaiārahi working in the health sector for instance were often called on to support health professionals (predominantly nurses and doctors) in providing culturally appropriate care to whānau or 'cultural' education to staff, in efforts to ensure they felt 'confident' working with Māori families" and to mitigate risk. It was posited that this enhanced the acceptability and effectiveness of clinical intervention (of benefit to patients and providers, alike).

A service evaluation prepared for TPK also claimed that the provision of navigators is conducive to long-term fiscal savings for health and social services.

BEST PRACTICE

Sub-themes
Kaupapa Māori (by Māori, for Māori)
Mana (integrity)
Tuakana-Teina (Peer Support)
Scope of practice
Organisational vision, governance, management, strategies and goals
Collective Impact
Supportive environment

As mentioned in a previous section, the majority of Kaiārahi interviewed for this project were members of the communities they served. According to interviews, possessing these qualities or having 'Māori working with other Māori (Kaupapa Māori)' was conducive to culturally competent navigation. This finding also aligns with the patient navigation literature (Carroll et al., 2010) where navigators with local knowledge were seen as a valuable resource because they possessed insight into the lived experiences of the people they worked with, and the communities they lived in. Involvement of Kaiārahi in service development and delivery, and the adoption of cultural frameworks (such as Te Whare Tapa Whā), was also posited as a means to ensure cultural paradigms were embedded in navigation.

Mana is a Māori term that relates to power, status, integrity, dignity and respect. Historian Judith Binney says that maintaining and increasing the mana of whānau and hapū and loyalty within the group are unquestionably at the heart of Māori cultural concepts (Binney, 2010).

Kaiārahi mentioned adopting a number of strategies in order to maintain and increase the mana of whānau. Keeping 'your word' or 'walking the talk' was cited by the majority of Kaiārahi as an important manifestation of mana, both in maintaining and retaining the integrity of the whānau, but also in terms of their own personal mana.

> *"You gotta be straight up. Whānau appreciate that. If you say you're gonna do something, or be somewhere or anything, then make sure you do that. And if you can't make it, then make sure you let them know…" – Kaiārahi*

> *"Our whānau aren't dumb aye. They know when you're not being genuine. So, you got to make sure you keep your word!" – Kaiārahi*

Another strategy that Kaiārahi employed was a "non-judgemental" approach, in efforts to be more responsive to the needs, and to respect the values (mana), of the whānau they were working with. This ensured that Kaiārahi positions were developed in consultation with whānau.

> *"… [being] non-judgmental with whānau… They are used to [being judged]. [But if] you want them to respect you, you've got to respect them… you need that respect to move forward…" – Kaiārahi*

Tuakana-Teina (mentorship) was a mutually beneficial teaching and learning relationship and was considered good practice by all interview participants. This usually involved more experienced kaimahi/Kaiārahi (Tuakana) supporting less experienced kaimahi/Kaiārahi (Teina). However, depending on the situation, the roles could be reversed:

> *"She [tuakana] helped me when I first started out… some situations with whānau were new to me so I would go and ask [my tuakana] about it… [but I] had a lot of [clinical] experience so I was able to help out with stuff… but yeah. I owe her [tuakana] a lot!" – Kaiārahi*

Several interviews raised concerns about the safety and wellbeing of Kaiārahi, given the nature of the work they engaged in, therefore, having a clear scope of practice was important in reducing the risk of Kaiārahi being overburdened personally and professionally.

> *"[I remind our] Kaiārahi that we are not Social Workers… or a taxi service… [its] knowing where the boundaries are… [if you cross] those boundaries… from [whānau] independence to dependence... that's not Whānau Ora to me…" – Programme Manager*

Organisational vision, governance, management, strategies and goals or having a clear vision, combined with effective governance and management and tangible strategies/goals for change, enabled the translation of theory (i.e. Whānau Ora) into practice (i.e. Whānau-centred service delivery).

> *"It's funny. We help our whānau to set goals because we know it's important… and it's [also] important for us. Knowing where we are going… making sure we're on track… good governance and everyone understanding Whānau Ora. Let's our kaimahi [Kaiārahi] know we are behind them…" – Programme Manager*

Supportive environments or a focus on funding, contracting, policy arrangements, and advocacy that promotes Whānau Ora was essential in supporting Kaiārahi to meet the needs of whānau.

> *We've had some awesome leaders before us who did all the ground work… We still have a lot of work to do… getting people on-board… getting our whānau… communities on-board [as well]." – Programme Coordinator*

> *"It's hard… funding [seems uncertain] … that's why it's important… [that we look] at future proofing…" – Programme Manager*

OUTCOMES

Sub-themes
Improved access to social and health services
Improved social, cultural and health outcomes
Increased social and cultural capital of whānau
Improved personal skills
Reduction in social and health inequalities

Feedback from interviews showed that when whānau worked with Kaiārahi, they experienced significant benefits including improved outcomes across education, employment and health.

Whilst this report wasn't specifically focussed on assessing outcomes, it was hard to ignore the many stories of whānau success shared by interview participants.

As mentioned in a previous section, some gains were in 'intermediary' including improved service access, motivation, positive attitudes, and the development of new skills, while others were more 'higher-level' including better education and employment opportunities.

Interviews suggested that Kaiārahi primarily reduced health inequities for whānau by improving their social outcomes. This included providing opportunities to access education, employment, and housing, and working to actively reduce social harm (such as CYF intervention, welfare dependence, and rates of reimprisonment).

Kaiārahi were often called on to develop the personal skills of whānau, in efforts to promote their adoption of healthier lifestyles. It was suggested that the development of personal skills improved the resilience of Māori, impelling whānau transition from dependence to independence (whānau rangatiratanga; thereby improving personal, and collective, wellbeing, and ultimately reducing health inequities).

In both personal and professional capacities, Kaiārahi had established relationships with mana whenua (local) iwi, called on kaumātua and kuia (respected elders) to assist with Māori protocols, and respected the mana of whānau by providing a safe space in which Māori can be Māori. Interviews suggested that provision of culturally appropriate care by Kaiārahi removed barriers to care for Māori, and, therefore, reduced health inequities.

WORKFORCE DEVELOPMENT

Sub-theme
Capability and Capacity

In terms of Kaiārahi capabilities and skills, the majority of interviewees deemed life experience as more important than formal qualifications. In saying that, most interviewees felt that life experience and/or rich cultural understandings were largely undervalued and weren't necessarily compensated for. Providers also mentioned that filling Kaiārahi role was often difficult due to the unique skill requirements.

Kaiārahi being both clinically sound and culturally competent was an ongoing issue. Compromising one for the other was not an option as effective, safe clinical and cultural practices were considered integral to an integrated whānau-centred organisation. Thus, growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau needs and aspirations was an ongoing priority.

REPORTING

Sub-theme
Outputs vs. Outcomes

Provider interviews mentioned earlier funding arrangements, contracting and reporting structures, coupled with the implementation of new software and TPM reporting requirements, as precluding Kaiārahi effectiveness. As well, while all participants interviewed strongly supported the focus on measuring and reporting whānau outcomes, it was posited that there needed to be a better balance of outcome and output indicators:

> *"Not all our partners have good IT support with a lot of them still being paper based. We've learnt the new software from TPM but then it's been changed again. That's ok but they need to let us know and not spring it on us…" – Programme Manager*

> *"The reporting. I honestly don't see the difference between government and TPM at the moment… you kinda thought that it would be you know but yeah… just making sure that we measure the things that are important to us as Māori…" – Programme Manager*

> *"Feedback we get from Kaiārahi is that a lot of the stuff they do isn't included in the reporting template, so a lot of their work doesn't get captured." – Programme Manager*

UNINTENDED CONSEQUENCES

Sub-theme
Cultural Brokerage

A reccurring theme throughout the interviews with Kaiārahi was that expectations from whānau were usually very high. This, maybe unsurprisingly, proved problematic.

For example, being part of the communities they worked in, there was the potential for Kaiārahi to be seen as the personification of the 'system'. Failure to resolve issues identified as important by whānau therefore had the potential of damaging whānau and community relations:

> *"The whānau we work with have been let down [by the system], so we work hard to gain back their trust… Yeah. We know the expectations can be high from our whānau…" – Kaiārahi*

Although unintentional, often the task and responsibility of 'making right' past 'wrongs' was also devolved to Kaiārahi. For example, Kaiārahi mentioned in interviews that some whānau were highly suspicious about how personal information and data collected about them would be used. This was due to a number of these whānau having had negative experiences with other services. Kaiārahi talked about having to reassure whānau that any personal or sensitive information they provided would be kept confidential or that if the information they provided needed to be shared with other people or services, that whānau would be made aware of this fact.

PART FOUR

This final section outlines the limitations of this research, and discusses its implications for future research, evaluation, strategic planning and investment.

CONCLUSION

Considerable effort was taken with this research to ensure the use of established scientific designs and methods, however, there are several limitations related to its findings.

As was mentioned in a previous section of this report, the relative paucity of research done on Kaiārahi in Aotearoa was the key driver in choosing an exploratory design for this research. As well, the findings are of limited generalisability due to the qualitative data and document/literature review being based on what was "available" or "provided". This is significant as documents 'not available', for example internal reports from TPM partners and other related documents, may have contained information of interest to this report. Furthermore, whilst established document and qualitative analysis procedures were observed, the researcher recognises that this does not preclude them from bringing to bare their own positionality. Bourke (2014) articulates that the act of examining the research process in the context of one's positionality can be described, at least in part, as reflexivity. He writes:

> Reflexivity involves a self-scrutiny on the part of the researcher; a self-conscious awareness of the relationship between the researcher and an "other" (Bourke, 2014:1-2).

It is further acknowledged that a disconnect between findings and practice can occur as no report, document or number of interviews could truly capture the richness, complexity and diversity of experiences that Kaiārahi encounter out in the field. Prior (2003) also asserts that one's findings reflect theories, constructs, and language employed by the authors of documents, and the audiences for which they are intended, as much as they do people and concepts reported on.

With the above limitations in mind, what the research does provide is an initial stocktake of the Kaiārahi role and work programme which holds a number of implications for future research, evaluation, strategic planning and investment.

Findings from the literature review suggest that the development of the Whānau Ora programme and the provision of Kaiārahi/navigators was in reaction to a 'broken system' that had done little to address social and health inequities, thus while this research does provide a stocktake of the Kaiārahi role, it's limited generalisability means that more in-depth research is still required around how to reduce inequalities in the 'system (including mainstream systems)' for whānau, and to investigate ways Whānau Ora best practice can be successfully implemented 'system-wide'. Findings also suggest that efforts should be made to ascertain how social and cultural capital is measured both within, and outside of, Aotearoa, and the implications this poses for current TPM reporting requirements.

Finally, it was further acknowledged through qualitative interviews that there is a need for a Kaiārahi workforce development package focused on the promotion of best practice, supporting partners to build their evidence, reporting and data capability, and continuing to grow a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau needs and aspirations.

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